

MONITORING OF PROGRAMME IMPLEMENTATION PLAN UNDER NATIONAL HEALTH MISSION OF DISTRICT KATHUA, J&K, INDIA



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LIST OF CONTENTS	
TITLE	Page No.
List of Contents	02-03
Acknowledgement	04
Executive Summary	05-10
1. INTRODUCTION	11 – 18
1.1) Main objectives of the study;	
1.2) Data collection & Methodology.	
1.3) Overview of Jammu & Kashmir;	
1.4) Overview of District Kathua;	
1.5) Health Infrastructure of District Kathua;	
1.6) District Health Action Plan (DHAP).	
1.7) Recruitment Policy in District Kathua;	
1.8) Status of Human Resource in District Kathua;	
1.9) Status of Budget Utilization/Expenditure;	
1.10) Status of Trainings.	
2. STATUS OF DELIVERY SERVICES	19– 24
2.1) Free Drug & Diagnostic Services;	
2.2) Reproductive Health Care (RHC) Services;	
2.3) Rashtriya Bal Swasthya Karyakaram (RBSK);	
2.4) Sick New-born Care Unit (SNCU);	
2.5) New-born Stabilization Unit (NBSU);	
2.6) Nutrition Rehabilitation Centre (NRC);	
2.7) Home Based New-born Care (HBNC);	
2.8) Review of Maternal and Child Deaths;	
2.9) Peer Education Program (PEP);	
2.10) Medical Mobile Unit (MMU);	
2.11) Status of Referral Transport;	
2.12) Universal Health Screening (UHS):	
2.13) Comprehensive Primary Health Care (CPHC);	
2.14) Grievance Redressal System;	
2.15) Status of Payments of ASHA workers & JSY.	

3. STATUS OF COMMUNICABLE DISEASE PROGRAMMS	25 – 29
3.1) Integrated Disease Surveillance;	
3.2) National Vector Born Disease Control;	
3.3) National Tuberculosis Elimination;	
3.4) National Leprosy Eradication;	
3.5) Accredited Social Health Activist (ASHA) workers’	
3.6) Village Health Sanitation and Nutrition Committee (VHSNC);	
3.7) Quality Assurance;	
3.8) Biomedical Waste Management;	
3.9) Information Education and Communication;	
3.10) Health Management Information System;	
3.11) Reproductive and Child Health Care (RCH);	
3.12) Adolescent Friendly Health Clinic (AFHC);	
3.13) Dialysis Service Programme (DSP).	
4. STATUS OF SERVICES AT THE VISITED HEALTH FACILITIES	30 – 49
4.1) Community Health Centre (CHC) Hiranagar;	
4.2) Community Health Centre (CHC) of Parole;	
4.3) Primary Health Centre (PHC), Dinga Amb;	
4.4) Sub-Health & Wellness Centre (SH&WC), Bannu Chak.	
5. COMMUNITY AND PATIENT PERCEPTION	50 – 51
6. SUGGESTIONS	51 – 54
PHOTO GALLERY	55 – 58

Acknowledgement

Since the dawn of independence, various nationally designed Health and Family Welfare Programs have been implemented in all states of India to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the States in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, which started recently, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. In order to assess the performance of the flagship initiative the Ministry of Health and Family Welfare undertakes the Monitoring and Evaluation activities of the NHM. The Ministry of Health and Family Welfare has established a network of 18 PRCs for quality monitoring of State PIP components, such as the core elements like HR strengthening, infrastructure development, drugs and financial implications, etc. During 2023-24, Ministry has identified 18 districts in Jammu & Kashmir for PIP monitoring in consultation with PRC Srinagar. The staff of the PRC, Srinagar is visiting these districts in a phased manner. The present report is drafted to showcase the monitoring of the programs and activities under National Health Mission in context of district **KATHUA** of Jammu and Kashmir for the financial year 2023-24. In this report we have attempted to explore the status of health infrastructure and human resource of the district. Insights related to service availability, referral transport, role of ASHAs and perception of community has also been elaborated. The strength and weaknesses observed during the field visit along with the opinion of the beneficiaries are discussed in this PIP report.

Our special thanks goes to, Mission Director, Ms Ayush Sudan, NHM for her cooperation and timely support rendered to us while PIP monitoring in J&K. We wish to place on record the coordinator of our Centre Dr. Bashir Ahmad Bhat for his timely support, guidance and encouragement. Special thanks are due to CMO of district Kathua, Medical Superintendent of District Hospital (DH) **Kathua**, Incharge as well as the Medical Officers of CHC **Hiranagar**, CHC **Parole**, MO of **PHC Dinga Amb** and MLHP/CHO of SH&WC **Bannu Chak** for sharing their experiences and timely support. We would like to appreciate the cooperation rendered by the officials of District Programme Manager (DPM), **Jyoti** and Data Entry operators of CHC Hiranagar and Parole Nagri, for helping us in the collection of information. Special thanks are also to the staff at DH, CHC, PHC and SH&WC for sharing their inputs.

Last but not the least credit goes to all respondents (including community leaders/members), and all those persons who spent their valuable time and responded with tremendous patience to our questions. It is hoped that the findings of this study will be helpful to both the Union Ministry of Health and Family Welfare and the UT Govt., of Jammu & Kashmir in taking necessary changes.

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Executive Summary:

In four health blocks of district **KATHUA**, a total of 148 established public health facilities including 01 GMC, 05 community health centres, 50 primary health centres, 03 Additional primary health centres and 185 sub health & wellness centres are providing service delivery. The district has upgraded almost all the sub-centres and primary health centres into health and wellness centres. During the PIP monitoring and evaluation exercise, the PRC team has visited four health facilities including **CHC Hiranagar, CHC Parole, PHC Dinga Amb, H&WC Bannu Chak** and had a comprehensive community visit also in order to understand the behaviour of service providers and status of service delivery at all levels in the district. The team has also interviewed most of the front line workers like ASHSs, Panches and Sarpanches of the community for making a wide range of understanding regarding the implementation of NHM programmes and schemes and to understand the issues in implementing these programmes. The summary of the report are summarized below:

The National Health Mission has played a critical role in terms of manpower and equipments in justifying the needs of health care services in the district because most of the existing staff at all the levels especially at the lower level health facilities like Sub-centres, primary health centres and even at CHC level are performing well in providing services delivery and community people as well as the service seekers are highly satisfied with the nature, behaviour and service delivery of staff posted at these centres.

The current District Health Action Plan (DHAP) has been formulated for the two financial years namely 2022-2023 to 2023-2024 and accordingly the Chief Medical Officer of district Kathua has prepared the budget allocation and first installment of fund was released on 18/05/2023 through the Single Nodal Account on the basis of the demand. The district Kathua has received the approved DHAP on 23-06-2022 for two consecutive financial years i.e., 2022-23 to 2023-24. Moreover, the CMO Office has also prepared the PIP for the financial year 2024-25 and has submitted the same on 30-09-2023.

Most of the patients complained that though the UT Govt. and the health department are claiming that all is well unfortunately the fact remains that government run district hospital including community health centres, Primary Health Centers, and Sub-centres established in various towns of Kathua district are facing dearth of doctors' especially specialist like Surgeons, Physicians, Radiologists, Ophthalmologist and Dermatologist due to which patients are facing tremendous problems. The patients have no choice other than to move either to GMC Jammu or to GMC Srinagar.

District Kathua is one of those districts where there is acute shortage of doctors. Due to the terrain topography, remoteness, adverse climatic conditions, accessibility and transportation issues, doctors generally are not willing to serve in this district. Although, under public pressure, orders for posting of doctors in the health institutions in district Kathua are issued by the government and some doctors do join their duties but they also either manage to get themselves

transferred from the district or prefer to get leave and consequently most of the health institutions including the district hospital and CHC Parole remain without doctors for most part of the year.

CHC Parole and PHC Dinga Amb has acute shortage of specialists in general and Surgeons, Gynecologists and Anesthetists in particular. PHCs also have shortage of both male and female doctors. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to move to other hospitals located in districts of Jammu and Srinagar or visit a private clinic for treatment. Therefore, there is an immediate need to address the shortage of specialist doctors in the CHC Parole and PHC Dinga Amb on priority basis.

Although, the district has only 35.49 percent of specialists in place from regular side but overall the district is performing well in providing service delivery while as in case of paramedical staff, the district has around 83.37 percent of staff in place. In case of NHM, the district has around 62.5 percent of specialists and 91.95 percent of paramedical staff in place. It can be concluded that, district Kathua need to be strengthen with the specialists otherwise the patients have no choice other than to visit either the GMC Jammu or GMC Pathankot which is a challenging task for them.

Since the establishment of Jammu & Kashmir Medical Supplies Corporation limited (JKMSCL) in the Union Territory of Jammu & Kashmir procures and distributes the drugs and equipments under Drug and Vaccine Distribution Management System (DVDMS) and overall the supply chain to the public health facilities has improved to some extent. However, at times delay in supply of some essential drugs at the visited health facilities are from JKMSCL and these drugs were found to substantiated through the purchase from the market by tender system using GeM Portal.

The Union Territory of Jammu & Kashmir had announced the policy of providing free drugs to all irrespective of economic status, and all the visited health facilities of the district are practicing the free drug policy under JSSK, Ashman Bharat, elderly people, children and Golden card holders while for the general patients, around 69 percent of medicines are being provided free of cost to all the patients irrespective of economic status at all levels of health facilities.

