MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION PLAN-2019-20: JAMMU & KASHMIR

(A Case Study of Reasi District)

Submitted to

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

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January-2020.

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LIST OF ABBREVIATIONS

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

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

PREFACE

Since 1952, India has launched so many Health and Family Welfare Programmes in the country for the wellbeing of its people and J&K has also implemented these programmes from time to time to improve the health care delivery system. National Health Mission is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention for improving health care by addressing the key issues of accessibility, availability and financial viability during the first phase (2006-12). The second phase of NHM, which started from 2013-14, focuses on health system reforms so that critical gaps in the health care delivery are geared up. The Programme Implementation Plan of Jammu and Kashmir, 2019-20 has been approved and J&K has been assigned mutually agreed goals and targets. The J&K is expected to achieve them, adhere to the key conditionalties and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of PIP by Population Research Centre, Srinagar on monthly basis. During the year 2019-20, twenty districts have been allotted to PRC Srinagar from three States. The J&K comprises 10 districts which are Kargil, Kulgam, Reasi, Reasi, Shopian, Kupwara, Samba, Srinagar, Anantnag and Jammu. The Punjab comprises 5 districts consisting of Fazilka, Shahid Bhagat Singh Nagar, Pathankot, Roop Nagar and Tarn Taran and finally 5 districts are from Jharkhand which includes Bokaro, Dhanbad, Khumti, Ramgarh and Ranchi. The present exercise of monitoring has been undertaken in district **Reasi** of Jammu and Kashmir and it is the third round of monitoring of the same district while as its first and second round was done in 2015-16 & 2017-18 respectively.

The study was successfully completed due to the involvement, cooperation and support of a number of officials and individuals at different levels. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of National importance. Our special thanks go to Shree Bhupinder Kumar (IAS), Mission Director, NHM Jammu & Kashmir for his cooperation and support extended to us. We are highly thankful to Dr. Parminder Singh (CMO) district Reasi, Dr. Vijay (MS) DH Reasi and Dr. Gopal Dutt, BMO, Block Katra for their cooperation. Special thanks are also to all the staff members and BMO Pouni Dr. Kamal Zadoo of PHC Pouni and Sub Centre Dub for sharing their inputs. We also appreciate the cooperation rendered to us by (DPMU) Reasi and other officials of the Programme Management Units at Reasi, Katra and Pouni.

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

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

Srinagar
Dated: 10-01-2020

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1. Executive Summary

The objective of the exercise is to examine whether the State is adhering to key conditionalties while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by the State. The present study was conducted in Reasi district. The J&K lies to the north-west of the country looking like the crown on the map of India. According to 2011 Census, Jammu and Kashmir has a population of 10.25 million, accounting roughly for 1 percent of the total population of the country. The sex ratio of the population according to 2011 Census is 883. The Jammu & Kashmir comprises 22 districts, 143 community development blocks, eighty-two (82) Tehsils, four thousand one hundred twenty-eight (4128) Panchayats and seven (7) urban agglomerations. There are 6551 villages with 86 Towns. Reasi is one of the newly created Districts in the State, which came into existence from Ist of April 2007. Reasi is located at 33°05′N 74°50′E 33.08°N 74.83°E.It is predominantly a hill district, which enjoys variable climatic conditions, ranging from sub-tropical to the semi temperate. Geographically the district can be divided into 'Hilly' and 'Low Lying Hilly' region. There are 12 Tehsils of the district Reasi and 12 Niabats, which are further divided into 40 Pat war Halqas. There are five Development Blocks named as Reasi, Pouni, Arnas, Mahore and Katra with 255 villages and 2 urban and 147 Panchayat Halqas. The primary occupation of the People is Agriculture & allied activities & it is economically an under developed district.
Following is the summary of findings of this study:

Health Infrastructure

a. The district has a total of 147 public health institutions which include one DH, 2 CHCs, 5 PHCs (2 PHCs 24x7 and 28PHCs Normal), 06 H&WCs, 103 SCs/MACs and one MCH.
b. Only 13 PHCs and 72 SCs/MACs are presently in rented buildings in the district.
c. The District hospital is functioning in new building. Space for new programmes including NCD unit is available presently at DH.
d. CHC Katra is also functioning from new building and is accommodating the existing space. PHC Pouni and SC Dub are housed in government buildings. But PHC Pouni is with most insufficient space.
e. DH Reasi has a bed capacity of 50 beds and the functional bed capacity of CHCs is 60 beds. CHC Katra has a bed capacity of 30 beds. All the five 24X7 PHCs have 50 beds while as other normal PHCs have bed capacity of 2 beds to each. PHC Pouni has a bed capacity of 10 beds only.

Human Resource

a. The overall current scenario regarding staffing pattern of the district shows that 55 percent positions of doctors and 33 percent of Para-medical staff are vacant in the district. Overall in district Reasi, out of 80 sanctioned positions of MBBS Doctors/MO/Assistant Surgeons, only 26 (32 percent) are in place and most of them are posted at DH and CHC level.
b. In case of Gynaecologists, out of 5 sanctioned positions only 1 is in place in the district. Out of 4 sanctioned positions of Paediatricians only 1 is in place and out of 5 sanctioned positions of Anaesthetists only 1 position is filled.
c. Overall the position of para medical staff is satisfactory in the district; however, presently there is none of the OT technician in place in the district.

d. The DH has a total of 7 sanctioned positions of medical officers and all of them are in place. 3 sanctioned positions of specialist surgery two positions of general medicine, gynaecologist, Anaesthetists and one position of paediatrician are vacant at DH.
e. The present strength of (one) gynaecologist finds it very difficult to cater to the growing demand of institutional deliveries in the hospital. This is the reason that no C-section delivery is performed at any place except CHC Katra.
f. Most of the sanctioned positions of CHC Katra are in place. There are 7 sanctioned positions of Assistant Surgeons (MOs) and out of which 4 are in place. At the same time, almost all the para-medical staff is in place except OT technician.
g. PHC Pouni has 3 post of MO in place out of 5 sanctioned positions.
h. The NHM fill up the vacancy to some extent both for medical and paramedical staff in the district. In this regard out of 8 positions of MBBS doctors 6 positions are in place, out of 19 sanctioned positions of ISM doctors 17 positions are in place,12 ISM dawasaz, 33 staff nurses, 2 FMPHWs, 24 different types of technicians are working under NHM.

Training Status /Skills of Various Cadres

a. During the year 2019-20 only 16 paramedics (FMPHWS) have received training on NSSK. 16 FMPHWS and 16 doctors have received Dakshta training and 25 FMPHWS have received Cold Chain and 25 FMPHWS have received IUCD insertion and removal training.
b. PPIUCD was not received by person during same year.
C Lastly a total of 04 (SNs & FMPHWs) have received training for SBA while as IMNCI training has been received by30 (Pharmacists & FMPHWs) in year 2019-20 while RCH and HMIS training was given to paramedical staff 45in the district.

Availability of Drugs and Diagnostics, Equipment, Drugs

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

Diagnostics

a. There is no partnership with any private service providers for diagnostic tests and neither outsourcing of diagnostics is taking place in the district.
b. The DH is providing the existing diagnostic facilities to patients at minimal user fee charges. Other health facilities also provide variety of diagnostic facilities to the patients on regular basis. However, the facility of CT scan, dialysis and MRI is not available at DH.

Equipment

a. Equipment is purchased by the Central Purchase Committee. All newly procured equipment has inbuilt Annual Maintenance Contract (AMC) with the supplier during warranty period but later health institutions undertaken repairs of the equipment out of Hospital Development Fund.

b. Almost all the essential equipment/instruments and other laboratory equipment is available at the DH Reasi and CHC Katra. The DH is in need of some of the equipments like as Immune Easy, incubator, ventilator, laparoscopic machine, urine analyser, bio-chemistry semi analyser, electrolyte analyser, HBAIC, microscope, Elis, fogger, fracture table, OT table, delivery table artery forceps and sucker.
c. At PHC Pouni some essential equipments like as MVA/EVA, phototherapy unit, nitrous oxide cylinder 1760 litres, semi auto-analyser, Inj. Magnesium sulphate, drugs for hypertension and diabetes, drugs for malaria and TB etc. are not available.
d. The PHC had one dental chair which had broken back and the facility is forced to use it for the benefit of the patients.

Ayush Services

a. In district Reasi no AYUSH unit is established at DH. But in various PHCs of the district. Overall 12 AYUSH doctors out of 12 are in place in the district under NHM. The PHC Pouni has 1 Ayush doctor in position.

ANMT School

a. The ANMT School in district Reasi is functioning in a newly constructed government building away from the district hospital at least 3 Kms.
b. The total intake capacity for all the courses run in the school is 40 candidates. CMO reported that there is deficiency of tutors presently in the school. Except principal no other staff is there in place. He further stressed that the school needs fencing in its surroundings.

Maternal Health: ANC and PNC

a. Overall 4250 women were registered for ANC during April-October, 2019.
b. 1st trimester registration was found to be less than75 percent while as the coverage of ANC-4 was satisfactory in the district. Almost all the women registered were provided requisite number of TT doses at their respective health facilities.
c. Overall 1980 pregnant women were given IFA supplement during the two quarters.
d. A total of 64 women were registered at the PHC for ANC-1 services during April-October, 2019. Women generally visit this facility for ANC 3rd or 4th, even if no gynaecologist doctor is available at the PHC, but still 56 women visited for 3rd ANC and 43 women visited the PHC for availing ANC 4th check-up.

Institutional Deliveries

a. The normal deliveries are conducted at all the identified delivery points up to the SC level. C-section deliveries are conducted at CHC Katra only.
b. Overall a total of 2273 (2273 +680 home deliveries) deliveries were conducted during April-October, 2019 in the district. The contribution of DH was 15 percent only normal deliveries while as 9 percent deliveries were conducted by CHC Katra and 14 percent by other 2 CHCs in the district. Nineteen percent deliveries have been conducted by various PHCs and SCs. The ratio of home deliveries during the quarters is 23 percent (680) deliveries.
c. Percentage of C-section deliveries during the two quarters in the district amounts less than one percent (26 deliveries) of the total deliveries in the district and C-sections have taken place at visited CHC Katra.

Maternal & Infant Death Review (MDR&IDR)

a. Out of 1 maternal death reported during the April-October, 2019 was revived and incentives were paid.
b. However, 06 infant deaths were reported during the same period from various health facilities and simultaneously all of these deaths were reviewed in time.

c. Reporting of deaths has improved in the district especially at PHCs and SCs.

JSSK for Women: Transportation

a. There is vast variation in the total deliveries conducted in the district and the transport service provided, free medicine and meals provided to the pregnant women as the district whole shows that a total of 2273 institutional deliveries and 680 home deliveries have taken place in the district during April-October, 2019 while 741 were referred to higher facilities.
b. The free transportation for pregnant women from home to facility and back is not improved in the district during the years. This is substantiated by the fact that 25 percent (562) women who delivered in a health facility in the district have been provided free transport for reaching a health facility. While only 656 institutional deliveries in the district were provided transport from facility to home during the referenced two quarters.
c. Free referral transport from facility to facility has been provided to all the cases to 741 pregnant women at all levels.

Medicines

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

Diagnostics

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

Meals

a. The visited DH and CHC have arrangement to provide cooked and fresh meals to women who deliver at these health facilities. But the PHC is not providing such facility.
b. Overall during April-October, 2019 on average only 45 percent women were provided meals during their stay in the hospital after the delivery.

Blood

a. District Hospital Reasi and CHC Katra have no blood bank or blood storage facility. During the reference period no women were provided free blood units at DH.

Janani Suraksha Yojna (JSY)

a. The payment to beneficiaries (1170) and ASHAs under JSY has been streamlined in the district by crediting the money directly in the bank accounts.
b. Out of 680 home deliveries, none of them have been provided payment during the referenced two quarters and it was reported that there is no incentive for home deliveries.
c. Timing of payments depends upon the availability of funds as it was found that there is not any backlog of beneficiaries in the district during the two quarters.
d. A rich number of benefices 1103 are pending for payment.

Child Health: SNCU/NBSU/NBCC

a. District Reasi has established 2 NBSUs, 8 NBCCs till date. The SNCU at DH has not been established yet due to lack of space and manpower.

b. Nineteen neonates were referred to higher facilities located at Jammu for further treatment during the two quarters.
c. New-born referred from SNCU/NBSU were provided free transport facility.

