# MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION PLAN-(PIP) 2019-20: Punjab State

*(A Case Study of Fazilka District)*




**Submitted to**

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

*Imtiyaz Ahmad Bhat*
*Jaweed Ahmad Mir*

**Population Research Centre Department of Economics**
**University of Kashmir, Srinagar-190 006**
**March -2020.**

| CONTENTS | | |
|---|---|---|
| **S. No** | **Title of Topic** | **Page No** |

**LIST OF TABLES**

**LIST OF ABBREVIATIONS**

| | | | |
|---|---|---|---|
| **AD** | Allopathic Dispensary | **GOI** | Government of India |
| **AEFI** | Adverse Effect of Immunization | **HBNC** | Home Based New Born Care |
| **AMC** | Annual Maintenance Contract | **HCV** | Hepatitis- C Virus |
| **AMG** | Annual Maintenance Grant | **HFDs** | High Focus Districts |
| **ANC** | Anti- Natal Care | **HFWTC** | Health & Family Welfare Training Centres |
| **ANM** | Auxiliary Nurse Midwife | **HIV** | Human Immuno-deficiency Virus |
| **ANMT** | Auxiliary Nursing Midwifery Training | **HMIS** | Health Management Information System |
| **ASHA** | Accredited Social Health Activist | **H&WCs** | Health & Wellness Centres |
| **ARSH** | Adolescent Reproductive & Sexual Health | **ICDS** | Integrated Child Development Scheme |
| **AWC** | Anganwadi Centre | **IDD** | Intellectual Developmental & Disabilities |
| **AYUSH** | Ayurveda, Yoga & Naturopathy, Unani, Sidha & Homeopathy | **IDSP** | Integrated Disease Surveillance program |
| **BeMOC** | Basic Emergency Obstetric Care | **IEC** | Information Education & Communication |
| **BHE** | Block Health Educator | **IFA** | Iron & Folic Acid |
| **BHW** | Block Health Worker | **ILR** | Implantable Loop Recorder |
| **BMO** | Block Medical Officer | **IMNCI** | Integrated Management of Neo-natal & Child Infections |
| **BPL** | Below Poverty Line | **IMR** | Infant Mortality Rate |
| **BPMU** | Block Programme Management Unit | **IPD** | In- Patient Department |
| **CCU** | Critical Care Unit | **IPHS** | Indian Public Health Standards |
| **CBC** | Complete Blood Count | **ISM** | Indian System of Medicine |
| **CeMOC** | Comprehensive Emergency Obstetric Care | **IUD** | Intra- Uterine Device |
| **CHC** | Community Health Centre | **JSY** | Janani Suraksha Yojna |
| **CHE** | Community Health Educator | **JSSK** | Janani Sishu Suraksha Karyakaram |

| | | | |
|---|---|---|---|
| **CHO** | Community Health Officer | **KFT** | Kidney Function Test |
| **CMO** | Chief Medical Officer | **LFT** | Liver Function Test |
| **COPD** | Chronic Obstructive Pulmonary Disease | **LHV** | Lady Health Visitor |
| **C-Section** | Caesarean Section | **LMP** | Last Menstrual Period |
| **CTG** | Cardiotocography | **LT** | Laboratory Technician |
| **CVD** | Cardiac Valvular Dysplasia | **MCH** | Maternal and Child Health |
| **DEIC** | District Early Intervention Centre | **MD** | Mission Director |
| **DDK** | Disposable Delivery Kit | **MDT** | Multi Drug Treatment |
| **DDO** | District Data Officer | **MIS** | Management Information System |
| **DH** | District Hospital | **MMP HW** | Male Multi-Purpose Health Worker |
| **DHO** | District Health Officer | **MMUs** | Medical Mobile Units |
| **DOTS** | Directly Observed Treatment Strategy | **MO** | Medical Officer |
| **DPMU** | District Programme Management Unit | **MOHFW** | Ministry of Health and Family Welfare |
| **DTO** | District Tuberculosis Officer | **MoU** | Memorandum of Understanding |
| **ECG** | Electro Cardio Gram | **MS** | Medical Superintendent |
| **ECP** | Emergency Contraceptive Pill | **MTP** | Medical Termination of Pregnancy |
| **EDD** | Expected Date of Delivery | **NA** | Not Available |
| **EDL** | Essential Drug List | **NBCC** | New Born Care Unit |
| **ENT** | Ear, Nose and Throat | **NCD** | Non -Communicable Diseases |
| **FDS** | Fixed Day Static | **NGO** | Non-Governmental Organisation |
| **FMPHW** | Female Multi-Purpose Health Worker | **NO** | Nursing Orderly |
| **FRU** | First Referral Unit | **NQAS** | National Quality Assurance Scheme |
| **GIS** | Geographical Information System | **NIHFW** | National Institute of Health & Family Welfare |
| **GNM** | General Nursing & Midwifery | **NLEP** | National Leprosy Eradication Program |
| **NPCB** | National Program for Blindness Control | **SNCU** | Sick New-born Care Unit |
| **NRC** | National Resource Centre | **SPMU** | State Program Management Unit |
| **NRHM** | National Rural Health Mission | **SRS** | Sample Registration System |
| **NPHCE** | National Program for Health Care of the Elderly | **ST** | Scheduled Tribe |
| **NSSK** | Navjat Sushu Suraksha Karyakaram | **STI** | Sexually Transmitted Infection |
| **NSV** | Non-Scalpel Vasectomy | **STLS** | Senior T.B Laboratory Supervisor |
| **NVBDCP** | National Vector Born Disease Control Program | **STS** | Senior Treatment Supervisor |
| **OP** | Oral Contraceptive Pills | **TB** | Tuberculosis |
| **OPD** | Out Patient Department | **TBA** | Traditional Birth Attendant |
| **OPV** | Oral Polio Vaccine | **TFR** | Total Fertility Rate |
| **ORS** | Oral Rehydration Solution | **TSH** | Thyroid-stimulating hormone |
| **OT** | Operation Theatre | **TT** | Tetanus Toxoid |
| **PNC** | Post- Natal Care | **USG** | Ultra Sonography |
| **PCB** | Pollution Control Board | **VBD** | Vector Born Disease |
| **PHC** | Primary Health Centre | **VDRL** | Venereal Disease Research Laboratory |

| | | | |
|---|---|---|---|
| **PHN** | Public Health Nurse | **VHND** | Village Health and Nutrition Day |
| **PIP** | Program Implementation Plan | **VHSC** | Village Health and Sanitation Committee |
| **PMU** | Programme Management Unit | **WIFS** | Weekly Iron Folic Acid Supplementation |
| **PPI** | Pulse Polio Immunization | | |
| **PPP** | Public Private Partnership | | |
| **PRC** | Population Research Centre | | |
| **PSC** | Public Service Commission | | |
| **QAC** | Quality Assurance Cells | | |
| **RBSK** | Rashtriya Bal Swasthya Karyakaram | | |
| **RCH** | Reproductive & Child Health | | |
| **RKS** | Rogi Kalyan Samiti | | |
| **RMP** | Registered Medical Practitioner | | |
| **RNTCP** | Revised National Tuberculosis Control Program | | |
| **RPR** | Rapid Plasma Reagin | | |
| **RTI** | Reproductive Tract Infection | | |
| **SCs** | Scheduled Castes | | |
| **SC** | Sub Centre | | |
| **SN** | Staff Nurse | | |

## PREFACE

Since 1952, India has launched so many Health and Family Welfare Programmes in the country for the wellbeing of its people and J&K has also implemented these programmes from time to time to improve the health care delivery system. National Health Mission is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention for improving health care by addressing the key issues of accessibility, availability and financial viability during the first phase (2006-12). The second phase of NHM, which started from 2013-14, focuses on health system reforms so that critical gaps in the health care delivery are geared up. The Programme Implementation Plan of Punjab, 2019-20 has been approved and Punjab has been ssigned mutually agreed goals and targets. The Punjab is expected to achieve them, adhere to the key conditionalties and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of PIP by Population Research Centre, Srinagar on monthly basis. During the year 2019-20, twenty districts have been allotted to PRC Srinagar from two States. The J&K comprises 10 districts which are Kargil, Kulgam, Reasi, Shopian, Kupwara, Samba, Srinagar, Anantnag and Jammu. The Punjab comprises 5 districts consisting of Fazilka, Shahid Bhagat Singh Nagar, Pathankot, Roop Nagar and Tarn Taran. The present exercise of monitoring has been undertaken in district **Fazilka** of **Punjab state** and it is the first round of monitoring of the same district.

The study was successfully completed due to the involvement, cooperation and support of a number of officials and individuals at different levels. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of National importance. Our special thanks go to Shree Bhupinder Kumar (IAS), Mission Director, and NHM Punjab state for his cooperation and support extended to us. We are highly thankful to Dr. C M Kataria (Civil Surgeon) district Fazilka, (Senior Medical Officer) Dr Sidhu Pathak DH Fazilka and BMO, Block Khuikhera for their cooperation. Special thanks are also to all the staff members of CHC Khuikhera Dr.Tushar Bansal of PHC Panjkosi and Sub Centre Haripura for sharing their inputs. We also appreciate the cooperation rendered to us by (DPM) Fazilka Mr. Rajesh Kumar and other officials of the Programme Management Units at Fazilka, Khuikhera and Panjkosi.

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

We also thank to all IPD and OPD patients who spent their valuable time and responded with tremendous patience to our questions. It is hoped that the findings of this study will be helpful to both the Union Ministry of Health and Family Welfare and the Government of Punjab in taking necessary changes.

Srinagar
Dated: 30-02-2020

Jaweed Ahmad Mir
Imtiyaz Ahmad Bhat

## 1. Executive Summary

The objective of the exercise is to examine whether the State is adhering to key conditionalties while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by the State. The present study was conducted in Fazilka district of Punjab state. Fazilka was announced as the 21st district of Punjab by Government of Punjab (India), before that Fazilka was included in Firozpur district. It is located in southwestern Punjab. It has Firozpur to its north, Sri Muktsar Sahib to its east and Rajasthan to the south and Pakistan to its west. It is located about 325 Kms west of Punjab State Capital Chandigarh, 85 km south-west of the Ferozepur and 200 km south of Amritsar. Fazilka is 11 km off the international border with Pakistan. Important distances from the city of Fazilka. The Health & Family Welfare Department of District Fazilka seeks to provide accessible, affordable and quality health care to the population with special focus on vulnerable sections living in rural as well in urban areas.

The Tenth Five Year Plan, RCH-I and other state initiated projects and schemes have strengthened the public health care system in the state to address the priority development concerns of the state like maternal mortality, child mortality and population stabilization through concerted initiatives. The Last Sample Registration Survey (2015) has shown improvements in the health indicators of the State. The IMR has reduced from 24 to 23, the MMR from 155 to 141 and TFR 1.7. The latest SRS also shows an improvement in the infant sex ratio increasing from 870 to 889, which is encouraging for Punjab as it has been among the lowest States on the sex ratio scale of the country.

**Health Infrastructure**

a. The district has a total of 136 public health institutions which include one DH, one SDH, one rural hospital, 6 CHCs, 18 PHCs (8 PHCs 24x7 and 11PHCs Normal), and 61 SCs and 48 HWCs.
b. Only 1CHC,1 PHCs and 61 SCs/MACs are presently in rented buildings in the district.
c. The District hospital is functioning in old building built in 1909. Space for new programmes including NCD unit is available presently at DH.
d. CHC Khuikhera is also functioning from old building and is accommodating the existing space. PHC Panjkosi and SC Haripura are housed in government buildings .But SC/HWC Haripura is with most insufficient space.
e. DH Fazilka has a bed capacity of 75 beds and the functional bed capacity of CHCs is 180 beds. CHC Khuikhera has a bed capacity of 15 beds. All the 8 24X7 PHCs have 32 beds while as other normal PHCs have bed capacity of 2 beds to each. PHC Panjkosi has a bed capacity of 8 beds only.

**Human Resource**

a. The overall current scenario regarding staffing pattern of the district shows that 63 percent positions of doctors and 35 percent of Para-medical staff are vacant in the district. Overall in district Fazilka, out of 55 sanctioned positions of MBBS Doctors/MO/Assistant Surgeons, only 20 (43 percent) are in place and most of them are posted at DH and CHC level.
b. In case of Gynaecologists, out of 8 sanctioned positions none is in place in the district. Out of 8 sanctioned positions of Paediatricians only 1 is in place and out of 2 sanctioned positions of

Ophthalmologist both are vacant and out of 9 positions of Medicine specialists only 3 are in place.

c. Overall the position of para medical staff is not satisfactory in the district; however, presently there is none of the OT technician in place in the district.
d. The DH has a total of 9 sanctioned positions of medical officers and only 5 of them are in place. 1 sanctioned position of specialist surgery, general medicine, and only position of gynaecologist, Pathologist and Radiologist are vacant at DH.
e. The no position of gynaecologist in place to cater to the growing demand of institutional deliveries in the district. This is the reason that C-section delivery at DH is performed by the general surgeon. No C- section is carried at any other facility in the district because al the 8 sanctioned positions of Gynaecologists are vacant in the district.
f. All the sanctioned positions of CHC Khuikhera are vacant. There are 7 sanctioned positions of Specialists /Assistant Surgeons (MOs) and all are vacant. At the same time, almost all the para-medical staff is in place. Except lab technician no other positions of technicians (X-ray , ECG, OT, Dental and Ophthalmic assistants or technicians) are neither sanctioned nor in place.
g. PHC Panjkosi has 1 post of MO in place out of 2 sanctioned positions and all the 4 positions of staff nurses and only position of Lab technician and one position of pharmacist out of 2 sanctioned positions are vacant.
h. The NHM fill up the vacancy to some extent both for medical and paramedical staff in the district. In this regard out of 3 positions of MBBS doctors are in place, out of 18 sanctioned positions of AMO RBSK doctors 14 positions are in place, 12 pharmacists, 53 staff nurses, 68 ANMs, 47 CHOs and 5 MLTs are working under NHM.
i. Recruiting of staff has been centralised in Punjab and all positions are filled by the MD/ Director Health.

**Training Status /Skills of Various Cadres**

a. During the year 2019-20 only 29 paramedics (ANM/staff nurses /LHV/nursing sisters) have received training on RTI/STI for two days.
b. During the same period 22 ANMs and 3 staff nurses have received MDSR training and 3staff nurses have received SBA training.
c. PPIUCD has been received by 10 staff nurses during same year.