State government has made it mandatory for doctors to write only generic names of drugs in capital letters on prescriptions, but all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. Therefore, there is a need that free generic drugs, as promised by government are made available in all hospitals so that doctors can write generic names of the drugs.

The hospital staff as well as the ASHA workers complained that the hospital is unable to provide home to facility referral transport services to expectant mothers during night hours due the cause of hilly terrain which is difficult for them to capture the mothers from their residence but at times the hospital manages to provide drop back from facility to home referral transport services only to those who are extremely poor delivered mothers. Further, the hospital management

complained that they are unable to provide the referral transport to pick and drop back of pregnant mothers, free diet, free medicine and diagnostics to pregnant women because of non availability of funds said, the Medical Superintendent Dr. Tanveer Ahmad Rather.

The district is practicing with letter and spirit, all the entitlements under JSSK including diet, medicine, diagnostics, respect, care and transport. During an interaction at the visited health facilities, delivered mothers reported that they have purchased some of the drugs or diagnostic services from the market during their nine months of pregnancy. Although, after the delivery, the delivered mothers were given a proper maternity care but they complained that they have not been provided, diet and referral transport of 102 for pick-n-drop.

During the visit, it has been observed that the maternal mothers as well as the community people are highly satisfied with the dedication, nature, behaviour and service delivery of almost all the visited health facilities especially, SC Bannu Chak and CHC Parole and are also satisfied with the available services like free medicine, advices and diagnostic checkups and etc. This clearly indicates that people of the district have hope on the public health facilities of the district.

The overall position of doctors in district Kathua is pathetic and patients in general have no choice but either to visit the GMC Jammu or GMC Srinagar or to get the treatment from the private clinics somewhere else Srinagar or Jammu. During the interaction, the local public demanded that their concerned SCs and PHCs need to be strengthened with all the diagnostic services with trained lab technicians and Pharmacists so that their ailments could be diagnosed at the early stage.

The CMO added by saying that they have initiated to establish a '*NURSING HOME*' and all the expectant mothers will be taken in advance before few days of their delivery and all the logistics will be provided to them free of cost. The step was taken keeping in view the topography and hard to reach areas of the district. The CMO viewed that they have also initiated for the AIR AMBULANCE services for emergency cases like accidents because district Kathua is accidental prone area.

The CMO of the district urged that the management staff needs some kind of vibration because they either remain absent or not interested to work in the field. He added by saying that a field tour plan shall be arranged to visit all the sub-centres and primary health centres of the district to identify the gaps so that the primary health care system shall be strengthened.

Home to facility and drop back facility is not ensured in all the cases. This supports the need for operationalization of a fully functional patient transport system that is easily accessible so that pregnant women and emergency patients could avail of transport facilities from home to facility and also drop back home for JSSK beneficiaries.

Though JSSK for pregnant women is in vogue but it was found that pregnant women get some food, drugs, referral transport and partly to-and-fro transportation. It was also observed that the monitoring mechanism for its implementation is poor. The records pertaining to tests conducted

in different labs, transport facility (from home and back, referral), diet given during stay at the health facility, medicines being provided under JSSK need to be kept in proper shape and ready for any public scrutiny.

Normal deliveries are conducted on 24x7 bases but C-section deliveries are conducted on need basis subject to the availability of anesthetist and gynecologist at CHC Parole and CHC Hiranagar but at times the CHC is unable to perform the high risk deliveries due to the lack of NICU and designated blood storage facility. The local people demanded that at SC Bannu Chak and PHC Dinga Amb should have at least a female medical officer during night so that a normal delivery could be done.

Most of the NHM programme suffers especially JSSK, JSY, ASHA incentives, referrals, HBNC due to the non availability and timely release of funds said the CMO and Management of the district administration.

Information about JSSK and JSY entitlements, user charges, HIV/AIDS, family planning, immunization, breastfeeding, etc is displayed prominently in all health facilities. The updated Essential Drug Lists (EDLs), Citizen's Charter, timings of the facility, availability of services, protocol posters are also displayed in all the visited health facilities except PHC Dinga Amb. There is also a need to display IEC material emphasizing the importance of staying in the facility for at least 48 hours after delivery as it has been observed that no woman stayed more than 10 hours after the normal or C-section delivery.

Skill of ASHA workers was assessed at the sub-centre and primary health centre and most of the ASHA workers performing well and have good knowledge of various components like filling-up of CBAC forms, HBNC visits, immunization, family planning and reporting about various other schemes. The delivered women as well as the ANCs patients and community people at large are highly satisfied with the ASHA workers and their work culture. Further, the staff posted at the visited health facilities is also satisfied with the dedication and work culture of ASHA workers in the district.

The ASHA workers of the district are getting their assured incentives on the regular basis but at times their incentives delays subject to the availability funds. Most of the ASHA workers in the district complained of less incentive and more workload. They added that HBNC kits have not been provided to them since the couple of years and they purchased some instruments for HBNC kits but they have not been provided any compensation till date.

The performance of ASHA workers is extremely good especially of the visited health facilities but they are currently on strike since August 2023 due to some service issues and their claim is to provide them minimum wage as they urged that they have n-number of works to do throughout the year but they are not being provided full compensation.

The MMU, Peer Education Programme is not operational in district Kathua as such no activity has been reported by the district management because the district management has not received approval for the establishment.

The imaging services like USG, CT Scan, x-ray and dialysis services are available at the associated district hospital Kathua but the services such as imaging services like USG, CT Scan as well as x-ray services are not available at the PHC Dinga Amb. The normal as well as C-section delivery services are available at CHC Hiranagar on 24x7 bases and CHC Parole while the normal delivery services are not available at PHC Dinga Amb and SC Bannu Chak.

The RBSK teams in district Kathua are performing well and on an average around 47 children are being screened per day by each RBSK team against the given guidelines of 100 children per day. During an interaction, the RBSK team have complained that referral patients are not been taken care off in the territory hospitals and they urged that whenever a patient is being referred from the RBSK team, a timely intervention is required by the territory care. They added that when any RBSK team member visits territory care hospitals for the referral case, they should be given a priority and welcome at the territory care otherwise they said that they have to wait hours in the waiting line.

Although the Mobile Medical Unit (MMU) is not operational in the district but due to the death of medical officer couple of years back, a new MO has not been recruited till date due to which they are facing number of challenges in the field. The MMU team complained that most of the times, medicines are not being provided to them due to which they are not able to organize medical camps. However, they added by saying that on the request of CMO, the homeopathic medicines are being provided to them for organizing the medical campus.

Although the NRC, DEIC and NCD Clinics are partially operational at the GMC Kathua with the required human resource and infrastructure but the staff complained that the designated staff of DEIC, NRC and NCD clinic have been involved in other sections of the hospital due to which their actual purposed is not fulfilled.

District Kathua has progressed well in terms of quality assurance as the district has n-number health facilities are accredited with quality assurance programme such as Kayakalp, NQAS or LaQshya during 2023-24. The CHC Hiranagar, CHC Parole and HWC Bannu Chak has initiated of the external assessment for the certification of Kayakalp and NQAS but PHC Dinga Amb has not yet initiated any process in case of Kayakalp or NQAS due to the lack of non-availability of specialists as well as the basis diagnostic services like USG and facilities like labour room and minor OT etc.

Institutionalized mechanism for grievance redressal was evident in all the visited health facilities and complaint boxes are also displaced at the entrance of every visited health facility. The complaints are been received through 104 toll free number which has been established by the State Health Society of Jammu & Kashmir. Most of the service seekers have knowledge and

awareness about the grievance redressal mechanism. In case of 'Mara Aspatal' portal, almost all the visited health facilities are operationalizing it fully and this app is now being taken care through e-sehaj portal.

Most of the visited health facilities of the district have not received the new HMIS formats and the DPMU had not also provided them any training about the capturing of data on these new elements. However, the data entry operators posted at CHC Parole have started the process of uploading data on the new data elements and have also opened the page on the registers for the same. He added that he has recently received the training through virtual mode about the new data elements from the block but he said that he requires one more training through offline mode for the same. However, the staff of various sections insisted that a training session may be arranged for them so that they understand the new data elements fully.

Almost all the visited health facilities in the district have uploaded and updated the HMIS portal regarding the delivery services, infrastructure & human resource. However, during our visit to these health facilities, a few on-the-spot instructions were given to all the data entry operators and the incharge of the facility as to how the recording and reporting of data can be improved.

1: INTRODUCTION

All States in the country submit Programme Implementation Plan (PIP) under National Health Mission (NHM) every year covering programs, activities and interventions to be implemented during the forthcoming year, along with budget requirement to achieve the targeted goals. The Ministry of Health & Family Welfare (MoHFW), Govt., of India, initiated monitoring of PIP activities at district level throughout the country during 2012-13, by deploying 18 Population Research Centres (PRCs). Accordingly, MoHFW assigns districts (focusing on high priority/Aspirational districts) every year to all the PRCs to monitor the implementation of PIP activities. During the year 2023-24, 18 districts located in Jammu & Kashmir are assigned to PRC, Srinagar and this report pertains to district **KATHUA** of Union Territory of Jammu & Kashmir.

1.1: Main Objectives of the Study

In consonance with the Program Implementation Plan (2023-24), the objective of this monitoring exercise is to examine whether the State/district is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State/district.