Immunization

a. BCG immunization is provided at DH on daily basis. CHCs also provide the BCG. Some of the SCs in the district also provide BCG doses to home deliveries.
b. Only at DH, BCG dose is given to the infant immediately after the birth irrespective of the number of children born on that particular day while as at all other facilities, people will have to wait till they get 5 children to open the BCG vial.
c. Outreach sessions are conducted to net in drop-out cases/left out cases. AEFI committees and Rapid Response Team are in place in the district.
d. A total of 2942 children were given BCG doses during the referenced period in the district while as, Pentavalent-I was also provided to 4302 infants during the same period.
e. The number of fully immunized children during the two quarters was 2759 children respectively in the district.

Rashtriya Bal Swasthya Karyakaram (RBSK)

a. District Early Intervention Centre (DEIC) at DH Reasi is functional but they lack some of the equipments and the medicine kits. There are a total of 12 positions of the DEIC and out of those most of the positions are filled but the post of DEIC manager, ophthalmic assistant, EICS educator and audiologist /speech therapist are vacant.
b. All positions of AYUSH Doctors, Pharmacists and ANMs have been put in place except one position of MO and Pharmacist is vacant. There are 8 mobile health teams (two each for one block) in the district.
c. The teams have covered 541 AWCs during 2018-19. A total of 57359 children were screened for various diseases and deformities during these visits.
d. Out of these, 3891 cases were treated on spot. Overall a total of 27 cases were referred to various higher-level health facilities of the State.
e. Financial assistance was approved for 7 cases out of 27 cases during 2019-20 and amount of Rs. 4.10 lakh was sanctioned for their treatment.

Family Planning

a. In district Reasi, besides the DH and 2 CHCs,33 PHCs and 103 designated SCs are providing service for IUD insertion or removal. There is a provision of home delivery of contraceptives to beneficiaries in the district through ASHAs.
b. Overall during April-October, 2019 a total of 180 IUCD and 486 PPIUCD insertions were done in the district, out of which 62 IUCDs and 10 PPIUCD insertions were performed at CHC Katra. While at PHC Pouni 26 IUCD and 17 PPIUCD insertions facility was provided.
c. Overall in the district a total of 63 female sterilizations have been conducted during the two quarters in the district at DH and CHC level.
d. Four of the NSV surgeries were conducted during April-October, 2019 in the district. Further no family planning camp was organised in the district during the same period. But CHC Katra has performed 25 Tubectomy and 3 NSV surgeries during the same period.

Adolescent Reproductive & Sexual Health (ARSH)

a. ARSH clinic at DH Reasi has been established before some years. During the period 2019-20 a total of 948 patients were provided counselling.
b. The sanitary napkins are not available in any of the visited health institutions in the district for last so many months.

Quality in Health Services: Infection Control

a. Overall the general cleanliness, practices of health staff, protocols, fumigation, disinfection, was not found satisfactory at DH but it was satisfactory at all visited health facilities CHC, PHC and WHC.
b. The condition of labour room of DH including gyane ward is also not satisfactory.

Biomedical Waste Management

a. The segregation of bio-medical waste was found satisfactory in the DH, CHC and PHC and SC. However, the guideline for segregation of waste is not properly followed at any of the health institution.
b. Bio-medical waste at DH, CHC and PHC Pouni and has been outsourced and regularly lifted by the Anmol Health Care Jammu agency. SC Dub buries bio-medical waste in a pit which has been constructed within the hospital premises.

Information Education and Communication (IEC)

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

Referral Transport and Medical Mobile Unit (MMU)

a. Overall there are a total of 28 ambulances, only 23 are on road in the district to cater the needs of various health facilities. Only 12 Ambulances are GPS fitted in the district.
b. Keeping in view the district as partially terrain and week road connectivity a Critical Care Ambulance (CCA) has been provided to cater the needs in case of any emergencies but in the month of October, 2019.

Community Process: Accredited Social Health Activist (ASHA)

a. In district Reasi there are 486 sanctioned positions of ASHAs out of which all except two of them are in place.254 ASHAs were given incentives
b. The district has 4 ASHA coordinators and 34 facilitators in place. These facilitators have received Home Based New Born Care (HBNC) training. Module 6-7 (IMNCI) training and HBNC kits have been provided to 287 ASHAs. Incentive for home visits has been given to 1995 ASHAs during 2018-19. The uniform and ASHA diary has been provided to all the ASHAs till October, 2019.
c. The district has put in place a mechanism to monitor performance of ASHAs and in this regard none of the ASHA has been disengaged in the district on the basis of non/under performance so far.

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

a. The TB Control programme is run at the district level which is looked after by the DHO.
b. There 1 NHM sanctioned positions in the TB centre and all other positions are vacant. There is involvement of ANMs and ASHAs (DOT providers) at SC and village level.
c. The screening is done on regular basis at all the levels through general OPD. The testing facility is available at the DH and other FRUs and PHCs.
d. A total of 1048 tests were conducted at DH during April-October, 2019 and 38 cases were found positive. All the 38 positive cases (old +New) are under treatment/treated in the district. None of the case was referred outside the district.
e. National Leprosy Eradication Programme (NLEP) is looked after by the DHO Reasi.

f. There is no active case of leprosy in district. The district has adequate supplies of MDT.
g. The district is not a malaria prone area and the prevalence of malaria in the district is not visible.
h. The malaria also is treated at DH and CHC level 363 cases were tested and only 76 were found positive and 4 of which were referred for further treatment.

Non-Communicable Diseases (NCD)

a. The district has not yet established NCD clinic at district hospital there are only two physio-therapists and a councillor in the total sanctioned positions. Rest all are vacant.
b. At present no screening is done at DH but the patients are screened in general OPD.
c. No data is available for any such cases in the hospital
d. Under this programme 38 pieces of gulucometers have been issued including 1 PHCs and 5 SC functioning as HWCs in the district.
a. No such geriatric ward under the National Programme for Health Care of Elderly (NPHCE has been established at the DH so far.

Ayushman Bharat Yojna

a. The list of services to be provided at Health & Wellness Centre include: Pregnancy care and maternal health services, neonatal and infant health services, child health, chronic communicable diseases, non-communicable diseases, management of mental illness, dental care, eye care, and geriatric care emergency medicine.
b. Ayushman Bharat was officially launched in Jammu and Kashmir on December, 1st 2018 and all the districts including Reasi has implemented the scheme and has to cover 111162 beneficiaries under the scheme.
c. The district in the first phase has established about 6 Health and Wellness Centres 1PHC and 5 SC (HWCs) in some selected blocks and up gradation of 10 PHCs & 5 more such SCs is under process.
d. The district has so far registered 111162 beneficiaries and is about 37 percent of beneficiaries from the list.
e. The information further provided that 'Golden Cards" have been issued to 40722 (37 percent) of beneficiaries.
f. During the period April, 2019 to October, 2019, a number (22000) of beneficiaries have been benefitted from the scheme and Rs. 138041 was spent for treatment of the beneficiaries under PMJAY scheme in the district and CHC has spent Rs 91347 on benefices.

Health & Wellness Centres

a. The district has established 6 H&WCs in year 208-19 in 4 medical blocks and those are 1 PHC & 5 SCs. In this connection the CMO reported that they have received additional funding for up gradation of these 10 PHCs and 5 SCs. The district has also received additional drugs for these centres.
b. The CMO made a request that there is immediate need of the additional staff (MLHPs) for smooth functioning of the scheme.

Other Schemes: Kayaklap

a. The district hospital has not received the Kayaklap certification so far, however, the MS reported that DH was assessed on December 2019 by the team from DH samba and the score is not known.
b. CHC Katra has also applied for the Kayaklap certificate and peer team assessment was conducted in the December 2019. It is almost in final stage.

c. Out of 22 PHCs only 5 24x7 have been assessed internally and are now waiting for external assessment in the district.

NQAS

a. Both the visited health facilities DH and CHC have applied for the NQAS certification Dh has received 96.7 score in the assessment and CHC has received 80 score in internal assessment.
b. MS discloses the main reason for not maintaining national quality assurances standards is because of the shortage of human resource at DH.

LaQshya

a. Both the visited facilities that are DH and CHC, the labour room and operation theatre has not been covered under LaQshya so far in the district and CHC have been assessed result was is 88 score but DH has uploaded the necessary documents and is waiting for the assessment.

Dialysis Centre

a. No Dialysis Centre has been established at district hospital and CHC Katra so far.

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

a. In district Reasi, data reporting under HMIS is regular. But the data quality in the district has not improved to a great extent hence there is still a lot of scope for improvement in all the facilities particularly at DH, PHC and SC level.
b. Most of the services provided by the DH are underreported particularly for ANC visits, lab tests and various doses of immunization. It is because of the negligence of properly recording of the information by the concerned ends.
c. Though during our visit to various health facilities on spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved.
d. Reproductive and Child Health Register (RCH) has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village level.
e. The training of health functionaries has been completed. However, it was found that there are lot of misconceptions among the health workers regarding the proper recording and reporting under RCH Indicators.
f. A refresher training course is needed to all concerned with HMIS and RCH recording and reporting.

2. Introduction

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

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

The staff from the PRC is visiting these districts in a phased manner. The present exercise of monitoring has been undertaken in district Reasi of Jammu and Kashmir and it is the third round of monitoring of the same district while as its first and second round was done in 2015-16 & 2017-18 respectively.

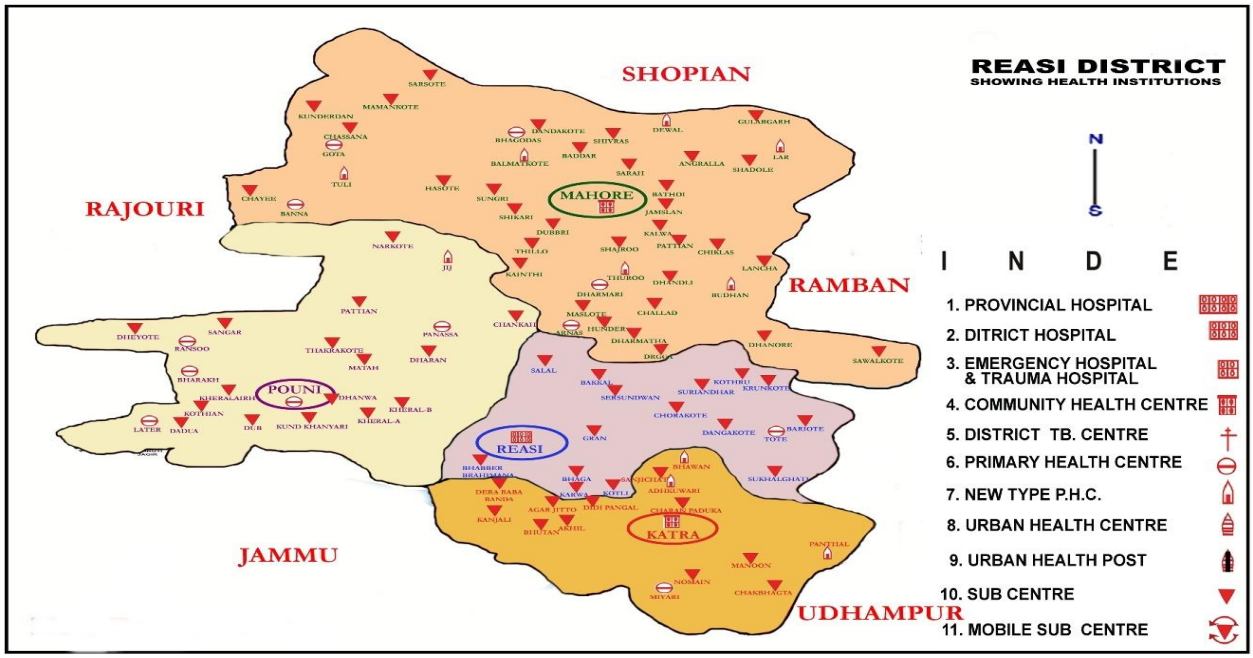
2.1 Objectives

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

2.2 Methodology and Data Collection

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

the PRC 16th December, 2019 to 20th December, 2019. The following sections present a brief report of the findings of the monitoring.



