MONITORING OF NATIONAL HEALTH MISSION (NHM) PROGRAMME IMPLEMENTATION PLAN 2019-20: JAMMU AND KASHMIR (UT)

(A Case Study of Jammu District)

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

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December, 2019

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LIST OF ABBREVIATIONS

AD	Allopathic Dispensary
AFHC	Adolescent Friendly Health Clinic
AEFI	Adverse Effect of Immunization
AMC	Annual Maintenance Contract
AMG	Annual Maintenance Grant
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ANMT	Auxiliary Nursing Midwifery Training
ASHA	Accredited Social Health Activist
ARSH	Adolescent Reproductive & Sexual Health
AWC	Anganwadi Centre
AYUSH	Auyerveda, Yoga & Naturopathy, Unani, Sidha & Homeopathy
BeMOC	Basic Emergency Obstetric Care
BHE	Block Health Educator
BHW	Block Health Worker
BMO	Block Medical Officer
BPL	Below Poverty Line
BPMU	Block Programme Management Unit
CCU	Critical Care Unit
CBC	Complete Blood Count
CeMOC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
CHE	Community Health Educator
CHO	Community Health Officer
CMO	Chief Medical Officer
C-section/CS	Caesarean Section
COB	Control of Blindness
DEIC	District Early Intervention Centre
DEO	Data Entry Operator
DH	District Hospital
DHO	District Health Officer
DOTS	Directly Observed Treatment Strategy
DMO	District Malaria Officer
DMHP	District Mental Health Programme
DPMU	District Programme Management Unit
DTO	District Tuberculosis Officer
ECG	Electro Cardio Gram
ECP	Emergency Contraceptive Pill
EDL	Essential Drug List
ENT	Ears, Nose and Throat
FBNC	Facility Based New-born Care
FMPHW	Female Multi-Purpose Health Worker
FRU	First Referral Unit
GNM	General Nursing and Midwife
HBNC	Home Based New Born Care
HDF	Hospital Development Fund
HFDs	High Focus Districts
HFWTC	Health & Family Welfare Training Centres

HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HR	Human Resource
H&WCs	Health and Wellness Centres
ICDS	Integrated Child Development Scheme
IDSP	Integrated Disease Surveillance program
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IDR	Infant Death Review
IMNCI	Integrated Management of Neonatal & Child Infections
IMR	Infant Mortality Rate
IPD	In-Patient Department
IPHS	Indian Public Health Standards
ISM	Indian System of Medicine
IUD	Intra Uterine Device
IYCF	Infant and Young Child Feeding
JSY	Janani Suraksha Yojana
JSSK	Janani Sishu Suraksha Karyakaram
LHV	Lady Health Visitor
LMP	Last Menstrual Period
MAC	Medical Aid Centre
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MD	Mission Director
MDT	Multi Drug Treatment
MDR	Maternal Death Review
MHS	Menstrual Hygiene Scheme
MHP	Mental Health Programme
MIS	Management Information System
MMUs	Medical Mobile Units
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding
MPHW (M)	Multi-Purpose Health Worker-Male
MS	Medical Superintendent
NA	Not Available
NBCC	New Born Care Corner
NBSU	New Born Sick Unit
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organisation
NO	Nursing Orderly
NIHFW	National Institute of Health & Family Welfare
NLEP	National Leprosy Eradication Program
NPHCE	National Programme for Health Care of the Elderly
NRC	National Resource Centre
NHM	National Health Mission
NSSK	Navjat Sishu Suraksha Karyakaram
NSV	Non-Scalpel Vasectomy
NUHM	National Urban Health Mission
NVBDCP	National Vector Born Disease Control Program

OOPEs	Out-of-pocket Expenses
OP	Oral Contraceptive Pills
OPD	Out Patient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
OT	Operation Theatre
PHC	Primary Health Centre
PIP	Program Implementation Plan
PM-JAY	Prime Ministers Jan Arayog Yojana
PMU	Programme Management Unit
PMSMA	Pradhan Mantri Surrakshit Matritva Abhiyan
PNC	Post Natal Care
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
RNTCP	Revised National Tuberculosis Control Program
RPR	Rapid Plasma Reagent
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SCs	Scheduled Castes
SC	Sub Centre
SMSC	State Medical Supplies Corporation
SN	Staff Nurse
SNCU	Sick New-born Care Unit
SRS	Sample Registration System
ST	Scheduled Tribe
STI	Sexually Transmitted Infection
STLS	Senior T.B Laboratory Supervisor
STS	Senior Treatment Supervisor
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
USG	Ultra Sonography
UT	Union Territory
VHND	Village Health and Nutrition Day
VHSC	Village Health and Sanitation Committee

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in Jammu and Kashmir to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the UT of Jammu and Kashmir in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, which started that focuses on health system reforms so that critical gaps in the health care delivery are plugged in. The State Programme Implementation Plan (PIP) of Jammu and Kashmir, 2019-20 has been approved and UT has been assigned mutually agreed goals and targets. The UT is expected to achieve them, adhere to the key conditionalities and implement the road map provided in the approved PIP. While approving the PIP, Ministry of Health and Family Welfare (MoHFW) has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre (PRC), Srinagar on monthly basis. During 2019-20, Ministry has identified 20 districts of Jammu and Kashmir, Punjab and Jharkhand for PIP monitoring in consultation with PRC. The staff members of the PRC are visiting these districts in a phased manner and in the 2nd phase we visited Jammu district and this report presents findings of the monitoring exercise pertaining to Jammu District of Jammu and Kashmir.

The study was successfully accomplished due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of National importance. Our special thanks to Mission Director, NHM Jammu and Kashmir and Director Health services, Jammu for her cooperation and support rendered to our monitoring team. We thank our Director Prof. Effat Yasmeen for her support and encouragement at all stages of this study. Special thanks are due to Chief Medical Officer Jammu, Medical Superintendents of District Hospital Gandhi Nagar Jammu, CHC Sohanjana and Block Medical Officer Sohanjana for their support and sparing their precious time and sharing with us their experiences. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit Jammu and Block Programme Management Unit of Sohanjana for their cooperation and help in the collection of information. Special thanks are also to MO and staff at Primary Health Centre Bore Camp and Sub Centre Sardare Chak for sharing their inputs.

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

Srinagar **Syed Khursheed Ahmad**
28-12-2019

1 EXECUTIVE SUMMARY

The objective of this exercise is to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State and various districts. The decadal population growth rate is about 20 percent and the sex ratio is 880 as per 2011 census. There are 57 RKSs and 88 VHSCs in the district. The following is the summary of findings of this study:

Health Infrastructure

- There are total 232 public health institutions in the district consisting of 1 DH, 9 CHCs, 19 PHCs (24x7), 14 PHCs/NTPHCs/UPHCs, 148 Health and Wellness Centres and 161 SCs/UHPs. Except for some SCs, all the health facilities have their own buildings.
- There are 11 private hospitals/nursing homes in the district and cumulative bed capacity in these private health facilities is around 150 beds.
- CHC Sohanjana is functioning from its own building but lacks space and hygiene. SC Sardare Chak is housed in its own building and has been renovated and made as H&WC but lacks space for carrying out various activities under H&WC norms.
- DH Jammu has an actual bed capacity of 200 beds but due to lack of space only 160 beds are functional in the hospital, similarly the bed capacity of CHC Sohanjana is 30 beds but due to lack of space only 20 beds are functional at the CHC. The total bed capacity of all the PHCs in the district is 345 while as the total bed capacity of all the CHCs in the district is 452 beds.
- About 150 H&WCs have been established in the district and necessary renovation, space and infrastructure has been created in all these H&WCs for proper functioning but still some of these H&WCs lack space.

Human Resources

- Jammu is an old district and the sanctioned positions of various categories of HR in the district hospital for core services is unsatisfactory.
- Overall in Jammu, out of 235 regular positions of MBBS doctors/MOs, only nine percent positions were found vacant.
- Most of the sanctioned position of various specialists were found filled-in in the district. There is a dearth of surgeon specialists, pathologists, physicians, dermatologists, orthopaedics, anaesthetists, and ENT specialists in the district.
- Overall in the district, only 40 percent positions of staff nurses were found filled-in while in case of FMPHWs/MMPHWs/ pharmacists, around 23 percent positions were vacant.
- In Gandhi Nagar DH Jammu, no post of any specialists is sanctioned for gastroenterology, neurology, endocrinology, plastic surgery, pathology, Cancer specialists and cardiology units.
- In DH Gandhinagar, except for sanctioned specialist positions of psychiatrist and dermatologist, all other specialist positions of doctors are filled-in. Out of 28 sanctioned positions of general duty doctors, 25 positions are filled-in.
- The DH is having a Blood Bank Officer in place though there is no sanctioned position for the same. Overall the position of other para medical staff is by and large satisfactory in the DH. A sizeable number of employees have been engaged under Hospital Development Fund (HDF) for various sections.

- In CHC Sohanjana the sanctioned posts of surgeon specialist, and physician are vacant while as all other positions of specialists are filled-in. Gynaecologist posted at the CHC is on child care leave for the last four months and no one in the CHC is looking after this section on full time basis.
- All the 6 sanctioned positions of assistant surgeons (MOs), five staff nurses, 2 FMPHW, 5 pharmacists, 3 lab technicians and other technical staff are filled-in at the CHC. Besides these, a sizeable number of paramedical employees of various categories attached to this CHC from various other health facilities. Few lower level employees have also been engaged in the CHC on contractual basis from the local funds.
- In PHC Bore Camp the sanctioned position of two MOs, one dental surgeon, one AYUSH MO, one staff nurse, one FMPHW, one pharmacist, a lab technician, dental assistant, and other para medical staff is filled-in.
- In SC Sardare Chak, the MPW (F) from regular side is filled-in. This SC has been upgraded as Health and Wellness Centre (H&WC) and recently one Mid-Level Health Personnel (MLHP) has been appointed under NHM in this SC.

Human Resource under NHM

- Besides, engagement of staff for other programmes under NHM, the district has also engaged 31 general duty doctors, 33 ISM doctors, 70 staff nurses, 176 FMPHWs, 31 lab assistants/lab technicians, 10 OT technicians, 10 x-ray technicians, 8 MMPHWs and 24 Dawasaz for various health facilities till date.
- In Gandhi Nagar DH Jammu, 5 MBBS doctors, one dental surgeon, 12 Staff Nurses (including 5 staff nurses for SNCU), three lab technicians, and one ophthalmic technician have been appointed under NHM while in CHC Sohanjana two MOs, two staff nurses/FMPHWs, and 5 technicians (including one OT technician, two lab technicians and 2 X-Ray technicians) have been engaged under NHM. PHC Bore Camp has one ISM doctor and one Dawasaz from the NHM side while in SC/H&WC Sardare Chak, MLHP has been appointed for the H&WC recently and the MPW(F) appointed under NHM has been shifted to some other place.
- In gross violation of the norms, various NHM MPWs of the SCs have been attached or transferred to some other health facilities in the district.

Training Status /Skills of Various Cadres

- District Jammu has imparted various training during 2018-19. A total of 33 para medics have received training for SBA while IMNCI training has been received by 18 para medical personnel and some doctors, NSSK training has been received by around 100 doctors and staff nurses.

ANMT School

- The ANMT School in district Jammu has its own building. The total intake capacity for all the courses run in the school is 60 candidates. The different courses taught in the ANMT school include FMPHW, lab assistant, medical assistant/pharmacist course and GNM course. Except for the position of Principal and one tutor, all other positions in the school are lying vacant.

Other Health System Inputs

- Services like family planning, emergency services, minor surgeries, emergency obstetric care, C-section deliveries, paediatrics, trauma care and general medicine are available at DH on 24X7 basis in the district. (Most of them on call during night hours).
- Other important services like major surgeries, radiology, orthopaedics, ophthalmology and other specialized services are also available at DH for all the days and in case of emergency during night hours for any of these services, doctors are available on call.

- At CHC level important services like major surgeries, delivery for C-Section, and other services are available during day time only but in case of any emergency C-section deliveries are conducted any time but at the ground level C-section deliveries are not conducted in the CHC on regular basis and particularly for the last four months the CHC is without a gynaecologist (as she is on leave after joining the CHC).
- PHC and SC have been made operational as H&WCs and in this regard various services regarding non-communicable diseases are provided at these health facilities on regular basis. NCD screening at these health facilities is done at-least once a week regularly.

Availability of Drugs, Diagnostics, and Equipment

- The UT has developed essential drugs list (EDL) for various types of health facilities depending upon work load and performance. In Jammu district all the visited health facilities had EDL publicly displayed.
- Computerized inventory management in drug stores was found in the DH but other health facilities in the district are still doing it manually. Generic drugs are available at various health institutions in district through subsidized drug outlets "Jan Aushadhi" at minimum cost.
- The district is providing free drugs to MCH patients under JSSK, and most of the women at the time delivery but free drugs to other patients was found to be low at various levels.
- DH Jammu was found out-of-stock for at least five important drugs at the time of our visit while as some reagents/testing kits were also not available in the hospital on the same day.
- There is no prescription audit of diagnostic tests or drugs prescribed by the doctors at any facility in the district.
- There is no partnership with any private service providers for diagnostic tests, patients with some serious problems are mostly referred for various diagnostic tests to government tertiary hospitals situated in the district.
- All the health facilities that have been converted into H&WCs conduct at least 7 types of rapid tests using strips or kits that have been supplied to them in sufficient quantity.
- Almost all the essential Equipment/instruments and other laboratory equipment is available at the DH and CHC. The DH has a CT-scanner but MRI facility is not available at this NQAS certified hospital.
- DH Gandhi Nagar needs equipment like Defibrillators, Ventilators, an Oxygen unit, an OT light, Electric cautery, a C-arm, fully automatic biochemistry analyser, hormonal assay analyser and PTI analyser.
- PHC Bore Camp was found equipped with all the essential equipment like Rapid Plasma Regain test kit for Syphilis (RPR), X-ray machine, reagents and testing kits, rapid testing kits for typhoid etc.

AYUSH Services

- All the 33 ISM doctors are in position in the district under NHM. The supply of AYUSH drugs was found satisfactory at all the health facilities that we visited.
- During the first two quarters the OPD for AYUSH in DH is 1927 and 2475 respectively and at PHC Bore Camp it was 775 during the 1st two quarters of 2019-20. The total Ayush OPD of the district was 20736 during the 1st quarter of 2019-20 while as it had gone up to 23566 during the 2nd quarter.