1.2: Data Collection & Methodology

The methodology for monitoring of State PIP has been worked out by the Ministry of Health & Family Welfare (MOHFW) in consultation with PRCs in workshop organized by the Ministry at NIHFW on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2022-23, this PRC has been asked to cover 18 districts of the Union Territory of Jammu & Kashmir. The present study pertains to district **KATHUA**. A schedule of visits was prepared by the PRC and two officials consisting of 01 Research Assistant and 01 Research Investigator visited the district and collected information from the Office of Chief Medical Officer (CMO), CHC Hiranagar, CHC **Parole**, PHC **Dinga Amb** and Health & Wellness Centre (H&WC) **Bannu Chak**. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during the visit. A community interaction was also held at the PHC and H&WC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

1.3: Overview of Jammu & Kashmir

The Union Territory of Jammu and Kashmir came into existence on 31-10-2019 in terms of Jammu and Kashmir Reorganization Act 2019. The Union Territory of Jammu & Kashmir has been carved out of the erstwhile State of Jammu and Kashmir that came into being as a single

political and geographical entity following the Treaty of Amritsar between the British Government and Mahahraja Gulab Singh signed on March 16, 1846. The Treaty handed over the control of the Kashmir to the Dogra rulers of Jammu who were already controlling the Ladakh region. Thus, the new region comprising three distinct regions of Jammu, Kashmir and Ladakh was formed with Maharaja Gulab Singh as its founder ruler.

The UT is bounded by Ladakh in the East and North and Pakistan in the West. The Southern boundary is contiguous with Himachal Pradesh and Gurdaspur District of Punjab. The UT of Jammu & Kashmir with its summer and winter capitals at Srinagar and Jammu, respectively, consists of 20 districts, 10 in Kashmir valley and 10 in Jammu Division. It has three geographical zones of i) Sub-mountain and semi-mountain plain known as kandi or dry belt, ii) the Shivalik ranges, iii) the high mountain zone constituting the Kashmir valley, Pir Panchal range and its offshoots including Doda, Poonch and Rajouri districts and part of Kathua and Udhampur districts.

The climate varies from tropical in the Jammu plains to semi-arctic cold in Kashmir and Jammu mountainous tracts having temperate climate conditions. The annual rainfall also varies from region to region with 650.5 mm in Srinagar and 1115.9 mm in Jammu. The J&K is geologically constituted of rocks varying from the oldest period of the earth's history to the youngest present day river and lake deposits.

The total geographical area of erstwhile Jammu & Kashmir State has 1, 01, 387 sq km as per the 2011 census but aftermath of 5th August 2019 reorganization act, the erstwhile Jammu & Kashmir has been divided into two union territories i.e., the union territory of Ladakh of 59,146 square kilometers and the union territory of Jammu & Kashmir of 42,241 square kilometers.

Before 5th August, 2019



After 5th August, 2019



The Union territory of Jammu and Kashmir has a total population of 1,42,67,013 and the sex ratio is around 889 female population per one thousand of male population. Around 924,485 (7.54 percent) of the population is scheduled caste and 1,275,106 (10.39 percent) belong to the scheduled tribes, mainly Gujjar, Bakerwal, and Gaddi. The Scheduled Casts are mostly concentrated in the Jammu region (Census-2011).

The infant mortality rate (IMR) has come down to 16 as per the NFHS – 5 data compared to 32 (NFHS – 4) and in case of under 5, the mortality rate has declined from 19 as per the NFHS – 5 results as compared to 38 (NFHS – 4) while in case of neonatal, the mortality rate has turned down to 10 as per the NFHS – 5 data compared to 23 during the NFHS-4.

The family planning methods in the union territory of J&K have shown an increasing trend from 57 percent (NFHS – 4) to 60 percent (NFHS – 5) and the unmet need for family planning has decreased from 12 percent to 8 percent. The institutional deliveries in the union territory of J&K have increased from around 86 percent during NFHS – 4 to 92 percent as per the results of NFHS – 5 and the fully immunized children have increased from 86 percent from NFHS – 4 to 96 percent during NFHS – 5.

1.4: Overview of District Kathua

Due to its strategic geographical location, district Kathua is a significant region of the Union Territory of Jammu and Kashmir. It is, often, referred to as Southern Gateway to the erstwhile Jammu & Kashmir State. District Kathua is surrounded by Punjab (Gurdaspur district) in the South-East, Himachal Pradesh in North-East, Doda and Udhampur in North and North-West, Jammu in the West and Pakistan in the South-West with an area of 2502 sq kms.

The District Kathua has 05 Assembly Constituencies and 11 Tehsils such as Kathua, Bani, Basohli, Billawar, Hiranagar, Nagri, Marheen, Dinga Amb, Lohai-Malhar, Mahanpur and Ramkote.

Topographically, district Kathua has been divided into three climatic regions such as Border, Kandi and Hilly areas. The border area falls towards the south of Pathankot-Jammu National Highway and The second region of Kandi falls under the Shivalik ranges towards the north of the same highway while as the third region of hills in Kathua is marked by high mountains and rough terrains which stretches between from Shivalik ranges and Peer Panjal ranges.

The population of district Kathua is around 6.16 Lakhs including 326,109 males and 290,326 females (Census, 2011) while, as per the estimates of Unique Identification Authority of India, the total population of district Kathua in 2023 is 855,845 souls.

The Sex Ratio of district Kathua is 890 per one thousand of males and the child sex ratio is 831 girls per one thousand of boys. The average literacy rate of district Kathua is 73.09 including 81.53 percent of male and 63.72 percent of female.

The district has estimated 5,334 deliveries including 4,031(75.57 percent) normal and 1,303 (24.42 percent) C-sections while as the district has also estimated around 98,630 eligible couples and around 4,032 live births during the financial year 2023-24.

1.5: Health Infrastructure of District Kathua:

With 512 villages, district Kathua has been divided into 05 medical blocks such as Parole, Hiranagar, Billawar, Basohli and Bani. Without private health facilities, the health services are

being provided through a network of around 245 established health institutions including 01 Associated District Hospital (ADH or GMC), 01 Sub District Hospital (MGH Kathua), 05 Community Health Centres (CHC), 50 Primary health centers (PHCs), 185 Sub-health & Wellness Centers (SH&WCs), 03 Urban Primary Health Centres (UPHC) and no Urban community health centre (Source: CMO).

Besides these established health facilities, the district Kathua has 01 Sick Newborn Care Unit (SNCU), 01 District Early intervention Centre (DEIC), 05 First Referral Units (FRUs), 10 Designated Microscopy Centers (DMCs), 05 Tuberculosis units, 01 CBNAAT, 02 TruNat Sites, 01 Drug Resistant TB Centre, 01 Blood Centre and 01 Blood Storage unit which are functional with the required facilities. The district has converted/upgraded around 148 Sub-centres, 17 Primary health centres and 01 UPHC into Health & Wellness Centres (HWCs) till date.

The district has 04 non-communicable disease clinics in which one (01) is functional at Associated District hospital and the other three (03) are functional at the respective CHCs of district Kathua. Further, district Kathua has 06 health facilities which are providing comprehensive first as well as second trimester abortion care services in which one is available at Associated District Hospital Kathua and the other one are available at the respective CHCs of the district.

1.6: District Health Action Plan (DHAP):

District Health Action plan (DHAP) is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process. It is a document that depicts the need at sub-district level units for programme implementation in terms of infrastructure, Human Resource, procurement, trainings and various schemes running and provides an overall budget required to execute those activities. The CMO of the district said that the Govt., of J&K exclusively prepares a District Health Action Plan (SHAP) itself on the basis of performance of various health indicators and accordingly prepares the budget for the same. However, the State administration constitutes an executive body including the CMO, Dy. CMOs, Medical Superintendents and some other essential persons of the district for the preparation of the District Health Action Plan (DHAP). As such the district has no direct role in the process and preparation of DHAP. However, the CMO office submitted their DHAP on January 2022 for two financial years 2022 – 23 & 2023 – 24. The district has received the approved DHAP on 23 – 06 – 2023 for two consecutive financial years i.e., 2022-23 to 2023-24 and the first installment of budget was released on 18 – 05 – 2023 in the account of CMO through the Single Nodal Account. Moreover, the District Kathua has prepared and submitted the DHAP on 27 – 08 – 2023 for the financial year 2024 – 25.

1.7: Recruitment Policy in District Kathua

Since recruitment of regular staff is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level. The positions of doctors are filled through J&K Public Service Commission (JKPSC) and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB) of Jammu & Kashmir.

Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled up by the office of the Mission Director (DM) at the Central level while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Development Commissioner. The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances.

In district Kathua, despite the various rounds of recruitment as well as the announcements for the vacant seats, a total of around 89 posts remained vacant from regular side and 40 positions are also vacant from NHM side during the financial year 2022-23. Out of the 40(20 Medical + 20 Paramedical) vacant positions of NHM, a total of only 03 positions were filled up by the UT Govt., of Jammu & Kashmir while as no position were filled at the district level (Source: CMOH).