**Availability of Drugs and Diagnostics, Equipment, Drugs**

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

**Diagnostics**

a. There is public private partnership for diagnostic facilities especially for USG under JSSK in the district.
b. The DH is providing the existing diagnostic facilities to patients at minimal user fee charges. Other health facilities also provide variety of diagnostic facilities to the patients on regular basis. However, the facility of CT scan, Endoscopy and MRI is not available at DH.

**Equipment**

a. Equipment is purchased by the Punjab Health System Corporation (PHSC) and only 20percent are purchased under JSSK by the identified delivery points when they are in need. All newly procured equipment has inbuilt Annual Maintenance Contract (AMC) with the supplier during warranty period but later health institutions undertaken repairs of the equipment out of Hospital Development Fund?
b. Almost all the essential equipment/instruments and other laboratory equipment are available at the DH Fazilka and CHC Khuikhera. The DH is in need of some of the equipments like as Immune Easy, incubator, ventilator, laparoscopic machine, urine analyser, bio-chemistry semi analyser, electrolyte analyser, HBAIC, microscope, Elis, fogger, fracture table, OT table, delivery table artery forceps and sucker.
c. At PHC Panjkosi some essential equipments like as MVA/EVA, phototherapy unit, nitrous oxide cylinder 1760 oxygen cylinders 660 litres, Neonatal Paediatric and Adult Resuscitation kit, ILR Deep Freezer semi auto-analyser, Inj. Magnesium sulphate, essential and emergency drugs for obstetric care were not available and drugs for hypertension and diabetes, malaria and TB etc. were available. No OT equipment is available at PHC.

**AYUSH Services**

a. In district Fazilka no AYUSH /Haemo Phatic unit is established at DH. Overall 14 HMO doctors out of 18 are in place in the district under NHM.

**ANMT School**

a. The ANMT School in district Fazilka is not functioning.

**Maternal Health: ANC and PNC**

a. Overall 11709 women were registered for ANC during April-December, 2019.
b. 1$^{st}$ trimester registration was found to be less than79 percent while as the coverage of ANC-4 was satisfactory in the district. Almost all the women registered were provided requisite number of TT doses at their respective health facilities.
c. Overall 9914 pregnant women were given IFA supplement during the two quarters.

**Institutional Deliveries**

a. The normal deliveries are conducted at all the identified delivery points up to the PHC level. C-section deliveries are conducted at DH Fazilka only in the district.
b. Overall a total of 10568 (10222+346 home deliveries) deliveries were conducted during April-December, 2019 in the district. The contribution of DH was 13 percent 903 normal deliveries while as 194 deliveries were conducted by CHC Khuikhera and 55 percent (5621) by other Private hospitals in the district. The ratio of home deliveries during the same period is about 3.27 percent (346) deliveries.
c. Percentage of C-section deliveries during April to December, 2019 in the district amounts 30 percent of the total institutional deliveries in the district and no C-sections have taken place at visited CHC Khuikhera.

**Maternal & Infant Death Review (MDR&IDR)**

a. Out of 7 maternal deaths reported during the April-December, 2019 only 2 were revived and incentives were paid.
b. However, 128 infant deaths were reported during the same period from various health facilities and simultaneously only 12 of these deaths were reviewed in time.
c. Reporting of deaths has improved in the district especially at PHCs and SCs.

**JSSK for Women: Transportation**

a. There is vast variation in the total deliveries conducted in the district and the transport service provided, free medicine and meals provided to the pregnant women as the district whole shows that a total of 10222 institutional deliveries and 346 home deliveries have taken place in the district during April-December, 2019 while 498 women and 19 infants were referred to higher facilities.
b. The free transportation for pregnant women from home to facility and back has improved in the district during the years. This is substantiated by the fact that 56 percent (5093) women who delivered in a health facility in the district have been provided free transport for reaching a health facility. While only 4595 institutional deliveries in the district were provided transport from facility to home during the referenced period.
c. Free referral transport from facility to facility has been provided to 498 pregnant women at all levels.

**Medicines**

a. All those women who have delivered at any health facility in the district were provided drugs free of cost during three quarters.
b. Our interaction with delivered women in IPD reported that they are staying at hospital with zero expenses from their pocket as they have been provided each and every thing from the hospital.
c. Only 4601 women have received drug during the delivery period.

**Diagnostics**

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

**Meals**

a. The visited DH and CHC have arrangement to provide cooked and fresh meals to women who deliver at these health facilities. But the PHC is not providing such facility.
b. Overall during April-December, 2019 on average only 50 percent women were provided meals during their stay in the hospital after the delivery.

**Blood**

a. District Hospital Fazilka have blood bank and CHC Khuikhera have no blood bank or blood storage facility. During the reference period (51) ANC patients and 18 infants were provided free blood transfusion at DH.

**Janani Suraksha Yojna (JSY)**

a. The payment to beneficiaries (2762) and 815 ASHAs under JSY have been streamlined in the district by crediting the money directly in the bank accounts.
b. Out of 346 home and 5621 private deliveries, none of them have been JSY payment during the referenced three quarters and it was reported that there is no incentive for home deliveries and private deliveries.
c. Timing of payments depends upon the availability of funds as it was found that there are 264 backlogs of beneficiaries in the district during the reference period. JSY payment is restricted to SC/ST and BPL delivered women only.
d. A number of benefices 264 are pending for payment.

**Child Health: SNCU/NBSU/NBCC**

a. District Fazilka has established 1 SNCU, 1 NBCCs and 15 NBCCs till date. Two bedded SNCU at DH has been established but having shortage of space and manpower. All activities of SNCU are performed just in a single room.
b. A total of 76 neonates were admitted in SNCU and only two of them were referred to higher facilities located at Faridkot for further treatment during April to December 2019.
c. Eighteen New-born referred from SNCU/NBSU were provided free transport facility in the district.

**Immunization**

a. BCG immunization is provided at DH on daily basis. CHCs also provide the birth doses but not BCG. Some of the SCs in the district also provide BCG doses to normal deliveries and home deliveries.
b. Only at DH, BCG dose is given to the infant immediately after the birth irrespective of the number of children born on that particular day while as at all other facilities, people will have to wait till they get 5 children to open the BCG vial.
c. Outreach sessions are conducted to net in drop-out cases/left out cases. AEFI committees and Rapid Response Team are in place in the district.
d. A total of 9308 children were given BCG doses during the referenced period in the district while as, Pentavalent-I was also provided to 10237 infants during the same period.
e. The number of fully immunized children during the reference period was 6531 children respectively in the district.

**Rashtriya Bal Swasthya Karyakaram (RBSK)**

a. District Early Intervention Centre (DEIC) at DH Fazilka has not been established due to the lack of the equipments, space, staff and the medicine kits. 14 positions out of 18 homeopathy Doctors, Pharmacists and ANMs have been put in place except one position of MO and Pharmacist is vacant. There are 9 mobile health teams (two each for one block) in the district.
b. The teams have covered 925 AWCs, 660 schools during 2019-20. A total of 101837 children were screened for various diseases and deformities during these visits.
c. Out of these, 2216 cases were treated on spot. Overall a total of 101 cases were referred to Baba Fareed Medical College.
d. All positions of DEIC manager, audiologist, EISE and ophthalmic assistant, other positions at DEIC are Vacant.

**Family Planning**

a. In district Fazilka, besides the DH and 6 CHCs, 19 PHCs 61 designated SCs and 48 HWCs are providing family planning service but for IUD insertion or removal this service is available at DH and CHC/SDH level. There is a provision of home delivery of contraceptives to beneficiaries in the district through ASHAs.
b. Overall during April-December, 2019 a total of 647 PPIUCD and 409 insertions were done in the district, out of which 133 at SDH and 359 at CHCs PPIUCD insertions were performed. While at CHC Khuikhera 73 at Panjkosi 5 IUCD were provided.
c. Overall in the district a total of 84 female sterilizations have been conducted during the reference period in the district at DH and CHC level.
d. Four of the NSV surgeries were conducted during April-December, 2019 in the district. Further no family planning camp was organised in the district during the same period.
e. Injection Antara has been provided to 60 women in the same period in the district.

**Adolescent Reproductive & Sexual Health (ARSH)**

a. ARSH clinic at DH Fazilka has not been established due to lack of space and trained staff
b. The sanitary napkins are available in the visited health institutions in the district.

**Quality in Health Services: Infection Control**

a. Overall the general cleanliness, practices of health staff, protocols, fumigation, disinfection, was found satisfactory at DH and at all visited health facilities CHC, PHC and WHC.
b. The condition of labour room of DH including gyane ward is also satisfactory.

**Biomedical Waste Management**

a. The segregation of bio-medical waste was found satisfactory in the DH, CHC and PHC and SC. However, the guideline for segregation of waste is properly followed at any of the health institution.
b. Bio-medical waste at DH, CHC and PHC Panjkosi and has been outsourced and regularly lifted by the Med Waste Solutions Pvt Ltd. Gidderbah Mukhtasar. SC Haripura takes medical waste PHC Panjkosi.

**Information Education and Communication (IEC)**

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

**Referral Transport and Medical Mobile Unit (MMU)**

a. Overall there are a total of 11 ambulances, only 8 are on road in the district to cater the needs of various health facilities. No Ambulances is GPS fitted in the district.
b. No Critical Care Ambulance (CCA) has been provided so for to cater the needs in case of any emergencies in the district. MMU is non-functional due to non-availability of trained staff and fuel.

**Community Process: Accredited Social Health Activist (ASHA)**

a. In district Fazilka there are 868 sanctioned positions of ASHAs out of which 832 are in place. In district 816 ASHAs were given incentives

b. The district has 1 ASHA coordinators and 36 facilitators in place. These facilitators have received Home Based New Born Care (HBNC) training. Module 6-7 (IMNCI) training and HBNC kits have been provided to 797 ASHAs. Incentive for home visits has been given to 816 ASHAs during 2018-19. The uniform and ASHA diary has been provided to all the ASHAs in August, 2019.
c. The district has put in place a mechanism to monitor performance of ASHAs and in this regard none of the ASHA has been disengaged in the district on the basis of none/under performance so far.
d. 7300 delivered women have received 43800 visits during the reference period by the ASHAs in the district.

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

a. The TB Control programme is run at the district level which is looked after by the DTO.
b. There 4 sanctioned positions of STS, 2 STLS, 6 MLT, TBHV, 1DPS in the district under TB control programme and all the 3 sanction positions at DH are vacant. There is involvement of ANMs and ASHAs (DOT providers) at SC and village level.
c. The screening is done on regular basis at all the levels through general OPD. The testing facility is available at the DH and other FRUs and PHCs.
d. A total of 6168 tests were conducted at DH during April-December, 2019 and 928 cases were found positive. The entire 1111 positive cases (old +New) are under treatment/treated in the district. None of the case was referred outside the district.
e. National Leprosy Eradication Programme (NLEP) is looked after by the DTO Fazilka.
f. There is one active case of leprosy in district. The district has adequate supplies of MDT.
g. The district is a malaria prone area and the prevalence of malaria in the district is visible.
h. The malaria also is treated at DH and CHC level 82784 cases were tested and only 28 were found positive.
i. Under National Blindness Control Programme 221cases were tested and 256 cataract surgeries were performed and 107 were given spectacles in the district.

**Non-Communicable Diseases (NCD)**

a. The district has not yet established NCD clinic at district hospital there are only one staff nurse and lab technician in the total sanctioned positions. Rest all are vacant.
b. At present no screening is done at DH but the patients are screened in general OPD.
c. A total of 3597 are Diabetic, 3767 are Hypertensive 4 cases of cervical cancer and 24 with oral cancer.
d. Under this programme 24 pieces of gulucometers have been issued including PHCs and SC functioning as HWCs in the district.
a. No such geriatric ward under the National Programme for Health Care of Elderly (NPHCE has been established at the DH so far.

**Ayushman Bharat Yojna**

a. The list of services to be provided at Health & Wellness Centre include: Pregnancy care and maternal health services, neonatal and infant health services, child health, chronic communicable diseases, non-communicable diseases, management of mental illness, dental care, eye care, and geriatric care emergency medicine.
b. Ayushman Bharat was officially launched in Punjab on August, 20$^{st}$ 2019 and all the districts including Fazilka has implemented the scheme and has to cover 239070 beneficiaries under the scheme.

c. The district in the first phase has established about 48 Health and Wellness Centres (HWCs) in some selected blocks and up gradation of 19 PHCs is under process.
d. The district has so far registered 239070 beneficiaries and about 191905 beneficiaries from the list have been benefited.
e. The information further provided that 'Golden Cards" have been issued to 239070 of beneficiaries.
f. During the period April, 2019 to December, 2019, a number (1301 of beneficiaries have been benefitted from the scheme under PMJAY scheme in the district and CHC has benefited 18 patients during the same period.

**Health & Wellness Centres**

a. The district has established 48 H&WCs in year 2019-20 in 4 medical blocks and those are 48 SCs. In this connection the CMO reported that they have received additional funding for up gradation of these 19 PHCs are upgraded. The district has not received additional drugs for these centres.
b. The CMO made a request that there is immediate need of the additional staff (MLHPs) for smooth functioning of the scheme.

**Other Schemes: Kayaklap**

a. The district hospital has received the 10$^{th}$ Kayakalp certification award in 2018-19 .
b. CHC Khuikhera as also applied for the Kayaklap certificate and peer team assessment was conducted in the December 2019 .It is almost in final stage.
c. Out of 19 PHCs only 8 24x7 have been assessed internally and are now waiting for external assessment in the district.

.

**NQAS**

a. Both the visited health facilities DH and CHC have applied for the NQAS certification .
b. MS discloses the main reason for not maintaining national quality assurances standards is because of the shortage of human resource and space at DH.

**LaQshya**

a. Both the visited facilities that are DH and CHC, the labour room and operation theatre has not been covered under LaQshya so far in the district because of non-availability of space and requisite man power.

**Dialysis Centre**

a. Two united Dialysis Centre has been established at district hospital in March,2016.But due to non-availability of trained MO/ staff it is non-functional from July 2019 till then 10 patients were registered for dialysis and 6 have received the dialysis.