Maternal Health

- Overall a total of 16039 women were registered for ANC during the 1st quarter in the district while during the 2nd quarter the total number of women registered for ANC services had gone-up to 20049 women.
- Only 44 percent women were registered during their 1st trimester of pregnancy. Coverage of ANC-4 was highly satisfactory in the district.
- In contrast to the total registration for ANC services, around 30 percent of the women had received TT1 during the last two quarters in the district.
- Overall 2687 pregnant women were given IFA during the 1st quarter at various health facilities in the district while as 2639 women were given IFA during the 2nd quarter in the district.
- DHs, CHCs and some PHCs have been upgraded and strengthened to provide facilities for conducting deliveries. However, due to lack of requisite manpower and infrastructure, facility of C-section delivery on 24X7 basis is not available at various CHCs and other 24X7 PHCs in the district.
- Normal deliveries are conducted on 24X7 basis at all the identified institutions including CHC Sohanjana and various PHCs in the district.
- C-section deliveries are conducted on 24X7 basis at DH Jammu and CHC Akhnoor.
- Overall a total of 16112 deliveries were conducted at various health facilities in the district during last six months. Out of these 6977 deliveries were conducted during 1st quarter and 9135 deliveries were conducted during the 2nd quarter.
- The major portion of the deliveries that take place at public health facilities are mainly done at SMGS hospital, DH and CHCs. The share of total deliveries conducted in the district for SMGS hospital during the above mentioned two quarters was 70 percent.
- Overall, about 50 percent of the total deliveries are done through caesarian section in these health facilities.
- More than half of the deliveries at DH, about 64 percent deliveries conducted at other government health facilities are done by caesarian section.
- It was also observed that the work done with regard to deliveries was not up to the satisfaction at CHC and DH level keeping in view the available staff (both sanctioned as well as attached).
- CHC Sohanjana is without a gynecologist (on leave since last four months) resulting in a sharp decline in ANC services and deliveries.
- Overall in district Jammu no maternal deaths were reported during the last two quarters from any health facility as reported by the CMO office.
- Recently the Mission Director, NHM has assured that Toll-Free Number for availing transport facility on call will be operational very soon in the UT of Jammu and Kashmir under Vehicle Tracking Management System (VTMS).
- During the 1st two quarters, negligible number of women were given any transport facility from home to health facility at the time of delivery.
- Referral transport from facility to facility is provided in most of the cases. Drop-back facility was given to a sizeable percentage of women during the 1st two quarters in the district.
- The free transport facility under JSSK to women seems to be a neglected area as the majority of expectant women do not get any benefit of transport facility when they need (from home to facility).
- Overall in the district, drugs provided to women free of cost (under JSSK) at the time of delivery was 100 percent during the last two quarters.

- On the day of our visit In Gandhi Nagar DH and CHC Sohanjana some of the patients were asked to get the medicines from outside the hospital as such medicines were not available in the drug store of the hospital.
- Free diagnostics facilities (urine test, various blood tests, etc.) are provided to pregnant women at DH, and CHC in the district. The USG is provided to all the women during day time (in emergency case on call during nights) on daily basis in DH and CHCs.
- The information regarding the type of tests provided by visited institutions was found encouraging but the monitoring mechanism and maintenance of such records was found unsatisfactory.
- Blood sugar, CBC, and other necessary blood tests are conducted to all the needy women free of cost at DH and CHC. PHC Bore Camp is also providing various testing facilities to all the women free of cost under JSSK while as few rapid tests at SC are also provided to women during their pregnancy period.
- Most of the health facilities in the district have no arrangement within the health facility to provide cooked and fresh meals to women. DH Jammu, and some CHCs have outsourced the meals for JSSK beneficiaries.
- All the women were given meals during their stay in the hospital after the delivery during both the quarters in DH as well as in the CHCs under JSSK in the district.
- District Jammu has blood bank facility at DH while at CHC Sohanjana there is no blood storage facility. During the last two quarters a total of 235 patients were given free blood under JSSK at the DH.
- Only 1935 women have been given JSY incentives during the 1st quarter while as out of 9135 deliveries only 2548 beneficiaries were paid this incentive during the 2nd quarter in the district.

Child Health

- The district has established two SNCUs, 20 NBCCs and 6 NBSUs till date and out of these 2 SNCUs, 5 NBSUs and 10 NBCCs have been made fully functional by providing them requisite manpower and infrastructure.
- The SNCU at Gandhi Nagar DH has a bed capacity of 10 beds but only six beds were functional. Three MOs, 5 staff nurses, one lab technician and one data entry operator have been engaged in the SNCU. SNCU has no full-time paediatrician in place.
- The separate lab near the SNCU has not been established yet. The SNs and MOs have received some training in the management of SNCU.
- Overall 63 neonates were admitted in the SNCU during the 1st quarter while 66 neonates were admitted in the 2nd quarter for treatment of various types of ailments. Overall a total of 86 children were referred to higher facilities for further treatment from SNCU.
- All the children referred to higher facility were given free transport facility. No neonatal death was reported at SNCU during the two quarters. Free medicines under JSSK were provided to all the patients during their stay in the hospital.
- NBSU has been established at CHC Sohanjana but does not have any staff for it.
- Overall the transport facility for drop-back and referral is given to almost all the cases from SNCU or NBSU. The NBCCs have been established only at delivery points in the district.
- The district has established the Infant and Young Child Feeding (IYCF) Centre at DH Gandhi Nagar and a Counsellor has been engaged in the centre and is currently functional. With the help of IYCF most of the children born in this health facility were breastfed within the first hour of their birth.

- All the women who had delivered their babies in the hospital were counselled on Exclusive Breast Feeding (EIBF) practices.
- Overall no infant deaths were reported during last two quarters at DH and CHC. Overall the review of maternal and infant deaths is taking place regularly in the district.
- The birth dose of BCG immunization is provided at DH, CHC, and PHC (delivery point) only. The immunization sessions take place on regular basis at various levels in the district ranging from "daily basis" at DH to "once a week" at SC level.
- Outreach sessions are conducted to net in drop-out cases/left out cases.
- Micro plans for institutional immunization services are prepared at sub centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for preparing micro plans.
- The number of BCG doses given in the district during both the quarters is higher than the total number of deliveries (both institutional and home deliveries) taken place during the same period in the district.
- Overall, 5780 children were reported to be fully immunized (9-11 months) during the 1st quarter while as a total of 5799 children were fully immunized in the 2nd quarter in the district.
- Overall 4165 children were given vitamin A doses during the 1st quarter in the district. The doses of pentavalent, polio, and measles vaccines are also administered to eligible children on regular basis in the district.
- All the 40 sanctioned positions of ISM doctors, and 11 FMPHWs (out of 20 sanctioned positions) for mobile teams have been filled in the district. All the 20 sanctioned positions of pharmacists for RBSK teams are lying vacant.
- Except the approved post of a paediatrician, dental technician and an audiologist, all other approved posts including physiotherapist, medical officer, dental surgeon, manager, speech therapist, staff nurse, data entry operator for DEIC unit at Gandhi Nagar DH have been filled.
- During 2018-19, various schools and AWCs (330 government schools, 611 private schools, and 1774 AWCs) were visited by the mobile teams.
- A total of 123707 children comprising of three different age groups (6 months to 18 years) were screened for various diseases and deformities in the district at various schools, and AWCs. Out of these, 3355 cases were treated at various nearest health facilities and 10294 cases were referred to DEIC for the treatment in the district.
- A total of 3365 children were referred to territory care hospitals for specialized treatment with financial assistance under RBSK and all were treated with special financial assistance.

Family Planning

- The district is currently providing IUCD 375 through about 40 identified health institution of various categories in the district. Spacing methods like condoms, ECPs, injectables and oral pills are available at all levels while as IUD insertion is provided at DH, CHC, PHCs and some identified SCs in the district.
- Overall during 1st quarter a total of 235 IUCD insertions (including 78 PPIUCDs) were made to women while for 2nd quarter a total of 280 IUCDs (including 85 PPIUCDs) were made in the district. Selected PHC and CHC has also done such activity while as in SC Sardare Chak no such activity has taken place during the same time.
- The information regarding various methods of family planning is also provided through VHND sessions at the SC level.

- Facilities for sterilization are available at DH, and CHCs in the district. None of the doctors have received any training in minilap or NSV in the district during first two quarters of 2019-20.
- Overall in the district a total of about 320 female sterilizations have been conducted during the first two quarters at various CHCs/other facilities while as none of such operation has been conducted at DH Gandhi Nagar.
- NSV is also done at various CHCs and DH and about 325 NSVs have been conducted in the district during the first two quarters of 2019-20 in the district.

Adolescent Friendly Health Clinic (AFHC)/ARSH

- The Adolescent Friendly Health Clinic (AFHC) at DH Gandhi Nagar Jammu is currently non-functional as the ARSH counsellor is on maternity leave for the last three months. ARSH DEO is in position.
- During the last two quarters, 519 patients have attended the ARSH clinic for OPD and all of them received counselling during the same time. No outreach sessions have been conducted during this year due to non-availability of Counsellor. The menstrual hygiene scheme (MHS) is not operational in the district.

Quality in Health Services

- Overall the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in all the visited health facilities of the district.
- DH Gandhi Nagar has been certified by the NQAS, thus the hospital has improved a lot in this regard and has created various zones ranging from red zone to black zone.
- Many health facilities in the district have undergone different stages (including Peer Team Assessment) of Kayakalp but the knowledge about the same was found low among various health functionaries. some of the health facility have reached to the stage where they can apply for NQAS. Gandhi Nagar DH has been certified by NQAS during August, 2019-20 while as peer team assessment for Kayakalp has been done to this hospital.
- The segregation of bio-medical waste was found satisfactory at all the health facilities that were visited by us.
- Bio-medical waste has been outsourced to a private agency by all the health facilities on annual contract basis and regularly lifted by the concerned agency on twice a week basis. SCs and some PHCs send the bio-medical waste and other sharpeners to their respective CHCs where from they are lifted by the concerned agency.
- Gandhi Nagar DH has separately created the bio-medical waste store in the hospital premises (away from the main building).
- Overall the display of appropriate IEC material in health facilities was found by and large satisfactory at all the levels. Now after a large number of SCs have been converted into H&WCs, IEC material was found satisfactory.

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.
- A large number of both private and government clinics are registered under PC&PNDT in Jammu district. About 450 inspections were made by the concerned authorities to these clinics during 2019-20.

Referral Transport

- Overall there are 46 ambulances in the district on road in working condition to cater the needs of various health facilities. NHM logos are displayed on most of the vehicles in the district. Forty-five vehicles in the district have been fitted with GPS facility.
- An effective and transparent system of monitoring of usage of vehicles has not been put in place by various health facilities in the district.

Accredited Social Health Activist (ASHA)

- In district Jammu out of 1060 permissible positions of ASHAs, 1036 ASHAs are in position.
- The HBNC has been implemented in the district. Besides, one district level ASHA coordinator for the district, there are 9 block level ASHA coordinators also. The district has also engaged 45 ASHA facilitators to monitor the activities of ASHAs at various levels in the district.
- All facilitators and coordinators have received Home Based New Born Care (HBNC) training. Module 6-7 (IMNCI) training for ASHAs in the district has been imparted to all the 898 ASHAs and have been given HBNC kit.
- During the first two quarters of 2019-20, a total of 3233 new born were visited by ASHAs under HBNC and all of them were paid incentive for home visits.
- No ASHA has been disengaged in the district on the basis of non/under performance. The monitoring of ASHAs is also done on the basis of ASHA Functionality Formats.
- The ASHA day is not celebrated in the district but the district has awarded nine ASHAs during 2018-19 for their good work and better performance.
- ASHA kit has not been refilled since 2013. However, most of the ASHAs get necessary drugs and other material from their nearest SCs when needed.
- Uniform and diary to ASHAs is provided on regular basis in the district. Payments to ASHAs on account of various activities is being made on regular basis but it was found that there were some backlogs in this regard.
- On an average most of the ASHAs reported that they earn about Rs. 26000-30000/= per annum.

National Urban Health Mission (NUHM)

- In Jammu district the NUHM was started during 2014-15. The district has brought 13 Primary Health Centres (PHCs) under NUMH. The district has also made 14 KIOSKS functional.
- The district has engaged 10 (out of 12 sanctioned positions) of full time MOs and six (out of 12 sanctioned) part time medical officers in the district. Similarly, out of 24 sanctioned positions of staff nurses only six staff nurses, 45 FMPHWs (out of 64 sanctioned positions), a City Programme Manager and a City Accounts Manager have also been engaged in the district.
- All the sanctioned positions of laboratory technicians and pharmacists are still vacant in the district under NUHM. Further it was found that other 25 positions of non-clinical staff/support staff has also been engaged for NUHM in the district.
- Physical progress under NUHM in the district shows that during 2019-20 (till September, 2019), besides, regular OPDs women are getting regular ANC check-ups, immunization and other services from UPHCs on regular basis. None of the UPHCs conduct any type of deliveries in the district.
- A total of 5523 diabetic patients and 6538 hypertension patients are enrolled in various UPHCs and receive drugs from these health facilities on regular basis.

- Around 900 routine outreach sessions and urban Health and Nutrition days (UHNDs) sessions were conducted in the district by UPHCs. All the 65 approved Mahila Aarogya Samitis (MAS) have been formed in the district under NUHM.

Disease Control Programmes

- Jammu district has a functional malaria control unit and a full time District Malaria Officer (DMO) is looking after the programme.
- The screening for malaria is done at all levels in the district. The drugs for the treatment of malaria are provided free of cost at the district level.
- During the first two quarters of 2019-20 and out of these, 28388 patients were tested for malaria parasite of these, 1042 cases were found positive and were treated in the district during the same period.
- The TB Control programme is run at the district level smoothly and is looked after by the District Tuberculosis Officer (DTO). The TB Control programme is working efficiently in the district as there is involvement of ANMs and ASHAs (DOT providers) at SC and village level.
- Besides, the District Tuberculosis Centre (DTC), the district has set up some tuberculosis units (TUs) at various blocks also and all these units get help under REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP).
- A total of 538 cases are registered with the DTC. All the positive cases (along with backlog cases) are under treatment/treated in the district. The drugs for the treatment of TB is being provided free of cost, to all the patients at all levels.
- National Leprosy Eradication Programme (NLEP) is looked after by a medical officer stationed at CMO office.
- Overall 122 cases are under treatment which include 41 new cases which have been identified in the district during the last two quarters.

Non-Communicable Diseases (NCDs)

- The NCD cell has been established in the district at CMO office while as the NCD clinic has been established at Gandhi Nagar DH. Except for DEO, all the sanctioned positions of staff for NCD cell under NPCDCS has not been filled and virtually the defunct.
- At NCD clinic in the DH, one DEO, a physiotherapist, GNM and a lab technician are in position while as the process of filling-up of other staff is still on.
- The screening is done at various health facilities and camps are also organised on regular basis. Overall a total of 8677 patients had attend the OPD of NCD clinic during 2018-19 and out of these, 920 cases were known cases of diabetes while as 1024 new suspected cases were referred for confirmation of diabetes
- A total of about 1120 known cases of hyper tension had come for follow-up while as about 1290 new cases were referred for conformation to relevant units of the hospital.
- Overall 38 camps were organised by the district and around 1338 patients were screened. Out of these, about 533 patients were known case of diabetics while as 805 patients were known/new case of hypertension.
- Under NPCDCS, about 1.26 lakh patients were screened for various non-communicable diseases in which the proportion of men was higher than women. A total of 4642 new cases of diabetes, and 12651 cases of hyper-tension were detected. All these cases were given the required treatment and counselled for continuity of the medicines.