3. State and District Profile

The J&K lies to the north-west of the country looking like the crown on the map of India. It is a border state in the extreme north on Indian Union. Nature has been generous enough to bestow this state with the rich forest and tremendous water resources. Its natural vegetation has great diversity, ranging from the lush evergreen conifers on the gentle slopes at high altitudes to deciduous forest on the southern slopes of Shiwaliks. The State is having the unending varieties of its landscape, the magic of natural scenery, the vivid cultural life, the unmatched glaciers, rushing torrent, sparkling springs, the cool shade of Chinars, wealth of its famous health resorts and the last but not least its traditional hospitality which attracts any tourist. The State is strategically located in the north-west corner of India. It shares its borders with china in the east, Pakistan in the West, Afghanistan and Russian in the North and plains of Punjab and Himachal in the south and south-east. The total geographical area of the State is 2,22,236 square kilometres and presently comprises 22 districts, 143 community development blocks, eighty-two (82) tehsils, four thousand one hundred twenty-eight (4128) panchayats and seven (7) urban agglomerations. The State has 6551 villages with 86 Towns in three geographic divisions namely Jammu, Kashmir and Ladakh. Jammu region has two different climatic zones depending primarily on altitude. Lower hills & plains bear subtropical climate with hot dry summer lasting from April to July. The summer monsoons came around middle of July and fading away in early September. This is followed by dry spell from September to October. Winter is mild and temperature seldom touches freezing point. In the high reaches of Chenab valley, the climate is moist temperate, winter are severe and varied quantity of snow is received.

The Kashmir valley with Pir Panchal Mountains on its south and Korakaram on its north receives precipitation in the form of snow due to western disturbances. The winter is severely cold and temperature often goes below 0°C. Spring is pleasantly cold. Summers are warm and dry and autumn is again cool and sometimes wet.

Ladakh is situated in eastern mountain range of Kashmir. This is one of the highest ranges in the world. It is cold desert receiving very little precipitation. The temperature remains below the freezing point during winter due to its high altitude when people often remain indoors. Drass in Ladakh is the coldest place of the State. It has recorded the temperature of -50°C during winter. During the short period of summer season, the scorching heat of sun often causes sunburns.

According to 2011 Census, Jammu and Kashmir has a population of 10.25 million, accounting roughly for 1 percent of the total population of the country. The sex ratio of the population (number of females per 1,000 males) in the State according to 2011 Census is 883, which is much lower than the country as a whole (940). With a Child Sex Ratio of 859, J&K is one of the low Child Sex Ratio States in the country. Twenty-seven percent of the total population lives in urban areas which is almost the same as the national level. Schedule Caste account for 7 percent and Schedule Tribe account for 36 per cent of the total population of the State. As per 2011 Census, the literacy rate among population age 7 and above is 68 percent as compared to 74 percent at the national level. Male literacy is 78 percent as compared to 57 percent among females.

Recently on 5th August, 2019 the Union Parliament of India bifurcated the State of Jammu & Kashmir into two union territories that is J&K and Ladakh. Both the union territories are functioning separately and have been placed under two different lieutenant Governors from 31st October, 2019.

Reasi is one of the newly created Districts in the State, which came into existence from April 2007. The district was carved out from district Udhampur and made functional administratively with effect from April, 2007. Reasi is located at 33°05′N 74°50′E 33.08°N 74.83°E.It is predominantly a hill district, which enjoys variable climatic conditions, ranging from sub-tropical to the semi temperate. Geographically the district can be divided into 'Hilly' and 'Low Lying Hilly' region. There are four Tehsils in the district - Reasi, Mahore, Pouni, Katra and it has 8 Niabats, which are further divided into 40 Patwar Halqas. There are four Development Blocks named as Reasi, Pouni, Arnas & Mahore with 147 Panchayat Halqas. The primary occupation of the People is Agriculture & allied activities & it is economically an under developed district. Maize, Wheat is the main crops grown in the district, but now farmers have started to diversity in horticulture & vegetable crops. The district is surrounded by district Udhampur on the eastern, district Ramban on northern eastern fringes, district Rajouri on its western & north western ends, district Jammu on its southern ends and a part of the district also touches district Shopian on northern fringes. Chenab, one of the major rivers of the country, flows through the district & it is also a geographical boundary between Tehsil Reasi & Tehsil Mahore. Some of the small rivers/rivulets also flow in the district, which finally merge into Chinab. The District has a huge potential of micro & mini hydel electricity generation & it has one of the largest hydel projects in the country- Salal Hydro Electric Project on the Chenab River, with a total generation capacity of 690 MW.

Reasi District, with population of about 3.5 lakh is State's 7th least populous district. Total geographical area of Reasi district is 1719 km^2 and it is the 11th smallest district by area in the State. Population density of the district is 183 persons per km^2. There are 2 sub districts in the district, among them Mahore is the most populous sub district with population of about 1.83 lakh

thousands and Reasi is the least populous sub district with population of 47710 souls. Total about 1.5 lakh people in the district are literate, among them about 94 thousand are male and about 57 thousand are female. Literacy rate (children under 6 are excluded) of Reasi is 58%. 68% of male and 47% of female population is literate here. Overall literacy rate in the district has increased by 3%. Male literacy has gone down by 1% and female literacy rate has gone up by 6%. Reasi has 46% (about 1.4 lakh) population engaged in either main or marginal works. 53% male and 38% female population are working population. 45% of total male population is main (full time) workers and 8% are marginal (part time) workers. For women 9% of total female population is main and 29% are marginal workers (Table. 1).

Table 1: Demographic Profile of District Reasi

Demographic Character	**Number/percentage/Ratio**
Total geographical area	1715 Sq. Kms
Total Population of the district as per census 2011	3, 14,667 & **(3, 54,795) as per headcount survey**
Male	1,66,461
Female	1,48,206
ST Population	33580 (11%) of the district
SC Population	33578 (11%) of the district
Literacy rate	58.15%
0-6 Years population as per census 2011	55,799
Population Growth rate	27.04%
Sex ratio as per census 2011	890 females per 1000 males
Child Sex Ratio (0-6 Age)	937
Total No. of Medical blocks	04 (Reasi ,Mahore , Pouni , Katra)
Total Villages	255 + 2 Urban
Number of Panchayats	153
Number of Tehsils	09
No. of CHCs	02
No. of PHCs/Ads	33
No. of SCs/MACs	103
Health& Wellness Centers	06 +(15 New)
Total No. of ASHA's	484
Total No. of RKS (Rogi Kalyan Samitis)	25
Total No. of village Health & Sanitation Committees	255
Total No. of Health Institution	**147 (1 District Hospital, 2 CHCs/FRUs, 33 PHCs, 103 SCs and 06 HWCs)**

4. Key Health and Service Delivery Indicators

Jammu and Kashmir has progressed well on the demographic front. As per the Sample Registration System, the current Total Fertility Rate of 1.9 in Jammu and Kashmir is slightly lower than the TFR of 2.4 at the National level. According to Sample Registration System (SRS July, 2016), Jammu and Kashmir had an infant mortality rate of 26 per 1,000 live births, a birth rate of 16.2 and a death rate

of 4.9 per 1,000 populations. The corresponding figures at the national level were 37, 21.8 and 6.5 respectively. According to latest estimates, expectation of life at birth in Jammu and Kashmir has increased to 65.3 years as compared to 63.4 at the national level and the gap between the life expectancy at birth by gender in the State has gradually diminished and currently the female life expectancy is higher (66.8 years) than male life expectancy (64.1 years). With the introduction of Reproductive and Child Health Programme, more and more couples are now using family planning methods. As per National Family Health Survey-4 (NFHS-4), 57 percent of women are now using modern family planning methods as compared to 50 percent at National level.

District level estimates of fertility and mortality are not available for the State. However, both fertility and mortality has shown considerable decline in Reasi. As per the latest estimates from HMIS, sex ratio at birth in the Reasi district has declined badly from 888 females per thousand males in 2011-12 to 885 in 2016-2017. This is far away than the child sex ratio at birth in the State as a whole (947). The J&K fact sheet of NFHS-4 is released by the IIPS-Mumbai wherein the key indicators of demographic features reflects that the sex ratio of the total population in 2015-16 of the State is 972 females per 1,000 males, total fertility rate is 2.0, infant mortality rate is 32 per 1,000 live births, 1st trimester registration is 77 percent, institutional births are 86 percent and full immunization rate is 75 percent. The NFHS-4 figures show a healthier sign as compared to census 2011 and HMIS 2015-16 data or SRS figures.

District level estimates of fertility and mortality are not yet available for the State. However, both fertility and mortality has shown considerable decline in Reasi. As per the latest estimates from HMIS, sex ratio at birth in the Reasi district has gone down from 953 females per thousand males in 2011-12 to 919 in 2018-2019. This is also lower than the child sex ratio at birth in the State as a whole (947). The J&K fact sheet of NFHS-4 indicates the key indicators of demographic features reflects that the sex ratio of the total population in 2015-16 of the State is 972 females per 1,000 males, total fertility rate is 2.0, infant mortality rate is 32 per 1,000 live births, 1st trimester registration is 77 percent, institutional births are 86 percent and full immunization rate is 75 percent. The NFHS-4 figures show a healthier sign as compared to census 2011 and HMIS 2018-19 data or SRS figures.

As per the information provided by the CMO office, different types of services are being provided to the beneficiaries in the district. A total of 565115 patients have visited the OPD for availing various health services in the district during the two quarters (April, 2019-October, 2019). Around 23050 admissions have been made in the IPD for availing various health services in the district, with DH accounting for 4930 and CHC Katra has made 768 IPD admissions. In addition to this a good number of patients are taking advantage of the Ayurvedic medicines and in this way, 17337 patients have visited the Ayush OPD in the district during reference period. Further the district accounts 32 major surgeries and 9031 minor surgeries during the reference period. Out of these major surgeries, only 7 have been performed at DH Reasi and out of minor surgeries, 43 percent have been performed at DH Reasi alone and CHC Katra has also done 25 percent of major surgeries. Regarding various diagnostics, the district has performed 5753 USGs and 12023 X-rays. However, the CT scan, MRI and endoscopy facility is not available in the district. Further around 111369 lab tests have been performed in various public health facilities during April 2019 –October 2019. The scenario regarding pregnant women registered for ANC in the district presents 4250 but theTT1, TT2 and Booster dose has been provided to 7493 pregnant women.

Besides, 1980 pregnant women received the 180 IFA tablets from the district during the same period. Regarding the performance of family planning in the district, the information shows that 63 sterilization cases were performed in the district, 180 IUDs insertions, 486 PPIUCD insertions and 107814 pieces of condoms distributed among the beneficiaries. Besides, a newly contraceptive method that is 3 doses of Antara that is 429 doses has been provided to beneficiaries. There are other contraceptives also been distributed in the district like as OP cycles to 15608 beneficiaries, ECPs to 3626 clients? Vitamin-K dose has also been provided to 429 children (Table.2).

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

S. No	Indicators	Number of cases
1.	OPD (Total)	565115
2.	Ayush OPD	17337
3.	IPD (Total)	23050
4.	Major Surgeries	32
5.	Minor Surgeries	9031
6.	USGs	5753
7.	ECG	Record not available
8. l	CT-Scan	No Service available
9.	X-Rays	12023
10.	Endoscopy	No Service available
11.	Lab Tests (Total)	111369
12.	ANC Registration	4250
13.	ANC Ist Registration	3302
14.	Women Received 4th ANC Check-up	3507
15.	TT1	3554
16.	Women Received 180 IFA Tablets	1980
17.	PNC Within 48 hours	1075
18.	PNC within 14 days	1673
	Child Immunization coverage	
19.	OPV0/ HB0	2630
20.	BCG	2942
21.	DPT 1, Polio-1/Pentavalent-1	4302
22.	DPT 3, Polio-3/Pentavalent-3	4199
23.	Measles-1(MR)	2759
24.	Measles-2 (MR)	2856
25.	Vitamin-K dose 1	1499
	Family Planning	
26.	Female Sterilization/Tubectomy	63
27.	NSV	04
28.	IUD	180
29.	PPIUCD	486
30.	IUCD Removals	115
31.	Oral Pill Cycles	15608
32.	Emergency Contraceptive Pills	3626
33.	Condom	107814
34.	Antara Dose 1, Dose 2, Dose 3	429

Further the district performed a small number of 32 major surgeries and 9031 minor surgeries during the reference period. Out of these major surgeries, only 7 have been performed at DH Reasi and CHC Katra also has performed 2260 minor surgeries. Regarding various diagnostics, the district has performed 5753 USGs and no record was found about ECGs. Further around

111369 lab tests and 12023 X-Rays have been performed in various public health facilities during April to October 2019. The status of pregnant women registered for ANC in the district is 4888 and almost all of them have received the TT Injection and 180 IFA tablets during the reference period. Regarding the performance of family planning during April to October 2019 in the district, the information shows that 63 Tubectomy cases were performed in the district, 530 IUD insertions, 17251 OP Cycles and 118957 pieces of condoms distributed among the beneficiaries. The emergency contraceptive pills also have been received by 4274 beneficiaries and besides 4 NSV were also performed in the district (Table.2).