1.8: Status of Human Resource of District Kathua

On the regular side, district Kathua has 155 sanctioned strength of specialists including 06 Gynecologists/Obstetricians, 05 Pediatricians, 05 Anesthetist, 05 Surgeon, 05 Physicians, 0 Radiologist, 0 Pathologist, 0 Ophthalmologists, 0 Orthopedics, 0 ENTs, 0 Dental Surgeons, 0 Other specialists and 129 Medical Officers (MOs) but presently only 55 (35.48 percent) positions of specialists are in place including 03 Gynecologists/Obstetrician, 0 Pediatricians, 02 Anesthetists, 02 Surgeons, 01 Physician, 0 Radiologist, 0 Ophthalmologist, 0 Orthopedic, 0 ENT, 0 Dental Surgeon and 47 Medical Offices which simply indicates that around 100 (64.52 percent) positions of specialists are vacant (Table 1) till date.

On the other hand, District Kathua has 316 sanctioned strength of paramedical staff including 0 Dental technicians, 10 x-ray technicians, 30 Lab technicians, 0 OT technicians, 0 CHO/MLHP, 190 ANMs/FMPHWs, 35 MPWs (Male), 51 Staff Nurses/JSNs, 0 Pharmacist (Allopathic) but presently only 265 (83.86 percent) positions are in place including 0 Dental technician, 06 x-ray technicians, 21 Lab technicians, 0 OT technician, 0 CHO/MLHP, 172 ANM/FMPHWs, 27 MPW(Male), 39 Staff Nurses/JSN, 0 Pharmacist (Allopathic) which simply indicates that only 51 (16.13 percent) positions of paramedical staff are vacant (Table 1).

On the NHM side, district Kathua has 80 sanctioned strength of specialists including 04 Gynecologists/Obstetricians, 03 Pediatrician, 02 Anesthetist, 0 Surgeon, 0 Physician, 0 Radiologist, 0 Pathologist, 01 Ophthalmologist, 0 Orthopedic, 0 ENT, 01 Dental Surgeon, 17 Medical Officers, 51 AYUSH MOs and 01 Dental MO but presently 55 (77.5 percent) positions of specialists are in place including 01 Gynecologist, 01 Pediatrician, 18 Medical Officers, 41 AYUSH MOs and 01 Dental MOs which simply indicates that around 18 (64.70 percent) positions of specialists are vacant including 03 Gynecologists, 03 Pediatricians, 01 Anesthetist, 01 Ophthalmologist, 01 Dental Surgeon, 13 MOs, 01 AYUSH MO and 01 Dental MO. Further, district Kathua has 596 sanctioned strength of paramedical staff including 01 Dental technician, 10 x-ray technicians, 28 Lab technicians, 10 OT technicians, 182 CHOs/MLHPs, 24 AYUSH Pharmacists, 228 ANMs/FMPHWs, 12 MPW (Male), 86 Staff nurses/JSNs and 15 Pharmacists

(Allopathic) but currently 548(91.94 percent) positions of these posts are in place including 01 Dental technician, 09 x-ray technicians, 27 Lab technicians, 08 OT technicians, 154 CHOs/MLHPs, 22 AYUSH Pharmacists, 219 ANMs/FMPHWs, 12 MPWs(Male), 83 staff nurses and 13 Pharmacists which simply indicates that around 48 (08.06 percent) positions of Paramedicals are vacant including 01 x-ray technician, 01 Lab technician, 02 OT technician, 28 CHOs/MLHPs, 02 AYUSH Pharmacists, 09 ANMs/FMPHWs, 03 Staff nurses and 02 Allopathic Pharmacists.

Further, district Kathua is gifted with a trained LSCS and EmOC specialists whom are posted at the GMC Kathua since last few years. The public at large are happy with their dedication, behaviour and work culture.

Although, the district has only 35.49 percent of specialists in place from regular side but overall the district is performing well in providing service delivery while as in case of paramedical staff, the district has around 83.37 percent of staff in place. In case of NHM, the district has around 62.5 percent of specialists and 91.95 percent of paramedical staff in place. It can be concluded that, district Kathua need to be strengthen with the specialists otherwise the patients have no choice other than to visit either the GMC Jammu or GMC Pathankot which is a challenging task for them.

Table 1: Details of Healthcare staff – Medical in District Kathua during 2023-24

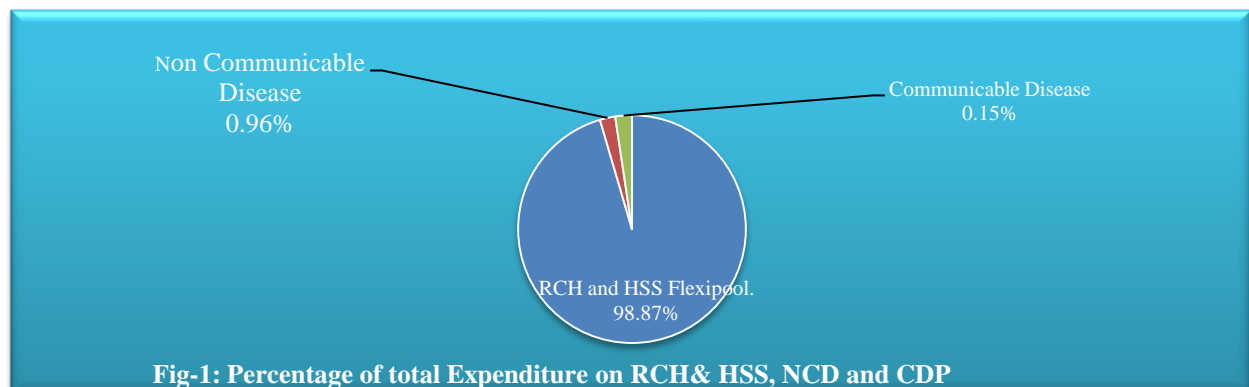
Human Resource	Regular			NHM		
	Sanctioned [A]	In place [B]	% Vacant $[B-A/A]*100$	Sanctioned [A]	In-place [B]	% Vacant $[B-A/A]*100$
Specialists	155	55	64.51%	80	55	37.5%
Gynecologist	6	3	50	4	1	45
Pediatrician	5	0	100	3	0	100
Anesthetist	5	2	60	2	1	50
Surgeon	5	2	60	0	0	0
Physician	5	1	80	0	0	0
Radiologist	0	0	0	0	0	0
Pathologist	0	0	0	0	0	0
Ophthalmologist	0	0	0	1	0	100
Orthopedic	0	0	0	0	0	0
ENT	0	0	0	0	0	0
Dental Surgeon	0	0	0	1	0	0
MOs (MBBS)	129	47	63.56	17	4	76.47
AYUSH MOs	0	0	0	51	49	3.92
Dental MOs	0	0	0	1	0	100

Paramedical Staff	316	265	16.13%	596	548	8.05%
Dental technician	0	0	0	1	1	0
X-ray technician	0	0	0	6	5	0
Lab Technician	34	30	11.76	17	17	0
OT Technician	0	0	0	6	6	0
CHO/MLHP	0	0	0	120	112	6.67
AYUSH Pharmacist	0	0	0	13	13	0
ANM/FMPHW	124	124	0	166	163	1.80
MPW(Male)	12	10	16.67	30	29	3.34
Staff Nurse/JSN	48	30	37.5	71	66	7.04
Pharmacist(Allopathic)	171	87	49.13	11	8	27.28

Source: The district CMO office, Kathua during 2023-24.

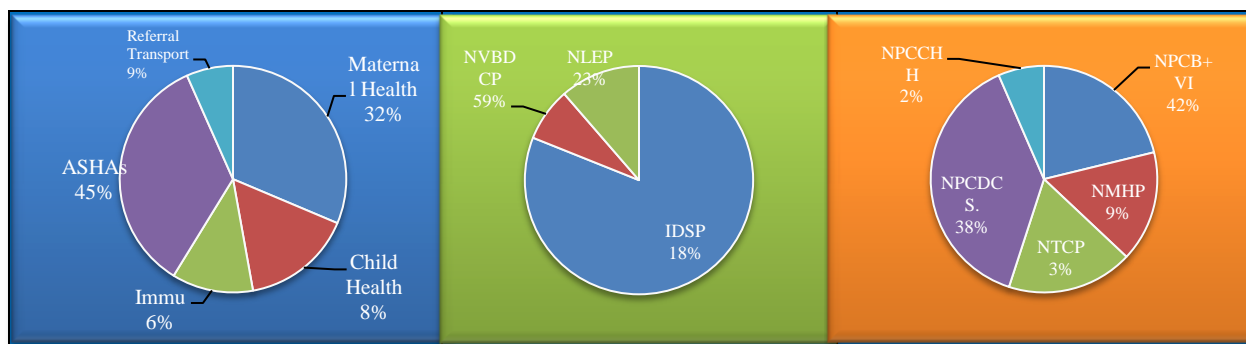
1.9: Status of Budget Utilization/Expenditure:

District Kathua has received Rs. 2769.329 LAKHS from NHM under different heads including Rs 2738.24 (98.87 percent) LAKHS under RCH and HSS Flexipool while as only Rs. 4.24 (0.15 percent) LAKHS under Communicable disease flexipool and Rs. 26.849 (0.96 percent) LAKHS under Non-communicable disease flexipool during the financial year 2022-23 (Fig-1).



The maximum expenditure under RCH Flexipool was observed in ASHA workers (45 percent) followed by maternal health (32 percent), followed by Referral transport (9 percent) followed by child health (8 percent) followed by Immunization (6 percent). Under the communicable disease flexipool, the maximum expenditure was done on NVBDCP (59 percent) followed by IDSP (18 percent) and followed by NLEP (23 percent) while as the maximum expenditure under the Non-communicable disease flex-pool was done on NPCB-VI (42 percent), followed by NPCDCS (38 percent) followed by NMHP (9 percent) followed by NTCP (3 percent) and followed by NPCCHH (2 percent) shown in Fig – 2.