Dialysis Centre

- The Dialysis Centre was established last year in the month of June at Gandhi Nagar DH Jammu. The centre has 4 HD machines, two crash carts, monitors, portable ECG machine, refrigerator, and reprocesor.
- Additional manpower engaged at this centre includes 2 trained medical officers, dialysis technicians, and 2 staff nurses.
- There are 23 patients registered in the centre for the treatment. Till date more than 2000 dialysis sessions have been conducted in the centre during 2019-20 in which 70 patients have received dialysis.

Ayushman Bharat Yojana or PM-JAY or National Health Protection Scheme or Modi-Care

- District Jammu has implemented the scheme and has to cover 355582 beneficiaries under the scheme. The district has distributed golden cards to only 35 percent of the beneficiaries till date.
- Overall a total of 20 health facilities (13 government and 07 private) have been identified to provide services under PM-JAY in the district.
- About 6000 households have been benefited under the scheme and have availed treatment. During 2019-20 (till date) the district has spent an amount of about four crores on treatment of these beneficiaries.
- The district so far has established around 150 Health and Wellness Centres (HWCs) in 10 blocks and upgradation of more such Centres is under process. Branding of most of these centres have taken place and a good number of such centres have been provided with Mid-level Health Professional (MLHP).
- Induction training of various batches for MLHPs is going on in the district at various places. Additional supply of drugs for these H&WCs has been ensured for smooth functioning.
- It was found that people lack knowledge about these H&WCs and there is a need to aware the population about these centres.

Health Management Information System (HMIS) and RCH

- New RCH Registers is available in all the facilities and the FMPHWs have been trained to fill various columns in the RCH Register.
- All the health facilities have completed household survey in their catchment areas. Hard copies of HMIS Formats are available in all the visited health facilities. Feedback on data quality issues is also provided by DMEO during monthly review meetings.
- As the pregnant women generally visit multiple health facilities for ANC, PNC and child immunization and are registered at multiple places which results in duplication of ANC registration and ANC services.
- To stop reporting of this duplication of ANC registration, ANC, PNC and child immunization, services. It has been decided to follow area-based approach for reporting and uploading of data for these indicators and for other services, health facilities are following “facility-based” reporting.
- In district Jammu a large number of deliveries and ANC, PNC services are being provided by the SMGS hospital and private nursing homes and the data provided by private health facilities and maternity hospitals on one hand is under reported and on the other hand some local health facilities overreport the information and thus shows inconsistent data on the HMIS portal.
- Inconsistencies were found in the data at CHC Sohanjana and its peripheral health facilities. Gandhi Nagar DH has streamlined the HMIS data to the great extent as they have devised local level formats for each section of the hospital to gather the information for HMIS portal.

- There is confusion between information in RCH register and HMIS reporting among FMPHWs in all facilities. SCs generally report services from RCH register.
- Information about spacing methods is not properly maintained. While, the reported figures pertaining to IPD and Surgery match with recorded figures in all facilities, but OPD figures in case of DH are under reported.
- It was seen that recording of information in laboratories has improved considerably at various levels and in this regard, DH has computerized the record keeping and one can easily find the difference and improvement in records.

2. INTRODUCTION

Ministry of Health and Family Welfare, Government of India approves the State Programme Implementation Plans (PIPs) under National Rural Health Mission (NHM) every year and the State PIP for the year 2019-20 has been also approved. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalities and implement the road map provided in each of the sections of the approved PIP document. Though, States were implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to know how far these PIPs are implemented. However, from 2013-14, Ministry of Health and Family Welfare, GOI, decided to continuously monitor the implementation of State PIP and has roped in Population Research Centres (PRCs) to undertake this monitoring exercise. During the last meeting held at New Delhi, in March 2019, it was decided that all the PRCs will continue to undertake qualitative monitoring of PIPs in the States/districts assigned to them on monthly basis. PRC Srinagar undertook this exercise in the district of Jammu for this month.

Objectives

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

Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in workshop organized by the Ministry at NIHFW on 12-14 August, 2013. It was decided that all the districts of the State will be covered in a phased manner. During 2019-20 this PRC has been asked to cover 20 districts in Jammu and Kashmir, Ladakh, Punjab and Jharkhand. The present study pertains to district Jammu. A schedule of visits was prepared by the PRC and two officials consisting of Assistant Professor and Research Investigator visited Jammu district and collected information from the Office of Chief Medical Officer (CMO), Gandhi Nagar District Hospital (DH), CHC Sohanjana, PHC Bore Camp and SC Sardare Chak. We also interviewed some IPD and OPD patients who had come to avail various services at various health facilities during our visit. The check list provided by the Ministry was modified to suit the local requirements and to include all items that are covered in the template. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

3. STATE AND DISTRICT PROFILE

After the bifurcation of the State of Jammu and Kashmir on 5th August, 2019 into two Union Territories (UTs), the UT of Jammu and Kashmir which is situated in the north of India, occupies a position of strategic importance with its borders touching the neighbouring countries of Afghanistan, Pakistan, China and Tibet. The total geographical area of the UT is 42241 square kilometres and presently comprises of 20 districts in two divisions namely Jammu, and Kashmir. According to 2011 Census, Jammu and Kashmir has a population of 12.30 million, accounting roughly for one percent of the total population of the Country. The sex ratio of the population (number of females per 1,000 males) in the UT according to 2011 census was 872, which is much lower than for the country as a whole (940). Twenty- seven percent of the total population lives in urban areas which is almost the same as at the National level. Overall Scheduled Castes (SC) account for 8 percent and Scheduled Tribe (ST) population accounts for 11 percent of the total population of the UT. As per 2011 census, the literacy rate among population age 7 and above was 69 percent as compared to 74 percent at the National level. The population density of Jammu and Kashmir is 56 persons per square kilometres.

As per the recently concluded NFHS-4, the erstwhile State has improved a lot in the critical health care indicators. The data shows that the State has an infant mortality rate (IMR) of 32 as compared to 45 during NFHS-3. Similarly, there is a decline (as per NFHS-4) in under 5 mortality rate as compared to NFHS-3 results as it has come down to 38 from 51. NFHS-4 further shows that the use of any family planning method has also increased from 53 percent (during NFHS-3) to 57 percent. Similarly, the total unmet need for family planning in the State has decreased from 16 percent to 12 percent. The percentage of institutional deliveries has gone up to 86 percent in the State. Similarly, the percentage of fully immunized children has gone up to 75 percent as compared to 67 percent during NFHS-3.

Jammu is the winter capital of the Jammu and Kashmir and is the highest populated district in the UT of Jammu and Kashmir. It is situated in the centre of the Jammu city. Although there are many major Hospitals located in Jammu which are responsible to deliver health care services at tertiary and secondary level but it is the Chief Medical Officer Jammu, who through his institutions plays the pivotal role in providing the primary health care to people both in urban and rural areas of Jammu district.

The health care service is delivered through Community Health Centres, Primary Health Centres, Urban Primary Health Centres, Health and Wellness Centres, Allopathic Dispensary, Medical Aid Centres and Sub Centres, these services are provided to public almost free of cost except for nominal charge for diagnostics and OPD tickets.

As per census 2011, Jammu has 21 percent Scheduled Caste (SC) population while the Scheduled Tribe (ST) population is 42000 of the total population of the district. The health services in the public sector are delivered through a network of various levels of health facilities (excluding tertiary and private hospitals) in 10 medical zones/blocks which include, 1 DH, 9 CHCs, 19 PHCs (24x7), 14

PHCs/ADS/UHPs and 261 SCs/MAC/UHPs and 148 newly established H&WCs. Besides these health facilities the district has 57 functional Rogi Kalyan Samitis (RKSs) and 888 Village Health Sanitation Committees (Table 3 and 5).

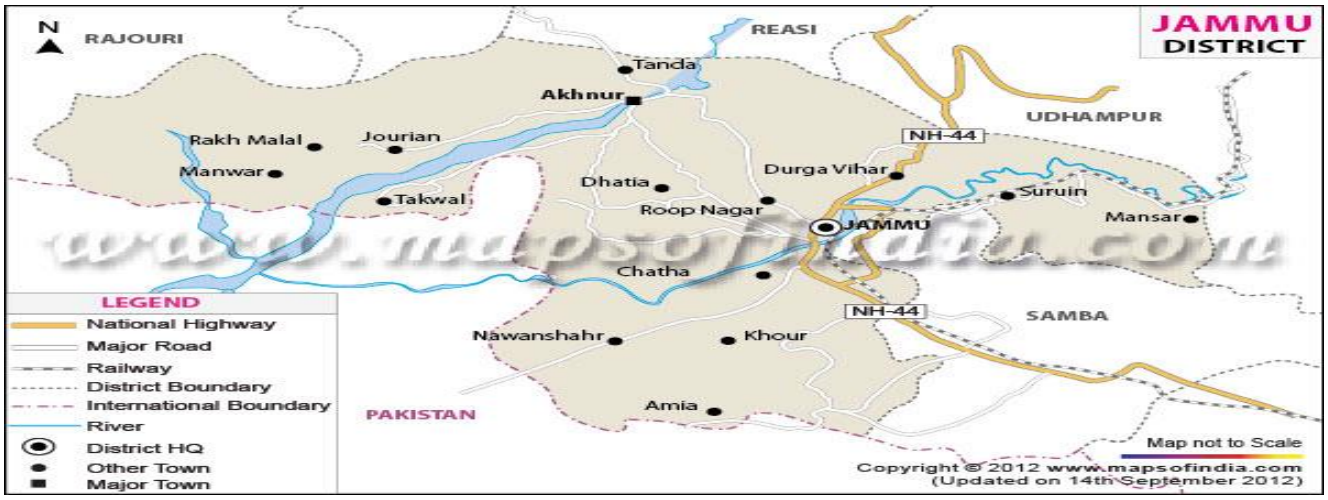


Table 3: Demographic Profile of District Jammu, 2019-20

Demographic Character	Number/percentage/Ratio
Total Population of the district	1529958
Male	813821
Female	716137
ST Population	42000
SC Population	325000 (21%)
Literacy rate	83.45%
0-6 years population as per census 2011	167363 (11%)
Sex ratio as per census 2011	880
Sex ratio as per HMIS Data, 2018-19	898
Total Area	2571sq km
Total No. of Health blocks	09
Total Villages	888
Total No. of Health Institution	260(rural)+22(urban)
Total No. of ASHA's	1060
Total No. of RKS (Rogi Kalyan Samitis)	57
Total No. of village Health & sanitation committees	888
No. of H&WCs sanctioned/proposed/established	148

4. KEY HEALTH AND SERVICE DELIVERY INDICATORS

On the demographic front, Jammu and Kashmir has progressed well as the Total Fertility Rate (TFR) has come down to 1.7. According to Sample Registration System (SRS, 2016), Jammu and Kashmir had an infant mortality rate (IMR) of 26 per 1,000 live births, a birth rate of 16.8 and a death rate of 5.1 per 1,000 population. However as per the recently conducted NFHS-4, the State has improved a lot in the critical health care indicators. The data shows that the State has an infant mortality rate (IMR) of 32 as compared to 45 during NFHS-3. Similarly, there is a decline (as per NFHS-4) in under 5 mortality rate as compared to NFHS-3 results as it has come down to 38 from 51.

In district Jammu the sex ratio at birth 898 females per thousand males as per 2019-20 HMIS data. The data provided by the CMO office Jammu shows that out of the total women registered for ANC, only around 45 percent women were registered for ANC first trimester during the 1st two quarters of 2019-20. The information collected further shows that overall percentage of the women who have received 4-ANC check-ups during the same period was highly satisfactory. The information on Hb less than 7 among the pregnant women provided by the CMO office shows that a large number of women had such problem but the same was not verified by our visiting team during their interaction with the beneficiaries at various health facilities in the district. Further it was found that only a small number of women have received TT1 and IFA tablets during the same period. Institutional deliveries have improved and almost all the deliveries (except few home deliveries) among the total reported deliveries have taken place at health institutions. The coverage of PNC within 48 hours was found to be very poor while as PNC coverage within 14 days was found highly satisfactory in the district. The work done on various indicators like ANC registration, OPD, IPD, Immunization, family planning, surgeries etc. during the first two quarters of the year 2019-20 is shown in table 4.

Table 4: Key Health and Service Delivery Indicators of District Jammu, 2019-20

S. No	Key health and service delivery indicators	Q1	Q2
1.	OPD (Total)	646919	687630
2.	AYUSH OPD	20736	23566
3.	IPD (Total)	38647	40996
4.	Major Surgeries	4016	4135
5.	Minor Surgeries	11315	13236
6.	USGs	9761	9204
7.	ECG	7635	6068
8.	CT-Scan	338	362
9.	X-Ray	21837	19099
10.	Lab Tests (Total)	704650	569967
11.	No. of Women registered for ANC Registration	16039	20049
12.	**1st Trimester ANC registration**	**7039 (44%)**	**9039 (45%)**
13.	No. of women received 3rd ANC Check ups	NA	NA
14.	No. of women received 4th ANC Check ups	14369	18687
15.	No. of women received TT1	5119	5668
16.	No. of women received TT2/Booster	4349	4279
17.	No. of women received 100 IFA tablets	2687	2639
18.	No. of women received calcium tablets	2452	2378
19.	**No. of women with Hb <7 gm**	**7301**	**8136**
20.	PNC Within 48 hours	601	2993
21.	PNC Within 14 days	6701	8676
	Deliveries		
22.	Total home Deliveries	26	22
23.	Total Institutional deliveries	6951	9113
24.	Total Deliveries (Home +Institutional)	6977	9135
25.	C-Section Deliveries	3571	4579
	Child Immunization coverage		
26.	OPV 0/HB0	7075	9213
27.	BCG	5059	5442
28.	DPT 1, Polio-1/Pentavalent-1	5737	5313

29.	DPT 3, Polio-3/Pentavalent-3	5947	6678
30.	Measles-1 MR1	5263	6490
31.	Measles-2 MR2	5829	6010
32.	Vitamin-A Dose-1	4165	5537
	Family Planning		
33.	Female Sterilization	178	143
34.	PP Sterilization	3	7
35.	NSV	141	183
36.	IUD	156	195
37.	PPIUCD	78	85
38.	No. of IUCD removals	6790	7723
39.	OP Cycles	6970	7723
40.	Emergency Contraceptive Pills (ECPs)	1050	1989
41.	Condom	69677	96841
42.	Antara Doze1 Doze2 Dose3	97/12/4	575/21/9

5. HEALTH INFRASTRUCTURE

There are a total 132 public health institutions in the district consisting of 1 DH, 9 CHCs, 19 PHCs (24x7), 14 PHCs/NTPHCs/UPHCs, 148 Health and Wellness Centres and 161 SCs/UHPs. Out of these health facilities, District Hospital, all the CHCs, 24X7 PHCs, normal PHCs and 84 SCs are functioning from their own buildings while as remaining SC are operating from rented buildings in the district. There are 11 Private Hospitals in the district and cumulative bed capacity in these private health facilities is around 150 beds. The **DH Gandhi Nagar** is functioning from new building and work on some other blocks is still in progress. **CHC Sohanjana** is functioning from its own building but lacks space and hygiene. **PHC Bore Camp** is functioning from its own specious building and is functioning as H&WC. **SC Sardare Chak** is housed in its own building and has been renovated and made as H&WC but lacks space for carrying out various activities under H&WC norms. The institution-wise detail of health facilities is given in Table 5. **DH Jammu** has an actual bed capacity of 200 beds but due to lack of space only 160 beds are functional in the hospital, similarly the bed capacity of **CHC Sohanjana** is 30 beds but due to lack of space only 20 beds are functional at the CHC. All the 24X7 PHCs generally have 8-10 beds while as other normal PHCs have bed capacity of 5 beds each. The total bed capacity of all the PHCs in the district is 345 while as the total bed capacity of all the CHCs in the district is 452 beds. A large number of H&WCs have been established in Government buildings and necessary renovation, space and infrastructure has been created in all these H&WCs for proper functioning but still some of these H&WCs lack space.