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

a. In district Fazilka, data reporting under HMIS is regular. But the data quality in the district has improved to a great extent hence there is still a lot of scope for improvement in all the facilities particularly at DH, PHC and SC level.
b. Most of the services provided by the DH are reported particularly for ANC visits, lab tests and various doses of immunization. But still the concern staff needs training for proper recording of the information.

c. Though during our visit to various health facilities on spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved.

d. Reproductive and Child Health Register (RCH) has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village level.

e. The training of health functionaries has been completed. However, it was found that there are lot of misconceptions among the health workers regarding the proper recording and reporting under RCH Indicators.

f. A refresher training course is needed to all concerned with HMIS and RCH recording and reporting.

## 2. Introduction

Ministry of Health and Family Welfare (MOH&FW), Government of India has approved the State Programme Implementation Plans (PIPs) under National Health Mission (NHM) for the year 2019-20. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalties and implement the road map provided in each of the sections of the approved PIP document.

To get the best results by these PIPs at the grass root level and in this context, since 2012-13, Ministry decided to continuously monitor the implementation of State PIPs and has pipe lined the Population Research Centres (PRCs) to undertake this monitoring exercise. It has been decided by the Ministry that all the PRCs will undertake qualitative monitoring of PIPs, in a phased manner, in various districts of the States in which they are located. During 2019-20, Ministry has identified 15 Districts in two States as Jammu and Kashmir and Punjab for PIP monitoring. These districts are Kargil, Kulgam, Reasi, Shopian, Kupwara, Samba, Srinagar, Anantnag, Banbipora and Jammu from J&K and Fazilka, Shahid Bhagat Singh Nagar, Pathankot, Roop Nagar and Tarn Taran from Punjab.

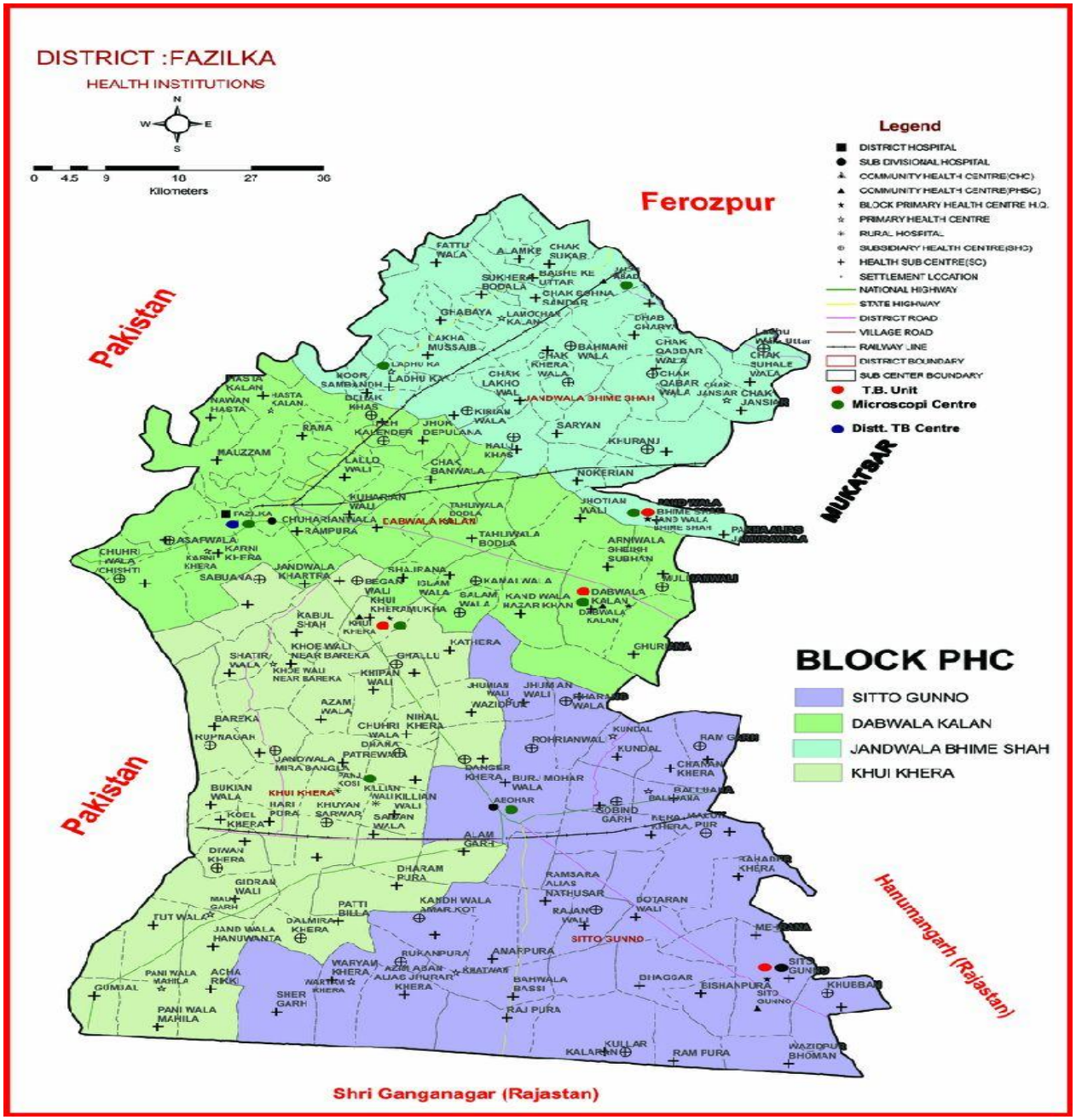
The officials from the PRC are visiting these districts in a phased manner. The present exercise of monitoring has been undertaken in district Fazilka of Punjab and it is the first round of monitoring of the same district.

### 2.1 Objectives

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

### 2.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been previously worked out by the MOH&FW in consultation with PRCs in a workshop organized on 12-14 August, 2013. The sampling design and the instruments for monitoring were finalized in the workshop. As per this sampling design, a team of two officials visit the office of Civil Surgeon, District Hospital, 1 Community Health Centre (CHC), 1 Primary Health Centre (PHC) and 1 Sub Centre /HWC (SC) in each selected district to collect required information. It is further decided that the team will also interact with some beneficiaries (IPD and OPD) to analyse the status of service delivery. Further some minor changes in the PIP questionnaires were soughed out in a recent workshop organised by the Ministry at New Delhi, in September, 2019. The present study conducted in Fazilka district, is based on the information collected from the office of CMO, District Hospital, CHC Khuikhera, PHC Panjkosi and HWC Haripura. The PRC team also interacted a few OPD clients who had come to avail the services at DH, and CHC. Similarly, few IPD clients also interviewed at DH and CHC. We also interview some OPD patients at PHC and SC. The information was collected by the officials of the PRC 27$^{th}$ January, 2020 to 30$^{th}$ January, 2020. The following sections present a brief report of the findings of the monitoring.




### 3. State and District Profile

Punjab, state of India, located in the northwestern part of the subcontinent. It is bounded by the Indian states of Jammu and Kashmir to the north, Himachal Pradesh to the northeast, Haryana to the south and southeast, Rajasthan to the southwest and by the country of Pakistan to the west. Punjab in its present form came into existence on November1,1966, when most of its predominantly Hindi-speaking areas were separated to form the new state of Haryana. The city of Chandigarh, within the Chandigarh union territory, is the joint capital of Punjab and Haryana.

The foundations of the present Punjab were laid by Banda Singh Bahadur, a hermit who became a military leader and, with his fighting band of Sikhs, temporarily liberated the eastern part of the province from Mughal rule in 1709–10. Banda Singh's defeat and execution in 1716 were followed by a prolonged struggle between the Sikhs on one side and the Mughals and Afghans on the other. By 1764–65 the Sikhs had established their dominance in the area. Ranjit Singh (1780–1839) subsequently built up the Punjab region into a powerful Sikh kingdom and attached to it

the adjacent provinces of Multan, Kashmir, and Peshawar (all of which are now fully or partially administered by Pakistan).

In 1849 the Punjab kingdom fell to the troops of the British East India Company and subsequently became a province under British rule. By the late 19th century, however, the Indian nationalist movement took hold in the province. One of the most significant events associated with the movement was the 1919 Massacre of Amritsar, which resulted from an order given by the British general Reginald Edward Harry Dyer to fire on a group of some 10,000 Indians who had convened to protest new anti-subversion regulations enacted by the British administration; according to one report, nearly 400 died and about 1,200 were injured in the conflict. When India gained its independence in 1947, the British province of Punjab was split between the new sovereign states of India and Pakistan, and the smaller, eastern portion became part of India.

Fazilka was announced as the 21st district of Punjab by Government of Punjab (India), before that Fazilka was included in Firozpur district. It is located in southwestern Punjab, next to the border with Pakistan, the border being to its west. It has Firozpur to its north, Sri Muktsar Sahib to its east and Rajasthan to the south and Pakistan to its west. It is located about 325 Kms west of Punjab State Capital Chandigarh, 85 km south-west of the Ferozepur and 200 km south of Amritsar. Fazilka is 11 km off the international border with Pakistan.

Fazilka District, has a total population about 11, 80,483. The male population is about 61, 3,851 and female population about 56, 6,631 and district has a 4, 72,193 (40 percent) Schedule Caste population. Total geographical area of Fazilka district is 3113 $km^2$ and it is the 11th smallest district by area in the State. Population density of the district is 183 persons per $km^2$. There are 3 Tehsils namely Abohar, Fazilka and Jalalabad (W)in the district, among them Abohar is the most populous sub district with a population of 145302 fallowed by Fazilka with a population of 7649 and Jalalabad by 39525 population . Total about 86 percent people in the district are literate. Sex ratio is 894 female. The crude birth rate of Fazilka is 15.2 percent while Growth rate is 16.2 percent. The IMR is 13 /1000 live births while the MMR is 133 /1000 women. There are 315 villages in the district .There are 4 medical blocks 136 health facilities and 27 Rogi Kalyan Samithis and 373 village Health & Sanitation Committees in the district. (Table1).

**Table 1: Demographic Profile of District Fazilka**

| Demographic Character | Number/percentage/Ratio |
|---|---|
| Total geographical area | 3113 SQ.KM. |
| Total Population of the district as per census 2011 | 1180483 |
| Male Population | 613851 |
| Female Population | 566631 |
| Urban | 3.67 (in lacs) |
| Rural | 7.59 (in lacs) |
| ST Population | 0% |
| SC Population | 40% |
| Literacy rate | 86% |
| Sex ratio (as per Population Statistics of Punjab (1971-2011) | 894 |
| Growth Rate | 16.2 % |
| Total Fertility Rate(SRS2015) | 1.7 (Pb) |

| | |
|---|---|
| Crude Birth Rate (Pop. Statistics Punjab (1971-2011) | 15.2 |
| Infant Mortality Rate (HMIS 2016-17) | 13 |
| Maternal Mortality Rate (HMIS 2016-17) | 133 |
| Total No of Medical blocks | 4 |
| Total Villages | 315 |
| Number of Tehsils | 3 |
| No. of CHCs | 6 |
| No.of PHCs/Ads | 19 |
| No. of SCs/MACs | 109 |
| Health& Wellness Centers | 48 |
| Total No. of ASHA's | 823 |
| Total No. of RKS (Rogi Kalyan Samitis) | 27 |
| Total No. of village Health& Sanitation Committees | 373 |
| **Total No. of Health Institution** | 136 |

**4. Key Health and Service Delivery Indicators**

Punjab has progressed well on the demographic front. As per the Sample Registration System, the current Total Fertility Rate of 1.7 in Punjab is slightly lower than the TFR of 2.4 at the National level. According to Sample Registration System (SRS July, 2015), Punjab had an infant mortality rate of 23 per 1,000 live births, a growth rate of 16.2 and a death rate of 4.9 per 1,000 populations. The corresponding figures at the national level were 37, 21.8 and 6.5 respectively. With the introduction of Reproductive and Child Health Programme, more and more couples are now using family planning methods. As per National Family Health Survey-4 (NFHS-4), 66.3 percent of women are now using modern family planning methods as compared to 50 percent at National level.

The Last Sample Registration Survey (2015) has shown improvements in the health indicators of the State. The IMR has reduced from 24 to 23, the MMR from 155 to 141 and TFR 1.7. The latest SRS also shows an improvement in the infant sex ratio increasing from 870 to 889, which is encouraging for Punjab as it has been among the lowest States on the sex ratio scale of the country. District level estimates of fertility and mortality are not available for the State. However, both fertility and mortality has shown considerable decline in Fazilka. The Punjab fact sheet of NFHS-4 is released by the IIPS-Mumbai wherein the key indicators of demographic features reflects that the sex ratio of the total population in 2015-16 of the State is 860 females per 1,000 males, total fertility rate is 2.0, infant mortality rate is 32 per 1,000 live births, 1$^{st}$ trimester registration is 75.6 percent, institutional births are 86 percent and full immunization rate is 75 percent.

As per the information provided by the CMO office, different types of services are being provided to the beneficiaries in the district. A total of 407048 patients have visited the OPD for availing various health services in the district during the two quarters (April, 2019-December, 2019). Around 22534 admissions have been made in the IPD for availing various health services in the district, with DH accounting for 7108 and CHC Khuikhera has made 445 IPD admissions. In addition to this a good number of patients are taking advantage of the Homeopathic medicines and in this way, 40,006 patients have visited the Homeopathic OPD in the district during reference period. Regarding various diagnostics, the district has performed 5952 USGs and 12946 X-rays. However, the CT scan, MRI and endoscopy facility is not available in the district. Further around 628451 lab tests have been performed in various public health facilities during April 2019 –

December 2019. The scenario regarding pregnant women registered for ANC in the district presents 11709 but theTT1, TT2 and Booster dose has been provided to 16939 pregnant women. Besides, 9914 pregnant women received the 180 IFA tablets from the district during the same period. Regarding the performance of family planning in the district, the information shows that 190 sterilization cases were performed in the district, 848 IUDs insertions and 366345 pieces of condoms distributed among the beneficiaries. Besides, a newly contraceptive method that is 3 doses of Antara of which 57 doses has been provided to beneficiaries. There are other contraceptives also been distributed in the district like as OP cycles to 22190 beneficiaries, ECPs to 2583 clients? Vitamin-K dose has also been provided to 3223 children (Table 2).