5. Health Infrastructure

The district information shows that there are a total 147 health institutions in the district consisting of 1 DH, 2 CHCs, 5 PHCs (24x7), 28 Normal PHCs/New type PHCs and 103 SCs / MAC, 6 HWCs and one 200 bedded private hospital run by Mata Vashnu Devi Sharian Board. There is no separate TB Centre in the district. District hospital is located in a new building with all facilities. The building status of the health facilities indicates that both the CHCs are housed in government buildings. CHC Katra is presently functioning in new building with sufficient accommodation in place. Of the 5 PHCs, (24x7) all are housed in government building. There are 28 normal PHCs/ New type of PHCs, and 18 of them have government buildings and remaining has rented accommodation. Besides one ANMT school has been constructed and handed over to the health department. Of the 103 Sub Centres and MACs, 0nly 31 (30 percent) have government buildings and remaining 70 percent are located in rented buildings. The PHCs and SCs located in rented buildings have acute shortage of accommodation which affects delivery of effective health care services. The district has upgraded all ADs into PHCs to mitigate the shortage of PHCs. Further to address the shortage of accommodation, construction of the PHCs and SCs has been taken up in a phased manner (Table. 3).

Table 3: Health Infrastructure (As on October, 2019) of District Reasi:

S. No	Type of Health Facility	Number available	No of IPD beds available	Status of the building	
				Govt.	Rented
1	District Hospital	01	50	01	0
2	Maternity Hospital (MCCH)	01	30	0	0
3	FRU/CHC	02	60	02	0
4	PHC (24x7)	05	50	05	0
5	Other PHC/New type PHCs	28	85	18	10
6	Health & Wellness Centres	06	15	06	0
7	SC/MAC	103	103	31	72
8	TB Centre	0	-	-	-
9	No of Private Hospitals	01	200	-	-
	Total No. of Facilities	**147**	**593**	**63**	**84**

District Hospital Reasi is situated in Reasi town at a distance of 1.5 kms away from general bus stand which is easily accessible. The hospital has two sets of buildings. One is called OPD block and another IPD block. The OPD block has been completed and DH is presently functioning from this building. The work of the IPD block has been completed. As per medical superintendent of the hospital the new building has all types of facilities required for a DH. The total bed capacity of the hospital at present is 50 beds which is not sufficient in any case to fulfill the requirement of

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

CHC Katra: This CHC comes under the medical block of Katra with the population of 47287 souls as per health census 2018-19. There are 1 CHCs, 4 PHCs and 17 Sub Centres in the block. CHC Katra is 36 kms away from its district headquarter and 55 Kms from district Jammu. The health facility is easily accessible from nearest road and is functioning in a two story government building which need further improvement. The hospital has a bed capacity of 30 beds with separate wards for male and female patients. Presently 3 beds are in place in gynecology, pediatrics and Generic ward and 16 beds for general IPD patients. This health facility provides services like general medicine, radiology, minor/major surgeries, dental, C-section/normal delivery, emergency care, emergency obstetric care, ophthalmology care and other emergency services. It is a matter of concern that CHC Katra presently does not provide the services like

dermatology, psychiatry, ENT, orthopedics, endocrinology and ARSH. Presently there are 8 separate staff quarters available for medical officers and 8 or paramedical staff. The Mata Vishnu Devi Shrine Board is providing 50 percent of construction cost for new staff quarters which are under construction. The C-section deliveries are conducted at the facility twice in a week that is on every Wednesday and Saturday. Adequate drinking water supply and water in the toilets is available. Separate toilets are available for both males and females. Back up Solar and (Generator) for electric supply is available in OT and wards. Cleanliness of the hospital particularly of wards is satisfactory. The cleanliness of toilets in OPD and wards was also satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available but no complaints were put in the box so far as reported by concerned officials. CHC provides the child immunization facility twice in a week on Wednesday and Saturday. The BCG is provided on every Wednesday. Colour coded waste bins (blue and yellow) are available for waste segregation and bottle crushing machine for waste management is functional at the CHC waste disposal contracted is with Anmol Health Care agency Jammu.

PHC Pouni is situated at a distance of about 25 Kms from district head quarter. The catchment population of the area is around 80,000 and it covers 7 villages. There are 7 SCs in the PHC area. The PHC is currently functioning from the old building constructed in 1967 on the road leading to the famous cave **Shiv Khori** a famous Hindu religious place. The building is leaking during raining season and wards are not safe for the patients, hence needs an attention for providing adequate space for providing the service delivery. The health facility is easily accessible from nearest road. The PHC has a bed capacity of 10 beds with no separate wards for male and female patients. The facility provides limited number of services like general medicine, dental, minor surgeries, normal delivery, emergency obstetric care, and RTI/STI services. The services are being provided in day time only that is 10 am to 4 pm even though the PHC is designated as 24X7. There is only one old staff quarter for MO in the PHC premises. Normal deliveries are conducted at the facility by male doctors because there is no female doctor posted at the PHC. Antenatal services are provided by the male doctor. The PHC has adequate drinking water supply and water in the toilets is available. Regular electric supply with back up is available at the facility but with a low capacity hence then need is to install the solar back up for running the X-ray and other diagnostic equipments. Cleanliness of the facility particularly wards is satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. PHC provides the child immunization facility twice in a week on Wednesday and Saturday. Colour coded waste bins (blue and yellow) are available at the PHC for waste segregation. The PHC have out sourced the disposal of biomedical waste with Anmol Health Care Jammu. The PHC serves as block Head Quarter for Pouni block and on National Highway and Shiv Khori Cave road hence it is recommended that the PHC must be up graded as CHC with is the demand of the public also. The equipments are almost nonfunctional due to lack of requisite staff. The PHC had one dental chair which had broken back and the facility is forced to use it for the benefit of the patients.

HWC Dub: This sub centre is located at a distance of 8 kms from block headquarter and 33 kms from district head quarter. The SC is currently functioning in a single storeyed government building having 3 rooms with 1 attached bathroom. The building is in a very good physical condition but without its proper fencing to its surroundings. Currently, there is regular water supply to the wash rooms available in the SC, however two washrooms for patients are outside the main building. The centre is located near the main habitation on road side. The SC caters 3 villages with a total population of around 1620. The approach road has a sign board to show the direction to the SC. This SC has been designated as the H&FWC 2019-20. It is with full staff strength with 1 FMPHW (Regular) 1 NHM FMPHW and a pharmacist and one MLHP. This SC provides ANC, IFA, TT, child immunization and some contraceptives. The SC buried the bio medical waste in a pit in the compound of the SC. Complaint/suggestion box is also available in the SC. The SC provides the child immunization service once in a fortnight that is on Wednesday and it was reported that they are conducting the outreach session once in a month. The staff quarter was constructed in 2002 but is completely damaged and it must be reconstructed to avoid in convince to the ailing people. There is no space for Yoga center in the building and no power backup.

5.1 Programme Management

The district has almost all the Nodal Officers for proper implementation and monitoring of different schemes in the district. Almost most of the schemes are governed by the Dy. CMO / DHO themselves. DPMU and BPMUs are functioning smoothly as almost all the available posts have been filled up.

6. Human Resources

6.1 Regular Health Staff

District Reasi presently faces acute shortage of specialists and assistant surgeons/MOs in its health institutions. The overall current scenario regarding staffing pattern of the district shows that 55 percent positions of doctors and 33 percent of Para-medical staff are vacant in the district. Overall in district Reasi, out of 80 sanctioned positions of MBBS Doctors/MO/Assistant Surgeons, only 26 (32 percent) are in place and most of them are posted at DH and CHC level. In case of Gynaecologists, out of 6 sanctioned positions only 1 is in place in the district. Out of 4 sanctioned positions of Paediatricians only 1 is in place and out of 5 sanctioned positions of Anaesthetists only 1 position is filled. The DH has a total of 7 sanctioned positions of medical officers and all of them are in place. 3 sanctioned positions of specialist surgery two positions of general medicine, gynaecologist, Anaesthetists and one position of paediatrician are vacant at DH

The shortage of specialists in the district badly affected the functioning of the health institutions as some institutions are without the requisite human resource. However, the NHM fill up the vacancy to some extent both for medical and paramedical staff in the district. In this regard a total of 8 MBBS doctors, 17 ISM doctors,12 ISM dawasaz, 33 staff nurses, 2 FMPHWs, 24 different types of technicians are working under NHM in various institutions of the district. (Table.4).

District Hospital Reasi: The DH has a total of 7 sanctioned positions of medical officers and all of them are in place. Out of 3 sanctioned positions of specialist surgery two positions of general medicine, gynaecologist, Anaesthetists and one position of paediatrician are vacant at DH. No C-section delivery facility is available at DH. The present strength of gynaecologists finds it very difficult to cater to the growing demand of institutional deliveries in the hospital. There are no specialist doctors in the fields of cardiology, dermatology, Pathology, Dermatology, Psychiatrist and radiology. The position of paramedical staff in the hospital is satisfactory. But there are no

technicians available for the ECG 7 positions and two positions of OT technicians. The hospital has a sanctioned strength of 7 staff nurses and 3 of them are in place.

CHC Katra has almost most of the sanctioned positions of doctors in position. The hospital has a sanctioned strength of 14 doctors and 11 are in place. The hospital has no sanctioned posts of radiologist, pathologist, ENT and dermatology. Each of the sanctioned position of gynaecologists, surgeon specialist and anaesthetist are in place. However, on the other hand, almost all the para-medical staff is in place except only position of OT technician.

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

Category of the Staff	DH Reasi			CHC Katra			PHC Pouni			SC Dub			Total District		
	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant
MBBS Doctors /MO	7	7	00	7	4	43	5	3	40				80	26	67
Gynecologist	2	0	100	1	1	00							5	1	80
Pediatrician	1	0	100	1	1	00							4	1	75
Radiologist	0	0	00	0	0	00							0	0	00
Physician	3	1	66	1	1	00							5	3	40
Surgeon Spt.	3	0	100	1	1	00							4	1	75
Anesthetist	2	0	100	1	1	00							5	1	80
E.N.T.	1	1	00	0	0	00							1	1	00
Dental Surgeon	2	2	00	1	1	00	1	1	00				16	08	50
Ophthalmologist	1	1	00	0	0	00							1	1	00
Orthopedics	1	1	00	0	0	00							1	1	00
Blood Bank Officer	0	0	00	0	0	00							0	0	00
Homeopathy doctors/Ayush	0	0	00	0	0	00							0	0	00
Mid level Health Provider										1	1	00	6	2	66
Para Medic Staff															
ANM/FMPHW/MMP HW	7	7	00	3	3	00	2	2	00	1	1	00	108	100	07
LHV	7	7	00	1	1	00	1	1	00				11	09	18
Staff Nurse	7	3	57	6	6	00	9	0	100				34	19	51
Head/ Sr./Jr. Pharmacists	6	6	00	5	4	20	2	2	00	1	1	00	100	82	18
Head/ Sr./Jr. Lab. Tech..	4	2	50	3	2	33	1	1	00				19	11	43
Sup Head/Sr./Jr.X-Ray Technician	4	4	00	2	1	50	1	2	00				10	9	10
Sr./Jr. O.T Tech.	2	0	100	1	0	100	1	0	100				4	0	100
CHO/BHO/Health Educator/HI/SI/EE	0	0	00	0	0	00	0	0	00				21	14	18
E.C.G. Technician	7	0	100	0	0	00	0	0	00				7	0	100
Sr./Jr. Dental Technician	5	4	20	1	1	00	1	1	00				16	07	56
Head/ Sr./Jr. Ophthalmic Tech.	3	3	00	0	0	00	0	0	00				07	06	15
Driver	5	5	00	2	2	00	1	1	00				21	20	5

PHC Pouni has sanctioned staff strength of 5 Medical Officers, 1 Dental surgeon, 2 pharmacists, 1 dental technician and 1 driver. Of these sanctioned positions 2 medical officers, one post of

dental assistant is vacant. Under NHM, 1 AYUSH, 1 FMPHW,1 staff nurse, 1 lab technician and 1 Ayush pharmacist have been engaged The position of one MBBS medical officer is vacant under NHM in the PHC. Other paramedical positions like Health Educator and clerical staff are also in place.