Table 5: Health Infrastructure (As on 30-11-2019) of District Jammu

S. No	Type of Health Facility	Number available	No of IPD beds available	Status of the building (Govt./Rented)
1	District Hospital	1	160	Govt
2	FRU/CHC	9	452	Govt
3	PHC (24x7)	19	289	Govt
4	PHC/AD	14	56	Govt
5	SC/MAC	161	161	84(govt)77(rented)
6	H&WCs	148	These H&WCs have been created out of the existing health facilities in the district	
7	DTC	1		

6. HUMAN RESOURCES

Number and types of Human Resource (HR) sanctioned and available from Regular Side

Jammu and Kashmir is still facing the challenge of shortage of Specialists and Assistant Surgeons/MOs in its health institutions particularly in high focus districts and newly created districts though a large number of such vacant positions of various categories of doctors and paramedical staff have been filled-in during last five years. In district Jammu most of the sanctioned positions of various categories of doctors are in place but still there are some gaps at various levels to mitigate the health care needs of population. Since Jammu is an old district and the sanctioned positions of various categories of HR in the district hospital for core services is unsatisfactory as such posts have been sanctioned when it was 80-bed hospital. Overall in Jammu District, out of 235 regular positions of MBBS doctors/MO, only nine percent such positions were found vacant. Further, the information collected about the sanctioned position of various specialists in the district shows that baring some positions, most of them were found filled-in in the district. In case of gynaecologists, radiologists and paediatricians, all the positions were found filled-in (one position each of paediatrician and radiologist were vacant). It was found that there is a dearth of surgeon specialists, pathologists, physicians, dermatologists, orthopaedics, anaesthetists, and ENT specialists in the district. Overall in the district, out of 52 sanctioned positions of staff nurses, only 40 percent were found filled-in while as out of sanctioned positions of FMPHs/MMPHWs/ pharmacists, around 23 percent of them are vacant in the district. Various other filled-in positions of para medical staff in the district are satisfactory.

In Gandhi Nagar DH Jammu, no post of any specialists is sanctioned for gastroenterology, neurology, endocrinology, plastic surgery, pathology, Cancer specialists and cardiology units but some medical Officer/general duty doctors and physicians are providing some such services at the OPD level.

Besides the medical superintendent the position of deputy medical superintendent is also filled in at Gandhi Nagar hospital Jammu. There are 4 sanctioned positions of gynaecologists and are in position. In addition to these, one more gynaecologist is attached in this hospital. Further there are 3 sanctioned positions of physician specialists and all are in positions. One sanctioned position of paediatrician, three anaesthetists, a pathologist, radiologist, two orthopaedic surgeons, three ophthalmologists, three sanctioned positions of dentist/dental surgeons and only sanctioned position of ENT specialist are filled-in at the DH. The information collected from the DH further shows that the only sanctioned position of a psychiatrist is vacant. There are 28 sanctioned positions of medical officer from the regular side and out of these 25 positions are filled-in. The unit of dermatology is not functional in the hospital as the only sanctioned position of dermatologist is vacant. The DH is having a Blood Bank Officer in place though there is no sanctioned position for the same. Out of the 28 sanctioned staff nurses, 27 staff nurses are in place in the DH Jammu. The position of other para medical staff is by and large satisfactory in the DH. In DH there is a good number of employees who have been appointed under Hospital Development Fund (HDF) which also include security and the hospital is providing them the salary under HDF and this has become a source to drain the HDF.

In CHC Sohanjana all (one each) the sanctioned positions of paediatrician, gynaecologist, anaesthetist, and ophthalmologist are filled-in. the gynaecologist posted at the CHC is on child care leave for the last four months and no one in the CHC is looking after this section on full time basis. The sanctioned posts of surgeon specialist, and physician are vacant in the CHC. Further all the 6 sanctioned positions of assistant surgeons (MOs) are also filled-in. Out of 6 sanctioned staff nurses three are five SNs in position while as 2 FMPHW, 5 pharmacists, three lab technicians and other technical staff are filled-in at the CHC. Besides these, a sizable number of paramedical employees of various categories attached to this CHC from various other health facilities of the Jammu division which were not confirmed by the officials. One official on the condition of anonymity told us that all these attachments are based on political and bureaucratic considerations and make needy people to suffer at those places where these employees are actually posted to work. Few lower level employees have also been engaged in the CHC on contractual basis from the local funds.

In PHC Bore Camp the sanctioned position of two MO, one dental surgeon, one AYUSH MO, one staff nurse, one FMPHW, one pharmacist, a lab technician, dental assistant, and other para medical staff is filled-in. PHC Bore-Camp has been designated as Health and Wellness Centre in the block under Ayushman Bharath. **In SC Sardare Chak,** the MPW (F) from regular side is filled-in while as the MPW(F) from the NHM side has been shifted to some other place for unknown reasons. while the SC has a sweeper also. This SC has been upgraded as Health and Wellness Centre (H&WC) and recently one Mid-Level Health Personnel (MLHP) has been appointed under NHM in this SC. The details of human resource from normal health side sanctioned, in-position and percentage vacant is given in table 6.1.

Human Resource under NHM

Besides, other paramedical staff appointed in district Jammu under NHM, the district has also engaged 31 general duty doctors, 33 ISM doctors, 70 staff nurses, 176 FMPHWs, 31 lab assistants/lab technicians, 10 OT technicians, 10 x-ray technicians, 8 MMPHWs and 24 Dawasaz till date. **In Gandhi Nagar DH Jammu**, besides various para medical staff positions, 5 MBBS doctors, one dental surgeon, 12 Staff Nurses (including 5 staff nurses for SNCU), three lab technicians, and one ophthalmic technician have been appointed under NHM while in **CHC Sohanjana** two MOs, two staff nurses/FMPHWs, and 5 technicians (including one OT technician, two lab technicians and 2 X-Ray technicians) have been engaged under NHM. **PHC Bore Camp** has one ISM doctor and one Dawasaz from the NHM side while in **SC/H&WC Sardare Chak,** MLHP has been appointed for the H&WC recently and the MPW(F) appointed under NHM has been shifted to some other place. In gross violation of the norms, various NHM MPWs of the SCs have been attached or transferred to some other health facilities in the district. These engagements under NHM have proved helpful in filling–up some critical gaps in the availability of human resource in the district at various levels. Though State Health Society has decentralized the process of recruitment of contractual staff and guidelines for the appointment of contractual staff, qualifications, salaries, increments, nature of appointment, renewal of contracts, etc are more or less in line with the GOI guidelines. District Health Societies have been delegated powers to appoint contractual staff. Preference is given to local candidates. However, in case of non-availability of locals the posts are filled-up with candidates from other areas and in this case, government has already issued an order. The detailed information of the staff engaged under NHM is presented below in Table 6.2. The job description and reporting relationships

of various categories of staff has been defined but the services of the staff of the PMUs and other NHM staff is 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. Apart from few training courses, there are hardly any opportunities for their professional development.

Training Status /Skills of Various Cadres

Capacity building of human resource is a continuous process in the state to enhance their capabilities and skills. The two Regional Institutes of Health and Family Welfare located in Nagrota (Jammu) and Dobiwan (Baramulla) and the Regional Family Planning Training Centres have been strengthened in terms of infrastructure and manpower to impart various trainings under NHM. A calendar of trainings to be organised by these institutes is framed for each year. Districts also organise various trainings for doctors and para medical staff in their respective districts but there are no quality assurance measures which monitor the quality of the trainings imparted at the district level. None of the training institutions in the state is accredited by any National Accreditation Agency. The district Jammu has imparted various training to various categories of doctors and para medical staff during 2017-19. The information collected shows that a total of 33 para medics have received training for SBA while IMNCI training has been received by 18 para medical personnel and some doctors in the district during 2017-19. Further the information collected shows that NSSK training has been received by around 100 doctors and staff nurses in the district during the same period. Other trainings have also been imparted to various categories of health professionals in the district during 2018-19.

Strategies for Generation, Retention, and Remuneration

There is no standardized mechanism in place to monitor the productivity of the contractual staff, except attendance and routine work assigned to them and in the absence of any standardized monitoring mechanism; the contract of all contractual staff is renewed annually irrespective of their performance. Presently the district is monitoring the performance of ANMs under 10-point guidelines from SHS and in this regard some forward moment has been made. It was learnt that such guidelines for other staff are also in the offing. There are as such no incentives either for the health service provider or for the health facility based on functioning or performance, however, the State has introduced best doctor, best ANM, best district, best block, best PHC and best SC cash awards to encourage good performance.

Table 6.1: Details of Regular Human Resource sanctioned, available and percentage of vacant positions in selected Health facilities and in District Jammu

	Gandhi Nagar DH Jammu			CHC Sohanjana			PHC Bore Camp			SC Sardare Chak			Overall District		
	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant
MBBS Doctors	28	25	11	6	6	0	2	2	0	0	0	-	235	215	09
Gynaecologist	4	5	**	1	1	0	0	0	-	0	0	-	10	10	0
Paediatrician	1	1	0	1	1	0	0	0	-	0	0	-	9	8	11

Radiologist	1	1	0	0	0	-	0	0	-	0	0	-	3	2	33
Physician	3	3	0	1	0	0	0	0	-	0	0	-	10	6	40
Surgeon Spt.	2	2	0	1	0	0	0	0	-	0	0	-	9	6	33
Anaesthetist	3	3	0	1	1	0	0	0	-	0	0	-	10	8	20
Pathologist	1	1	0	0	0	-	0	0	-	0	0	-	3	1	66
E.N.T. Spec	1	1	0	0	0	-	0	0	-	0	0	-	3	1	66
Dental Surgeon	3	3	0	1	1	0	1	1	-	0	0	-	39	39	0
Dermatology	1	0	100	0	0	-	0	0	-	0	0	-	1	0	100
Ophthalmologist	3	3	0	1	1	0	0	0	-	0	0	-	3	3	0
Orthopaedics	2	2	0	0	0	-	0	0	-	0	0	-	4	2	50
Blood Bank Officer	0	1	**	0	0	-	0	0	-	0	0	-	0	1	**
Staff Nurse	28	27	04	6	5	17	1	1	0	0	0	-	52	21	60
FMPW	3	3	0	2	2	0	1	1	0	1	1	0	130	130	0
Pharmacists	14	16	**	6	5	17	1	1	0	1	1	0	287	221	23
Lab. Tech	5	5	0	3	3	0	1	1	0	0	0	-	55	35	36
Sr./Jr. O.T Tech.	3	1	67	0	0	--	0	0	-	0	0	-	NA	NA	NA
Dental Technician	5	5	0	3	3	0	1	1	0	0	0	-	44	30	32
X-ray Technician	3	3	0	2	1	50	0	0	-	0	0	-	33	17	48

Table 6.2: Details of NRHM/Contractual (all Schemes) Human Resource appointed in District Jammu

Category of the Staff	Number Appointed				
	DH Jammu	CHC Sohanjana	PHC Bore Camp	SC Sardare Chak	Total District
MBBS Doctors	5	2	0	0	31
ISM Doctors		0	1	0	33
PARA MEDICAL STAFF					
Staff Nurse	12	2	0	0	70
FMPHW		0	0	1	176
Lab. Assistant/Lab Technician	3	2	0	0	31
OT Technician		1	0	0	10
X-Ray Technician		2	0	0	10
MMPHW		0	0	0	8
ISM Dawasaz		0	1	0	24
Others	**1**	**0**	**0**	**0**	**1**

ANMT School

The ANMT School in district Jammu has its own building which is situated adjacent to district hospital and is functional. From the last two year the intake capacity of various courses has been increased and the total intake capacity for all the courses run in the school is 60 candidates. The different courses taught in the ANMT school include FMPHW, lab assistant, medical assistant/pharmacist course and GNM course. Except for the position of Principal and one tutor, all other positions in the school are lying vacant.

7. OTHER HEALTH SYSTEM INPUTS

The availability of various health services at different levels shows that the services like family planning, emergency services, minor surgeries, emergency obstetric care, C-section deliveries,

paediatrics, trauma care and general medicine are available at DH on 24X7 basis in the district. (most of them on call during night hours). Other important services like major surgeries, radiology, orthopaedics, ophthalmology and other specialized services are also available at DH for all the days and in case of emergency during night hours for any of these services doctors are available on call. At CHC level important services like major surgeries, delivery for C-Section, and other services are available during day time only but in case of any emergency c-section deliveries are conducted any time as was reported by the concerned BMO but at the ground level normal or c-section deliveries are not conducted in the CHC on regular basis and particularly for the last about four months the CHC is without a gynaecologist (as she is on leave after joining the CHC). Dental services are provided during day time at all the facilities (up to PHC level). The specialists for services like cardiology, neurology, endocrinology, gastroenterology, etc. are available at Gandhi Nagar district hospital. The DH has a registered functional blood bank and works round the clock. Since the visited PHC and SC have been made operational as H&WCs and in this regard various services regarding non-communicable diseases are provided at these health facilities on regular basis. NCD screening at these health facilities is done at-least once in a week regularly.

Availability of Drugs, Diagnostics, and Equipment

Jammu Kashmir has an approved drug policy and in this regard Jammu and Kashmir State Medical Supplies Corporation (JKSMSC) has been established at Jammu. Now the health facilities place their order for the drugs to the corporation and get the supplies without any delay. Government has announced that no health facility will make any purchases from market or anywhere else after April, 2017 and all the drugs must be procured from the JKSMSC. Since the drugs and equipment are supplied by the JKSMSC the health institutions are presently short of various drugs especially drugs under JSSK as the SMSC has failed to supply the drugs to the districts in time and it has created problems for health facilities to deliver free drugs to JSSK patients. After the introduction of H&WCs at various levels in the district, additional supply of drugs for various non-communicable diseases (NCDs) including hypertension, diabetes, and CVDs is done on regular basis to provide uninterrupted supply of drugs to patients suffering with such diseases. The supply and distribution of drugs is monitored by the State Drug Controller by undertaking audit and stock verification of drugs. There is a Central Quality Assurance Committee that ensures the quality of drugs that are being purchased.