**Table.2 Key Health and Service Delivery Indicators during April, 2019 to December, 2019:**

| S. No | Indicators | Number of cases |
|---|---|---|
| 1. | OPD (Total) | 407049 |
| 2. | Homeopathy OPD | 40006 |
| 3. | IPD (Total) | 22534 |
| 4. | USGs | 5952 |
| 5. | ECG | No Service available |
| 6. | CT-Scan | No Service available |
| 7. | X-Rays | 12946 |
| 8. | Endoscopy | No Service available |
| 9. | Lab Tests (Total) | 628451 |
| 10. | ANC Registration | 11709 |
| 11. | ANC Ist Registration | 9302 |
| 12. | Women Received 4th ANC Check-up | 9160 |
| 13. | TT1 | 8593 |
| 14. | Women Received 180 IFA Tablets | 9914 |
| 15. | PNC Within 48 hours | 6511 |
| 16. | PNC within 14 days | 7869 |
| 17. | **Child Immunization coverage** | |
| 18. | OPV0/ HB0 | 6620/5510 |
| | BCG | 9608 |
| 19. | DPT 1, Polio-1/Pentavalent-1 | 10237 |
| 20. | DPT 3, Polio-3/Pentavalent-3 | 9282 |
| 21. | Measles-1(MR) | 5531 |
| 22. | Measles-2 (MR) | 4721 |
| 23. | Vitamin-K dose 1 | 3223 |
| 24. | **Family Planning** | |
| 25. | Female Sterilization/Tubectomy | 190 |
| | NSV | O4 |
| 26. | IUD | 848 |
| 27. | PPIUCD | 436 |
| 28. | IUCD Removals | 618 |
| 29. | Oral Pill Cycles | 22190 |
| 30. | Emergency Contraceptive Pills | 2583 |
| 31. | Condom | 366345 |
| 32. | Antara Dose 1, Dose 2, Dose 3 | 57 |
| 33. | Centchroman weekly pills | 379 |

Regarding various diagnostics, the district has performed 5952 USGs and no record was found about ECGs because no trained person is available to carry out the facility. Further around 623451 lab tests and 12946 X-Rays have been performed in various public health facilities during April to December 2019. The status of pregnant women registered for ANC in the district is 11709 and

almost all of them have received the TT Injection and 180 IFA tablets during the reference period. Regarding the performance of family planning during April to December 2019 in the district, the information shows that 190 Tubectomy cases were performed in the district, 848 IUD insertions, 22190 OP Cycles and 366345 pieces of condoms distributed among the beneficiaries. The emergency contraceptive pills also have been received by 2583 beneficiaries and besides 4 NSV were also performed in the district (Table.2).

**5. Health Infrastructure**

The district information shows that there are a total 136 government health institutions and 15 private health institutions in the district consisting of 1 DH, 6 CHCs, 8 PHCs (24x7), 11 Normal PHCs/New type PHCs and 61 SCs / MAC, 48 HWCs and 15 private hospitals. There is no separate TB Centre in the district. District hospital is located in an old building built in 1909 during British period. The building status of the health facilities indicates that both the CHCs are housed in government buildings. CHC Khuikhera is presently functioning in old single storeyed building with in sufficient accommodation. Of the 8 PHCs, (24x7) all except one are housed in government building. There are 11 normal PHCs/ New type of PHCs, and all of them have government buildings. No ANMT school has been constructed in the district. Of the 61 Sub Centres /MACs, and 48 HWCs 70 have panchayat buildings, 17 are located in rented buildings and 22 in government buildings. The PHCs and SCs located in rented buildings have acute shortage of accommodation which affects delivery of effective health care services. The district has upgraded all ADs into PHCs to mitigate the shortage of PHCs. Further to address the shortage of accommodation, construction of the PHCs and SCs has been taken up in a phased manner (Table 3).

**Table 3: Health Infrastructure (As on December, 2019) of District Fazilka:**

| S. No | Type of Health Facility | Number available | No of IPD beds available | Status of the building | |
|---|---|---|---|---|---|
| | | | | Govt. | Rented |
| 1 | District Hospital | 01 | 75 | 01 | 0 |
| 2 | Maternity Hospital (MCCH) | NA | NA | NA | NA |
| 3 | FRU/CHC | 06 | 180 | 5 | 01 |
| 4 | PHC (24x7) | 08 | 32 | 07 | 01 |
| 5 | Other PHC/New type PHCs | 28 | 85 | 18 | 10 |
| 6 | Health & Wellness Centres | 48 | 48 | 22+9 Panchayat | 17 |
| 7 | SC/MAC | 61 | 61 | 61 (Panchayat) | - |
| 8 | TB Centre | 0 | - | - | - |
| 9 | No of Private Hospitals | 15 | NA | - | 15 |
| | **Total No. of Facilities** | **151** | **420** | **123** | **93** |

**District Hospital Fazilka** is situated in Fazilka town at a distance of 1.5 kms away from general bus stand which is easily accessible. The hospital has two sets of buildings. One is called OPD/Trauma block and another IPD block. New building is under construction. As per Senior Medical officer of the hospital the new building has all types of facilities required for a DH. The total bed capacity of the hospital at present is 75 beds which is not sufficient in any case to fulfill the requirement of the people of the district. In spite of so many limitations this hospital has been serving the needs of the people to its maximum available capacity. The hospital has functional OPD, IPD, laboratory, registration etc., In spite of space constraints the SMO reported that

sometimes he is accommodating more number of IPD patients than its available bed capacity especially during summers as the patient rush increases due to Malaria etc.



The hospital has separate general wards for male and female and there is also a small separate maternity ward. The district hospital is lagging the facility of staff quarters both for medical and Para medical staff. This hospital provides various services on round the clock bases like emergency care and minor surgeries. Most of the services like dental, orthopedics, ophthalmology, radiology, general medicine, major surgeries, 1st and 2nd trimester abortion, RTI/STI services are generally provided through its OPD and IPD during day time, however, in case of emergencies doctors on call are also available during night hours. The hospital is presently lacking specialists in the areas of Gynecology, Cardiology, Surgery, Radiology, Pediatrics and Ophiology hence no services are provided on some of the main health problems at the district hospital like C-Section deliveries are conducted by general surgeons as no Gynecologist is in position at DH . Such problems forced the patients to move to nearby tertiary hospitals or private sector and other districts for seeking the treatment. It is quite amazing that C-section deliveries are not conducted presently at CHC hospital because of the non-availability of the gynecologist. The services which are available on selected days are IUD insertions, PP sterilization and MTP or abortion. RTI/STI is available during day time only. There is one sanctioned SNCU in the hospital at present. The district hospital has a registered blood bank. Power backup supply is available in all sections of the hospital. The hospital is not centrally heated. Water is available in the wards, labour room, OTs, and labs. Adequate toilet facilities are available in the wards and were found clean. Citizen's charter, timings of the facility, list of services available at the facility is properly displayed. Complaint box is available and the contact numbers of SMO are displayed for registration of complaints and grievances. The premise of the hospital area is properly fenced.



**CHC Khuikhera:** This CHC comes under the medical block of Khuikhera with the population of 192827 souls as per health census 2018-19. There are 1 CHCs, 6 PHCs and 33 Sub Centres in the

block. CHC Khuikhera is 15 Kms away from its district headquarter. The health facility is easily accessible from nearest road and is functioning in a single storeyed government building which need further improvement. The hospital has a bed capacity of 18 beds with separate wards for male and female patients. Presently 2 beds are in place in gynecology, pediatrics and Generic ward and 8 beds for general IPD patients. This health facility provides services like general medicine, minor surgeries, normal delivery, and other emergency services. It is a matter of concern that CHC Khuikhera presently does not provide the services like dermatology, psychiatry, ENT, orthopedics, Gynecology, endocrinology and ARSH. Presently there is no separate staff quarters available for medical officers and or paramedical staff. The C-section deliveries are not conducted at the facility because of non-availability of gynecologist and anesthetist. Adequate drinking water supply and water in the toilets is available. Separate toilets are available for both males and females. Back up (Generator) for electric supply is available in OT and wards. Cleanliness of the hospital particularly of wards is satisfactory. The cleanliness of toilets in OPD and wards was also satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available but no complaints were put in the box so far as reported by concerned officials. Colour coded waste bins (blue and yellow) are available for waste segregation and bottle crushing machine for waste management is functional at the CHC waste disposal contracted is with Med Waste Solutions Pvt. Ltd .

**PHC Panjkosi** is situated at a distance of about 25 Kms from district head quarter. The catchment population of the area is around 28560 and it covers 8 villages. There are 8 SCs in the PHC area. The PHC is currently functioning from an old single storeyed building constructed in 1969. The building is leaking during raining season and wards are not safe for the patients, hence needs an attention for providing adequate space for providing the service delivery. The health facility is easily accessible from nearest road. The PHC has a bed capacity of 6 beds with no separate wards for male and female patients. The facility provides limited number of services like general medicine, minor surgeries, normal delivery, emergency obstetric care, and RTI/STI services. The services are being provided in day time only that is 10 am to 4 pm even though the PHC is designated as 24X7. There is only one old staff quarter for MO in the PHC premises. Normal deliveries are conducted at the facility by male doctors because there is no female doctor posted at the PHC. Antenatal services are provided by the male doctor. The PHC has adequate drinking water supply and water in the toilets is available. Regular electric supply with back up is available at the facility but with a low capacity hence then need is to install the solar back up for running the X-ray and other diagnostic equipments. Cleanliness of the facility particularly wards is satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. Color coded waste bins (blue and yellow) are available at the PHC for waste segregation. The PHC have out sourced the disposal of biomedical waste with Med Waste Solutions Pvt. Ltd. The equipments are almost nonfunctional due to lack of requisite staff.


**HWC Haripura:** This sub centre is located at a distance of 31 kms from block headquarter and 46 Kms from district head quarter. The SC is currently functioning in a single storeyed government building having 3 rooms with 1 attached bathroom. The building is in a miserable physical condition one room is almost so damaged it is not worth living .The building is without proper fencing to its surroundings. Currently, there is no regular water supply to the single wash room available in the HWC. The centre is located near the main habitation on road side. The SC caters 2 villages with a total population of around 7477. The male population is 3227 and female population is 4250 .The approach road has a sign board to show the direction to the SC. This SC has been designated as the H&FWC 2018-19. It is with staff strength of 1 FMPHW NHM and a MLHP/CHO. This SC provides ANC, IFA, TT, child immunization and some contraceptives. The SC buried the bio medical waste in a pit in the compound of the SC. Complaint/suggestion box is also available in the SC. The SC provides the child immunization service on every Wednesday and it was reported that they are conducting the outreach session once in a month. No staff quarter has been constructed at the SC. There is no space for Yoga center in the building and no power backup.

**5.1 Programme Management**

The district has almost all the Nodal Officers for proper implementation and monitoring of different schemes in the district. Almost most of the schemes are governed by the In charge DTO /DIO/DFPO/EPI/ACS and EPO .All the positions of Civil Surgeon/ District FW Officer/DHO/DIO/DTO and SMO all are vacant. DPMU and BPMUs are functioning smoothly but many positions of programme management are vacant.

## 6. Human Resources

### 6.1 Regular Health Staff

District Fazilka presently faces acute shortage of specialists and assistant surgeons/MOs in its health institutions. The overall current scenario regarding staffing pattern of the district shows that 63 percent positions of doctors and 35 percent of Para-medical staff are vacant in the district. Overall in district Fazilka, out of 55 sanctioned positions of MBBS Doctors/MO/Assistant Surgeons, only 20 (36 percent) are in place and most of them are posted at DH and CHC level. In case of Gynaecologists, out of 8 sanctioned positions all positions are vacant in the district. Out of 9 sanctioned positions of Medicine specialists only 3 are in place and out of 8 sanctioned positions of paediatrician only 1 position is filled. The district has no Ophthalmologist out of two sanctioned and ENT specialist out only one sanctioned positions. The district has no sanctioned position of Dental surgeon, Cardiologist and dermatologist. Besides this the positions of Civil Surgeon / District FW Officer, DHO, DIO, DTO and SMO all are vacant. The shortage of specialists in the district badly affected the functioning of the health institutions as some institutions are without the requisite human resource. However, the NHM fill up the vacancy to some extent both for medical and paramedical staff in the district. In this regard a total of 4 MBBS doctors, 4 Paediatricians, 18 Homeopathy doctors, 12 Pharmacists, 53 staff nurses, 68 ANMs, 24 different types of technicians are working under NHM in various institutions of the district. (Table 4).

**District Hospital Fazilka:** The DH has a total of 9 sanctioned positions of medical officers and 5 of them are in place. Though C-section delivery facility is available at DH but it is carried out by surgeon specialists as the is no gynaecologist in the DH. The present strength of MOs finds it very difficult to cater to the growing demand of institutional deliveries in the hospital. The DH has a total of 9 sanctioned positions of medical officers and only 5 of them are in place. 1 sanctioned positions of specialist medicine only position of gynaecologist, Pathologist, Radiologist, Dermatologist, Ophthalmologist, ENT specialist and Psychiatrist are vacant at DH. The position of paramedical staff in the hospital is also not satisfactory except lab technicians there are no other technicians like ECG, X-ray, OT, Dental and Ophthalmic no such positions are sanctioned. The hospital has a sanctioned strength of 24 staff nurses and only 13 of them are in place.

**CHC Khuikhera** has all the sanctioned positions of doctors Vacant. The hospital has a sanctioned strength of 7 doctors and no one is in place. The hospital has no sanctioned posts of radiologist, pathologist, ENT and dermatology. Each of the sanctioned position of gynaecologists, surgeon specialist and anaesthetist are vacant. However, on the other hand, almost all the para-medical staff is in place except ECG, X-ray, OT, Dental and Ophthalmic no such positions are sanctioned or in place. One MO (MBBS) is on deputation from PHC Mojghar and one paediatrician under NHM is running the institution.

**PHC Panjkosi has** sanctioned staff strength of 1 Medical Officers, 1 pharmacist. Of these sanctioned positions 1 medical officer, 1 lab technician, 1 Pharmacist and 4 post staff nurses are vacant. Under NHM, 1 staff nurse, 1 lab technician has been engaged. But 2 positions of NHM staff nurses are vacant. Other paramedical positions like Health Educator and clerical staff are also vacant.