Fig-2: Expenditure on different components under RCH & HSS, CDP and NCD during 2022-23



1.10: Status of Trainings

With regard to the trainings, the CMO Office Kathua, organized around 04 training courses including 02 SBA in which around 08 persons (including staff nurses and ANMs etc.,) have participated and 01 Dakshta training course in which around 20 paramedical staff (including staff nurses, ASHA workers, ANMs, Data Entry operators etc.,) have participated while 01 training course were organized on NSSK in which around 32 persons have participated during 2022-23. Further, the CMO office has also conducted around 06 training courses including 02 courses on SBA in which 08 paramedical staff have participated and around 04 training courses on RCH in which around 154 paramedical personals have participated during the financial year 2023-24 prior to our PIP monitoring visit.

During the field visit, we interact with many front line workers like ASHA workers, ANMs, CHOs and paramedical staff. Some of the ASHA workers agreed that they received the training on RCH and NCDs during 2022-23. However, the data entry operators viewed that training for new data elements of HMIS is meant for them and a training course may be organized for them on priority. Further, the CHOs, ANMs and paramedical staff of the visited health facilities insisted that they need a training on various components related to RCH, Immunizations, NCD screening and other varied types of trainings related to their job profile and said that trainings increases their efficiency of work.

2: STATUS OF DELIVERY SERVICES IN DISTRICT KATHUA

The status of services delivery under different NHM programmes and schemes of District Kathua are discussed herewith:

2.1: Free Drugs & Diagnostic Services:

In order to improve the quality of health care services and to address the out of pocket expenditure on drug-n-diagnostics services, the government of Jammu & Kashmir under the National Health Mission launched the free drug and diagnostic initiatives since the couple of years back. The essential drug lists (EDLs) have been prepared for all types of health facilities and drugs are centrally procured by the UT Govt., of Jammu & Kashmir. The Govt of Jammu & Kashmir has notified (221 at DHs, 72 at CHCs, 32 at PHCs, 11 at UPHCs and 32 at SC) drugs in EDLs and all the drugs in the EDLs were not found available during the day of our visit at all the visited health facilities. It was found that all the drugs prescribed by the doctors at CHC and DH were provided free of cost under JSSK patients, children and old aged persons only and all other patients have to purchase around 59 percent of medicines from the market. However, during the exit interviews it was observed that the visited health facilities especially PHC as well as H&WC are providing hypertension, diabetes and some other medicines free of cost to all the patients irrespective of their economic status.

So far as diagnostics services are concerned, the district has notified 731 diagnostics tests in general but ADH has notified around 149 diagnostics tests, CHCs has 13 notified diagnostic tests and PHC has 19 notified lab tests while SCs perform only 9 rapid tests because they do not have any instruments like Analyzer for lab tests. However, whatever diagnostic facilities are available at the visited health facilities, the diagnostics services are provided free of cost under JSSK, elderly people as well as children and in addition these services (at all the public health facilities) are provided free of cost to Golden card holders, BPL patients, NCDs patients, Hypertension, ANC and maternal mothers too. During the interaction, the local public demanded that their concerned SCs and PHCs need to be strengthen with all the diagnostic services with trained lab technicians and Pharmacists so that their ailments could be diagnosed at the early stage.

2.2: Reproductive Health Care (RHC) Services:

In line with the record of delivery points, district Kathua has 05 CHCs conducting more than 20 deliveries and 01 Associate District Hospital conducting more than 50 normal as well as C-section deliveries per month. Besides, the district has 18 institutes including 06 public and 12 private with Ultrasound facilities but of these 18 health facilities, only 16 are registered under PC-PNDT Act. Further, in order to identify the high risk pregnancies and provide them comprehensive and quality antenatal care, free of cost to all the pregnant women on the 9th of every month. District Kathua has 05 designated health facilities for PMSMA activities in which all these facilities provides the quality services to Pregnant Women on 9th of every month as per the given procedure and protocol since their inception and all the identified high-risk women are taken care as per their obstructed and medical history. The district has done around 1026 PMSSMA activities during the financial year 2022-23 and investigated around 7389 pregnant

women, of these; around 1379 (18.66 percent) pregnant women have been diagnosed high risk during 2022-23. Most of these high risk women are anemic and weak due their economic status and poor nutrition because they are living in far flung areas of hard to reach areas of district Kathua.

2.3: Rashtriya Bal Swasthya Karyakaram (RBSK)

District Kathua has been demarcated among 05 medical blocks. The district has 10 sanctioned RBSK teams but out of these only 08 RBSK teams are functional with the required human resources as well as the infrastructure. Each block has two dedicated RBSK teams and each team has a dedicated vehicle. In order to screen and identify the defects of children at birth, each RBSK team is being provided a vehicle for visiting various schools and Anganwadi Centres and on an average, each team screens around 47 children per day, a total of 1632 children have been screened for defects at birth during 2022-23. The society, Anganwadi centres and schools are highly satisfied with the dedication, hard work and nature of RBSK teams. During an interaction, RBSK teams have complained regarding the referral cases. They said that whenever they referred any patient to the territory care hospital for the special and advanced treatment, the patients are not been taken care of and they demanded, a 'timely intervention' from the concerned authorities especially CMO of the district.

2.4: Sick New-born Care Unit (SNCU)

District Kathua has a 29 bedded approved Sick New-born Care Unit (SNCUs) and all these beds are fully established with the required manpower as well as instruments like radiant warmers, Kangaroo Mother Care, phototherapy and stepdown care. During the field visit, it was observed that the staff posted (nurses as well as Pediatrician) are following the protocol and overall cleanliness of the SNCU is good in all respects. A total of around 629 inborn babies have been admitted in this SNCU during 2022-23, of which 548 babies have been discharged after the proper treatment and 75 babies have been referred to the territory care of SMGS HOSPITAL SHALIMAR JAMMU for the special treatment while as 02 babies has been left at LAMA and 04 babies died due to some serious ailments. Further, 89 outborn babies have also been admitted during 2022-23, of which 83 have been discharged after the treatment and 06 babies have been referred for the advanced treatment to SMGS HOSPITAL SHALIMAR JAMMU. The referral transport of 102 was arranged for all these referral babies/patients.

2.5: Newborn Stabilization Unit (NBSU)

District Kathua has 05 established Newborn Stabilization Units (NBSUs) which are functional with the required infrastructure and manpower and these NBSU are established at CHC Parole, CHC Hiranagar, CHC Billawar, CHC Basoli and CHC Bani of the district. A total of 188 inborn babies were admitted during 2022-23 and out of these around 178 babies have been discharged after the proper treatment while as only 10 babies have been referred to the territory care hospital SMGS HOSPITAL SHALIMAR JAMMU for the advanced treatment. Further, as a total of around 05 outborn babies were admitted during the financial year 2022-23 and all these 05 babies were discharged after the treatment and no baby have been referred to territory care to

SMGS HOSPITAL SHALIMAR JAMMU for the special treatment. The referral transport of 102 was given to all these referral babies/patients.

2.6: Nutrition Rehabilitation Centre (NRC)

Nutritional Rehabilitation Centre (NRCs) is partially functional at the associated district hospital because the NRC has not been provided any specific space in the hospital premises and the staff has been involved in other sections of the hospital due to which the protocol of NRC has not been followed. However, during an interaction, the CMO of the district viewed that this year (2023-24) they have identified the land near the associated hospital premises for the establishment of NRC and accordingly will construction a dedicated building for the same.

2.7: Home-Based New-born Care (HBNC)

In line with the record, around **7,006** home based newborn babies have been visited by the ASHA workers during 2023-24. There was 213 HBNC and 280 DRUG KITS available with the ASHA workers 2023-24. During an interaction, the newly recruited ASHA workers complaint that they have not been given HBNC kits since they have been employed and it was also reported by them that at times they purchased some required equipments for HBNC visits but they have not been given any compensation till date. Further, ASHA workers said that HBNC drug kits are being refilled at their respective health facilities on need basis. During the PIP monitoring, we tried to contact the ASHA workers at various visited health facilities but it was not possible because all ASHA workers were found on strike due to some service issues and they were of the opinion that they need to be provided minimum wage than the assured incentives. However, based on the feedback, society seemed to be satisfied with the dedication, knowledge, conduct, work culture and nature of visits of ASHA workers as it appears that ASHA workers are well versed with the knowledge and objectives of activities associated to home based newborn babies (HBNC).

2.8: Review of Maternal and Infant Deaths

As per the record, received from the Chief Medical Officer (CMO), shows that 126 deaths were reported including 05 maternal death, 05 child deaths, 35 infant deaths and 81 still births during the financial year 2022-23 while as 86 deaths were also reported including 02 maternal deaths, 37 infant death and 47 still births during the financial year 2023-24 prior to this monitoring exercise. During the day of the visit, it was found that 05 maternal and 40 child deaths have been reviewed during 2022-23 while as 02 maternal and 37 child deaths were also reviewed during 2023-24. On the day of our visit, minutes of the review meetings were found available with regard to the cause of deaths. Further, during the visit, it was found that data was maintained regarding the maternal as well as child deaths. However, during the visit, it was found that all the health facilities of the district, updates the data on the HMIS portal and same has been reported to the concerned CMO Office of the district.