Drugs

State has developed essential drugs list (EDL) for various types of health facilities depending upon work load and performance. In Jammu district all the visited health facilities had EDL publicly displayed. The EDL for DH and CHC contain drugs for MCH, safe abortion, NCD and RTI/STI. The quantity of drugs supplied to health institutions is generally displayed publicly and is updated on regular basis in the district. Though the drug stores at the DHs and CHCs 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. Now computerized inventory management in drug stores was found in the DH but other facilities are still doing it manually. Generic drugs are available at various health institutions in district through subsidized drug outlets “Jan Ashuyadiah” on minimum cost. Such outlets have been established at DH, CHC that we visited. The process of establishing such drug outlets at various other health facilities is picking-up in the district. 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 but free drugs to other patients was found to be low at various levels. DH Jammu was found out-of-stock for at least five important drugs at the time of our visit and some reagents/testing kits were also not available in the hospital on the same day.

Diagnostics

The State has a policy for rational prescription of diagnostic tests, and drugs but it is hardly implemented. There is no prescription audit of diagnostic tests or drugs prescribed by the doctors at any facility in the district. Information collected from the district revealed that there is no partnership with any private service providers for diagnostic tests and neither outsourcing of diagnostics is taking place as patients with some serious problems are mostly referred for various diagnostic tests to government tertiary hospitals situated in the district. The DH and CHC are providing almost all the diagnostic facilities to patients at minimal user fee charges.

Equipment

The two directorates have also done an equipment needs assessment survey of all health institutions in the State and have provided Equipment as per the requirement. Equipment are purchased by the Central Purchase Committee. The newly procured Equipment have inbuilt Annual Maintenance Contract (AMC) with the supplier during warranty period. After the warranty is over, health institutions undertake repairs of the equipment out of HDF. Now the central government is in the process of acquiring a central maintenance contract for the Equipment so that all the States can avail such facility for maintenance of their equipment. Almost all the essential Equipment/instruments and other laboratory equipment is available at the DH and CHC. The DH has a CT-scanner but MRI facility is not available at this NQAS certified hospital. DH Gandhi Nagar needs general equipment like Defibrillators, Ventilators, and an Oxygen unit and in case of operation theatre equipment they need an OT light, Electric cautery, and a C-arm. As far as diagnostic equipment is concerned, the DH need fully automatic biochemistry analyser, hormonal assay analyser and PTI analyser. PHC Bore Camp was found equipped with all the essential equipment like Rapid Plasma Regain test kit for Syphilis (RPR), X-ray machine, reagents and testing kits, rapid testing kits for typhoid etc. Health institutions in the district reported that there is some unused/faulty equipment lying in their health facilities. Many SCs have acquired various consumable and non-consumable items like Stethoscope, BP Apparatus, thermometers, pregnancy test kit, curtains, gas heaters etc. All the health facilities that have been converted into H&WCs conduct at least 7 types of rapid tests using strips or kits that have been supplied to them in sufficient quantity.

7A. AYUSH Services

In district Jammu the Directorate of ISM has established a 10 bed AYUSH unit in DH campus which is functional there. The district ISM units which function under the administrative control of Director ISM are co-located with DH in the district. Remote areas, where there are no MBBS doctors have been prioritized for the deployment of AYUSH doctors. All the 33 ISM doctors are in position in the district under NHM. The supply of AYUSH drugs was found satisfactory at all the health facilities that we visited. The working of the AYUSH unit of the PHCs in the district is monitored by the concerned ZMOs/BMO along with the OPD of the PHCs as a whole. In DH, there are three AYUSH doctors while

as in PHC, one ISM medical officer and one Dawasaz are posted to run the AYUSH units. The 10 bed AYUSH hospital at DH is under the control of Directorate of ISM of the State. During the last two quarters the OPD for AYUSH OPD in DH is 1927 and 2475 respectively and at PHC Bore Camp it was 775 during the 1st two quarters of 2019-20. The total Ayush OPD of the district was 20736 during the 1st quarter of 2019-20 while as it had gone up to 23566 during the 2nd quarter of the same year.

It was observed that all those PHCs where an AYUSH doctor is posted also have an AYUSH Pharmacist (Dawasaz) in place. At most of the places it was seen that AYUSH Pharmacists have been engaged with other works also. The District ISM Medical Officer and the PHC AYUSH Medical Officers are the members of the respective RKS committees in the district. AYUSH doctors besides their routine work are also involved in the implementation of National Health Programmes in the district.

8. MATERNAL HEALTH

Antenatal Care (ANC) and Postnatal Care (PNC)

Pradhan Mantri Surrakshit Matritva Abhiyan (PMSMA) is in vogue and in this regard all the pregnant women are screened on every 9th of each month to provide quality ANC for timely detection of high-risk pregnancies in order to save mother and child. The programme has also been implemented in Jammu district and the data in this regard is sent to the concerned CMOs on regular basis. Besides, this ANC check-up, all the pregnant women attend their routine ANC check-ups on regular basis at their respective health facilities. Overall a total of 16039 women were registered for ANC during the 1st quarter in the district while during the 2nd quarter the total number of women registered for ANC services had gone-up to 20049 women. The information collected shows that out of the total women registered for ANC services at various health facilities, only 44 percent women were registered during their 1st trimester of pregnancy. Further the data collected shows that the coverage of ANC-4 was highly satisfactory in the district. In contrast to the total registration for ANC services, around 30 percent of the women had received TT1 during the last two quarters in the district. Similarly, for TT2, 4349 women have been immunized for it during the 1st quarter while as 4279 women have been immunized during the 2nd quarter for TT2 in the district. Such huge variations in the ANC data are mainly attributed to the inaccurate data being captured at the tertiary care hospital level as most of the women in these hospitals come late in their pregnancy period. Most of these women are already registered in some other health facilities of the Jammu region and are fully immunized at the time when they reach to these health facilities in the Jammu district and this was confirmed by clients during the exit interviews also. Overall 2687 pregnant women were given IFA during the 1st quarter at various health facilities in the district while as 2639 women were given IFA during the 2nd quarter in the district. The records verified in the visited health facilities shows that the documentation and records regarding the line-listing of severely anaemic, hypertensive identified, B. Sugar, U-Sugar and protein tests has however, the documentation of follow-up, TT2 and IFA tablets is maintained properly in all the visited health facilities. Jammu district is confronted with the problem of repeated registration of women at various health facilities as there is no coordination between different levels of health facilities within the district for at least maintenance of clear records regarding clients. The details of visited facilities in this regard is given in table 8.1 below.

Table 8.1: Details of ANC and PNC Service Delivery of District Jammu

Record Maintenance	DH Jammu	CHC	PHC Bore	SC Sardare-	Overall District

			Sohanjana		Camp		Chak			
	Q1	**Q2**	**Q1**	**Q2**	**Q1**	**Q2**	**Q1**	**Q2**	**Q1**	**Q2**
1st Trimester ANC registration	**26**	**19**	**28**	**24**	**7**	**9**	**6**	**4**	**7039 (44%)**	**9039 (45%)**
Total ANC Registration	26	19	36	27	9	11	9	5	16039	20049
ANC 3 Coverage	2690	2813	13	17	9	3	3	3	NA	NA
ANC 4 Coverage	3592	3683	14	16	11	5	4	7	14369	18687
TT1	246	286	27	26	8	9	2	7	5119	5668
TT2	183	206	21	22	10	7	7	5	4349	4279
TT Booster	30	45	21	22	0	2	1	1	1535	2014
Pregnant women given IFA	712	381	26	23	5	7	0	0	2687	2639

Institutional Deliveries

One of the priority areas of the State is to improve maternal health. DHs, CHCs and some PHCs have been upgraded and strengthened to provide facilities for conducting deliveries. However, due to lack of requisite manpower and infrastructure, facility of C-section delivery on 24X7 basis is not available at various CHCs and other 24X7 PHCs in the district. However normal deliveries are conducted on 24X7 basis at all the identified institutions including CHC Sohanjana and various PHCs in the district. C-section deliveries are conducted on 24X7 basis at DH Jammu and CHC Akhnoor. The DH and the CHCs in the district are able to handle emergency obstetric care and abortion cases.

In district Jammu major portion of institutional deliveries take place at various hospital like SMGS Jammu, DH Gandhi Nagar, CHCs and PHCs as well. A sizable number of deliveries are also conducted by the private hospitals and nursing homes in the district. However, this needs to be mentioned that all the health facilities in Jammu district do not fall under the administrative control of CMO Jammu. Overall a total of 16112 deliveries were conducted at various health facilities in the district during last six months. Out of these 6977 deliveries were conducted during 1st quarter and 9135 deliveries were conducted during the 2nd quarter. During 2nd quarter the total number of institutional deliveries had gone-up by around 2000 deliveries as compared to previous quarters. The major portion of the deliveries that take place at public health facilities are mainly done at SMGS hospital, DH and CHCs. The share of total deliveries conducted in the district for SMGS hospital during the above mentioned two quarters was 70 percent. (Table 8.2)

A very disturbing trend has been noticed in the Jammu district, about 50 percent of the total deliveries are done through caesarian section in these health facilities which is five percent more than what it was during the last PIP monitoring done by our centre. Though there could be a sound reason on high number of caesarian section deliveries at DH, territory care hospitals and super specialty hospitals, because all the high risk deliveries from all parts of the Jammu division are referred to these health facilities but such higher number of caesarian section deliveries at CHC, and private health facilities is a point of serious concern. The information collected shows that more than half of the deliveries at DH, about 64 percent deliveries conducted at other government health facilities are done by caesarian section. This problem was discussed with the concerned authorities at DH level and it was found that there is serious factor of impatience on behalf of the concerned doctors as well as from the patients' side. It was also observed that the work done with regard to deliveries was not up to the satisfaction at CHC and DH level keeping in view the available staff (both

sanctioned as well as attached). CHC Sohanjana is without a gynecologist (on leave since last five months) resulting in a sharp decline in ANC services and deliveries. There is a need to have a fresh look at the staff strength at these health facilities so that their performance can match with the available infrastructure and staff. The details of deliveries conducted at various health facilities is given in table 8.2 below.

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 available at most of the PHCs and other facilities in the district. But it was observed that most of the designated 24X7 PHCs provide all these services only during day hours. All SCs provide ANC services, IFA, and refer complicated cases and severe anemia cases to higher facilities. No SC in the district has been identified to function as delivery point in the district.

Maternal Death Review (MDR)

Maternal and Infant Deaths Review committees have been established in all districts in the State. Death reviews are done by the concerned CMOs and District Magistrates. ASHAs are given incentives to report maternal deaths and Rs. 250 is kept for maternal death investigation. Overall in district Jammu no maternal deaths were reported during the last two quarters from any health facility as reported by the CMO office.

Table 8.2: Details of Deliveries conducted during 1st two Quarters in District Jammu, 2019

Name of Facilities	C-Section deliveries out of total deliveries				Total No. Of Deliveries (Home + Institution)			
	Q1		Q2		Q1		Q2	
Gandhi Nagar DH Jammu	234	50%	356	50%	471	6.8%	711	7.8%
CHC Sohanjana	1	10%	3	19%	10	0.1%	16	0.2%
Other CHCs (7 number)	100	22%	121	20%	462	6.6%	595	6.5%
PHC all (excluding PHC Bore Camp)	-	-	-	-	53	0.8%	82	0.9%
Deliveries conducted at other government health facilities under CMO	113	64%	97	39%	176	2.5%	251	2.7%
Deliveries conducted at Private Health Facilities/FHO	197	24%	259	24%	830	11.9%	1068	11.7%
Total Deliveries conducted under CMO Jammu Jurisdiction	**645**	**32%**	**836**	**31%**	**2002**	**28.7%**	**2723**	**29.8%**
Deliveries conducted at SMGS Jammu	**2926**	**59%**	**3743**	**59%**	**4949**	**70.9%**	**6390**	**70.0%**
Total deliveries conducted at Public Health Facilities	**3571**	**51%**	**4579**	**50%**	**6951**	**99.6%**	**9113**	**99.8%**
Home deliveries	**-**		**-**	**-**	**26**	**0.4%**	**22**	**0.2%**
Total Deliveries in the District	**3571**	**51%**	**4579**	**50%**	**6977**	**100%**	**9135**	**100%**

Janani Sishu Suraksha Karyakaram (JSSK) for Women

The State has implemented JSSK in all the districts. Guidelines have been issued to all districts for the implementation of JSSK. In district Jammu District Chief Medical Officer is designated as the Nodal

Officer for the implementation of JSSK in district. Health officials at various levels report that they are providing all services (Transport, Medicines, Meals, Blood, user charges) free of cost to all pregnant women and neonates. Our observations and findings regarding the implementation of JSSK are as follows:

Transportation

Recently the Mission Director, NHM has assured that Toll-Free Number for availing transport facility on call will be operational very soon in the UT of Jammu and Kashmir under Vehicle Tracking Management System (VTMS). In fact, it has been started partly in some districts of Jammu division. Currently more than 300 ambulances are fitted with GPS in the UT. It was observed that free transportation from home to facility is generally not provided to pregnant women for visiting a health facility for delivery in the district as this was substantiated from the information provided by the visited health facilities. During the last two quarters **negligible number of women** was given any transport facility from home to health facility at the time of delivery. None of the women in DH Jammu, CHC Sohanjana, and PHC Bore Camp was provided transport facility from home to health facility during the last two quarters in the district. Regarding provision of free transport among expectant women for visiting a health facility for delivery, most of the women who were interviewed by us in the OPD and IPD reported that no transport from home to facility was provided to them at the time of delivery. It was found that free referral transport from facility to facility is provided in most of the cases. Almost all the women referred from DH, and CHC were given free referral transport under JSSK. The officials maintained 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 but the information collected shows that overall the drop-back facility was given to a sizable percentage of women during the 1st two quarters in the district. The selected DH has not given any drop-back facility to such women while as CHC Sohanjana has given the drop back facility to a sizable number of women during the last two quarters in the district. The free transport facility under JSSK to women seems to be a neglected area as the majority of expectant women do not get any benefit of transport facility when they need (from home to facility).

Medicines

Drugs at the time of delivery are generally provided free of cost in the district. All those women who have delivered at any health facility in the district were provided drugs free of cost during both the quarters. Overall in the district, drugs provided to women free of cost (under JSSK) at the time of delivery was 100 percent during the last two quarters. On the day of our visit In Gandhi Nagar DH and CHC Sohanjana some of the patients were asked to get the medicines from outside the hospital as such medicines were not available in the drug store of the hospital. The matter was discussed with the concerned authorities and they claimed that they were short of some drugs due to irregular supply from the JKSMSC as CMOs and all health facilities have been directed by the concerned ministry in the UT not to procure any medicines from the market. Further the allocation for drugs to the districts and the UT for procuring drugs for JSSK have been transferred to JKMSC but they have failed to fulfil the demand of the districts and other health facilities.

Diagnostics

Officials at all levels maintain that all available diagnostics for pregnant women and sick new-borns in public health facilities are done free of charge. Free diagnostics facilities (urine test, various blood tests, etc) are provided to pregnant women at DH, and CHC in the district. The USG is provided to all the women during day time (in emergency case on call during nights) on daily basis in DH and CHCs. PHC Bore Camp send their patients for USG to the DH as they do not have their own USG machine. The information regarding the type of tests provided by visited institutions was found encouraging but the monitoring mechanism and maintenance of such records by various labs (particularly at CHC level) was found unsatisfactory. Blood sugar, CBC, and other necessary blood tests are conducted to all the needy women free of cost at DH and CHC. PHC Bore Camp is also providing various testing facilities to all the women free of cost under JSSK while as few rapid tests at SC are also provided to women during their pregnancy period.