SC Dub (Health & Wellness Centre): HWC is 8 Kms. away from the block headquarter. The SC caters to 3 villages with a total catchment population of 1620 souls. The approach road has sign board to show the direction to the HWC. The HWC is functioning in government building having 4 rooms with less space to accommodate various items like furniture and equipments which has been purchased out of untied funds. The HWC has no fencing around its area. Complaint /suggestion box is available at the centre. Colour codes bins are available but all bio medical waste is finally buried in pit. All the drugs are properly labelled with Mfg. date and date of expiry. (Table 4).

6.2 Staff Recruited Under NHM

NHM has been very helpful in filling the critical gaps in the availability of human resource. The State Health Society has decentralized the process of recruitment of contractual staff under NHM. District Health Societies have been delegated powers to appoint contractual staff and preference is given to local candidates wherever available. In order to attract doctors to work in far flung areas of the districts, State is offering higher incentives (graded as per remoteness) to the doctors who are willing to work in far flung and remote areas irrespective of the fact whether they are recruited under NHM or on regular basis. Almost 98 percent the positions of NHM are in place. Two positions of both MBBS and ISM doctors are vacant under NHM in the district

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

6.3 Training Status /Skills of Various Cadres

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies. The CMO Reasi also organizes the training programmes for its health staff on each and every year and maintains the necessary information. Similarly, some of the training courses were conducted during the year 2018-19 and various categories of health staff participated in these training programmes. The information provided indicates that a total of 16 doctors and 118 Para-medical staff received different types of trainings. The detailed information collected shows that a total of 16 Para-medical personnel (pharmacists and ANMs) received NSSK training and it was conducted in the training hall CMO office of Reasi. The visited facilities from DH, and CHC 3 Para-medical staff each have received the NSSK training. SBA training is imparted to 4 SNs and ANMs in the district during the same period. Further 30 Para-medical personal (pharmacists and FMPHWs) have received IMNCI

training while as 5 of them were from DH Reasi, 2 from visited CHC and non from PHC. This programme was conducted at training hall CMO office of Reasi. A training course namely IUD insertion was also imparted to 25 Para-medical staff (FMPHWs and SNs) in the district. Dakshta training was received by 16 paramedic staff and 16 Medical officers in the district. Cold Chain by 25 paramedic staff and RCH an HMIS training by 45 paramedic staff from various health facilities in the year 2019-20 (Table. 5).

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

Name of Training	DH Reasi		CHC Katra		PHCPouni		SC Dub		Total District	
	Doctors	Para Medical Staff	Doctors	Para Medical Staff	Doctors	Para Medical Staff	Doctors	Para Medical Staff	Doctors	Para Medical Staff
NSSK	0	3	0	3		0			0	16
SBA	0	2	0	1		1			0	04
IMNCI	0	3	0	1					0	30
PPIUCD	0	0	0	0		1			0	0
Dakshta	2	0	1	1		1			16	16
Cold Chain	0	1	0	1		1			0	25
RCH	0	4	0	2		1			0	45
HMIS	0	2	0	2		1			0	45
Total	**2**	**15**	**1**	**11**		**6**			**16**	**181**

6.4 ANMT School

This needs to be mentioned here that ANMT School has already been sanctioned for the district and construction work has been completed and handed over to the health department. But the recruitment of the staff is still pending. Except the principal, no other staff is in place. However, the training programmes are being conducted and the intake capacity is about 30 personal. Currently 3 programmes are carried out in the school such as FMPHW, Lab technician and Pharmacist. The tuition arrangements are being made through the internal existing staff of the hospital. As reported by CMO, the school needs full staff for smooth functioning.

7. Other Health System Inputs

7.1 Equipments

There has been established a medical cell namely Jammu Kashmir Medical Supply Corporation Ltd. (JKMSCL) for procurement of drugs and equipments. The directorate of health services has done an equipment needs assessment survey of all health institutions in the district and has provided equipments as per the requirement. Equipments are purchased by the Central Purchase Committee. The newly procured equipments have inbuilt Annual Maintenance Contract (AMC) with the supplier during warranty period. After the warranty is over, health institutions undertake repairs of the equipments out of Hospital Development Fund (HDF). Our observations regarding the non availability or non functional of various equipments in visited health facilities are as follows:

District Hospital Reasi: Almost all the essential equipments/instruments and other laboratory equipment required at the level of DH is available. The existing equipments in the OPD, OT, labour room and laboratory in the hospital are almost all functional. However, the MS reported that there is the need of some of the equipments at the DH so that the functioning of the hospital is

smooth and the patients need not to move to other districts for want of some of the tests. The list of equipments as required by the DH are like as artery forceps, elis, kidney tray, CT scan, needle holder, mosquito forcep and fogger. In addition to this the OT also is need of some of the items like as OT table, delivery table, fracture table, ventilator, Incubator, Laparoscopy Machine, Bio chemistry auto clave, OT light, sucker and operation microscope ENT. Equipment maintenance and repair mechanism is in place and get the equipments well in time.

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

HC Pouni: Since the building of PHC has been constructed in 1969 and is very old. This PHC is without the operation theatre and is conducting only normal type of deliveries in its labour room. Various equipments like BP apparatus, stethoscope, resuscitation kit, needle cutter, weighing machine (adult and infant), simple radiant warmer, suction apparatus, oxygen, delivery table, ILR and Deep freezer, are available and functional. The PHC has a laboratory manned by a lab technician with functional Microscope, Hemoglobinometer, Centrifuge, USG machine and refrigerator. However, equipments like Semi- auto analyser and phototherapy unit is not available presently at the facility. All other testing facilities like urine and sugar testing kits, spacing methods and essential consumables like Gloves, pads, Bandages and Gauze, dextrose HB Sugar etc were available at the facility. But the PHC needs digital X-ray for better results.

HWC Dub: HWC Bhan provides services like ANC registration, Blood Sugar, Heamoglobin testing, IFA tablets, TTI/TT2 child immunization, DOTS, spacing methods, VHND and Sanitary napkins. The equipments available at the HWC include examination table, Labour Table, Nebulizer, Sterilize Baby Radiant warmer screen, BP apparatus, stethoscope, weighing machine (adult and infant), foetal Doppler and vaccine carrier etc. Essential items like HB testing kit, IUCD kit, Delivery Set, Foetus cope and sugar testing kit, gloves, Infusion sets and were available at the facility. But power backup is needed in the facility.

7.2 Diagnostics

The DH is providing various diagnostic services and the MS reported there is additional need of some of the diagnostic tools for improving the quality of care provided to the general public who visited to the hospital. The tools needed are as immune easy, urine analyser, electrolyte analyser, HBAIC and microscope. Besides, there is the need of CT scan, Endoscopy and MRI at the DH. It is also to mention that T3, T4, TSH is not currently available at DH. CHC Katra also provides some diagnostic service facilities as haemoglobin, blood sugar, CBC, HIV, urine culture, TB, X-Ray, LFT, KFT, RPR and USG. Ultra sonography is provided at CHC on daily basis during day time. ANC cases requiring thyroid testing have to obtain from the private diagnostic facilities. Diagnostic facilities for CT scan and endoscopy are not available at the CHC. For further

improving the service delivery at the CHC the medical officer reported that they are in need of some of the diagnostic equipments like as fully automatic analyser, centrifuge, binocular microscope, HBAIC analyser, hem cue Hb cuvettes, CBC analyser, urine analyser, Digital X-ray and VBG analyser. Besides they demand also about colour Doppler USG and film badges. A number of services are available at the PHC. The PHC provides the service such as measuring of BP and weight, tests like as x-ray, HB, HIV and blood sugar etc. are done at the PHC as it has a small laboratory facility. The supply of drugs provided to SC is limited. Drugs for common ailments, de-worming are available. Presently SC had no supplies of IUDs, malaria testing kit and sputum testing for RNTCP. Most of the equipments and testing kits are available at the sub centre. The supply of family planning methods available at the HWC includes oral pills daily and weekly, ECPs and condoms. User charges for various lab services in government facilities have been fixed by the State government. Therefore, the lab services are available to patients at minimal user fee charges. It was found that pregnant women are exempted from all kinds of user charges at all the public health facilities in the district.

7.3 Drugs

Presently, the district receives the drugs as per the State policy of system of procurements of drugs, consumables and equipments and their distribution to various health centers in the State which is centralized at the divisional level. From the year 2016-17, the State has established a purchase unit namely Jammu Kashmir Medical Supply Corporation Ltd. (JKMSCL) for procurement of drugs and equipments. Directorate of Health Services assesses the need of drugs and equipments of various health institutions and grade different types of health facilities depending upon the work load and performance. The supplies are made available to various health institutions quarterly by the Directorate of Health Services Jammu on the basis of the requisitions from the health institutions. Besides, the health institutions also make some purchases from the Hospital Development Funds (HDF) and Untied Funds. The items to be purchased are approved by the RKS and procured on the basis of lowest quoted rates through quotations.

Supply and distribution of drugs is monitored by the Comptroller and Auditor General by undertaking audit and stock verification of drugs. There is a Quality Assurance Committee headed by one Nodal Officer that ensures the quality of drugs that are being purchased by the Jammu Kashmir Medical Supply Corporation Ltd. The Jammu division had been divided into zones. Each zone consists of three/four districts with one Nodal Officer. In this way the districts of Reasi and Udhampur have been identified as a zone and its headquartered is in Nagrota in Mission director office**.**

District hospital has almost all essential drugs available required in the labour room and operation theatre. Drugs for hypertension and diabetes and other common ailments are also available in the hospital. However, it was also reported that none of the drug was stock out during the last 3 months. It was also found that the list of drugs was displayed in the hospital but computerized inventory management of drugs is not maintained in the hospital. It was found that list of medicines is displayed and updated at the CHC. Computerized inventory management of drugs is not yet in place. However, the medical officer of CHC revealed that they are in need of the medicines at the centre like as Inj. Adrenaline, Inj. Aminophylline and Inj. Derriphyline. Most of the drugs were found available at the PHC and the supply of drugs was reported as sufficient at PHC. Essential drug list is found displayed in the Pharmacy. Management of the inventory of

drugs is manual. Family planning contraceptives like oral pills daily, ECPs, IUCDs and condoms are available at PHC. Drugs provided to sub centre are limited. Antibiotics like as ampicillin, gentamycin, tab. metronidazole is not available at the HWC. So far as contraceptives are concerned all of them were found available at the SC except IUD. Sanitary napkins are also provided to the SC.

7.4 EDL

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

7.5 AYUSH

The district ISM unit in DH is non-functional due to non-availability of the staff in the district. The District ISM Medical Officer and the PHC AYUSH Medical Officers are the members of the respective RKS committees in the district. AYUSH doctors at PHC level are involved in the implementation of National Health Programmes. All the PHCs where an AYUSH doctor is posted also have an AYUSH Pharmacist in place. AYUSH drugs are generally available at the visited health facilities. Besides, AYUSH treatment has created large demand in the district.