**SC Haripura (Health & Wellness Centre):** HWC is 8 Kms. away from the block headquarter. The SC caters to 2 villages with a total catchment population of 7477 souls. The approach road has

sign board to show the direction to the HWC. The HWC is functioning in an old government building having 2 rooms with less space to accommodate various items like furniture and equipments which has been purchased out of untied funds. The HWC has no fencing around its area. Complaint /suggestion box is available at the centre. Colour codes bins are available but all bio medical waste is finally buried in pit. All the drugs are properly labelled with Mfg. date and date of expiry. (Table 4).

**Table 4: Details of regular human resource sanctioned, available and percentage of vacant positions in selected health facilities and in district Fazilka during 2019-20**

| Category of the Staff | DH Fazilka | | | CHC Panj Kosi | | | PHC Panjkosi | | | SC Haripura | | | Total District | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Sanctioned | In Position | % vacant | Sanctioned | In Position | % vacant | Sanctioned | In Position | % vacant | Sanctioned | In Position | % vacant | Sanctioned | In Position | % vacant |
| MBBS Doctors /MO | 09 | 05 | 45 | 01 | 00 | 100 | 02 | 01 | 50 | | | | 55 | 20 | 64 |
| Gynecologist | 01 | 00 | 100 | 01 | 00 | 100 | | | | | | | 08 | 08 | 100 |
| Pediatrician | 01 | 01 | 00 | 01 | 00 | 100 | | | | | | | 08 | 01 | 88 |
| Radiologist | 01 | 00 | 100 | | | | | | | | | | 02 | 01 | 50 |
| Physician Spt. | 02 | 01 | 50 | 01 | 00 | 100 | | | | | | | 09 | 03 | 66 |
| Surgeon Spt. | 01 | 01 | 00 | 01 | 00 | 100 | | | | | | | 08 | 06 | 25 |
| Anesthetist | 01 | 01 | 00 | | | | | | | | | | 02 | 02 | 00 |
| E.N.T. | 01 | 00 | 100 | | | | | | | | | | 01 | 00 | 100 |
| Dental Surgeon | 01 | 01 | 00 | 01 | 00 | 100 | | | | | | | 00 | 00 | 00 |
| Ophthalmologist | 01 | 00 | 100 | | | | | | | | | | 02 | 00 | 100 |
| Orthopedics | 01 | 01 | 00 | | | | | | | | | | 02 | 01 | 50 |
| Pathology | 01 | 00 | 100 | | | | | | | | | | 02 | 01 | 50 |
| Cardiology | 00 | 00 | 00 | | | | | | | | | | 00 | 00 | 00 |
| Psychiatrist | 01 | 00 | 100 | | | | | | | | | | 02 | 01 | 50 |
| Dermatologist | 01 | 00 | 100 | | | | | | | | | | 01 | 00 | 100 |
| Radiologist | 01 | 00 | 100 | 01 | 00 | 100 | | | | | | | 02 | 01 | 50 |
| Blood Bank Officer | 00 | 00 | 00 | | | | | | | | | | 00 | 00 | 00 |
| Homeopathy doctors/Ayush | 00 | 00 | 00 | | | | | | | | | | 00 | 00 | 00 |
| Mid level Health Provider | | | | | | | | | | 01 | 01 | 00 | 48 | 48 | 00 |
| **Para Medic Staff** | | | | | | | | | | | | | | | |
| ANM/FMPHW/MMP HW | 03 | 03 | 00 | | | | | | | 01 | 00 | 100 | 218 | 179 | 18 |
| LHV | 01 | 00 | 100 | | | | | | | | | | 24 | 12 | 50 |
| Staff Nurse | 24 | 13 | 46 | 06 | 03 | 50 | 04 | 00 | 100 | | | | 124 | 60 | 52 |
| Head/ Sr./Jr. Pharmacists | 05 | 05 | 00 | 03 | 03 | 00 | 02 | 01 | 50 | | | | 54 | 42 | 23 |
| Head/ Sr./Jr. Lab. Tech.. | 06 | 06 | 00 | 03 | 03 | 00 | | | | | | | Na | Na | Na |
| Sup Head/Sr./Jr.X-Ray Technician | | | | | | | | | | | | | 15 | 05 | 66 |
| Sr./Jr. O.T Tech. | | | | | | | | | | | | | 06 | 00 | 100 |
| CHO/BHO/Health Educator/HI/SI/EE | | | | | | | | | | | | | 13 | 10 | 24 |
| E.C.G. Technician | | | | | | | | | | | | | 00 | 00 | 00 |
| Sr./Jr. Dental Technician | | | | | | | | | | | | | 00 | 00 | 00 |
| Head/ Sr./Jr. Ophthalmic Tech. | | | | | | | | | | | | | 09 | 03 | 66 |
| Driver | | | | 02 | 01 | 50 | | | | | | | 20 | 05 | 75 |

### 6.2 Staff Recruited Under NHM

NHM has been very helpful in filling the critical gaps in the availability of human resource. 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. In order to attract doctors to work in far flung areas of the districts, State is offering higher incentives (graded as per remoteness) to the doctors who are willing to work in far flung and remote areas irrespective of the fact whether they are recruited under NHM or on regular basis. Almost 87 percent the positions of NHM are in place. Two positions of both MBBS and AYUSH doctors, RMNCH councillor, BCC facilitator and District accounts Manager are vacant under NHM in the district

The job description and reporting relationships of various categories of staff has been defined but the services of the staff of the PMUs are also utilized for other activities also. As, there is no plan for their inclusion in the State budget and also due to the instability of tenure, the contractual appointees leave the job once they get a permanent job. But at the same time most of the staff of PMUs have crossed the age bar and are bound to stay at the said position facing very hardships in the daily life due to the high inflation in the market. Apart from some training courses, there are hardly any opportunities for their professional development. The NHM staff is of the view that they should be now put at least in the pay-scales for their smooth survival.

### 6.3 Training Status /Skills of Various Cadres

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies. The Civil Surgeon Fazilka also organizes the training programmes for its health staff on each and every year and maintains the necessary information. Similarly, some of the training courses were conducted during the year 2018-19 and various categories of health staff participated in these training programmes. The information provided indicates that a total of 64 Para-medical staff received different types of trainings. The detailed information collected shows that a total of 29 Para-medical personnel (ANMs and Staff nurse) received RTI/STI training and it was conducted in the training hall CS office of Fazilka. This training has been received by 3 ANMs from DH one from CHC and one and one ANM from PHC Panjkosi. MDSR training is imparted to 3 SNs and 22 ANMs in the district during the same period. Further 10 staff nurses have received PPIUCD training while as 3 of them was from DH Fazilka, two from visited CHC and PHC. This programme was conducted at training hall CS office of Fazilka in the year 2019-20 (Table. 5).

**Table 5: Training courses held & received by health staff of selected health facilities & in the district Fazilka during the year 2019-20**

| Name of Training | DH Fazilka | | CHC Khuikhera | | PHC Panjkosi | | SC Haripura | | Total District | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Doctors | Para Medical Staff | Doctors | Para Medical Staff | Doctors | Para Medical Staff | Doctors | Para Medical Staff | Doctors | Para Medical Staff |
| RTI/STI | 00 | 03 | 00 | 01 | 01 | 01 | | | 00 | 29 |
| MDSR | 00 | 00 | 00 | 00 | 00 | 00 | | | 00 | 25 |
| PPIUCD | 00 | 03 | 00 | 02 | 00 | 02 | | | 00 | 10 |
| **Total** | **00** | **06** | **00** | **03** | **01** | **02** | | | **00** | **64** |

### 6.4 ANMT School

This needs to be mentioned here that no ANMT School has not been sanctioned for the district Fazilka. One GNM school is in Jalal Abad under Baba Freed University of Science and Technology and Civil Surgeon has no control on it.

## 7. Other Health System Inputs

### 7.1 Equipments

There has been established a medical cell namely Punjab Health System Corporation (PHSC) for procurement of drugs and equipments. Equipments are purchased by the Central Purchase Committee. The newly procured equipments have inbuilt Annual Maintenance Contract (AMC) with the supplier during warranty period. After the warranty is over, health institutions undertake repairs of the equipments out of Hospital Development Fund (HDF). Our observations regarding the non availability or non functional of various equipments in visited health facilities are as follows:

**District Hospital Fazilka:** Almost all the essential equipments/instruments and other laboratory equipment required at the level of DH is available. The existing equipments in the OPD, OT, labour room and laboratory in the hospital are almost all functional. However, the SMO reported that there is the need of some of the equipments at the DH so that the functioning of the hospital is smooth and the patients need not to move to other districts for want of some of the tests. The list of equipments as required by the DH are like as artery forceps, elis, kidney tray, CT scan, MRI, Endoscopy, needle holder, mosquito forceps and fogger. In addition to this the OT also is need of some of the items like as OT table, delivery table, fracture table, ventilator, Incubator, Laparoscopy Machine, Bio chemistry auto clave, OT light, sucker and operation microscope ENT. Equipment maintenance and repair mechanism is in place and get the equipments well in time.

**CHC Khuikhera:** The essential equipments required for a CHC are available and are in useable condition. A number of testing facility is available at the CHC but even then the BMO reported that there is dire need of some of the equipments for providing better quality of services to the patients. These equipments includes as laparoscope, cardiac monitor, oxygen concentrator, fully automatic analyser and colour Doppler USG, bio chemistry auto analyser. Besides there is the immediate need of some of the equipments in the operation theatre like as electric cautery, anaesthetic work station, OT lights, ESL analyser, laryngoscope adult/paediatric, sigmade scope in light source, Boyles apparatus, ventilator, Non Cardiac monitor (5in 1) , operation table and laparoscope in trolley and monitor.

**PHC Panjkosi:** Since the building of PHC has been constructed in 1969 and is very old. This PHC is without the operation theatre and is conducting only normal type of deliveries in its labour room. Various equipments like BP apparatus, stethoscope, resuscitation kit, needle cutter, weighing machine (adult and infant), delivery table, refrigerator, are available and functional. The PHC has a laboratory manned by a lab technician with functional Microscope, Haemoglobin meter, Centrifuge and refrigerator. However, equipments like Semi- auto analyser and phototherapy unit x-ray is not available presently at the facility. All other testing facilities like urine and sugar testing kits, spacing methods and essential consumables like gloves, pads, bandages and gauze, dextrose

HB Sugar etc were available at the facility. But the PHC needs digital X-ray for better results. The PHC needs an operation theatre also to meet the necessities of the people.

**HWC Haripura:** HWC Bhan provides services like ANC registration, Blood Sugar, Haemoglobin testing, IFA tablets, TTI/TT2 child immunization, DOTS, spacing methods, VHND and Sanitary napkins. The equipments though are available at the HWC but due to in sufficient space cannot deliver the services. (BP) apparatus, stethoscope, weighing machine (adult and infant), foetal Doppler and vaccine carrier etc. Essential items like HB testing kit, IUCD kit, Delivery Set, Foetus cope and sugar testing kit, gloves, Infusion sets were available at the facility. But power backup and running water is a burning issue and needs immediate attention.

### 7.2 Diagnostics

The DH is providing various diagnostic services and the in charge SMO reported there is additional need of some of the diagnostic tools for improving the quality of care provided to the general public who visited to the hospital. The tools needed are as immune easy, urine analyser, electrolyte analyser, HBAIC and microscope. Besides, there is the need of CT scan, Endoscopy and MRI at the DH. It is also to mention that T3, T4, TSH is not currently available at DH. CHC Khuikhera also provides some diagnostic service facilities as haemoglobin, blood sugar, CBC, HIV, urine culture. Ultra-sonography is not provided at CHC because of non-availability of staff and equipments. ANC cases requiring thyroid testing have to obtain from the private diagnostic facilities. Diagnostic facilities for CT scan and endoscopy are not available at the CHC. For further improving the service delivery at the CHC the medical officer reported that they are in need of some of the diagnostic equipments like as fully automatic analyser, centrifuge, binocular microscope, HBAIC analyser, hem cue Hb cuvettes, CBC analyser, urine analyser, Digital X-ray and VBG analyser. Besides they demand also about colour Doppler USG and film badges. A number of services are available at the PHC. The PHC provides the service such as measuring of BP and weight, tests like HB, HIV and blood sugar. The supply of drugs provided to SC is limited. Drugs for common ailments, de-worming are available. Presently SC had supplies of IUDs, malaria testing kit and sputum testing for RNTCP. Most of the equipments and testing kits are available at the sub centre. The supply of family planning methods available at the HWC includes oral pills daily and weekly, ECPs and condoms. User charges for various lab services in government facilities have been fixed by the State government. Therefore, the lab services are available to patients at minimal user fee charges. It was found that pregnant women are exempted from all kinds of user charges at all the public health facilities in the district.

### 7.3 Drugs

Presently, the district receives the drugs as per the State policy of system of procurements of drugs, consumables and equipments and their distribution to various health centers in the State which is centralized at the divisional level. The State has established a purchase unit namely Punjab Health System Corporation (PHSC) for procurement of drugs and equipments. Directorate of Health Services assesses the need of drugs and equipments of various health institutions and grade different types of health facilities depending upon the work load and performance. The supplies are made available to various health institutions by medical supplies corporation. Besides, the health institutions also make some purchases from the JSSK funds up to 20 percent. The items to be purchased are approved by the RKS and procured on the basis of lowest quoted rates through quotations from Jan Aushadi Kendra or if it is not available on JAK then are purchased locally.

Supply and distribution of drugs is monitored by the Comptroller and Auditor General by undertaking audit and stock verification of drugs. There is a Quality Assurance Committee headed by one Nodal Officer that ensures the quality of drugs that are being purchased by the Punjab Health System Corporation (PHSC). The State had been divided into zones. Each zone consists of five districts with one Nodal Officer. In this way the district Fazilka receives supplies from Bathinda Ware House**.**

District hospital has almost all essential drugs available required in the labour room and operation theatre. Drugs for hypertension and diabetes and other common ailments are also available in the hospital. However, it was also reported that none of the drug was stock out during the last 3 months. It was also found that the list of drugs was displayed in the hospital but computerized inventory management of drugs is not maintained in the hospital. It was found that list of medicines is displayed and updated at the CHC. Computerized inventory management of drugs is not yet in place. However, the medical officer of CHC revealed that they are in need of the medicines at the centre like as Inj. Adrenaline, Inj. Aminophylline and Inj. Derriphyline. Most of the drugs were found available at the PHC and the supply of drugs was reported as sufficient at PHC. Essential drug list is found displayed in the Pharmacy. Management of the inventory of drugs is manual. Family planning contraceptives like oral pills daily, ECPs, IUCDs and condoms are available at CHC or PHC. Drugs provided to sub centre are limited. Antibiotics like as ampicillin, gentamycin, tab. metronidazole is not available at the HWC. So far as contraceptives are concerned all of them were found available at the SC except IUD. Sanitary napkins are also provided to the SC.