Meals

An amount of Rs. 100/= is earmarked for providing free meals to pregnant women under JSSK in the UT and the same amount has been earmarked by various health facilities in the district. Most of the health facilities in the district have no arrangement within the health facility to provide cooked and fresh meals to women. DH Jammu, and some CHCs have outsourced the meals to private hotels for fresh as well as ready to eat food for JSSK beneficiaries. The information collected from the district shows that all the women were given meals during their stay in the hospital after the delivery during both the quarters in DH as well as in the CHCs under JSSK in the district. The information based on exit interviews also substantiates that all the women were given meals at the DH and CHC.

User Charges and Consumables

All user charges at delivery points in the district were found to be free. All consumables like cotton, bandage etc. were provided free in the hospital at the time of delivery to all pregnant women but due to irregular supplies of certain items from the State Medical Corporation some clients reported that they have brought such items from the market.

Blood

District Jammu has blood bank facility at DH while at CHC Sohanjana there is no blood storage facility. The information collected shows that during the last two quarters a total of 235 patients were given free blood under JSSK at the DH (Table 8.3).

Table 8.3: Services given to women under JSSK in district Jammu

	DH Jammu		CHC Sohanjana		PHC Bore Camp		Overall District	
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
Transport from Home to facility	0	0	0	0	1	0	140 (%)	108 (%)
Referral Transport (Higher Facility)	98	102	25	22	0	1	366	134
Transport from Facility to Home	0	0	10	16	0	0	232	279
Medicine	471	711	36	27	9	11	1172	1655
Meals	471	711	10	16	0	0	1103	1513
Free blood	NA	NA	0	0	0	0	101	134
Total Institutional Deliveries	**471**	**711**	**10**	**16**	**0**	0	**6951**	**9113**

Janani Suraksha Yojana (JSY)

As a high focus State/district, all pregnant women in Jammu and Kashmir are entitled to JSY payments. In district Jammu, JSY cards are prepared and updated as per the JSY guidelines. However, there is no time frame for making JSY payments in the districts due to delay in funds. The district is transferring the JSY amount directly to the bank accounts of beneficiaries and ASHAs. Payment for home deliveries has not been made to any beneficiary during the last two quarters in the district. Timing of payments depends upon the availability of funds. JSY payments are generally paid after delivery. The information received from the CMO office reveals that only 1935 women have been given JSY incentives during the 1st quarter while as out of 9135 deliveries only 2548 beneficiaries were paid this incentive during the 2nd quarter in the district. Designated nodal officer for JSY regularly monitors the JSY payments. Blocks forward QPRs to district and districts submit QPR to MoHFW regularly.

Table No 8.4: JSY Status in District Jammu

Type of Delivery	Q1			Q2		
	Deliveries	**JSY Beneficiaries**	**Amount Disbursed**	**Deliveries**	**JSY Beneficiaries**	**Amount Disbursed**
Institutional	6951	1935	2593000	9113	2548	3437200
Home	26	0		22	0	0
Total district	6977	1935	2593000	9135	2548	3437200

9. CHILD HEALTH

Special New Born Care Units/New Born Sick Units/New Born Care Corner (SNCU/NBSU/NBCC)

The information collected shows that the district has established two SNCUs, 20 NBCCs and 6 NBSUs till date and out of these 2 SNCUs, 5 NBSUs and 10 NBCCs have been made fully functional by providing them requisite manpower and infrastructure. The SNCU at Gandhi Nagar DH has been established in the year 2011. It has a bed capacity of 10 beds but only six beds were functional on the day of our visit. Three MOs, 5 staff nurses, one lab technician and one data entry operator have been engaged in the SNCU. SNCU has no full-time paediatrician in place. The separate lab near the SNCU has not been established yet but the tests needed for infants are done in the central lab of the hospital. The SNs and MOs have received some training in the management of SNCU.

The information collected from the SNCU regarding admissions, treatment outcomes and referrals show that overall 63 neonates were admitted in the SNCU during the 1st quarter while 66 neonates were admitted in the 2nd quarter for treatment of various types of ailments. Overall a total of 86 children were referred to higher facilities for further treatment during the last two quarters from SNCU at Gandhi Nagar DH Jammu. All the children referred to higher facility were given free transport facility. No neonatal death was reported at SNCU during the two quarters. As per the records available in the hospital it was found that free medicines under JSSK were provided to all the patients during their stay in the hospital. However, during our interaction with parents of admitted babies, some of the medicines were purchased by them from the market also. NBSU has been established at CHC Sohanjana but does not have any staff for it. The two sanctioned positions of ANMs for the NBSU have not yet been filled-in. Overall two and three neonates were admitted in it respectively during the above specified two quarters. Overall the transport facility for drop-back and

referral is given to almost all the cases from SNCU or NBSU. The NBCCs have been established only at delivery points in the district.

Infant and Young Child Feeding (IYCF) Centre

The district has established the Infant and Young Child Feeding (IYCF) Centre at DH Gandhi Nagar in January, 2017. A Counsellor has been engaged in the centre and is currently functional. With the help of IYCF most of the children born in this health facility were breastfeed within the first hour of their birth. Overall 145 women had reported for breastfeeding problem and all the women who had delivered their babies in the hospital were counselled on Exclusive Breast Feeding (EIBF) practices. Further more than 300 women had reported to the IYCF during their postnatal check-ups during the first two quarters of 2019-20. Growth monitoring and other necessary counselling is being given to all the mothers through this centre.

Infant Deaths Review committees have been established in all districts. Death reviews are done by the concerned CMOs and District Magistrates. Overall no infant deaths were reported during last two quarters at DH and CHC. Overall the review of maternal and infant deaths is taking place regularly in the district.

Immunization

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH, CHC, and PHC (delivery point) only. The immunization sessions take place on regular basis at various levels in the district ranging from "daily basis" at DH to "once a week" at SC level. In district there is practice at some health facilities that as long as the health facilities (where the BCG is administered) does not get the requisite number of children on a particular day they do not open the BCG vial and instead ask their parents to wait for the next time till they get the requisite number of infants. Outreach sessions are conducted to net in drop-out cases/left out cases. Almost all the SCs in the district have 2nd ANM in place. Micro plans for institutional immunization services are prepared at sub centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for preparing micro plans.

The information collected shows that a total of 7075 children were administered BCG doses during the 1st quarter in the district while as a total of 9213 infants were given BCG during the 2nd quarter. The number for both the quarters is higher than the total number of deliveries (both institutional and home deliveries) taken place during the same period in the district. Overall, 5780 children were reported to be fully immunized (9-11 months) during the 1st quarter while as a total of 5799 children were fully immunized in the 2nd quarter in the district. By and large planned immunization sessions by various health facilities are held regularly in the district. Overall 4165 children were given vitamin A doses during the 1st quarter while such figures were not available for the 2nd quarter in the district. The doses of pentavalent, polio, and measles are also administered to eligible children on regular basis in the district.

Table 9.1: Details of Immunization Service Delivery in last two quarters in District Jammu

Service Utilization Parameter	Gandhi Nagar DH	CHC Sohanjana	PHC Bore Camp	SC Sardare Chak	Overall District

	Jammu									
Immunization Services	**Q1**	**Q2**	**Q1**	**Q2**	**Q1**	**Q2**	**Q1**	**Q2**	**Q1**	**Q2**
No. of children given BCG	497	753	36	45	0	0	0	0	7075	9213
Pentavalent-1, POLIO-1	309	Na	22	25	10	11	8	11	5737	5313
Pantavelent-3, POLIO-3	414	Na	22	28	11	12	7	6	5947	6678
No. of children fully immunized (9-11 Months)	317	387	54	47	15	17	12	14	5780	5799
Measles coverage										
Measles1	317	377	21	21	8	13	8	16	5263	6490
Measles2	358	387	33	36	17	11	9	10	5829	6010
Immunization sessions planned	NA	NA	24	24	24	12	11	12	Na	Na
Immunization sessions held	NA	NA	24	21	24	12	11	12	Na	Na
No. of children given Vitamin A Dose 1	576	298	21	21	8	13	8	16	4165	Na

NA= Not Applicable, Na= Information not available

Rashtriya Bal Swasthya Karyakaram (RBSK)

The RBSK has been implemented in Jammu district form March 2014 and various posts under RBSK have been filled. District Early Intervention Canters (DEICs) including at DH Jammu has been established. All the 40 sanctioned positions of ISM doctors, and 11 FMPHWs (out of 20 sanctioned positions) for mobile teams have been filled in the district. All the 20 sanctioned positions of pharmacists for RBSK teams are lying vacant in the district. The information collected further shows that except the approved post of a paediatrician, dental technician and an audiologist, all other approved posts including physiotherapist, medical officer, dental surgeon, manager, speech therapist, staff nurse, data entry operator for DEIC unit at Gandhi Nagar DH have been filled.

Child screening cards have been prepared and 20 mobile health teams (two each for one block/zone) have been constituted and have started screening of children at various levels including delivery points, schools and AWCs in the district. Twenty vehicles have been hired for the field teams in the district. A schedule of visits is developed for the field visits and during 2018-19, various schools and AWCs (330 government schools, 611 private schools, and 1774 AWCs) were visited and children were screened in the district. During 2018-19, a total of 123707 children comprising of three different age groups (6 months to 18 years) were screened for various diseases and deformities in the district at various schools, and AWCs. Out of these, 3355 cases were treated at various nearest health facilities and 10294 cases were referred to DEIC for the treatment in the district. Further the information collected shows that during 2018-19 a total of 3365 children were referred to **territory care hospitals for specialized treatment with financial assistance** under RBSK while and all were treated with special financial assistance. Since RBSK has created a demand for services in the district and thus there is a need to provide all needed support to DEICs so that the programme can achieve its desired goals.

Table 9.2: Service Delivery under RBSK in Jammu during 2018-19

Type	No. Screened	No. Treated	No. referred	No. Referred to higher facility
0-6 weeks	1709	0	2	2
6 weeks- 6 years	41844	1317	2603	641
6 years – 18 years	56850	2038	7689	2722
Total	**100403**	**3355**	**10294**	**3365**

10. FAMILY PLANNING

Presently UT is promoting use of IUCD 380A and number of trained IUCD providers has increased. As per the information received from the CMO office in district Jammu nobody has received any training during the first two quarters for IUCD 380A. In Jammu, Besides DH and CHCs, the IUCD insertion and removal service is provided through designated PHCs and SCs in the district. The district is currently providing IUCD 375 through about 40 identified health institution of various categories in the district. As already mentioned, spacing methods like condoms, ECPs, injectables and oral pills are available at all levels while as IUD insertion is provided at DH, CHC, PHCs and some identified SCs in the district. Besides this, various camps have been organised by the district for IUD insertions during 2019-20. Overall during 1st quarter a total of 235 IUCD insertions (including 78 PPIUCDs) were made to women while this number for 2nd quarter a total of 280 (including 85 PPIUCDs) in the district. In PHC Bore Camp, six IUCD insertions/removals have taken place while as in SC Sardare Chak no such activity has taken place during the first two quarters of 2019-20. Similarly, in CHC Sohanjana, 16 IUCDS insertions were made to women during the same time. The IEC component is not much strong as only some information on various contraceptive methods was found available at CHC and PHC level. The information regarding various methods of family planning is also provided through VHND sessions at the SC level. The detailed information regarding distribution of oral pill cycles and condoms is given table 10.1.

Sterilization

Facilities for sterilization are available at DH, and CHCs in the district. The information provided by the CMO office suggests that none of the doctors have received any training in minilap or NSV in the district during first two quarters of 2019-20. The district has not yet signed any MOU with any private institution for providing FP services in PPP mode. Quality Assurance Cells (QAC) for monitoring of family planning activities have been constituted at district level. These committees are supposed to meet quarterly, but it was found that QACs meeting have not taken place during the last two quarters in the district. Overall in the district a total of about 320 female sterilizations have been conducted during the first two quarters in the district at various CHCs/other facilities while as none of such operation has been conducted at DH Gandhi Nagar. NSV is also done at various CHCs and DH in the district and the information collected regarding the same shows that about 325 NSVs have been conducted in the district during the first two quarters of 2019-20 in the district. (Table 10)

Table 10: Coverage of various Modern family planning methods in Jammu

Service Utilization Parameter	G Nagar DH Jammu		CHC Sohanjana		PHC Bore Camp		SC Sardare Chak		Overall District	
FP Services	**Q1**	**Q2**	**Q1**	**Q2**	**Q1**	**Q2**	**Q1**	**Q2**	**Q1**	**Q2**
Female Sterilization	0	0	1	0	0	0	0	0	178	143
NSV	0	6	0	0	0	0	0	0	141	183
No. of IUCD Insertions	15	4	9	7	1	5	0	0	156	195
No. of PPIUCD Insertions	15	5	0	0	0	0	0	0	78	85
Oral pill cycles distributed	89	120	83	77	48	61	50	43	6970	7723
Condom pieces distributed	6000	4580	3000	4100	8 54	900	370	450	69677	96841

ECP Distributed	10	5	30	60	45	60	3	4	1050	1989
Antra Dose 1/2/3	0	0	0	29	0	0	0	0	97/12/4	575/21/9

11. ADOELSCENT FRIENDLY HEALTH CLINIC (AFHC)/ARSH

The Adolescent Friendly Health Clinic (AFHC) at DH Gandhi Nagar Jammu was established during 2009-10 and presently the clinic is non-functional as the ARSH counsellor is on maternity leave for the last three months. ARSH DEO is in position. During the last two quarters, 519 patients have attended the ARSH clinic for OPD and all of them received counselling during the same time. The information regarding outreach sessions show that such activity was not done during this year due to non-availability of Counsellor who is on maternity leave. The menstrual hygiene scheme (MHS) is not operational in the district. It was also suggested by the concerned health workers that there are so many urban areas where poor and slum type population resides and there is a need to address this population through Menstrual Hygiene Scheme which is not in vogue in Jammu district.

12. QUALITY IN HEALTH SERVICES

Infection Control

Overall the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in all the visited health facilities of the district. Since the DH Gandhi Nagar has been certified by the NQAS, thus the hospital has improved a lot in this regard and have created various zones ranging from red zone to black zone.

Kayakalp and National Quality Assurance Scheme (NQAS)

Many health facilities in the district have undergone different stages (including Peer Team Assessment) of Kayakalp but the knowledge about the same was found low among various health functionaries. some of the health facility have reached to the stage where they can apply for NQAS. Gandhi Nagar DH has been certified by NQAS during August, 2019-20 while as peer team assessment for Kayakalp has been done to this hospital. No amount has yet been released to DH under NQAS. DH has also applied for LaQshya Certification with the concerned agency.