8. Maternal Health

8.1 ANC and PNC

ANC services are available at all health facilities in the district. A total number of 4250 women have been registered for ANC services in the district during April, 2019 to October, 2019. Registration for ANC generally takes place at DH, CHCs, PHCs and SCs/HWCs and each facility registers women on RCH registers belonging to its catchment area. DH registers women only of their catchment area. Therefore, there are 84 women registered for ANC services with the district hospital. ANC 3rd /ANC 4 /TT injection information is available in the registers at all institutions. In the district a total of 3554 pregnant women have been given TT1 and 3939 pregnant women have received TT2/Booster dose injection in the district. In the same reference period data for ANC 3 is not available and ANC4 have been received by 3507 respectively. AS per the information provided by the CMO office it was reported that 1980 pregnant women have received IFA tablets. The information on child immunization reflects that a total of 2630 children were given OPV0/HB0 and BCG was also provided to 2942 children during April to October 2019. The doses of Pentavalent-1 have been given to 4302 and Pentavalent-3 to 4199 children. The number of children given Measles-I (MR) amounted to 2759 and measles-II (MR) to 4199 children during the same reference period. RCH entry on percentage of women registered in the first trimester is about 85 percent in the district. Hence there is dire need to reorient the ASHAs including the FMPHWs/ANMs regarding the early registration of the pregnant woman. The records verified in the visited health facilities further shows that the documentation and records regarding the line-listing of severely anaemic, hypertensive identified, blood sugar, U-sugar and

protein tests is poor at most of the facilities, however, the documentation of follow-up, TT injection is maintained in all the visited health facilities.

District Hospital: During April to October 2019 reference period 84 pregnant women are registered for ANC-1 at DH. As reported earlier the DH has maintained most of the information on RCH indicators and family planning methods. It was reported that there is scarcity of staff for maintaining the same. From the exit interviews of some of the women who came for ANC checkups at district hospital, it was observed that the pregnant women get most of the medicines from the hospital and same is the case with the CHC and PHC. At all the facilities tests like as blood tests, urine investigations, measurement of BP and weight and USGs are freely available. Most of the women have in fact been tested for anemia etc. This information is documented in the lab records in a separate register under JSSK and maintained properly in the ANC registers. Similarly, DH records separately the number of other investigations like blood sugar, urine sugar and protein tests carried for pregnant women and in fact they have maintained information about free blood and urine tests conducted under JSSK. District hospital receives delivery cases not only from its catchment area but health facilities located in all other blocks of the district. During the referenced two quarters DH has conducted 406 normal deliveries, no C-section deliveries are performed at DH because of non-availability of Gynecologist and Anesthetist at DH. With regard to PNC services, women who deliver normally are advised to stay at least 48 hours after delivery but due to the of heating arrangement in the wards at DH the delivery cases are prefer to go home and leave the hospital before 48 hours.

CHC Katra: A total number of 148 women are registered for ANC services at CHC Katra during the April - October, 2019. The CHC provided ANC-4 services to 443 women during the same period. All women registered for ANC have been registered in the first trimester have also been captured under RCH by the CHC. Line listing of severely anaemic pregnant women is not available at the CHC. IFA tablets were provided to 151 registered pregnant women. Facilities for testing of blood and urine are freely available at the CHC. Separate register is maintained for ANC and Non-ANC cases at the laboratory. About 47648 blood related investigations and urine investigations have been performed during the two quarters. There is also facility for conducting C-section deliveries at the CHC; therefore, it has resulted in decrease in the number of referrals from CHC to higher facilities.

PHC Pouni: A total of 64 women were registered at the PHC for ANC-1 services during quarters April, 2019- October, 2019. Women generally visit this facility for ANC-3rd or 4th even if no gynaecologist doctor is available at the PHC, but still 56 women visited for 3rd ANC and 43 women visited the PHC for availing ANC 4th check up. The PHC did also conduct blood related and urine related tests as it has maintained a well established laboratory. Information about anaemic women is available but information is not available for hypertensive pregnant women at the PHC. It was observed that the PHC is doing tremendous job in its area as there are 8972 OPD cases and 964 IPD cases during the reference period. Moreover, the PHC also did 369 minor surgeries during the same period. The ANC register is properly maintained.

HWC Dub: Health officials mentioned that all pregnant women are registered at the local SCs for ANC services to minimize duplication of ANC registration. During the referenced period a total number of 19 women are registered for ANC services at the HWC. Similarly, 16 women are

reported to have received 3- ANC check-ups and 12 received the 4 ANC checkups. The ANM at the HWC opined that women do visit this SC for ANC-4. High risk pregnancies are identified and referred to higher facility (Table.6).

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

Service	DH Reasi	CHC Katra	PHC Pouni	HWC Dub	District
ANC1 registration	58	148	50	19	4250
ANC 3 Coverage	Not recorded	Not recorded	56	16	NR
ANC 4 Coverage	377	443	43	12	3507
TT1, TT2 and Booster	159	354	133	25	7716
Pregnant women given IFA	362	151	Not in supply	19	2406

8.2 Institutional Deliveries

One of the priority areas of the State is to improve maternal health. DH, CHCs and some PHCs have been upgraded and strengthened to provide facilities for conducting deliveries. The facility of institutional deliveries in Reasi district is available at DH and CHCs. Hardly any PHC or SC conducts normal deliveries due to lack of requisite space, infrastructure and manpower. Caesarean section deliveries in the district are not conducted at DH and at CHC Mahore but this facility is available at CHC Katra. However normal deliveries are conducted during day time all the identified institutions**.**

A total number of 2273 institutional deliveries were conducted during April - October 2019 in the district and out of these, 15 percent (406) deliveries have been performed at DH alone. The percentage of C-section deliveries during the reference period in the district is about one percent (29). The CHC alone have conducted about 9 percent of the deliveries in the district during the same period. But PHC Pouni took least risk due to lack of man power in conducting normal deliveries and have performed less than one percent (18) deliveries during the same period. Lastly, there are SCs who are not officially identified as a delivery point and have not conducted any delivery in the district. Among the institutional deliveries one percent was carried out through C-section. Besides this the district has reported 21 percent (680 home deliveries) during the same period.

Facility for the management of common obstetric problems and abortion services are not available at all the PHCs in the district. Management of RTI/STI services is not available at the PHCs. All SCs provide ANC services, IFA, and refer complicated cases and severe anaemia cases to higher facilities.

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

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

Facilities	Identified delivery points	C-Section deliveries out of total deliveries	Total No. of Deliveries
DH	1	12	560
CHCs	2	04	401
PHCs	22	0	209
SCs	o	0	o
Total	**25**	**16**	**1170+ 680 Home Deliveries**

8.3 Janani Sishu Suraksha Karyakaram (JSSK)

The JSSK scheme is functioning smoothly in all the districts. There are already guidelines for the implementation of JSSK. These guidelines are regularly updated and communicated to the districts. Dy-CMO is the Nodal Officer for the implementation of JSSK in Reasi. Health officials at various levels report that they are providing all services (transport, medicines, meals, diagnostics, blood, user charges) free of cost to all pregnant women and neonates. Our observations regarding the implementation of JSSK are as follows (Table.8).

Table 8: Services given to pregnant women under JSSK at selected health facilities in district Reasi during April, 2019 - October, 2019.

Services	**DH Reasi**	**CHC Katra**	**PHC Pouni**	**District**
Home to facility	0	155	0	562
Referral	472	205	0	741
Facility to Home	0	201	0	656
Medicine	1170	225	0	1186
Ultrasound	2161	2103	0	1186
Free Blood Tests	23561	4220	1585	Not recorded
Urine tests	11363	710	118	Not recorded
Diet	1170	225	0	1170
Total Institutional Deliveries	**406**	**225**	**18**	**1770**

8.3.1 Transportation

As reported by the CMO the Toll Free No (102) for availing free transport facility under JSSK is still not established and is presently under process. Pregnant women occasionally contact the ASHAs for availing free transport. But health officials reported that due to the shortage of ambulances, they are unable to provide transport to all delivery cases from home to facility. Usually most of the pregnant women cases reached the delivery point by their own transport or by public transport. This is substantiated by the fact that only 32 percent (562) women who delivered in a health facility in the district have been provided free transport for reaching a health facility. District hospital has provided such a facility to non during the reference period. CHC Katra has 3 on road ambulance and they have provided 155 of the pregnant women free transportation to reach the health facility from their home. Free referral transport from facility to facility is provided in most of the cases. During the same period, free referral transport has been provided to 42 percent that 741 pregnant women in the district, accounting to all the referral cases. DH has referred 472 pregnant women to other district. CHC Katra has provided free referral facility to all the 205 referred pregnant women for delivery. The officials reported that the drop back facility for women who are discharged at least after 48 hours of delivery is also ensured in most of the cases in district and in this regard the information collected shows that the drop-back facility has been provided to all the 656 delivered women during April to October 2019 accounting for about 37

percent of institutional deliveries. DH has not provided the drop back facility to any delivered women. Lastly the free meals which the district has provided are 1170 beneficiaries. As per the reports most of the normal deliveries leave the health institutions before 48 hours. But at the same time while our interaction with the IPD patients especially with the women who delivered in the visited facilities and it was found that at the time of their delivery and after delivery, all of them received the required medicines from the hospital free of cost.

8.3.2 Diagnostics

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

8.3.3 Meals

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

8.3.4 User Charges and Consumables

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

8.3.5 Blood Transfusion

District Hospital Reasi has no registered blood bank. Generally, all patients who need blood transfusion have to arrange a donor themselves and simply blood is transfused to the needy one. Even after more than ten years since Reasi became a district the two main CHCs of the district did not have a single blood bank despite 32 major and 9031 minor surgeries being conducted during (April-October, 2019). In absence of blood bank the trauma section of Reasi district hospital is virtually laying defang. The doctors at district hospital are unable to cure any high risk, anaemic or emergency patient who are in need of blood when admitted in hospital. Doctors mostly prefer to refer these high risk or anaemic patients to Jammu whenever admitted. There are chances that

these high risk patients' especially pregnant women can lose their lives during the referral process. The hospital has not even blood storage facility and not even single unit of blood have been transfused during the reference period.

8.4 JSY

In district Reasi, JSY cards are prepared and updated as per the JSY guidelines. However, there is no time frame for making JSY payments in the district. Timing of payment depends upon the availability of funds. JSY payments are generally paid after delivery. Information provided by office of CMO shows that of the 2273 institutional deliveries occurred during April- October, 2019, the JSY payment has been made to all the beneficiaries excluding the 680 home deliveries. No such women who deliver at home have been paid any cash incentive under JSY (Table. 9).

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

Type of Delivery	Total Deliveries	No. of women paid JSY	Amount Disbursed	JSY cases pending
Institutional	**2273**	**1170**	**16.48 Lakhs**	**1103**
Home	**680**	**0**	**0**	**0**
Total	**2953**	**1170**	**16.48**	**1103**

8.5 Maternal and Infant Death Review

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

9. Child Health

9.1 Facility Based Newborn Care (FBNC)

The district has no sanctioned SNCU. No necessary equipment for the SNCUs has been received by DH. No staff has been recruited and no space for SNCU has been identified because the DH main building is in the final stage of construction presently DH is functioning from OPD block.

The NBSU is established at CHC Katra. This NBSU has 1 Radiant Warmers. But is functional, hence the NBSU is up to the mark presently. The NBSU has been provided with requisite equipments but it is not fully staffed with the result affects it functioning. Currently, it is manned only by 1 NHM ANMs. Record is well maintained at the NBSU is maintained as reported and observed on spot. All the babies delivered at CHC are examined and weighted at labour room. Hence during the year 2019-20, 24 of the neonates were admitted in the NBSU as per the reports. This was discussed with the concerned medical officer who expedites the fact that until there is no required staff this type of situation will continue. Simultaneously, PHC Pouni has a New Born Care Corner (NBCC) which is performing its duty with the existing regular staff. But at the same time 18 of the neonate has been admitted in the NBCC at the PHC during the reference period. All the referred cases by the DH, CHC and PHC are being provided free transportation. Similarly,

all those infants who required any tests are reported to have been provided free diagnostics under JSSK in respective institutions (Table 10).

Table 10: Status of stabilization units in the district

Type of facility	Target	No. established	No. Functional	No provided essential equipments	No. Having Trained manpower in place
SNCU	**1**	**0**	**0**	**0**	**0**
NBSUs	**2**	**2**	**1**	**2**	**2**
NBCC	**8**	**8**	**8**	**8**	**8**

9.2 NRCs

State has established 2 NRCs, one each in G.B. Pant Hospital Srinagar and SMGS Hospital Jammu. The NRCs established in Srinagar is fully functional. But no centre has been established at DH Reasi.