### 7.4 EDL

An essential drug list (EDL) has been developed for various types of health facilities depending upon work load and performance. EDL was displayed in all the visited health facilities in the district. The health facilities are provided drugs as per the EDL. The EDL for DH and CHC contain drugs for MCH, safe abortion and RTI/STI. The quantity of drugs supplied to health institutions is generally displayed publicly and is updated on a monthly basis in the district. The drug stores at the DH and CHC maintain a daily consumption register of drugs. Now both the generic and non-generic drugs are prescribed by the doctors. None of the health institutions in the district is doing a prescription audit.

### 7.5 AYUSH

The district has a Homeopathy unit in DH and it is functional. A total of 4759 patients have received services from this unit from April to December 2019. Homeopathy doctors at Block level are involved in the implementation of National Health Programmes. RBSK teams are headed by these HMOs in the district.

## 8. Maternal Health

### 8.1 ANC and PNC

ANC services are available at all health facilities in the district. A total number of 11709 women have been registered for ANC services in the district during April, 2019 to December, 2019. Registration for ANC generally takes place at DH and SCs/HWCs and each facility registers

women on RCH registers belonging to its catchment area. DH registers women only of their catchment area. Therefore, there are 141 women registered for ANC services with the district hospital. ANC 3rd /ANC 4 /TT injection information is available in the registers at DH and SC/ HWC. In the district a total of 8593 pregnant women have been given TT1 and 8346 pregnant women have received TT2/Booster dose injection in the district. In the same reference period data for ANC 3 is not available and ANC4 have been received by 9160 respectively. AS per the information provided by the CS office it was reported that 9914 pregnant women have received IFA tablets. The information on child immunization reflects that a total of 6620 children were given OPV0, 5510 children were given HB0 and 9608 children were given BCG during April to December 2019. The doses of Pentavalent-1 have been given to 10237 and Pentavalent-3 to 9282 children. The number of children given Measles-I (MR) amounted to 6531 and measles-II (MR) to 4721 children during the same reference period. RCH entry on percentage of women registered in the first trimester is about 79 percent in the district. Hence there is dire need to reorient the ASHAs including the ANMs regarding the early registration of the pregnant woman. The records verified in the visited health facilities further shows that the documentation and records regarding the line-listing of severely anaemic, hypertensive identified, blood sugar, U-sugar and protein tests is poor at most of the facilities, however, the documentation of follow-up, TT injection is maintained in all the visited health facilities.

**District Hospital:** During April to December 2019 reference period 141 pregnant women are registered for ANC-1 at DH. As reported earlier the DH has maintained most of the information on RCH indicators and family planning methods. It was reported that there is scarcity of staff for maintaining the same. From the exit interviews of some of the women who came for ANC checkups at district hospital, it was observed that the pregnant women get most of the medicines from the hospital and same is the case with the CHC and PHC. At all the facilities tests like as blood tests, urine investigations, measurement of BP and weight and USGs are freely available. Most of the women have in fact been tested for anemia etc. This information is documented in the lab records in a separate register under JSSK and maintained properly in the ANC registers. Similarly, DH records separately the number of other investigations like blood sugar, urine sugar and protein tests carried for pregnant women and in fact they have maintained information about free blood and urine tests conducted under JSSK. District hospital receives delivery cases not only from its catchment area but health facilities located in all other blocks of the district. During the referenced period. DH has conducted 903 normal deliveries, 330 C-section deliveries have been performed at DH .Because of non-availability of Gynecologist at DH people are forced to go other hospitals and at DH C-section is carried by the Surgeon Specialists. With regard to PNC services, women who deliver normally are advised to stay at least 48 hours after delivery but due to the of heating arrangement in the wards at DH the delivery cases are prefer to go home and leave the hospital before 48 hours.

**CHC Panjkosi:** No pregnant women are registered for ANC services at CHC Khuikhera because the registration for ANC in Punjab has been given to SCs. Hence no ANC services are provided by the CHC. Line listing of severely anaemic pregnant women is not available at the CHC. Facilities for testing of blood and urine are freely available at the CHC. Separate register is maintained for ANC and Non-ANC cases at the laboratory. About 25919 blood related investigations and urine investigations have been performed during the reference period. There is no facility for conducting

C-section deliveries at the CHC; therefore, it has resulted increase in the number of referrals from CHC to higher facilities.

**PHC Panjkosi:** The PHC did also conduct 3011 blood related and urine related tests as it has maintained a well established laboratory. Information about anaemic women is available but information is not available for hypertensive pregnant women at the PHC. It was observed that the PHC is doing tremendous job in its area as there are 4751 OPD cases and 102 IPD cases during the reference period. Moreover, the PHC also conducted 51 normal deliveries during the same period.

**HWC Haripura:** Health officials mentioned that all pregnant women are registered at the local SCs for ANC services to minimize duplication of ANC registration. During the referenced period a total number of 71 women are registered for ANC services at the HWC. Similarly, 65 received the 4 ANC checkups. The ANM at the HWC opined that women do visit this SC for ANC-4. High risk pregnancies are identified and referred to higher facility (Table.6).

**Table 6: Facilities provided to ANC cases at visited health facilities & in the district during April, 2019 - September, 2019.**

| Service | DH Fazilka | CHC Khuikhera | PHC Panjkosi | HWC Haripura | District |
|---|---|---|---|---|---|
| ANC1 registration | 141 | 0 | 0 | 71 | 9302 |
| ANC 4 Coverage | 49 | 0 | 0 | 65 | 9160 |
| TT1, TT2 and Booster | 267 | 0 | 0 | 123 | 16939 |
| Pregnant women given IFA | 107 | 0 | 0 | 69 | 9914 |

### 8.2 Institutional Deliveries

One of the priority areas of the State is to improve maternal health. DH, CHCs and some PHCs have been upgraded and strengthened to provide facilities for conducting deliveries. The facility of institutional deliveries in Fazilka district is available at DH and CHCs. Hardly any PHC conducts normal deliveries due to lack of requisite space, infrastructure and manpower. Caesarean section deliveries in the district are conducted at DH. However normal deliveries are conducted during day time all the identified institutions.

A total number of 10568 institutional deliveries were conducted during April - December 2019 in the district and out of these, 13 percent (1233) deliveries have been performed at DH alone. The percentage of C-section deliveries during the reference period in the district is about 30 percent (3028). The CHC alone have conducted about 2 percent (194) of the normal deliveries in the district during the same period. But PHC Panjkosi took least risk due to lack of man power in conducting normal deliveries and have performed less than one percent (51) normal deliveries during the same period. Lastly, there are SCs who are not officially identified as a delivery point and have not conducted any delivery in the district. Among the institutional deliveries 30 percent were carried out through C-section. Besides this the district has reported 3 percent (346 home deliveries) during the same period. The private health institutions also have contributed 55 percent (5621 deliveries) to the total institutional deliveries in the district.

Facility for the management of common obstetric problems and abortion services are not available at all the PHCs in the district. Management of RTI/STI services is not available at the PHCs. All

SCs provide ANC services, IFA, and refer complicated cases and severe anaemia cases to higher facilities.

However, it was observed during our visit that the nurses and doctors posted at the health facilities are counselling the women about early and exclusive breast feeding. This has a significant impact on initiating early breast feeding. In fact, almost all the women who delivered at DH except C-section deliveries during our visit initiated breastfeeding soon after the delivery (Table. 7).

**Table 7: Proportion of C-section deliveries out of total institutional deliveries performed at different health facilities in district Fazilka during April, 2019 – December, 2019.**

| Facilities | Identified delivery points | C-Section deliveries out of total deliveries | Total No. Of Deliveries |
|---|---|---|---|
| DH | 1 | 330 | 1233 |
| CHCs | 5 | 126 | 2877 |
| PHCs | 19 | 0 | 491 |
| SCs | 109 | 0 | o |
| Pvt. Hospital | 15 | 1045 | 5621 |
| Home deliveries | 0 | 0 | 346 |
| **Total** | **25** | **16** | **10568** |

### 8.3 Janani Sishu Suraksha Karyakaram (JSSK)

The JSSK scheme is functioning smoothly in all the districts. There are already guidelines for the implementation of JSSK. These guidelines are regularly updated and communicated to the districts. DFPO is the Nodal Officer for the implementation of JSSK in Fazilka. 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 are as follows (Table.8).

**Table 8: Services given to pregnant women under JSSK at selected health facilities in district Fazilka during April, 2019 – December, 2019.**

| **Services** | **DH Fazilka** | **CHC Khukhera** | **PHC Panjkosi** | **District** |
|---|---|---|---|---|
| Home to facility | 13 | 150 | 0 | 5093 |
| Referral | 198 | 14 | 0 | 498 |
| Facility to Home | 330 | 281 | 0 | 4595 |
| Medicine | 1233 | 0 | 0 | 4601 |
| Ultrasound | 4052 | 0 | 0 | 5240 |
| Free Blood Tests | Not recorded | Not recorded | 328 | Not recorded |
| Free Blood Units Given | 494 | Not recorded | 0 | 639 |
| Diet | 1233 | 181 | 0 | 4601 |
| **Total Institutional Deliveries** | **1233** | **194** | **51** | **9158**+Home**346** |

#### 8.3.1 Transportation

As reported by the CS the Toll Free No (108) for availing free transport facility under JSSK is established and is presently under working. Pregnant women occasionally contact the ASHAs for availing free transport. But health officials reported that due to the shortage of ambulances, they are unable to provide transport to all delivery cases from home to facility. Usually most of the pregnant women cases reached the delivery point by their own transport or by public transport. This is substantiated by the fact that only 53 percent (5093) women who delivered in a health

facility in the district have been provided free transport for reaching a health facility. District hospital has provided such a facility to 13 pregnant women during the reference period. CHC Khuikhera has provided 150 of the pregnant women free transportation to reach the health facility from their home. Free referral transport from facility to facility is provided in most of the cases. During the same period, free referral transport has been provided to 498 pregnant women in the district, accounting to all the referral cases. DH has referred 198 pregnant women to Fareed Kot medical college. CHC Khuikhera has provided free referral facility to 14 referred pregnant women for delivery. The officials reported that the drop back facility for women who are discharged at least after 48 hours of delivery is also ensured in most of the cases in district and in this regard the information collected shows that the drop-back facility has been provided to all the 4595 delivered women during April to December 2019 accounting for about 50 percent of institutional deliveries. DH has provided the drop back facility to 330 delivered women. Lastly the free meals which the district has provided are 4601beneficiaries. As per the reports most of the normal deliveries leave the health institutions before 48 hours. But at the same time while our interaction with the IPD patients especially with the women who delivered in the visited facilities and it was found that at the time of their delivery and after delivery, all of them received the required medicines from the hospital free of cost.

### 8.3.2 Diagnostics

Officials at all levels maintain that all available diagnostics for pregnant women and sick newborns in public health facilities are free of charge. Free diagnostic facilities (urine test, various blood tests, etc) are provided to pregnant women at DH, CHCs and PHCs in the district. As mentioned above, reagents for thyroid detection are not available at any of the health facility therefore, thyroid testing is not done at DH and CHC. The CHC do not have any position of sanctioned radiologist in place. USG is conducted at DH only on daily bases and it is out sourced with public private partnership (PPP) and pay at least 200 per USG from JSSK.

### 8.3.3 Meals

The free meal to delivered women is provided under JSSK in J&K. State has issued orders to the districts to provide hot cooked meals to women under the scheme. Official information shows that meals have been provided to all the women who delivered in various health facilities in the district during the last two quarters. However, it was observed that health facilities in the district do not have kitchen facility. The dietary facility provided to the delivered cases at the DH is outsourced to one local person who is carrying a restaurant outside the hospital. The diet is provided thrice in a day that is Breakfast, Lunch and Dinner. The meals contain the following items as Breakfast with (1 egg, 1 cup of milk, 1 bread slice). The Lunch contains as simple Rice and Vegetable and the dinner also includes the Rice and Vegetable. CHC Khuikhera has also outsourced the job of providing meals to a local canteen and women are provided breakfast (1 cup of tea, 1bread), lunch (Rice +Dall+Egg) and dinner (Rice +Dall+Egg). All women admitted in the DH and CHC Khuikhera mentioned to have received free meals during their stay in the hospital. However, it needs to be mentioned that dry ration are provided to delivery cases at PHC Panjkosi. Due to non-availability of canteen and nearby market facility no outsourcing arrangement has been made so for.

### 8.3.4 User Charges and Consumables

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

### 8.3.5 Blood Transfusion

District Hospital Fazilka has a registered blood bank. Generally, all patients who need blood transfusion are provided free blood without a donor. Even after more than 5 years since Fazilka became a district the CHCs of the district did not have a single blood bank. The doctors at district hospital are unable to cure any high risk, anaemic or emergency patient who are in need of blood when admitted in hospital. Doctors mostly not prefer to refer these high risk or anaemic patients to higher facility because of blood bank .The blood Bank has issued 3855 blood units to various health institutions for trans fusion and at the time of our visit 183 blood units were available in blood bank. At DH 639 patients have been transfused during the reference period. The blood bank is running on internal arrangement and have received best performance award twice in the state. The blood bank bagged 3rd prise in 2018-19 and 2nd prise in 2019-20 in Punjab state and one from Robin Hood Army Fazilka.


### 8.4 JSY

In district Fazilka, JSY cards are prepared and updated as per the JSY guidelines. However, there is no time frame for making JSY payments in the district. Timing of payment depends upon the availability of funds. JSY payments are generally paid after delivery only to those who blong to BPL and SC family. The amount paid is Rs 700/= for rural and Rs 600/= for urban delivery. Information provided by office of CS shows that of the 4601 (BPL+SC) institutional deliveries occurred during April- December, 2019, the JSY payment has been made to all the beneficiaries excluding the 246 home deliveries but 815 cases are pending for payment. No such women who deliver at home have been paid any cash incentive under JSY (Table. 9).