Biomedical Waste Management

The segregation of bio-medical waste was found satisfactory at all the health facilities that were visited by us. Bio-medical waste is properly segregated at all the health facilities in the district. Bio-medical waste has been outsourced to a private agency by all the health facility on annual basis and regularly lifted by the concerned agency on twice a week basis. SCs and some PHCs send the bio-medical waste and other sharpeners to their respective CHCs where from they are lifted by the concerned agency. The district and various health facilities are in the process to renew the contract with the outsourced agency as the previous contract is about to end. Gandhi Nagar DH has separately created the bio-medical waste store in the hospital premises (away from the main building) to store the waste there till the outsourced agency lifts the same from the store.

Information Education and Communication (IEC)

Overall the display of appropriate IEC material in health facilities was found by and large satisfactory at all the levels. Now after a large number of SCs have been converted into H&WCs such material was found satisfactory as previously SCs were not paying much attention for IEC. The IEC material

related to MCH, FP, services available, clinical protocols, etc., were displayed at the DH, CHCs and PHCs also.

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. The district has constituted a team in this regard that makes surprise checks to private health facilities, USG clinics and nursing homes. The data by these clinics is regularly received by the district. A large number of both private and government clinics are registered under PCPNDT in Jammu district. About 450 inspections were made by the concerned authorities to these clinics during 2019-20 and various clinics were sealed for unauthorised/illegal activities and in this regard legal action under rules was initiated to these clinics.

14. REFERRAL TRANSPORT

The information collected from the CMO office indicates that only one vehicle under NHM has been procured in Jammu district and is in working condition. Overall there are 46 ambulances in the district on road in working condition to carter the needs of various health facilities. NHM logos are displayed on most of the vehicles in the district. The information collected from CMO office indicates that 45 vehicles in the district have been fitted with GPS facility. An effective and transparent system of monitoring of usage of vehicles has not been put in place by various health facilities in the district.

15. COMMUNITY PROCESSES

Accredited Social Health Activist (ASHA)

In district Jammu out of 1060 permissible positions of ASHAs, 1036 ASHAs are in position. As per the information given by the CMO, the district doesn't need any more ASHAs. The HBNC has been implemented in the district and ASHA coordinators and facilitators are in place. Besides, one district level ASHA coordinator for the district, there are 9 block level ASHA coordinators. The district has also engaged 45 ASHA facilitators to monitor the activities of ASHAs at various levels in the district. These facilitators and coordinators in the district have received Home Based New Born Care (HBNC) training. Module 6-7 (IMNCI) training for ASHAs in the district has been imparted to all the 898 ASHAs till date. So far, all the trained ASHAs (898 ASHAs) have been provided with the HBNC kit in the district till date and the items in this kit have been replaced in 2017-18. During the first two quarters of 2019-20, a total of 3233 new born were visited by ASHAs under HBNC and all of them were paid incentive for home visits. Incentive for institutional deliveries were also paid to all the ASHAs during 2018-19 in the district. The meeting for ASHAs are regularly organised on monthly basis at the block headquarter and information regarding various components of NHM is being provided to ASHAs in these meetings.

The district has put in place a mechanism to monitor the performance of ASHAs by various methods which include: their interaction in the monthly meetings, performance of ASHAs, contact to beneficiaries by facilitators to verify their visits to them etc. but it was found that the district has not so far identified any non/under-performing ASHAs/USHAs. No ASHA has been disengaged in the district on the basis of non/under performance. The monitoring of ASHAs is also done on the basis of ASHA Functionality Formats which has been provided by the office of the State Mission Director,

NHM. The ASHA day is not celebrated in the district but the district has awarded nine ASHAs during 2018-19 for their good work and better performance.

Functionality of the ASHAs

As per the information provided by the CMO Jammu the drug kit of ASHAs has not been refilled since 2013 however, most of the ASHAs get necessary drugs and other material from their nearest SCs when needed. All the ASHAs have been provided uniform and diary in the district during March-April, 2019. The officials reported that the payments to ASHAs on account of various activities is being made on regular basis but during our visit to various facilities it was found that there were some backlogs in this regard at various places and for some activities the ASHAs have not received any incentive at all. On an average most of the ASHAs reported that they earn about Rs. 26000-30000/= per annum.

16. NATIONAL URBAN HEALTH MISSION (NUHM)

National Urban Health Mission (NUHM) aims to improve the health status of urban population in general, but particularly of the poor and other disadvantaged sections, by facilitating equitable access to quality health care through a revamped public health system, partnerships, community-based mechanism with active involvement of urban local bodies. In Jammu district the NUHM was started during 2014-15. The district has brought 13 Primary Health Centres (PHCs) under NUMH and have upgraded them as UPHCs the district. Besides these, the district has also made 14 KIOSKS functional. The information provided by the CMO office Jammu indicates that all the requisite equipment and man power has been provided to all the 13 UPHCs.

The information collected further shows that various positions of sanctioned staff under NUHM has been engaged but some positions are still vacant and the process for filling-up the vacant post is on. So far the district has engaged 10 (out of 12 sanctioned positions) full time MOs and six (out of 12 sanctioned) part time medical officers in the district. Similarly, out of 24 sanctioned positions of staff nurses only six staff nurses, 45 FMPHWs (out of 64 sanctioned positions), a City Programme Manager and a City Accounts Manager have also been engaged in the district. All the sanctioned positions of laboratory technicians and pharmacists are still vacant in the district under NUHM. Further it was found that other 25 positions of non-clinical staff/support staff has also been engaged for NUHM in the district.

Physical progress under NUHM in the district shows that during 2019-20 (till September, 2019), women are getting regular ANC check-ups from UPHCs and during the first two quarters of 2019-20, about 2000 women were registered for ANC services and out of these, only about 23 percent women were registered during the 1st trimester. ANC-4 coverage was also found unsatisfactory in these UPHCs during the same period as very few women had received this service from these UPHCs. Services like TT1/TT2/TT Booster, Iron Folic supplement is provided to women during their ANC services from these urban PHCs. Immunization services are also provided to pregnant women and children on regular basis in these UPHCs. None of the UPHCs conduct any deliveries in the district as was reported by the CMO office.

The information collected shows that a total of 133970 patients have visited the OPD of various UPHCs during 2019-20 for various ailments in the district. Further, a total of 5523 diabetic patients and 6538 hypertension patients are enrolled in various UPHCs and receive drugs from these health facilities on regular basis. During the same period, around 900 routine outreach sessions and urban Health and Nutrition days (UHNDs) sessions were conducted in the district by UPHCs. All the 65 approved Mahila Aarogya Samitis (MAS) have been formed in the district under NUHM. Table 16.1

Table 16.1: Work done during 2019-20 (till September) under NUHM in District Jammu

Action Points	Approval	Functional
City Planning & Mapping (Facility & Vulnerability)		
Community Processes		
No. of Urban ASHAs Selected	38	35
No. of MAS Formed	65	65
No. of MAS with Bank Account	65	65
No. of Routine Outreach/ UHNDs Sessions conducted	1056	890
No. of Special Outreach Camps conducted	72	38
Total No. of UPHC Mapped under HMIS	13	13
UPHCs RKS's functional	12	11
ANC Services and Deliveries	**Q1**	**Q2**
1st Trimester ANC registration	415	418
Total ANC Registration	990	942
ANC 4 Coverage	130	172
TT1	539	599
TT2	444	423
TT Booster	109	128
Pregnant women given IFA	242	163
Immunization of Children		
Number of Children given BCG	444	373
Number of Children given Pantavalent-1	838	993
Number of Children given Pantavalent-2	901	948
Number of Children given Pantavalent-3	905	962
Number of Children given Measles		
Number of Children with complete immunization (9-12 months)	1035	1110
Number of Children given MMR	1241	1204

17. DISEASE CONTROL PROGRAMMES

Malaria

Jammu district has a full-fledged malaria control unit at the district level and a full time District Malaria Officer (DMO) is looking after the programme. Besides DMO, out of the sanctioned positions of various para medical staff, 4 MI, 19 JHIs and all the 73 basic health workers are in position. The screening for malaria is done at all levels in the district. The drugs for the treatment of malaria are provided free of cost at the district level if at all any such case surfaces at any level. The prevalence of malaria remains high in Jammu division as compared to the Kashmir zone. Overall a total 35208 suspected patients attended the OPD at various levels in the district during the first two quarters of 2019-20 and out of these, 28388 patients were tested for malarial parasite during the same time in the district. Of these, 1042 cases were found positive and were treated in the district during the same period.

Tuberculosis (TB)

The TB Control programme is run at the district level smoothly and is looked after by the District Tuberculosis Officer (DTO). Four sanctioned positions of MOs (2 each from regular and NHM side) are in position. Besides, paramedical staff from regular side some positions of para medical staff have been engaged under NHM on contractual basis to run the programme efficiently. The TB Control programme is working efficiently in the district as there is involvement of ANMs and ASHAs (DOT providers) at SC and village level. The screening is done on regular basis at all the levels. The testing facility is available in the DH and other FRUs and PHCs. As per the information received from the CMO office all of them are trained. Besides, the District Tuberculosis Centre (DTC), the district has already set up some tuberculosis units (TUs) at various blocks also and all these units get help under REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP). The screening is done on regular basis at all the levels. The testing facility is available in the district hospital and other FRUs and PHCs. The information collected from the DTC shows that a total of 538 cases are registered with the DTC. All the positive cases (along with backlog cases) are under treatment/treated in the district. The drugs for the treatment of TB is being provided free of cost to all the patients at all levels.

Other Communicable Disease

National Leprosy Eradication Programme (NLEP) is looked after by a medical officer stationed at CMO office. Besides, this MO, 9 (out of 11 sanctioned positions) of PMAs are filled-in. Overall 122 cases are under treatment which include 41 new cases which have been identified in the district during the last two quarters. Besides various other programmes, Control of Blindness (COB), and Mental Health Programme (MHP) are also running in the district smoothly.

18. NON-COMMUNICABLE DISEASES (NCD)

The NCD cell has been established in the district at CMO office while as the NCD clinic has been established at Gandhi Nagar DH. Except for DEO, all the sanctioned positions of staff for NCD cell under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS), including an epidemiologist, district programme coordinator, doctors and etc. have not been filled and virtually the NCD cell at CMO office is defunct. Under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS), the district has provided gluco-meters, lancets, and gluco-strips to all the SCs to conduct blood sugar tests to all the persons above 30 years of age. Now such activities are being vigorously pursued in all the Health and Wellness Centres established in the district under Ayushman Bharat. At NCD clinic in the DH, one DEO, a physiotherapist, GNM and a lab technician are in position while as the process of filling-up of other staff is still on.

The screening is done for various non-communicable diseases in the district at various health facilities and camps are also organised on regular basis. Overall a total of 8677 patients had attend the OPD of NCD clinic during 2018-19 and out of these, 920 cases were known cases of diabetes and had come for follow-up while as 1024 new cases suspected cases were referred for confirmation of diabetes. Similarly, a total of about 1120 known cases of hyper tension had come for follow-up while as about 1290 new cases were referred for conformation to relevant units of the hospital. During the same period 38 camps were organised by the district at various levels and around 1338 patients were screened. Out of these, about 533 patients were known case of diabetics while as 805 patients were

known/new case of hypertension. Work done under National Programme for Prevention and Control of Cancer, Diabetes, Cardio-vascular Diseases and Stroke (NPCDCS) in district Jammu 2018-19 shows that about 1.26 lakh patients were screened for various non-communicable diseases in which the proportion of men was higher than women. Out of these, 4642 new cases of diabetes, and 12651 cases of hyper tension were detected. All these cases were given the required treatment and counselled for continuity of the medicines. A large number of cases also received physiotherapy during the same period.

Table No 18.1: Details of work done by the Non-Communicable Diseases (NCD) Clinic in Jammu

Head	Number
Total no. of persons attended NCD Clinic	8677
No. of new persons Suspected for Diabetes and referred for Confirmation	1024
No. of new persons Suspected for Hyper-tension and referred for Confirmation	1290
No. of known cases of Diabetes on Follow-up	920
No. of known cases of Hyper-tension on Follow-up	1120

Table No 18.2: Details of camps conducted by NPCDCS from 2018-19 in District Jammu

Total No. of Camps	Total No. of Persons Screened	Diabetic			Hypertensive
		Known Diabetic	Newly Diagnosed Diabetic	Total	
38	1338	533		533	805

Table No 18.3: Details of Work done under National Programme for Prevention and Control of Cancer, Diabetes, Cardio-vascular Diseases and Stroke (NPCDCS) in District Jammu, 2018-19

Particulars	Male	Female	Total
Total Patients Screened	65815	60753	126568
Newly Diabetic Patients	2042	2000	4642
Newly Hyper Tension Patients	4000	8651	12651
Diabetic Patients on Treatment	2042	2000	4642
Hyper Tension Patients on Treatment	4000	8651	12651

Dialysis Centre

The Dialysis Centre was established last year in the month of June at Gandhi Nagar DH Jammu. This is one of the biggest centres in the Jammu and equipped with all essential equipment and manpower. There are 6 dialysis units in it. The centre has 4 HD machines, two crash carts, monitors, portable ECG machine, refrigerator, and reprocesor. The additional manpower engaged at this centre include 2 trained medical officers, dialysis technicians, and 2 staff nurses. The bed occupancy rate is 120 percent. There are 23 patients registered in the centre for the treatment. Till date more than 2000 dialysis sessions have been conducted in the centre during 2019-20 in which 70 patients have received dialysis. The centre is short of accommodation and overall infrastructure. Besides space, the centre needs electronic weighing machine, ICU facility, and staff.

19. AYUSHMAN BHARAT YOJANA OR PRADHAN MANTRI JAN AROGYA YOJANA (PM-JAY) OR NATIONAL HEALTH PROTECTION SCHEME OR MODI-CARE

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 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-National Health Protection Scheme, which will cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage up to 5 lakh rupees per family per year for secondary and tertiary care hospitalization. Benefits of the scheme are portable across the country and a beneficiary covered under the scheme is allowed to take cashless benefits from any public or private empanelled hospital across the country. It is an entitlement-based scheme with entitlement decided on the basis of deprivation criteria in the Socio-Economic Caste Census (SECC) database. It has a target of about 10.74 crore poor, deprived rural families and identified occupational category of urban workers' families as per the latest Socio-Economic Caste Census (SECC) data covering both rural and urban. One of the core principles of Ayushman Bharat - National Health Protection Mission is co-operative federalism and flexibility to States. Covering almost all secondary and many tertiary hospitalizations. Under this 1.5 lakh centres are being setup to provide comprehensive health care, including for non-communicable diseases and maternal and child health services, apart from free essential drugs and diagnostic services. The government has already started upgrading existing Public Health Centres to Health and Wellness Centres. 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.

Ayushman Bharat was officially launched in Jammu and Kashmir on December, 1st 2018 by the State Governor at an impressive function at Jammu and all the districts of the State were already ready to start. The district Jammu has also implemented the scheme and has to cover 355582 beneficiaries under the scheme. The district has distributed golden cards to only 35 percent of the beneficiaries till date and the process of distribution of these cards is actively pursued. Overall a total of 20 health facilities (13 government and 07 private) under the jurisdiction of CMO Jammu have been identified to provide services under PM-JAY in the district. So far about 6000 households have been benefited under the scheme and have availed treatment at OPDs, IPDs and surgical units of various empanelled hospitals of the district. During 2019-20 (till date) the district has spent an amount of about four crores on treatment of these beneficiaries. It was observed that there is a need to engage some manpower at the CMO office for looking after this programme.