2.9: Peer Education Program (PEP)

Peer Education Programme has not been implemented in the district at any level as such no activity has taken place in any of the blocks of the district for this programme, as Kathua is not RKSK district.

2.10: Mobile Medical Unit (MMU)

District Kathua doesn't have any established mobile medical unit (MMU). However, in terms of referral transport, the district has 15 vehicles of 108 on road and are GPS fitted and handled through centralized call centre. On an average each ambulance shares at least 4-5 trips per day and travel an average distance of 40-45 kms in a day. The district has 7 (3 ALS + 4 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and are operational on need basis for 24x7. The average distance travelled by these ambulances was found to be 165 kms per day. As mentioned above that a Centralized Toll Free Number (102) for availing free transport has been made functional and a control room has been established at Jammu. The toll free number is prominently displayed at various health facilities and on the ambulances.

2.11: Status of Referral Transport

Given the load of health services, District Kathua has 07 ambulances available on road for referral transport that are GPS fitted and handled through a centralized call centre of toll free number of 102 and 108. Of these ambulances, 04 are Basic Life Support (BLS) and 03 are Advanced Life Support (ALS) ambulances and however, all these ambulances are available 24x7 on need based. On an average each Basic Life Support (BLS) ambulance are supposed to have at least 03 trips with 50 kms while as ALS has 05 trips with 91 kms per day and each ambulance are supposed to receive approximately 9 to 13 calls per day respectively. Further, district Kathua has also 18 ambulances of 102 while these ambulances are supposed to travel around 95 kilometers per day in 36 trips. During an interaction with CMO, the referral transport is being provided to expectant mothers for pick and drop subject to the availability of funds. However, at times, 102 ambulances are being provided only to those expectant mothers who are extremely poor and belong to far off places of district Kathua. The CMO added by saying that they have initiated to establish a 'NURSING HOME' and all the expectant mothers will taken in advance before few days of their delivery and all the logistics will be provided to them free of cost. The step was taken keeping in view the topography and hard to reach areas of the district. The CMO viewed that they have also initiated for the AIR AMBULANCES emergency cases like accidents because district Kathua is accidental prone area.

2.12: Comprehensive Primary Health Care (CPHP)

Under the Ayushman Bharat, district Kathua has converted/upgraded a sizeable number of Sub-centres and Primary health centres into Health & Wellness Centres (H&WC) and have initiated the process of screening for various non-communicable diseases in the first phase. In district Kathua, different Health & Wellness Centres (H&WC) have planned to enumerate 2,27,813 lakh of individuals for various non-communicable diseases, of which around 2,95,849 (129.86

percent) target were completed so far while as these Wellness Centres have also targeted to fill up around 227813 CBAC forms but these H&WCs have completed more the target and filled around 255685 (112.23 percent) CBAC forms during 2022-23.

In this regard, around 201 Health & Wellness Centres of the district including 148 Sub-Health & Wellness Centres (SHC-HWCs), 50 Primary Health & Wellness Centres (PHC-HWCs) and 03 UPHCs have planned to start the process of screening for various non communicable diseases and all these Health and Wellness Centres have completed the target of around 91.40 percent in hypertension, diabetes and oral cancers while as 41.20 percent in breast cancer and cervical cancers of their target in the process of screening during 2022-23.

District Kathua has around 147 Health & Wellness Centres which are providing tele-consultation services and almost all these Health & Wellness Centres are also organizes the wellness activities like Yoga in the district.

2.13: Universal Health Screening (UHS)

In case of Universal Health Screening Programme (UHSP), district Kathua has planned to enumerate around 2, 27,813 individuals for various non communicable diseases and out of these, the district have completed around 2, 55,685 (112.23 percent) CBAC forms. The district has screened around 2, 08,230 suspected individuals for hypertension, diabetes as well as oral Cancers. Of these around 3908 (1.87 percent) individuals have been diagnosed hypertension, 1788(0.87 percent) have been diagnosed diabetes and around 1906 patients have both hypertension as well as diabetes while as only 08 patients have been diagnosed Oral cancers. In the case of hypertension and diabetes almost 2,081 (53.24 percent) individuals were treated and 1827(46.75 percent) patients were referred to the territory care hospital Jammu for the special treatment.

In case of various types of cancers, the district has randomly screened around 884 suspected individuals including 72 suspected patients for Oral, 133 suspected patients for breast, 254 suspected patients for Cervical, 114 for stomach and around 311 suspected patients for others. Of these suspected patients who have been screened for various types of cancers, 08 patients have diagnosed Oral cancer while only 01 patient has diagnosed breast cancer and all these patients have been referred to the territory care hospital Jammu for the advanced treatment.

2.14: Grievance Redressal

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the entrance of each facility and these boxes are opened on regular basis by the officials of concerned health facilities to resolve the complaints if any. During the current financial year 2023-24, the district has received around 495 complaints through 104 toll free numbers and almost 100 percent of them have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far. However, a 104 toll free number was established by the district which is functional at the State Health Society (SHS), Jammu & Kashmir and grievances are received through this toll free number. All most all the

visited health facility is serious about the grievance redressal set-up and it was also observed during the visit that “*Mera-Aspatal Aap*” has also been initiated at all the visited health facilities of the district especially at CHC Billawar, CHC Basoli and CHC Hiranagar. The Mera-Aspatal Aap is now being taken care of through **e-Sehaj** portal at all the levels.

2.15: Status of Payments of JSY and ASHA workers

In case of JSY Payments, out of 2573 beneficiaries, around 856 (33.26 percent) beneficiaries have received the benefits and these beneficiaries have received their benefits through the DBT and around 1717(66.73percent) beneficiaries have not received their benefits prior to our PIP visit due to the non-availability of funds and therefore around 67 percent beneficiaries are backlog in this case. In case of payments and incentives of different categories such as incentives and payments of ASHA workers, pregnant women, children and eligible couples, all is being recorded and is being directly transferred in their accounts through DBT system by the UT Govt., and therefore, the *DPMU* does not have any information available related to the ASHA worker’s payments. However, around 04 months recurring incentives ASHA workers have issued and last 02 months prior to our visit around 766 ASHA workers have not received their recurring and assured payments through DBT due to the non availability of funds said the CMO of the district.

Nothing have been shown backlog in case of beneficiaries who are receiving routine and recurring amount of Rs. 2000 per month and also nothing has been shown backlog in case of ASHA facilitators payments as per the revised norms (of a minimum of Rs 300 per visit). In case of incentives under different health programmes, out of 81 beneficiaries in which all beneficiaries have received the incentives under National Tuberculosis Eradication Programme (NTEP) and nothing is backlog in this case till date.

In case of patient incentives under National Leprosy Eradication Program (NTEP) and the all beneficiaries received the incentives where as in case of provider’s incentive under NTEP programme, out of 81 beneficiaries, in which all beneficiaries received the incentives and in case of treatment supporters under NTEP programme, out of 13 beneficiaries, of which all these received the incentives. Further, around 87 individuals have received the family panning compensation and in all the above cases, nothing has been left in backlog till 23/11/2023.

3: STATUS OF COMMUNICABLE DISEASES PROGRAMMES

In order to identify and examine the eventuality of diseases, district Kathua has implemented various surveillance programmes under the National Health Mission (NHM) in which some of the programmes have been reviewed as:

3.1: Integrated Disease Surveillance Programme (IDSP):

District Kathua has constituted a Rapid Response Team (RRT) under the Integrated Disease Surveillance Programme (IDSP) both at district as well as at the block level. The Rapid Response Team has been constituted under the supervision of CMO including different specialists such as DHO, Physician, Pediatrician, District Epidemiologist, Microbiologist, Health Educator, Lab Technician, Specialized doctors (Medicine), Assistant Veterinary Surgeon Pharmacist and 07 members from block under the supervision of CMO of the district. In district Kathua, around 07 outbreaks were reported including 01 outbreak during the financial year 2022-23 and around 06 outbreaks during the financial year 2023-24.

In district Kathua, all the designated health facilities are regularly uploading the weekly data under the IDSP on the portal. The data is continuously monitored, and early signs of epidemics are being detected in time. The visited health facilities of the district shows that SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet that they have been provided by the SHS while as, at the PHC level of HWC, the data on IDSP has been uploaded on weekly basis as reported by the concerned MOs. Further, the information collected from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis and it was found that the ADH is also providing such information on the portal for IDSP.

The online data of IDSP is utilized for planning and implementation of health programs and to detect the various health related issues or major outbreaks in the areas which are proven to diseases. In district Kathua, the IDSP data has been utilized for disease surveillances mainly fever (including Dengue & Malaria) as well as diarrhea investigations and preventions. With regard to the proportion of private health facilities reporting weekly data of IDSP, around 40 percent of private health facilities are providing the weekly data under IDSP in the district.

3.2: National Vector Borne Disease Control Programme (NVBDCP):

Even though, the district Kathua is not prone to any Vector Borne Disease but National Vector Borne Disease Control Programme found functional in the district with the letter and spirit as the district monitors the epidemiological and entomological situations on weekly basis and the micro plans are also found available at the visited health facilities of the district.