**Table 9: JSY Status of District Fazilka during April, 2019- September, 2019**

| Type of Delivery | Total Deliveries | No. Of women paid JSY | Amount Disbursed | JSY cases pending |
|---|---|---|---|---|
| Institutional | 4601 (Govt. Institutions) | 2762 | 1752500 | 815 |
| Home | 246 | Not Applicable | Not Applicable | Not Applicable |
| Private Hospitals | 5621 | Not Applicable | Not Applicable | Not Applicable |
| Total | 105568 | 2762 | 1752500 | 815 |

### 8.5 Maternal and Infant Death Review

There are spatial orders and guidelines for the reporting of maternal deaths and their audit to all health facilities. Maternal and Infant Death Review Committee has been established in the district. As per these orders, maternal death reviews are to be done by the CS and district magistrates. ASHAs are to be given incentives to report maternal deaths and Rs. 900 are kept for maternal/Infant death investigation in the district. As per the information, the district has reported 7 maternal deaths and 128 infant deaths which occurred during the same period. The Infant death review committee is working properly and has reviewed 12 the infant deaths and 2 maternal deaths. Reporting of deaths has improved in the district especially at PHCs and SCs. ASHAs/ANMs generally are not aware of infant death review/verbal autopsy reports but they have received the incentives.

## 9. Child Health

### 9.1 Facility Based Newborn Care (FBNC)

The district has one sanctioned SNCU. All necessary equipment for the SNCUs has been received by DH. Except two ANMs no staff has been recruited and space for SNCU is not sufficient because the DH main building is in the final stage of construction presently DH is functioning from old building. A total of 76 neonates are admitted during the reference period in the SNCU 65 in born and 11 out born in at the DH.

The NBSU is not established at CHC Khuikhera. Though one paediatrician has been appointed under NHM at CHC but due to the lack of NBSU neonates are referred to DH in case of any complicacy. All the babies delivered at CHC are examined and weighted at labour room. Hence during the year 2019-20, Simultaneously, PHC Panjkosi has a New Born Care Corner (NBCC) which is performing its duty with the existing regular staff. But at the same time 51 of the neonate has been admitted in the NBCC at the PHC during the reference period. All the referred cases by the DH, CHC and PHC are being provided free transportation. Similarly, all those infants who required any tests are reported to have been provided free diagnostics under JSSK in respective institutions (Table 10).

**Table 10: Status of stabilization units in the district**

| Type of facility | Target | No. established | No. Functional | No provided essential equipments | No. Having Trained manpower in place |
|---|---|---|---|---|---|
| SNCU | 1 | 1 | 1 | 0 | No staff recruited for Stabilization units in district. |
| NBSUs | 4 | 1 | 1 | 2 | |
| NBCC | 15 | 15 | 12 | 8 | |


**9.2 National Health System Resource Centre**

State has established 1 NHSRCs, in NHM office Chandigarh .But no centre has been established at DH Fazilka.

**9.3 Child Immunization**

The facility of birth dose and routine immunization is available on daily basis at district hospital. CHC is providing the birth dose as per need but BCG is given by the nearest SC. The SC provides the immunization on every Wednesday in a month and also provides birth doses (BCG) to all delivered neonates. Outreach sessions are conducted to net in drop-out cases/left out cases. VHNDs, outreach secessions have improved DPT-1 booster and measles-II. Further mobility support for supervision and monitoring has been approved in the district. AEFI committee and Rapid Response Team (RRT) have been constituted but usually no meetings of AEFI and RRTs have been taken place. Immunization cards and MCP cards are available at DH, CHC, PHC and SC. All the visited facilities reported regular supplies of vaccines.

**9.4 Rashtriya Bal Swathya Karyakaram (RBSK)**

RBSK has been launched in Fazilka district and is functioning smoothly. There is sanctioned strength of 46 positions and 37 of them have already been put in place. There are 9 mobile screening teams (2 teams in each block) in the district and each team consists of 2 (AMOs) Assistant Medical Officers, 1 staff nurse and 1 Pharmacist. 14 positions of Homeopathy Doctors, 8 Pharmacists and 9 Staff Nurses have been put in place. District Early Intervention Centre (DEIC) has not been set up at district hospital. All positions of DEIC manager, audiologist, EISE and ophthalmic assistant, other positions at DEIC are Vacant. Child health screening cards have also been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. The information provided reflects that during the year 2019-20, a total of 101837 children of different age groups are screened and out of those 8216 found positive for selected health conditions and get treatment. Further a total of 101 children referred to territiary hospitals for specialised treatment. The breakup of the age group is as follows. During the year 2019-20 a total of 4557 children of the age group of 0-6 weeks were screened and 2 of them found positive for selected health conditions and 2 children were referred to higher facility for specialised treatment. Further a total of 25905 children of the age group of 6 weeks to 6 years were screened and 566 children found positive for selected health conditions and get treatment, besides, 56 among them referred to territiary hospitals for specialised treatment. In addition to this during same year a total of 71375 children of the age group of 6 years to 18 years

were screened in the district and 8216 found positive for selected health conditions and got treatment. In addition, 101children referred to tertiary hospitals for specialised treatment. However, it was observed that referral mechanism under RBSK is currently a week area in the implementation of RBSK. Medical officers mentioned that they do not have adequate kits and drugs available to meet the latent demand of drugs during screening. They mentioned that funds are not being released in time which is affecting their mobility and also mentioned that the existing funds should be increased. They also mentioned that RBSK increased the demand for health care services and the referral facilities have been geared to meet this growing demand. Patients referred to these institutions are given special treatment. The MS of the DH reported the main problems in the functioning of the RBSK programme are lack of equipments, lack of medicines and above all the important facility of internet (Table.11).

**Table 11: Service delivery under RBSK during 2018-2019**

| Type | No. Screened | No Treated | No Referred to Tertiary hospital |
|---|---|---|---|
| 0-6 weeks | 2098 | 914 | 3 |
| 6 weeks- 6 years | 8621 | 985 | 8 |
| 6 years – 18 years | 46640 | 1992 | 16 |
| **Total** | **57359** | **3891** | **27** |

An attempt was also made to gauge the children who need financial assistance for their specialised treatment. In this regard the information collected from the CMO office shows that during the year 2019-20, a total of 27 children were identified under RBSK and for each of the children the cost incurred upon them individually was sent to the higher authority for release of assistance and in this connection only 7 cases were approved and an amount of Rs. 4, 10,000 was sanctioned for their treatment. All of them got the required treatment at the appropriate health facility.

**10. Family Planning**

Family planning sterilization is available in the district. As reported there is shortage of trained service providers for minilap, laprolization and NSV. There are only a few doctors in the district who are trained to provide laprolization services. No sterilization camp has been organized since April, 2019 up to ending December. The district performed 190 female sterilizations during April-December 2019 and these were conducted at DH and CHCs. Besides, 848 IUCD insertions performed in the district while as other contraceptives like as OP Cycles, EC Pills and Condoms also attracted a good number of beneficiaries in the district. A new contraceptive is also introduced in the district that is inj. Antara which has been provided to 57 beneficiaries in the district during April, 2019 to December, 2019. PPIUCD services are usually available at all the health facilities. All the FMPHWs/ANMs of the visited health facilities are trained to provide PPIUCD services. There are no fixed days for IUCD /PPIUCD services at DH or CHC, instead, services are available on all days. Postpartum PPIUCD services are also available at DH and this service is provided to 647 beneficiaries.

Condoms and Oral Pills (OPs) are available at all the visited facilities. ECPs were also available at the CHC, PHC and SC. ASHAs have been given the responsibility of delivering contraceptives at the doorstep of beneficiaries in the district. However, the health facilities did not record the contraceptives given to the beneficiaries through the ASHAs. The information regarding various methods of family planning is also provided through VHND sessions at the SC level (Table 12).

**Table 12: Coverage of various modern family planning methods at selected health facilities in the district during April, 2019-December, 2019**

| Service Utilization | District | DH Fazilka | CHC Khuikhera | PHC Panjkosi | HWC Haripura |
|---|---|---|---|---|---|
| Female Sterilization | 190 | 77 | | | |
| No. of IUCD Insertions | 848 | 61 | | | |
| No. Of PPIUCD Insertions | 647 | 155 | 73 | 05 | |
| No. of PP Sterilization | 84 | 20 | | | |
| No. of Vasectomy | 04 | 0 | | | |
| No. of IUCD removals | 618 | 30 | 03 | 05 | |
| Oral Pill cycles distributed | 22190 | 264 | | | 166 |
| ECP distributed | 2583 | 24 | | | |
| Condom pieces distributed | 366345 | 4800 | | | 3740 |
| Antara dose1,dose2,dose3 | 57 | 57 | | | |

**11. Adolescent Reproductive & Sexual Health (ARSH)**

ARSH clinic at DH Fazilka has not been established. All sanctioned positions are vacant.

**12. Quality in Health Services**

**12.1 Infection Control**

The general cleanliness at DH was not found satisfactory. The IPD wards, operation theatre, laboratory and OPD were not clean. The fumigation did not take place in the operation theatre of the hospital and the regular fogging in the hospital is also very poor. The bath rooms are not cleaned regularly. Regarding the cleanliness at CHC, PHC and SC, it was up to mark. PHC Panjkosi is accommodated in old type government building with almost all facilities available. The visited HWC is not in a good condition having 3 rooms one completely damaged without electricity and water supply washrooms are also not available for patients and ceiling leaks during rainy season. SC has also been designated as H&WC.

**12.2 Biomedical Waste Management**

All the visited health facilities use colour coded bins for the segregation of waste but it was found that guidelines for proper segregation of waste are not properly followed at any of the health institutions. Patients and their attendants need to be educated about proper use of these bins. DH and CHC and PHC have out sourced for disposal of solid waste/bio medical waste with Med Waste Solutions Private Limited. Sharpens, needles were not visible in the premises of DH and CHC. Biomedical waste at HWC is buried in a pit in the premises of SC.

**12.3 IEC**

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

**13. Clinical Establishment Act**

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

**14. Referral Transport and Medical Mobile Unit (MMU)**

The information collected from the CMO office indicates that the district has a total of 11 vehicles which are used as ambulances of which 8 of them are on road and are in working condition to cater the needs of various health facilities. NHM logos are displayed on most of the vehicles in the district. No vehicle is fitted with GPS facility. Out of the total ambulances, 1 is donated in the district. District hospital has 1 ambulance and presently on road it has been purchased under Border Development Fund. CHC Khuikhera is also having only one on road ambulance from regular health side. PHC Panjkosi is without ambulance patients are referred by out sourcing transport under 108. An effective and transparent system of monitoring of usage of vehicles is not put in place by the health facilities in the district.

The Punjab government has procured MMUs and these MMUs have been handed over to some districts. The CMO reported that one such MMU has been provided to the district but it is non-functional and the vehicle provided is near condom date. But critical care unit has been given to the DH (Table 13).

**Table 13: Number of ambulances available on 30-11-2019 and on road at selected health facilities in the district Fazilka**

| Department/Agency | DH Fazilka | | CHC Khuikhera | | PHC Panjkosi | | District | |
|---|---|---|---|---|---|---|---|---|
| | Available | On Road | Available | On Road | Available | On Road | Available | On Road |
| Health | | | 01 | 01 | | | 08 | 05 |
| NHM | | | | | | | 0 | 0 |
| Border Development Fund | 01 | 01 | | | | | 0 | 0 |
| Donated (MP, MLA) | | | | | No ambulance in PHC | | 01 | 01 |
| Others (NGO=1) | | | | | | | 02 | 02 |
| | | | | | | | | |
| **Total Ambulances** | **01** | **01** | **01** | **01** | **0** | **0** | **11** | **08** |

**15. Community Processes**

**15.1 ASHA**

There are a total of 832 ASHAs in place out of total sanctioned 868 in district Fazilka. Keeping in view the population of 2011 one ASHA caters a population of persons. There are one ASHA coordinators and 35 ASHA facilitators identified and trained in the district. Amount for Uniform has been transferred directly and diary is provided in the month of August, 2019. ASHA kit was replenished in the current financial time to time by concerned SCs. No rest room has been established at DH for ASHAs who accompany the pregnant women. SIM card for mobile phones has been provided to ASHAs and they are recharged by the state itself no additional payment is made for the phone recharge. ASHA day was celebrated in the month of December 2019 in the district. Three ASHAs have received the award for good performance in the district. A total of 7300 delivered women have been paid 43800 visits during the reference period.

**15.2 Skill Development**

Skill development of the ASHAs is a continuous process in the district. The district has already identified ASHA coordinators and facilitators. There is one block ASHA coordinator working in the district. Similarly, there are 35 ASHA facilitators in the district. Monthly meetings of ASHAs

took place regularly at the block headquarter and information regarding various components of NHM are being provided to ASHAs in these meetings. The district has put in place a mechanism to monitor performance of ASHAs such as HBNC formats and assured incentive format and none of the ASHA have been disengaged in the district on the basis of non/under performance so far. Therefore, monitoring of ASHAs is currently done on the basis of ASHA functionality formats which has been provided by the office of the Mission Director, NHM. The ASHA day is celebrated in the district and best performing ASHA is awarded. In current year 3 ASHAs have been awarded in the district.

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

ASHAs reported that they are motivating women for ANC, institutional delivery, PNC and child immunization, family planning, etc. They also help in VHNDs and also carry out many other activities. In district 797 ASHAs are trained in HBNC and out of these about 832 ASHAs have been provided the HBNC kit. The information provided reflects that 7300 women have been visited for HBNC during the referenced period. Further the services provided by ASHAs during these visits indicate that 43800 post-partum check-ups were conducted. No data about the doses of BCG and HB0/Polio 0 was provided. The incentives given to ASHAs for home visits reflect that during April, 19 to December, 2019, all the ASHAs received the incentive and none of them is pending during the same time. Their payments are made through their bank accounts. Most of the interviewed ASHAs reported that on an average they earn about Rs. 3000 per month.

**16. Disease Control Programmes**

**16.1 Malaria and TB**

The district has been screening for Malaria and it is looked after by SC Fazilka. Currently the Malaria is managed by 12 multipurpose, health supervisor and 104 multipurpose, health worker male in the district. As per the records the total of 82784 slides was prepared during April to December 2019 and 28 were found positive and treated in the district.