9.3 Child Immunization

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

9.4 Rashtriya Bal Swathya Karyakaram (RBSK)

RBSK has been launched in Reasi district and is functioning smoothly. There is sanctioned strength of 46 positions and 38 of them have already been put in place. There are 8 mobile screening teams (2 teams in each block) in the district and each team consists of 2 AYUSH Medical Officers, 1 FMPHW and 1 Pharmacist. 15 positions of AYUSH Doctors,7 Pharmacists and 8 ANMs have been put in place. District Early Intervention Centre (DEIC) has been set up at district hospital. Except DEIC manager, audiologist, EISE and ophthalmic assistant, all other positions at DEIC are in place. Child health screening cards have also been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. The information provided reflects that during the year 2018-19, a total of 57359 children of different age groups are screened and out of those 3891 found positive for selected health conditions and get treatment. Further a total of 27 children referred to territiary hospitals for specialised treatment. The breakup of the age group is as follows. During the year 2018-2019 a total of 2098 children of the age group of 0-6 weeks were screened and 914 of them found positive for selected health conditions and 3 children were referred to higher facility for specialised treatment. Further a total of 8621 children of the age group of 6 weeks to 6 years were screened and 985 children found positive for selected health conditions and get treatment, besides,

8 among them referred to territiary hospitals for specialised treatment. In addition to this during same year a total of 46640 children of the age group of 6 years to 18 years were screened in the district and 1992 found positive for selected health conditions and got treatment. In addition, 16 children referred to territiary hospitals for specialised treatment. However, it was observed that referral mechanism under RBSK is currently a week area in the implementation of RBSK. Medical officers mentioned that they do not have adequate kits and drugs available to meet the latent demand of drugs during screening. They mentioned that funds are not being released in time which is affecting their mobility and also mentioned that the existing funds should be increased. They also mentioned that RBSK increased the demand for health care services and the referral facilities have been geared to meet this growing demand. Patients referred to these institutions are given special treatment. The MS of the DH reported the main problems in the functioning of the RBSK programme are lack of equipments, lack of medicines and above all the important facility of internet (Table.11).

Table 11: Service delivery under RBSK during 2018-2019

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

An attempt was also made to gauge the children who need financial assistance for their specialised treatment. In this regard the information collected from the CMO office shows that during the year 2019-20, a total of 27 children were identified under RBSK and for each of the children the cost incurred upon them individually was sent to the higher authority for release of assistance and in this connection only 7 cases were approved and an amount of Rs. 4, 10,000 was sanctioned for their treatment. All of them got the required treatment at the appropriate health facility (Table.12).

Table 12: Specialised treatment under RBSK during 2019-20 in district Reasi

Type	Total Cases
N0. of cases identified for specialised treatment	27
N0. of cases for whom financial assistance sanctioned	7
Total amount sanctioned	4,10,000
N0. of cases pending for sanction	0

10. Family Planning

Family planning sterilization is available in the district. As reported there is shortage of trained service providers for minilap, laprolization and NSV. There are only a few doctors in the district who are trained to provide laprolization services. No sterilization camp has been organized since April, 2019 up to ending October. The district performed 63female sterilizations during April-October 2019 and these were conducted at DH and CHCs. Besides, 550 IUCD insertions performed in the district while as other contraceptives like as OP Cycles, EC Pills and Condoms also attracted a good number of beneficiaries in the district. A new contraceptive is also

introduced in the district that is inj. Antara which has been provided to 315 beneficiaries in the district during April, 2019 to October, 2019.
PPIUCD services are usually available at all the health facilities. All the FMPHWs/ANMs of the visited health facilities are trained to provide PPIUCD services. There are no fixed days for IUCD /PPIUCD services at DH or CHC, instead, services are available on all days. Postpartum PPIUCD services are also available at DH and this service is provided to 193 beneficiaries.

Condoms and Oral Pills (OPs) are available at all the visited facilities. ECPs were also available at the CHC, PHC and SC. ASHAs have been given the responsibility of delivering contraceptives at the doorstep of beneficiaries in the district. However, the health facilities did not record the contraceptives given to the beneficiaries through the ASHAs. The information regarding various methods of family planning is also provided through VHND sessions at the SC level (Table 13).

Table 13: Coverage of various modern family planning methods at selected health facilities in the district during April, 2019-October, 2019

Service Utilization	District	DH Reasi	CHC Katra	PHC Pouni	HWC Dub
Female Sterilization	63				
No. of IUCD Insertions	180	30	62	26	04
No. Of PPIUCD Insertions	486	112	10	0	0
No. of PP Sterilization	0	0	0	0	0
No. of Vasectomy	0	11	3		
No. of IUCD removals	115			17	01
Oral Pill cycles distributed	15608	2292	965	144	148
ECP distributed	3626	1462	578	0	04
Condom pieces distributed	107814	12579	16332	3517	202
Antara dose1,dose2,dose3	429	106	93	Not initiated	03

11. Adolescent Reproductive & Sexual Health (ARSH)

ARSH clinic at DH Reasi has been established and 1 ARSH Counsellor and 1 Physiologist and one Lab Technician is in position. ARSH counsellors provide ARSH related services and also provides contraceptives. Outreach programmes are being held and about 3 sessions were held during the two quarters. Records maintained by the ARSH counsellor regarding the services provided by them are maintained in the registers. During April-October 2019, 948 clients visited the ARSH clinic and 7 of them were referred for Gynaecologist section for further treatment and other were provided counselling. The ARSH team has visited AWCs and schools for outreach sessions such 4 sections were conducted.

12. Quality in Health Services

12.1 Infection Control

The general cleanliness at DH was not found satisfactory. The IPD wards, operation theatre, laboratory and OPD were not clean. The fumigation did not take place in the operation theatre of the hospital and the regular fogging in the hospital is also very poor. The bath rooms are not cleaned regularly. Regarding the cleanliness at CHC, PHC and SC, it was up to mark. PHC Pouni is accommodated in old type government building with almost all facilities available. Labour rooms, IPD and OPD are cleaned on daily **basis**. The visited HWC is also in a good condition having 3 rooms with electricity and water supply. This SC has also been designated as H&WC.

12.2 Biomedical Waste Management

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

12.3 IEC

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

13. Clinical Establishment Act

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

14. Referral Transport and Medical Mobile Unit (MMU)

The information collected from the CMO office indicates that the district has a total of 28 vehicles which are used as ambulances of which 23 of them are on road and are in working condition to cater the needs of various health facilities. NHM logos are displayed on most of the vehicles in the district. Only 12 of the vehicles are fitted with GPS facility. Out of the total ambulances, 4 are donated by MPs/MLAs etc in the district. District hospital has 5 ambulances and presently all the 4 ambulances are on road. One ambulance is from regular health side and 3 from NHM side. CHC Katra is also having 3 on road ambulances and 1 is donated by Mata Vashno Devi Sharian Board. There is 2 on road ambulance of PHC Pouni and that is from regular health side. An effective and transparent system of monitoring of usage of vehicles is not put in place by the health facilities in the district.

The J&K has procured MMUs and these MMUs have been handed over to some districts. The CMO reported that no such MMU has been provided to the district. In addition to this there is also one critical care unit functioning at the DH (Table 14).

Table 14: Number of ambulances available on 30-11-2019 and on road at selected health facilities in the district Reasi

Department/Agency	DH Reasi		CHC Katra		PHCPouni		District	
	Available	On Road	Available	On Road	Available	On Road	Available	On Road
Health	2	1	2	2	2	2	14	9
NHM	3	3	0	0	0	0	10	10
Supervisory	0	0	0	0	0	0	0	0
Donated (MP, MLA)	0	0	0	0	0	0	3	3
Others (NGO=1)	0	0	1	1	0	0	1	1
Total Ambulances	**5**	**4**	**3**	**3**	**2**	**2**	**28**	**23**

15. Community Processes

15.1 ASHA

There are a total of 484 ASHAs in place out of a total sanctioned of 486 in district Reasi. Keeping in view the population of 2011 one ASHA caters a population of persons. There are 4 ASHA coordinators and 34 ASHA facilitators identified and trained in the district. Amount for Uniform has been transferred directly and diary is provided in the month of April, 2019. ASHA kit was replenished in the current financial year that is in the month of April, 2019. A rest room has been established at DH for ASHAs who accompany the pregnant women. SIM card for mobile phones is being provided to ASHAs and an amount of Rs. 1200 is provided annually to each ASHA as mobile charges. ASHA day was celebrated in the month of October 2019in the district. Three ASHAs have received the award for good performance in the district.

15.2 Skill Development

Skill development of the ASHAs is a continuous process in the district. The district has already identified ASHA coordinators and facilitators. There are 4 block ASHA coordinators working in the district. Similarly, there are 34 ASHA facilitators in the district. Monthly meetings of ASHAs took place regularly at the block headquarter and information regarding various components of NHM are being provided to ASHAs in these meetings. The district has put in place a mechanism to monitor performance of ASHAs such as HBNC formats and assured incentive format and none of the ASHA have been disengaged in the district on the basis of non/under performance so far. Therefore, monitoring of ASHAs is currently done on the basis of ASHA functionality formats which has been provided by the office of the Mission Director, NHM. The ASHA day is celebrated in the district.

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

ASHAs reported that they are motivating women for ANC, institutional delivery, PNC and child immunization, family planning, etc. They also help in VHNDs and also carry out many other activities. In district 294 ASHAs are trained in HBNC and out of these about 287 ASHAs have been provided the HBNC kit. The information provided reflects that 1995 women have been visited for HBNC during the referenced two quarters. Further the services provided by ASHAs during these visits indicate that 1175 post-partum check-ups were conducted. No data about the doses of BCG and HB0/Polio 0 was provided. The incentives given to ASHAs for home visits reflect that during April, 19 to September, 2019, all the ASHAs received the incentive and none of them is pending during the same time. Their payments are made through their bank accounts. Most of the interviewed ASHAs reported that on an average they earn about Rs. 3800 per month.

16. Disease Control Programmes

16.1 Malaria and TB

The district has been screening for Malaria and it is looked after by CMO Reasi. Currently the Malaria is managed by 2 malaria inspectors, 4 junior health inspectors and 14 BHWs in the district. As per the records the total of 1478 were screened and 252 were admitted in the district. But the records are not maintained well.

The RNTCP centre is looked after by one District Health Officer (DHO) Dr. Rajinder Kumar. The RNTCP services are provided by 1 Tuberculosis unit in district Udhampur. As such Tuberculosis Unit Udhampur is monitoring the two districts Udhampur and Reasi. There in only one position in place in district. The testing facility is available in the district hospital, CHCs and PHCs. The

information collected from the district depict that the prevalence of TB in the district is not too alarming. Total number cases those were screened Tests conducted and positive cases is not available at CMO office but DH has conducted 1048 sputum tests during the two quarters and only 38 cases are found positive patients. The position of visited health facilities implies that at similarly, at CHC, 214 cases were tested and 14 of them was found positive and 64 were treated at CHC. At PHC 87 tests were conducted and 7 cases were found positive. The drugs for the treatment of TB is being provided free of cost to all the patients at all levels. The district Reasi has not TB centre. ANMs and ASHAs work as DOT providers at SCs and village level. The screening is done on regular basis at the DH level. The TB patients are provided rupees 500/= per month as nutrition charges.

16.2 NLEP

NLEP programme is looked after by DHO Reasi. Most of the positions under NLEP are Vacant. There is a single person working as PMA under NLEP in the DH. Screening for leprosy is done at the DH and CHCs. There is presently 7 case of leprosy in the district as per record. (Table. 15).

Table 15: Service delivery of communicable diseases during April, 2019-September, 2019 at visited health facilities in district Reasi.

Service Utilization Parameter		DH Reasi	CHC Katra	PHC Pouni	Total District
Malaria	OPD	**0**	**385**	**17810**	**1478**
	Tests conducted	**363**	**385**	**3933**	**31**
	Tested positive	**76**	**0**	**0**	**0**
	Cases treated	**72**	**0**	**0**	**0**
TB	OPD	**NA**	**214**	**82**	**1768**
	Tests conducted	**1048**	**214**	**82**	**1768**
	Tested positive	**38**	**14**	**7**	**102**
	Treated (Old & New)	**38**	**64**	**7**	**102**
	Cases referred	**0**	**0**	**0**	**0**
NLEP	OPD	**NA**	**NA**	**NA**	**718**
	IPD	**NA**	**NA**	**NA**	**05**
	No of old patients	**NA**	**NA**	**NA**	**02**
	Cases treated(Old &New)	**NA**	**NA**	**NA**	**07**

17. Non-Communicable Diseases

The district has been covered under screening for NCDS but no staff or equipments have been provided to the two identified clinics one at DH and another at CHC Katra. Rupees one lack to each clinic has been released for purchasing of necessary equipments, and renovation of identified space at both places. Screening is done through general OPD by the Physician at both places. The district has issued 59 Glucometers but with 39 SCs having testing strips institutions for screening diabetic patients. There are only 5 SC and one PHC upgraded as health and wellness centres but only two centres are with MLHPs. A total of 1024 patients have been found positive in Diabetes and 252 for hypertension in the district through general OPD except 2 HWCs.