3.3: National Tuberculosis Elimination Programme (NTEP):

District Kathua has implemented the national tuberculosis elimination program and the district has notified a target to screen around 1300 persons from the given load of population but due to one or the other reason, the district has completed the screening of around 868(66.76 percent) persons and all these individuals are known with HIV status but 876 individuals are eligible for

UDST testing. The drugs for both such as drug sensitive and drug resistant TB patients are partially available in the district.

Out of the notified 868 TB patients, around 740 (85.25 percent) patients have been notified by the public sector while as 128 (14.74 percent) patients have been notified by the private sector. So far as the notified 868 TB patients public sector is concerned around 26 patients are MDR patients while as only 01 patient is MDR in case private sector. Of the notified TB patients, the success rate for the treatment of TB patients in public sector was around 88.06 percent while as in the case of private sector is concerned, the treatment rate was around 89.02 percent.

In case of payments of beneficiaries, cumulatively around 694 beneficiaries have been brought under the Nikshay Poshan Yojana (NPY) by district Kathua and DBT installments have also been initiated in their favour prior to our monitoring visit while as around 390 beneficiaries are pending due to the non availability of funds.

3.4: National Leprosy Eradication Programme (NLEP):

National Leprosy Eradication Programme (NLEP) is in vogue in the district and under this programme, around 07 no new case of leprosy and no G2D case has been reported in the district during the current financial year 2023-24. The district has not yet conducted any reconstructive surgeries for G2D cases. The MCR footwear or self-care kits are available in the district. The district has 01 Model Treatment Centre (MTC) for viral hepatitis in the CMO office which is functional with the required infrastructure and human resources. The health workers in the district are fully vaccinated against hepatitis “B” such as in first dose around 42 percent, in second dose 31 percent and in third dose 27 per cent have been completed till date.

Under National Tobacco Control Programme, the district has conducted 389 awareness programs under the IEC component of the ROP at facility as well as at Panchayat level. Out of these 389 awareness programmers, in which 102 training of health Professionals, 37 Orientation of Law Enforcers, 107 Coverage of Public Schools, 32 Coverage of Private Schools, 18 Sensitization campaign for college students, 11 DLCC, 13 DLMC meeting, 17 Enforcement Squads, 52 Sensitization Programme for FGD, and 03 Monthly meeting with the hospital staff.

3.5: Accredited Social Health Activists (ASHAs)

The District Kathua requires 769 Accredited Social Health Activist (ASHA) workers as per the population but 767 ASHA workers are in position which simply indicates that 02 **TRIBAL** areas like Sarthal and B Nallah in block Bani are without any ASHA Workers. Out of the selected ASHA workers, a total of around 642 (83.70 percent) ASHA workers are trained in Module 6 and Module 7. Around 13 ASHA workers covers the 1500 rural population while as only 16 ASHA workers covers around 3000 urban population and therefore, 02 tribal/slum areas are without any ASHA workers. However, during an interaction, the ASHA workers complained that more ASHA workers need to be employed because most of the population are living in hard to reach areas, rocky hills and are scattered where there is need of around 01 ASHA worker per 300 populations.

A sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district such as, a total 562 ASHA workers have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and no ASHA Facilitators have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) while as 662 ASHA workers have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY) and no ASHA Facilitators have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY). Further, around 363 ASHA workers have been enrolled for Pradhan Mantri Shram Yogi Maandhan (PMSYMY) and no ASHA Facilitators have been enrolled for Pradhan Mantri Shram Yogi Maandhan (PMSYMY).

The role of ASHA workers is also highlighted in the Mahila Arogya Samiti's (MAS) where they are expected to create awareness regarding the health facilities and services in the communities where they have been placed in. The district has formed around 40 MAS and all these Mahila Arogya Samiti's (MAS) are trained and accounts have also been opened in their favour.

3.6: Village Health Sanitation and Nutrition Committee (VHSNC):

The role of identifying the children in the early malnutrition stage and attaching them to the NRC alongside assuring regular follow up, is one of the key responsibilities of the village health sanitation and nutrition committee (VHSNC). In this regard, a total of 517 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and all 517 VHSNCs were trained but their accounts have been freezed due to the unknown cause and no direct benefit transfers (DBT) till date.

3.7: Quality Assurance

A District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs, etc. DQAC hold meetings on regular basis to ensure the rollout of standard protocols for RMNCHC+A services, disseminate quality assurance guidelines and tools, monitor health facilities for improving quality measures by mentors, payment of family planning compensation, and compile and collate outcomes as well as complications in maternal, neonatal and child health. In order to address the issues of low-quality of services in the healthcare premises, the Govt., of India has introduced a set of quality-oriented programs under the National Health Mission. Quality care improvement initiatives i.e., Indian Public Health Standard, NQAS, Kayakalp, Mera Aspatal, LaQshya, have revolutionized the pathways of public healthcare service delivery in the country. As such it was found that the district has progressed in case of Kayakalp as well as in NQAS program implementation across the visited health facilities. In this regard, the district has proposed some health facilities such as CHC Parole, HWC Tarda, HWC Bannu Chak and HWC Chann Morian for the certification of NQAS and the management of the district is working on these health facilities with the letter and spirit for the accreditation.

The district has CHC Parole, PHC Budhi, UPHC Krishna Colony, HWC Tarda, HWC Tridwan, and HWC Bandore Barwal which are certified under Kayakalp during 2022-23. However, the

district has notified some health institutions for the external assessment for accreditation of NQAS and Kayakalp during 2023-24. Keeping in view the performance under various quality assurance initiatives, recently the UT govt., has also started a mission “**Ayushman Bhav-2023-24**”, under which all the downtime instruments, labour rooms, operation theatres & etc., have started to fill in the gaps in infrastructure so that all the facilities are in a position to apply for NQAS and Kayakalp.

3.8: Biomedical Waste Management (BMW):

The Government of Jammu & Kashmir has outsourced the disposal of Biomedical Waste to various private agencies that usually collect the waste from health facilities, transport it and dispose it. Bio medical waste is segregated in colour coded bins which were found available in all most all the visited health facilities. The awareness amongst the staff regarding segregation of waste was found satisfactory and practice of segregation by staff was being done properly at the ADH and CHC but it was found that patients and their attendants have not full knowledge about the proper segregation of waste and they are not following the guidelines for dumping waste material in these dust bins. All the visited health facilities have outsourced the biomedical waste management to private agencies namely ANMOL Health Care System (AHCS) Samba of Jammu.

3.9: Information Education and Communication (IEC):

By and large, the display of appropriate IEC material in all the visited health facilities is satisfactory at all the levels. Most of the health facilities have not increased their visibility in terms of IEC by displaying citizen’s charter at entrance and banners for various services they are providing. However, the IEC material related to NCDs, MCH, FP services available, clinical protocols, etc., were displayed at the CHC Parole, CHC Hiranagar and Health & Wellness Centre (HWC) Bannu Chak while the IEC material has not been displayed at PHC Dingamb.

3.10: Health Management Information System (HMIS):

HMIS is a Government-to-Government (G2G) web-based Monitoring Information System that has been put in place by the Ministry of Health & Family Welfare (MoHFW). Data on this website is regularly uploaded by all the health facilities of the district. Though, the data quality in the district has improved to a great extent, but there is still a lot of scope for improvement in all the facilities, particularly at SC, PHC and CHCs in the district.

The CMO has issued an order to the health facilities of the district regarding the uploading of information on HMIS portal with all new variables included in it, and also all have been asked to maintain the registers to record information on all the new data elements that have been included in the HMIS formats recently. In all the visited health facilities, it was found that they have not started to capture the data on the new data elements introduced in the new HMIS formats from April 2023. Also no physical training was given to the health officials regarding the data capturing on new data elements till date. However, a virtual training has been provided to the data entry operators and other incharges but the concerned viewed that the training was not effective due to which they have lots of confusions about the new data elements of HMIS.

Therefore, there is a need to provide further training to all the stakeholders in this regard so that misconceptions regarding, reporting and recording can be corrected. However, during our field visit to various health facilities, a few on-the-spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved.

3.11: Reproductive and Child Health (RCH)

Integrated Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women, and children at village and field level. The data on “ANMOL AAP” is uploaded by all the visited facilities on regular basis as every health facility has been provided with a tablet to ensure timely updation of data on all the indicators.

3.12: Adolescent Friendly Clinic (AFC)

District Kathua is non RKSK district and as such the district has no established adolescent friendly clinic (AFC) and therefore no Peer Educators were formed till date.

3.13: Pradhan Mantri National Dialysis Programme (PMNDP)

The Dialysis unit was established at the Associated District Hospital on Oct 11, 2017, and has been made functional. Since its establishment, 113 patients have received dialysis services. The dialysis centre has 13 functional beds with internal adjustment staff to run the centre smoothly. During the current financial year 2023-24, 21 patients have availed the dialysis services and during 2022-23, a total of 19 patients have availed the dialysis services prior to our visit. The Dialysis Centre is manned by 01 Medical Officer (MBBS), 05 Staff nurse and 01 dialysis technician and all these are from NHM side and the Centre is also being run on an internal arrangement basis with the available human resources of different units of the hospital. All the necessary equipments at the dialysis centre are functional. However, the staff urged that the centre may be provided full strength of the manpower like dialysis technicians so that they could do their job properly.