The RNTCP centre is looked after by one District Health Officer (DTO) Dr. Anmol Kumar. The RNTCP services are provided by 1 Tuberculosis unit in district approved in 2015-16. There all position in place in district. The testing facility is available in the district hospital, CHCs and PHCs. The information collected from the district depict that the prevalence of TB in the district is alarming. A total number of 6168 septum tests were conducted and 928 cases were found positive. DH has conducted 1335 sputum tests during the reference period and 199 cases are found positive. The position of visited health facilities implies that at similarly, at CHC 306 cases were tested and 26 of them was found positive and were referred to DH for further treatment. At PHC no tests were conducted. The drugs for the treatment of TB is being provided free of cost to all the patients at all levels. The district Fazilka has TB centre. ANMs and ASHAs work as DOT providers at SCs and village level. The screening is done on regular basis at the DH level. The TB patients are provided rupees 500/= per month as nutrition charges and 353 such patients have been provided incentives in the district.

**16.2 NLEP**

NLEP programme is looked after by DTO Fazilka. All the positions under NLEP are Vacant. Screening for leprosy is done at the DH and CHCs. There is presently 1 case of leprosy in the district as per record. (Table 14).

**Table 14: Service delivery of communicable diseases during April, 2019-September, 2019 at visited health facilities in district Fazilka.**

| Service Utilization Parameter | | DH Fazilka | CHC Khuikhera | PHC Panjkosi | Total District |
|---|---|---|---|---|---|
| Malaria | OPD | **1532** | **1375** | **0** | **82784** |
| | Tests conducted | **1532** | **1375** | **0** | **82784** |
| | Tested positive | **0** | **0** | **0** | **28** |
| | Cases treated | **0** | **0** | **0** | **28** |
| TB | OPD | **1335** | **0** | **0** | **6168** |
| | Tests conducted | **1335** | **0** | **0** | **6168** |
| | Tested positive | **199** | **0** | **0** | **928** |
| | Treated (Old & New) | **110** | **0** | **0** | **1111** |
| | Cases referred | **0** | **0** | **0** | **o** |
| NLEP | OPD | **0** | **0** | **0** | **0** |
| | IPD | **0** | **0** | **0** | **0** |
| | No of old patients | **01** | **0** | **0** | **01** |
| | Treated (Old & New) | **01** | **0** | **0** | **01** |

**17. Non-Communicable Diseases**

The district has been covered under screening for NCDS but no staff or equipments have been provided to the two identified clinics one at DH. Screening is done through general OPD by the Physician at DH. The district has issued 24 Glucometers but with 48 SCs having testing strips institutions for screening diabetic patients. There are only 46 SC upgraded as health and wellness centres but only 47centres are with CHOs/MLHPs. A total of 3597 patients have been found positive in Diabetes, 3767 for hypertension 186 identified with both 4 for cervical cancers and 24 in oral cancers in the district through general OPD.

**18. Ayushman Bharat**

World's largest health care scheme-Ayushman Bharat Yojana or Pradhan Mantri Jan Arogya Yojana (PMJAY) or National Health Protection Scheme or Modi-Care is a centrally sponsored scheme launched in 2018, under the Ayushman Bharat Mission of MoHFW for a New India -2022. The scheme aims at making interventions in primary, secondary and tertiary care systems, covering both preventive and pro-motive health, to address healthcare holistically. It is an umbrella of two major health initiatives namely, Health and Wellness Centres (H&WCs) and National Health Protection Scheme (NHPS). The scheme has been formed by subsuming multiple schemes including Rashtriya Swasthya Bima Yojana, Senior citizen health Insurance Scheme (SCHIS), etc. Further, the National Health Policy, 2017 has envisioned Health and Wellness Centres as the foundation of India's health system which the scheme aims to establish.

Ayushman Bharat was also launched in Punjab on December, 1st 2018. Almost all the district of Punjab has started working on the programme. District Fazilka has also implemented the scheme in December, 2018. The district has not made a committee so far. The district in the first phase has listed 48 health institutions as Health and Wellness Centres (HWCs) in different medical blocks and up-gradation of few more such centres is under process. The district has to cover 248728 beneficiaries as per the surveyed list under the scheme. The information further provided that 'Smart Cards" have been issued to all 191905 families have been enumerated during the period April, 2019 to December, 2019, a number of 1781 beneficiaries have benefitted from the scheme and Rs.1, 41,400 lakh has been spent for treatment of the beneficiaries under PMJAY scheme. The

DH has also started the PMJAY scheme and some 601 beneficiaries has benefitted out of them 53 surgical patients have also been from the DH so far. CHC Khuikhera is also empanelled under the PMJAY scheme and this facility has provided treatment to 133 out of which surgical benefits have been provided to 18 beneficiaries under the scheme.

**18.1 H&WCS:** The district has established 48 H&WCs in 4 medical blocks in year 2018-19 and all of those are 48 SCs. In this connection the CS reported that they have received additional funding for up gradation of more SCs. Population enumeration has been imitated in 109 SHCs. It was further reported that some additional space is created for drug dispensation and other activities at the centres. Some additional drugs were also received after up gradation of these centres. An attempt was made to cover the performance by indicator wise of these H&WCs after their up gradation but no such information was provided. The yoga activity is not yet placed in the visited H&WCs. It was also reported that the scheme is regularly monitored by the concerned BMOs, DHO and CS of the district.

**19. Other Schemes:**

**19.1 Kayakalp**:

The district hospital Fazilka has received 10th Kayakalp award in the state in 2018-19 with a cash prize of Rupees 3 lakhs and in 2019-20 the certification is in final stage. Sub district hospital Abohar has also received the same award with a cash prize of rupees one lakh in 2018-19. CHC Khuikhera has not applied for the Kayakalp certificate so far. Out of 19 PHCs only 8 24x7 have been assessed internally and are now waiting for external assessment in the district.

**19.2 NQAS:** Both the visited health facilities DH and CHC are not eligible for NQAS certification the main reason for not maintaining national quality assurances standards is because of the shortage of Gynaecologists at both institutions and space at DH.

**19.3 LaQshya:** Both the visited facilities that are DH and CHC, the labour room and operation theatre has not been covered under LaQshya so far in the district and CHC have been assessed result is 70 score points but DH has uploaded the necessary documents and is waiting for the assessment.

**19.4 Dialysis Centre:** The dialysis centre at DH has been established in March 2016. Two machines of Dialysis have been established at district hospital. But due to the non-availability of staff it is non-functional from July 2019 till then 10 patients were registered and 6 patients received the dialysis in 19 sessions .No such facility is available in CHC Khuikhera because of non-availability of space, equipment and staff so far.

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

All the facilities are regularly submitting HMIS formats on monthly basis. HMIS data is uploaded at block head quarters. New RCH register has been introduced in all the districts including Fazilka. RCH register is available in all the facilities and the FMPWHs have been trained to fill various columns in the RCH register. The health facilities have completed household survey in their catchment areas. Hard copies of HMIS formats are available in all the visited facilities. DEOs have been posted at DH and CHCs and required computing and net facilities are available at CS, DH and CHCs. DH and CHCs upload the data directly on 25$^{th}$. PHCs and SCs submit the monthly

information on 21st of every month to BMO office. The reporting period is Ist to 30th every month. BMO office takes 2-3 days to verify the data and gives one day to PHCs and SCs to rectify the mistakes/inconsistencies in data. Finally, data of PHCs and SCs is uploaded at block head quarter on 5th of every month. Feedback on data quality issues is not provided by DMEO during monthly review meetings. As the data on various indicators like anaemia less than 11 & less than 7, hypertensive pregnant women, ANC 3 & ANC 4 is not recorded and reported well in HMIS formats.

As the pregnant women generally visit multiple facilities for ANC and these services are registered at multiple places. This is resulting in duplication of ANC registration and ANC services. For example, Punjab state has decided to follow area based approach for reporting and uploading of data for these indicators and for other services. For example, DH, CHC and PHC do not provide ANC, PNC and child immunization services these services are provided by the SCs of that area. At the time of filling HMIS formats, they report services provided to clients belonging to their catchment area only and even services provided by these institutions are also shown by the nearest SC. This system has helped Fazilka district to minimize the duplication of ANC registration, PNC and child immunization.

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

Although the ANMs were oriented with new data elements but it was found that they have some confusion on these new data elements. A cursory look at the HMIS formats shows that ANMs do not have clear understanding of how to report services which are not available at the facility and the services available but not utilized/delivered. They general put - mark or record 0 or leave the column blank in both cases.

It was seen that recording of information in laboratories has improved considerably. The laboratories in the health facilities are maintaining separate registers for ANC and non ANC cases and now they also record the results of the investigations on these registers and therefore HB reporting in DH, CHC and PHC has improved. But at the time of reporting, due care is not taken to count the number of women with HB less than 11 and severely anaemic having less than 7. It was seen that the anaemic cases found at laboratory testing registers were neglected and were not reported in the HMIS format during the referenced period.

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

HMIS of NBSU has improved and Information about inborn and out born IPD, sex of the IPDs, weight at birth, referrals and mortally details of neonates/infants admitted in NBSU was properly documented.

The district is now using HMIS data both for reporting and reviewing its progress. District is also using HMIS data for preparation of PIPs. However, to further improve the HMIS, it is suggested

that DME&O and BM&EO should frequently visit the facilities for monitoring of HMIS and they need to be supported by the CS and BMOs by facilitating their mobility. It is also suggested that for filling up the monthly HMIS format, a qualified person should be made available. It was found that usually some ANMs who have qualification high school only and is not capable to read the HMIS format and fill it properly.

**21. Irregularities/Action Points**

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

- The district is supposed to have the Nodal Officers for different health schemes for proper implementation and monitor them seriously. In this regard all the schemes are carried out by different in charge nodal officers in the district as all the positions of CS, DFWO, DHO, DIO, DTO and SMO are vacant district. Most of the specialist doctors like Gynaecologists, Ophthalmologists, ENT and 35 posts of MOs are vacant in the district.
- Some of the programmes implemented in the district are not fully staffed thus affecting the output of these schemes.
- On verification of the records at the visited health facilities it was found that the first trimester registration of the ANC cases is only 79 percent.
- In district 3 percent (346) home deliveries have been reported, which needs attention.
- Two bedded SNCU is established but with insufficient space and staff at DH .
- NBSU is not established at CHC.
- The child immunization is taking place at various facilities but BCG vial is opened only when the number of infants is more than 5 at all the levels but the CHCs, PHCs are not providing this facility this facility is available at SCs.
- Prescription audit is not taking place in the district at any health facility.
- The NCD clinic is not established because of non-availability of space and staff at DH. Screening is done at DH through general OPD. Same is the case of visited CHC.
- The RBSK teams are monitored properly by the concerned BMOs and other relevant officials. In district 202 cases for specialised treatment have been provided financial assistance.
- Record keeping in labs, stores, and other places are being taken care of at higher level health facilities by the concerned officials especially at DH. A common register for ANC and non ANC is available at the OPD of the DH.
- The district hospital is has two bedded dialysis centre but presently non-functional from July 2019 due to lack of specialized staff.
- An attempt was made to cover the performance by indicator wise of visited H&WCs after their up gradation but no such information was provided. The yoga activity is not yet placed in the visited H&WCs.
- Mismatch of data recording and reporting for HMIS was found very less at various levels in the district.

**22. Key Conclusions and Recommendations**

This study conducted in Fazilka district, is based on the information collected from the office of CS, District Hospital, CHC Khuikhera, PHC Panjkosi and SC Haripura. A few patients at the OPD who had come to avail the services at DH, and CHC were also interacted. Similarly, few IPD

patients were also interviewed at DH and CHC. From the information collected and physical verification there is the urgent need of some of the correctness with related to health issues in the district.

- The information provided depicts that there are 60 sanctioned MOs (both from regular & NHM) only 24 (40 percent) are in place. Further there is no gynaecologist in place out of 8 positions. "The quality of services depends upon the manpower." Therefore, there is an urgent need to fill-up these positions on priority basis. It is further suggested that the attachment of the posts should be banned otherwise it badly affects the institution.
- No sanctioned position of (07) specialists / MOs is in position at CHC Khuikhera. It is running on internal arrangement one MO from PHC Mojghar is attached at CHC.
- Recruitment of remaining positions and establishment for DEIC, SNCU, ANMT School and NCD cell need to be initiated for smooth functioning of these programmes.
- It was verified from the RCH registers that all the pregnant women are not registered in the first trimester. Hence, there is urgent need to reorient the ASHAs including the ANMs regarding the importance of early registration of the pregnant woman.
- A policy should be formulated to cover those women who give delivery at home so that the percentage of home deliveries comes to zero. As there are more than 3 percent (346) home deliveries during April, 2019 to December, 2019 in the district.
- Fifty Nine percent sub centres (SCs) and 1 CHC are functioning in rented buildings with lack of space and in depilated condition. Therefore, there is need to expedite the construction of SCs & CHC in the district and provide them the requisite staff and equipments.
- The records pertaining to diagnostics, diet, transportation and medicines being provided under JSSK need to be kept properly maintained. It is poorly recorded and reported.
- Most of the pregnant women do not get transport facility from home to health facility at the time of their delivery and this is substantiated by the fact that at DH out of total of 1233 deliveries during April, 2019-September, 2019, only 713 of them has been provided the transport facility from home to facility under JSSK.
- In order to take care of both the mother and the child, the practice of discharging the women after delivery before 48 hours need to be stopped at all levels.
- The prescription audit for drugs and diagnostics need to be implemented in the district at least at the DH and CHC level.
- In order to bring the transparency and accuracy, it is recommended to computerize the drug stores, registration, testing facilities etc. at all the levels in the district.
- All the health facilities complained of inadequate number of ambulances (8 only) to meet the requirements under JSSK therefore, there is a need to provide more ambulances to the district or to make some substitute to overcome demand of transport under JSSK.
- The IEC component for various programmes in the district was found week and in this regard the services of different field staff such as CHOs, HIs and HEs, can be utilised to ensure improvement on ground level.
- Though there is some improvement in HMIS and RCH but further training regarding HMIS is needed to all the stakeholders. The information collected from registers and HMIS formats varies each other in number indicators. The need of the hour is to have strong monitoring to the field staff those are responsible for maintaining HMIS data.
- There is also need to improve the internet connectivity to the district for timely uploading and updating of RCH.

- The release of funds to the district for various activities should be in time so that these funds can be utilized properly in a time bound manner.
- Funds for HWCs needs to be enhanced and Rupee 30,000/= are not sufficient in any case for upgrading a SC to HWC as the amount has been reduced from Rs 50,000/= to 30,000/= only.