18. Ayushman Bharat

World's largest health care scheme-Ayushman Bharat Yojana or Pradhan Mantri Jan Arogya Yojana (PMJAY) or National Health Protection Scheme or Modi-Care is a centrally sponsored scheme launched in 2018, under the Ayushman Bharat Mission of MoHFW for a New India -

2022. The scheme aims at making interventions in primary, secondary and tertiary care systems, covering both preventive and pro-motive health, to address healthcare holistically. It is an umbrella of two major health initiatives namely, Health and Wellness Centres (H&WCs) and National Health Protection Scheme (NHPS). The scheme has been formed by subsuming multiple schemes including Rashtriya Swasthya Bima Yojana, Senior citizen health Insurance Scheme (SCHIS), etc. Further, the National Health Policy, 2017 has envisioned Health and Wellness Centres as the foundation of India's health system which the scheme aims to establish.

Ayushman Bharat was also launched in Jammu and Kashmir on December, 1st 2018. Almost all the district of J&K has started working on the programme. District Reasi has also implemented the scheme in October, 2018. The district has not made a committee so far. The district in the first phase has listed 6 health institutions as Health and Wellness Centres (HWCs) in different medical blocks and up-gradation of few more such centres is under process. The district has to cover 111162 beneficiaries as per the surveyed list under the scheme. The information further provided that 'Golden Cards" have been issued to 40722 (36.63 percent) of beneficiaries. During the period April, 2019 to October, 2019, a number of beneficiaries 22000 have benefitted from the scheme and Rs.1, 38041 lakhs has been spent for treatment of the beneficiaries under PMJAY scheme. The DH has also started the PMJAY scheme and some 520 beneficiaries has benefitted from the DH so far. CHC Katra is also empanelled under the PMJAY scheme and this facility has provided treatment to 133 out of which surgical benefits have been provided to 12 beneficiaries under the scheme. A few of the beneficiaries were contacted on phone and verified about the treatment. The beneficiaries pointed out that they get the treatment out of their pocket expenses. When the benefices were contacted on phone no one has received the financial assistance.

18.1 H&WCS: The district has established 6 H&WCs in 4 medical blocks in year 2018-19 and all of those are 1PHCs and 5 SCs. In this connection the CMO reported that they have received additional funding for up gradation of more 10 PHCs and 5 SCs. It was further reported that some additional space is created for drug dispensation and other activities at the centres. Some additional drugs were also received after up gradation of these centres. An attempt was made to cover the performance by indicator wise of these H&WCs after their up gradation but no such information was provided. The yoga activity is not yet placed in the visited H&WCs. It was also reported that the scheme is regularly monitored by the concerned BMOs, Dy. CMO and CMO of the district.

19. Other Schemes:

19.1 Kayaklap:

The district hospital has not received the Kayaklap certification so far however, the MS reported that DH was assessed on December 2019 by the team from DH samba. CHC Katra has also applied for the Kayaklap certificate and peer team assessment was conducted in the December 2019. It is almost in final stage. Out of 22 PHCs only 5 24x7 have been assessed internally and are now waiting for external assessment in the district.

19.2 NQAS: Both the visited health facilities DH and CHC have applied for the NQAS certification Dh has received 96.7 score in the assessment and CHC has received 80 score in internal assessment.MS discloses the main reason for not maintaining national quality assurances standards is because of the shortage of human resource at DH.

19.3 LaQshya: Both the visited facilities that are DH and CHC, the labour room and operation theatre has not been covered under LaQshya so far in the district and CHC have been assessed result is 88 score points but DH has uploaded the necessary documents and is waiting for the assessment.

19.4 Dialysis Centre: No Dialysis Centre has been established at district hospital and CHC Katra because of non-availability of space, equipment and staff so far.

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

All the facilities are regularly submitting HMIS formats on monthly basis. HMIS data is uploaded at block head quarters. New RCH register has been introduced in all the districts including Reasi. RCH register is available in all the facilities and the FMPWHs have been trained to fill various columns in the RCH register. The health facilities have completed household survey in their catchment areas. Hard copies of HMIS formats are available in all the visited facilities. DEOs have been posted at DH and CHCs and required computing and net facilities are available at CMO, DH and CHCs. DH and CHCs upload the data directly on 25th. PHCs and SCs submit the monthly information on 21st of every month to BMO office. The reporting period is 21st to 20th every month. BMO office takes 2-3 days to verify the data and gives one day to PHCs and SCs to rectify the mistakes/inconsistencies in data. Finally, data of PHCs and SCs is uploaded at block head quarter on 25th of every month. Feedback on data quality issues is not provided by DMEO during monthly review meetings. As the data on various indicators like deliveries, anaemia less than 11 & less than 7, hypertensive pregnant women, ANC 3 & ANC 4 is not recorded and reported well in HMIS formats.

As the pregnant women generally visit multiple facilities for ANC and these services are registered at multiple places. This is resulting in duplication of ANC registration and ANC services. For example, Jammu and Kashmir is reporting around 4 lakh ANC registration compared to around 2.25 lakh expected ANC registration. To stop such type of reporting of duplication, it has been decided to follow area based approach for reporting and uploading of data for these indicators and for other services facilities are following facility based reporting. For example, DH, CHC and PHC provide ANC, PNC and child immunization to everyone visiting them for such services. Health facilities keep separate registers for clients belonging to the catchment area and clients from other area. At the time of filling HMIS formats, they report services provided to clients belonging to their catchment area and as well as services rendered to outside clients. This system has helped Reasi district to minimize the duplication of ANC registration, PNC and child immunization.

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

Although the 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 which are not available at the facility and the services available but not utilized/delivered. They general put X mark or record 0 or leave the column blank in both cases.

It was seen that recording of information in laboratories has improved considerably. The laboratories in the health facilities are maintaining separate registers for ANC and non ANC cases and now they also record the results of the investigations on these registers and therefore HB reporting in DH, CHC and PHC has improved. But at the time of reporting, due care is not taken to count the number of women with HB less than 11 and severely anaemic having less than 7. It was seen that the anaemic cases found at laboratory testing registers were neglected and were not reported in the HMIS format during the referenced period.
The HMIS pertaining to immunization has also improved and minor duplication still exists in immunization reporting particularly at SC level. Over reporting is usually done by SCs as children who are immunized at DH or CHC are also reported by SCs. Facilities are reporting maternal and infant deaths but there is still a lot of scope for improvement.

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

The district is now using HMIS data both for reporting and reviewing its progress. District is also using HMIS data for preparation of PIPs. However, to further improve the HMIS, it is suggested that DME&O and BM&EO should frequently visit the facilities for monitoring of HMIS and they need to be supported by the CMOs and BMOs by facilitating their mobility. It is also suggested that for filling up the monthly HMIS format, a qualified person should be made available. It was found that usually some FMPHWs who have qualification high school only and is not capable to read the HMIS format and fill it properly.

21. Irregularities/Action Points

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

- The district is supposed to have the Nodal Officers for different health schemes for proper implementation and monitor them seriously. In this regard all the schemes are carried out by different nodal officers in the district. Most of schemes are under the supervision of Dy CMO.
- There is dearth of various categories of doctors in the district from regular side and because of this patient care is not done properly and patient satisfaction has dropped in the district. Most of the specialist doctors/MOs are vacant.
- Some of the programmes implemented in the district are not fully staffed thus affecting the output of these schemes.
- Most of the women who deliver at the health facilities are not informed about early breast feeding.

- ❖ On verification of the records at the visited health facilities it was found that the first trimester registration of the ANC cases is only 78 percent.
- ❖ In district 23 percent (860) home deliveries have been reported, which is alarming and needs attention.
- ❖ In most of the delivery cases, they reported that the ASHAs did not visit them during the ANC period and did not feel it necessary to accompany them to the health facility at the time of delivery.
- ❖ The SNCU is not established because of non-availability of space and staff at DH
- ❖ NBSU is without a Paediatrician and the NBSU is defang just run by 1 FMPHW at CHC.
- ❖ The child immunization is taking place at various facilities but BCG vial is opened only when the number of infants is more than at all the levels but the SCs is not providing this facility.
- ❖ Prescription audit is not taking place in the district at any health facility.
- ❖ The NCD clinic is not established because of non-availability of space and staff at DH.
- ❖ No screening is done at DH. Same is the case of visited CHC.
- ❖ The RBSK teams are not monitored properly by the concerned BMOs and other relevant officials. Only a few cases for specialised treatment did get the financial assistance.
- ❖ Record keeping in labs, stores, and other places are not being taken care of at higher level health facilities by the concerned officials especially at DH. A common register for ANC and non ANC is available at the OPD of the DH.
- ❖ The district hospital is having no additional space for dialysis centre nor can it accommodate it in the existing place.
- ❖ An attempt was made to cover the performance by indicator wise of visited H&WCs after their up gradation but no such information was provided. The yoga activity is not yet placed in the visited H&WCs.
- ❖ Mismatch of data recording and reporting for HMIS was found very less at various levels in the district.

22. Key Conclusions and Recommendations

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

- The information provided depicts that there are 88 sanctioned MOs (both from regular & NHM) and out of which only 32 (36 percent) are in place. Further there are only 1 gynaecologist in place out of 5 positions. "The quality of services depends upon the human manpower." Therefore, there is an urgent need to fill-up these positions on priority basis. It is further suggested that the attachment of the posts should be banned otherwise it badly affects the institution.
- Recruitment of remaining positions for DEIC, SNCU, ANMT School and NCD cell need to be initiated for smooth functioning of these programmes.
- It was verified from the RCH registers that all the pregnant women are not registered in the first trimester. Hence, there is urgent need to reorient the ASHAs including the FMPHWs/ANMs regarding the importance of early registration of the pregnant woman.

- A policy should be formulated to cover those women who give delivery at home so that the percentage of home deliveries comes to zero. As there are more than 26 percent (680) home deliveries during April, 2019 to October, 2019 in the district.
- Seventy-Four percent sub centres (SCs) and 43 percent of PHCs are functioning in rented buildings with lack of space and in depilated condition. Therefore, there is need to expedite the construction of SCs & PHCs in the district and provide them the requisite staff and equipments.
- The records pertaining to diagnostics, diet, transportation and medicines being provided under JSSK need to be kept properly maintained. It is poorly recorded and reported.
- Most of the pregnant women do not get transport facility from home to health facility at the time of their delivery and this is substantiated by the fact that at DH out of total of 406 deliveries during April, 2019-September, 2019, none of them has been provided the facility to home facility under JSSK.
- In order to take care of both the mother and the child, the practice of discharging the women after delivery before 48 hours need to be stopped at all levels.
- The prescription audit for drugs and diagnostics need to be implemented in the district at least at the DH and CHC level.
- In order to bring the transparency and accuracy, it is recommended to computerize the drug stores, registration, testing facilities etc. at all the levels in the district.
- All the health facilities complained of inadequate number of ambulances to meet the requirements under JSSK therefore, there is a need to provide more ambulances to the district or to make some substitute to overcome demand of transport under JSSK.
- The IEC component for various programmes in the district was found week and in this regard the services of different field staff such as CHOs, HIs and HEs, can be utilised to ensure improvement on ground level.
- Though there is some improvement in HMIS and RCH but further training regarding HMIS is needed to all the stakeholders. The information collected from registers and HMIS formats varies each other in number indicators. The need of the hour is to have strong monitoring to the field staff those are responsible for maintaining HMIS data.
- There is also need to improve the internet connectivity to the district for timely uploading and updating of RCH.
- The release of funds to the district for various activities should be in time so that these funds can be utilized properly in a time bound manner.