Health and Wellness Centres (H&WCs)

The district so far has established around 150 Health and Wellness Centres (HWCs) in 10 blocks (including one urban block) and upgradation of more such Centres is under process. The district has received additional funds for upgradation of H&WCs as per the scheme and most of the amount has been spent to creation of additional space and other infrastructure to make these centres functional

as per the given guidelines. Branding of most of these centres have taken place and a good number of such centres have been provided with Mid-level Health Professional (MLHP) while as induction training of various batches for MLHPs is going on in the district at various places. Additional supply of drugs for these H&WCs has been ensured for smooth functioning. There is a proper mechanism in place at the district level to monitor the working of these centres and feedback is given to the staff of these H&WCs during the monitoring visits. It was found that people lack knowledge about these H&WCs and there is a need to aware the population about these centres. It is expected that the scheme can prove as a game changer in the health sector and will reduce the out of pocket expenses to the needy people who have been found eligible on the basis of various criteria of the Socio-Economic Caste Census (SECC).

20. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) AND RCH

Jammu Kashmir is one of the first states which took an early lead in the facility reporting of HMIS. New RCH Register has been introduced in all the districts including Jammu. RCH Register is available in all the facilities and the FMPHWs 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 health facilities. DEOs have been posted at DH and CHCs and required computing and net facilities are available at CMO, DH and CHCs. DH and CHCs upload the data directly on the portal by 25th of each month. PHCs and SCs submit the monthly information by 21st of every month to BMO office. The reporting period is from 20th to 19th of every month. BMO office takes 2-3 days to verify the data and gives one day time to PHCs and SCs to rectify the mistakes/inconsistencies in data. Finally, the data of PHCs and SCs is uploaded at block headquarters on 25th of every month. Feedback on data quality issues is also provided by DMEO during monthly review meetings.

As the pregnant women generally visit multiple health facilities for ANC, PNC and child immunization and are registered at multiple places. This is resulting in duplication of ANC registration and ANC services. To stop reporting of this duplication of ANC registration, ANC, PNC and child immunization, services it has been decided to follow area-based approach for reporting and uploading of data for these indicators and for other services, health facilities are following facility-based reporting. Health facilities keep separate registers for clients belonging to the catchment area and clients from other areas. At the time of filling HMIS formats, they only report services provided to clients belonging to their catchment area and hope services rendered to outside clients will be reported by their respective parent institutions. While this system has helped to minimize duplication of ANC registration, but at the same time this has also resulted in under reporting of some services by DH and CHC. In district Jammu a large number of deliveries and ANC, PNC services are being provided by the SMGS hospital and private nursing homes and such women are also registered at various government health facilities for various services. The data provided by private health facilities and maternity hospitals on one hand is under reported and on the other hand some local health facilities overreport the information and thus shows inconsistent data on the HMIS portal. Such inconsistencies were found in the data at CHC Sohanjana and its peripheral health facilities. This was discussed at length with the BPMU in presence of the concerned BMO and we were assured that necessary steps will be taken to improve and streamline the HMIS data in the block. In fact, it was

found that the PMUs are getting different type of feedback from different quarters including the SPMU which has resulted in various confusions in streamlining the quality of data. On the other hand, it was found that the Gandhi Nagar DH has streamlined the HMIS data to the great extent as they have devised local level formats for each section of the hospital to gather the information for HMIS portal. This innovation has made their job easy and almost accurate and thus it can be concluded that DH has a good data quality for HMIS portal.

There is confusion between information in RCH register and HMIS reporting among FMPHWs in all facilities. SCs generally report services from RCH register. Since RCH registers are updated based on the reports of services received by women irrespective of place of receipt of a particular service, therefore SCs generally report services delivered by other health institutions. Information about Hypertension, IFA and Calcium after delivery is not maintained.

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. While, the reported figures pertaining to IPD and Surgery match with recorded figures in all facilities, but OPD figures in case of DH are under reported. Although the FMPHWs 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 FMPHWs do not have clear understanding of how to report services not available at the facility and the services available but not utilized/delivered. They generally put “X” mark or record “0” or leave the column blank in both cases. Further it was noted that FMPWs at SCs fill up weight, BP, HB of pregnant women in RCH registers without measuring the same. There is therefore, a need to properly monitor the data recorded in the RCH registers and clear the confusions which the FMPHWs have. It was seen that recording of information in laboratories has improved considerably at various levels and in this regard, DH has computerized the record keeping and one can easily find the difference and improvement in records at DH labs. In some health facilities laboratories are maintaining separate registers for ANC and non-ANC cases and also record the results of the investigations on these registers but more efforts are to be needed to improve the quality of records.

The HMIS pertaining to immunization has also improved and minor duplications still exists in immunization reporting particularly at SC and PHC level. The district is now using HMIS data both for reporting and reviewing its progress. District is also using HMIS data for preparation of PIPs.

21. CONCLUSIONS/RECOMMENDATIONS/IRREGULARITIES/ACTION POINTS

There has been a remarkable improvement in the district in the implementation of different components of NHM but still there are issues and problems in running the programme. Based on the field visit following are the recommendations and suggestions for further improvement:

Irregularities

- Staff appointed under NHM has been attached/transferred in the district at various levels. FMPHWs from SCs are put on roaster duties in nearby 24X7 PHCs, thus disturb the SC working

schedule. Though some institutions are fully staffed but their performance does not match with available staff.

- Arrangement of human resource for key service providers (when some doctor goes on extended leave) at important health facilities was found missing.
- Record keeping in labs at CHC is not maintained properly and no computerization of lab has been done.
- Transport facility for pregnant women under JSSK at the time of delivery (from home to facility) and after the delivery (drop-back facility) is a neglected area as very few women get this facility in the district.
- There is a practice in the district that most of the women (with normal delivery) are discharged before 48 hours of their stay at the health facility after the delivery and thus putting both the mother and the baby at risk.
- CHC Sohanjana is without a gynaecologist (on child care leave) as no substitute or arrangement has been made since last four month which has affected the ANC/delivery services at this facility.
- No separate staff is available for NBSU at CHC Sohanjana. Blood storage facility at CHC is almost non-functional.
- Only few drugs are provided to non-ANC cases free of cost thus putting heavy burden on clients in terms of OOPEs.
- The child immunization is taking place at various facilities but BCG vial is opened only when the number of infants is 7-8 at all the levels.
- Prescription audit both for drugs and diagnostics is not taking place in the district at any health facility.
- MLHPs have not yet been posted in various H&WCs. Training for carrying major activities at H&WCs has not yet been imparted to staff in the district.
- Only a small percentage of beneficiaries have been given the golden card under Ayushman Bharath.
- Coordination and communication between different programme units was missing at district level which results in difficulties in follow of information when needed.
- Duplication of data still prevails in HMIS data at some health facilities. There is a mix-up between HMIS and RCH data at various levels.
- Though training is being imparted on regular basis but proper experts are not invited for training of HMIS and RCH as lot of confusions are there in the minds of stakeholders.
- Overall the monitoring mechanism for various components of NHM was found either missing or insufficient at the ground, resulting in decline of activities and performance.

Recommendations and Action Points

- Instead of practice of attachments of doctors/para medical staff, there is a need to rationalize such staff as per the requirement of a particular health facility depending upon the workload and performance of these health facilities.
- Health infrastructure is a serious issue particularly at CHC Sohanjana, rented SCs and PHCs where acute shortage of space is felt and needs to be addressed on priority. Various SCs have been converted into H&WCs but lack space. It is therefore, suggested to create space in these centres in

accordance with the requirements of this programme so that population gets benefited to the maximum from these H&WCs.

- There is a need to provide requisite trained manpower to NBSU at CHC Sohanjana so that it can function smoothly.
- Various components of JSSK have been implemented but the monitoring mechanism for its implementation is poor. The records pertaining to tests conducted in different labs, transport, diet, medicines being provided under JSSK were found in poor shape at various facilities therefore, it is suggested to direct all types of health facilities to keep such records in proper order and ready for any scrutiny.
- Various components of JSSK have not been implemented in Toto, as most of the women do not get any transport facility from home to health facility at the time of delivery and back home after delivery under JSSK. Fresh and cooked diet as per the local taste needs to be ensured at all the facilities. Thus, there is a need to strengthen these areas under JSSK.
- The State Medical Supplies Corporation (SMSC) need to improve its performance to ensure timely supply of drugs and equipment to health facilities as it has created problems for health facilities to meet the requirements under JSSK. The health facilities should also be allowed to make the purchases from open market (in case of non-availability) to achieve the goal to minimize Out of Pocket Expenses (OOPEs) under JSSK.
- Prescription audit for drugs and diagnostics is not taking place in the district at any health facility therefore, there is a need for audit of diagnostic tests and drugs prescribed by the doctors at all the higher-level health facilities.
- All the health facilities complained of inadequate ambulances to meet the requirements under JSSK therefore, it is suggested to assess the need of ambulances for each health facility so that the needy health facilities can get some more ambulances to meet the growing demand of transport under JSSK.
- Overall it was found that the monitoring mechanism of various activities under different schemes under NHM including JJSK, RBSK, NCDs, Mental Health, PM- JAY, H&WCs etc was found not up to mark and is limited to the performance in terms of numbers but the effectiveness and impact of these schemes needs to be monitored at all levels for better results on-ground.
- The quality of HMIS and RCH has improved in the district as the district has taken some steps to minimize the multiplicity of reporting. However, there is still a lot of scope for improving the quality and content of HMIS. This can be ensured by proper monitoring by District & Block Monitoring Officers and provide further training to all the stakeholders in this regard so that misconceptions regarding reporting and recording can be corrected.
- The funds to the district for various activities should be released in time by the State and the Mission Director NHM, so that these funds can be utilized properly in a time bound manner.

PHOTO GALLERY

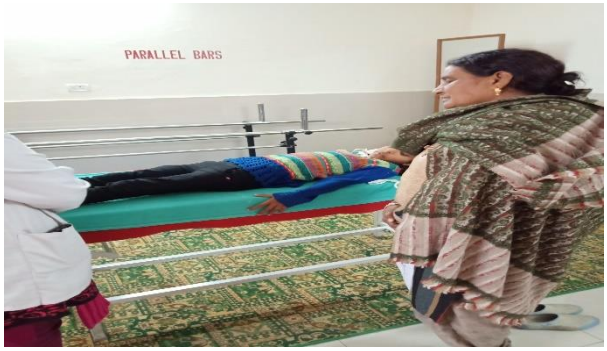
Visit to DH Gandhi Nagar, Jammu


BLOOD BANK
GOVT. GANDHI NAGAR HOSPITAL, JAMMU
BLOOD BANK
BLOOD BANK
BLOOD BANK


B.M.W. STORE


MENTAL STIMULATION


PARALLEL BARS


PARALLEL BARS


PULLEY
PARALL


RED ZONE
PHARMACIST CABIN
EMPTY CYLINDER


LIST OF ESSENTIAL FREE DRUGS AVAILABLE
S.No Name of Articles/Medicine Availability
01. Atenolol
02. Amlodipine
03. Enalapril
04. Silver Sulphadizine
05. Furosemide
06. Pantoprazole
07. Ranitidine
08. Dicyclomine
09. ORS
10. Zinc Sulphate
11. Glimipride 1mg/2mg
12. Metformin
13. Antirabies Vaccine
14. Diclofenac Sodium
15. Paracetamol
16. Oxytocin Vials
17. Misoprostol
18. Cough Expectorant
19. Salbutamol
20. Theophylline+Etophylline
21. Dextrose 5%
22. Ringer Lactate
23. Sodium Chloride
24. Vitamin A
25. B Complex
26. Vitamin k-1
27. Calcium + Vitamin D3
28. Cetrizine
29. Anti Cold Suspension
30. Phenoramine Meleate
31. Hydrocortisone
32. AVS
33. Phenytoin Sodium
34. Sodium Valporate
S.No Name of Articles/Medicine Availability
35. Albendazole
36. Amoxycillin
37. Gasicaine
38. Cefixime
39. Azithromycin 250/500
40. Doxycycline
41. Gentamycin
42. Ceftraxione
43. Ciprofloxacin
44. Ciprofloxacin Eye & Ear Drops
45. Sulfamethoxazole+Trimethprim
46. Ciotrimazole
47. Metronidazole
48. Iron(Ferrous Sulphate+Folic Acid)
49. Folic Acid
50. Domperidone
51. Atropine
52. Adrenaline
53. Diazepam
54. Bleached Bandage Cloth
55. Adsorbent Cotton Wool
56. Povidone Iodine
57. Syringe with Needle 5ml
58. Interavenous Set with Air way & Needle
59. Disposable Gloves Sterlized 6/6.5/7/7.5
60. Silk Suture With Needle
61. View Flow 20/22/24
62. Leukoplast
63. Beclomethasone+Clotrimazole+Gentamicin ointment
64. Acetylsalicylic Acid
65. Gamma Benzene Hexachloride
66. Xylocaine 2%
67. Metoclopramide
68. Inj Tetanus Toxide
GOVT. HOSPITAL. GANDHI NAGAR JAMMU


SUGGESTION/COMPLAINT BOX
In case of any grievance, please Contact
Medical Superintendent
Dy. Medical Superintendent


DIALYSIS CENTRE
UNDER
P.M.N.D.P
STARTED FROM
01-06-2018
S.N.C.U

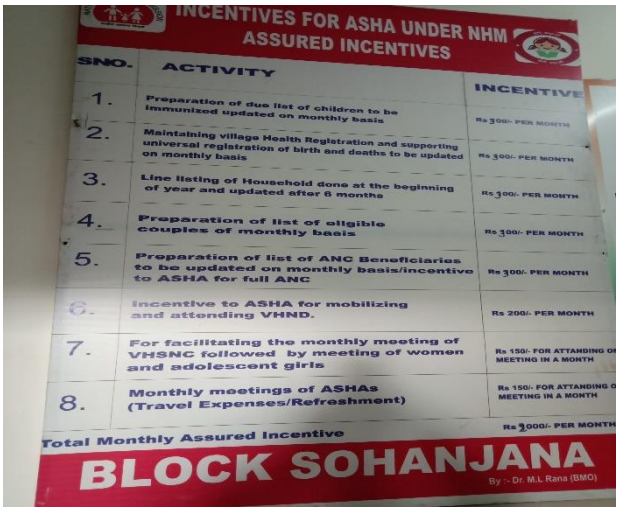

SPECIAL
CARE
NEW BORN
UNIT
ENTRY
RESTRICTED


SPECIAL
CARE
NEW BORN
UNIT
ONLY ONE ATTENDANT
ALONG WITH ONE PATIENT


GOVT. HOSPITAL GANDHI NAGAR
JAMMU
NQAS
CERTIFIED HOSPITAL
प्रकृति का न करे हरण,
आओ बचाये पर्यावरण.
पेड़-पौधे मत करो नष्ट,
सांस लेने में होगा कष्ट.

Visit to CHC Sohanjana, Jammu

Visit to PHC Bore Camp



Visit to SC Sardare Chak