4: STATUS OF SERVICES AT THE VISITED HEALTH FACILITIES

Keeping in view the program implementation plan visits to the mentioned health facilities, following health centres have been taken for the case studies in district Kathua of Jammu & Kashmir:

4.1: COMMUNITY HEALTH CENTRE(CHC), PAROLE

Community Health Centre (CHC) of **Parole** is first referral unit, standalone institute accessible from the nearest road connectivity with the capacity of 30 functional beds and has 02 Intensive Care Unit (ICU) beds. The Hospital is situated at the centre of Parole town and is housed in a newly and well designed constructed three storey building with compound boundary wall. The hospital complex consists of one main building with three stories. The first referral point for CHC Parole is GMC Kathua which is located around 13 kms away from Parole town. The CHC covers around 11000 population of area and 05 PHCs, 05 NTPHC and 40 HWCs are working under this CHC. The hospital operates from 10:0 AM – 2:30 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is maintained well and it has all the basic amenities such as 24x7 running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area, drug store room and a complete power back up which is maintained through a generator. The hospital is getting electricity and water supply on 24x7 bases but has not a dedicated back-up for both electricity and water supply. The hospital has the availability of color coded bins for segregation of waste and the biomedical waste management is outsourced to a private agency namely ANMOL Health Care System (AHCS) Samba of Jammu district. Although, the CHC has contract with the ANMOL for the management of BMW but at times the ANMOL does not used to come as per the contract deed due to which the waste remains there in the burial pit at the CHC which leads to over exertion.

This Community Health Centre (CHC) has 16 sanctioned strength of specialists from regular side including 01 Gynecologist, 01 Pediatrician, 01 Anesthetist, 01 Surgeon, 01 Physician, 0 Radiologist, 0 Pathologist, 0 Ophthalmologist, 0 Orthopedics, 0 ENTs, 01 Dental Surgeon and 09 Medical Officers but currently only 11 (68.75 percent) positions are in place including 01 Gynecologist, 0 Pediatrician, 0 Anesthetist, 0 Surgeon, 01 Physician, 01 Dental Surgeon and 08 Medical Officers which simply indicates that around 05(45.45 percent) positions of specialists are vacant including 01 Pediatrician, 01 Anesthetists, 01 Surgeons and 01 Medical officer. In case of paramedical staff, the CHC Parole has 20 sanctioned strength of posts including 01 Dental technicians, 02 x-ray technicians, 01 Lab technician, 0 OT technician, 0 AYUSH Pharmacist, 06 ANMs/FMPHWs, 06 Staff Nurses/JSNs and 02 Allopathic Pharmacists but presently all these positions are in place.

On the NHM side, the CHC Parole have sanctioned strength of 12 posts including 02 Medical Officers, 02 Lab technicians, 02 OT technicians and 02 x-ray technicians but all these posts are in place too. Due to the non-availability of specialists, patients have no choice other than to visit

the GMC Kathua which increases the load of patients at ADH due to which it leads the over exertion in the existing staff.

The hospital has dedicated desktops for data entry and internet connectivity (broadband) is good. The hospital has initiated the process for the external assessment of Kayakalp and has obtained the score of around 81.57 points during 2022-23 with a commendation award of rupees one lakh and in the case of NQAS, the hospital has initiated of the internal assessment for the certification of NQAS and has obtained the score of around 58.33 percent points on conditional basis. The conditions are to improve the conditions of various sections in terms of infrastructure, record and hygiene management. The hospital has not initiated the external assessment for LaQshya in case of labour room and Operation theatre due to the non-availability of **specialists**, space constraint and other necessary surgical instruments like Laparoscope, Video Laparoscope, Multifunctional Ortho Drill, LMA (I-Gel) Assorted size, Sigmordscop, Gaffing knife(Ortho), Reduction Clamp(Ortho), Bone holding clamp/reduction holding clamp, Cutter and retreaters, Saw, T-handle. The labour room of the hospital has not been constructed in an organized manner due to the space constraint and therefore the conditions of the labour room needs to be improved. However, the hospital has done internal assessment of LaQshya in case of Labour room and OT which is under process.

Status of Services:

Apart from emergency services, the CHC provides services like ANC, General OPD, Delivery, PNC, Immunization, Family Planning, laboratory services, general medicine, O&G, imaging services(x-ray, USG), Labour room complex, NBCU, dental and emergency care OTs but no other services like pediatrics, general surgery, Anesthesiology, Ophthalmology, Dermatology, Orthopedics, Radiology, DEIC, NRC, CLMC, NICU, PICU, ICU, Burnt Unit, dialysis unit, Skill Lab and teaching block for medical, nursing as well as paramedical staff are available at CHC Parole. Due to the lack of these services, the local public suffers and they have no option other than to visit the ADH Kathua. However, the hospital administration has initiated the process for the same and shall be functional these units in the next financial year 2024-25. However, the hospital is functional with the emergency services like Triage, Resuscitation and Stabilization. As the conditions of labour room is good and is functional with the required infrastructure, the CHC Parole has done around 57 normal deliveries during the financial year 2023-24 but due to the non availability of Anesthetics, the C-section deliveries are not performed at the CHC Parole. A total of 18 newborns have been immunized for the birth dose and same babies have been breastfed within one hour during the financial year 2023-24. The facility for normal deliveries are available at CHC Parole on 24x7 basis but the C-section facilities are not available on 24x7 basis due to non availability of Anesthetics, Pediatrician and PICU and therefore most of the high risk delivery patients are referred to the GMC Kathua.

The hospital does have the facility of OTs for general, Anesthesiology, orthopedic and ophthalmology and has neither a registered Blood Centre nor has designed blood storage unit. However, the management has initiated for the registration for the blood storage unit but due the

unknown cause, the CHC has not received the registration for the same. Due to the non availability of Physician, the hospital is unable to provide the tele-consultation services to the patients but the hospital has teli-radiology contract with a private company **KRSNAA DIAGNOSTICS LTD.**

The CHC, Parole does not have functional Dialysis Unit, the District Early Intervention Centre (DEIC), the Adolescent Friendly Health Clinic (AFHC), CLMC programmes, NCD Clinic and NICU due to the unknown cause. The Staff and the local public demanded that an NCD clinic may be established at this CHC because patients have to visit for the NCD screening either to GMC Kathua or to the private health facility which is a challenging task for the local public as the area is economically poor. The CHC Parole is also organizing various national health programs such as HIV/AIDS, control of water borne disease, jaundice, control of blindness, elimination of tuberculosis, leprosy, RBSK, PMJA and PMSMA activities.

All the JSSK entitlements including free delivery services, diet, drugs and diagnostics, transport, PMSMA services are provided free of cost irrespective of economic status of the patients. During the interaction, the delivered mothers and staff incharge complained that free medicine is also being provided mothers and they are not purchasing any medicines from the market most of the times. Registers for entering births and deaths have been maintained. The hospital has not reported either any maternal deaths or child deaths during 2022-23 and 2023-24. It has been reported that vaccines, hub cutters are available and the staff is aware about the open vial policy. In case of respectable maternity care, the hospital under takes the strict privacy measures and only birth attendant is allowed with patient. With regard to the FP services, the hospital has basket of choices and provides as per the choice of patient.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 0.83 percent of the OPD cases were tested for the same. The anti-tuberculosis drugs are available at the facility and currently 06 confirmed tuberculosis patients are taking anti-tuberculosis drugs from the hospital. The hospital does not have any instruments of CBNAAT/TruNat for drug resistance but 0.23 percent of patients have been tested through CBNAAT/TruNat since the last six months through PPP mode. The transport mechanism is not in place for investigations within the public sector for tuberculosis testing and for others too. All the tuberculosis patients are tested for HIV and diabetes. The facility had done the disbursement of Nikshay Poshan installments through DBT and nothing have been left backlog in this case since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy. The CHC Parole had done a field survey and had identified around 06 Leprosy case through the RBSK teams since the last 12 months. The CHC Parole has also screened around 208 individuals but no case has been identified HIV positive during 2022-23. The CHC had received an amount of Rs. 5.83 lakhs (untied fund) under NHM during 2022-23 and has utilized almost 100 percent of received fund during the same year. The hospital has utilized this amount in salary, buying the emergency medicine and equipments, hospital upkeep, sanitation, patient amenities, campus cleaning and buying contingency items

and quality programmes etc. Citizen's charter, timings of the facility and list of services available are displayed properly at the entrance gate of the hospital. Complaint box is available and complaints are also received through the 104 toll free number, the number is functional at State Health Society Kashmir. Mostly the complaints are reported verbally and solved on spot. The Mare Aspatal Aap is also functional at this health facility.

Status of Drug and Diagnostics:

The CHC Parole has a designed laboratory manned by 03 Lab technicians and remains functional from 10:00 AM – 4:00 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides almost 49 test services like Haematology: HB, BT-CT, Blood Group, CBC, PBF, ESR), Bio-Chemistry: Blood Sugar, KFT, LFT, Amylase, Uric Acid, Lipid Profile, Serology: HbsAg, HIV, HCV, VDRL and Others: WIDAL Test, RF, CRP, ASO, TROP-T, Sputum for AFB, Urine Analogy, GT, Stool & etc. The imaging service such as x-ray (300 MA with CR system) and USG services are available on daily basis. The hospital does not have the availability of some important services like CT Scan and MRI on daily basis and therefore, the hospital has outsourced this imaging service to a private agency. However, most of the necessary and advanced instruments of Labs, OT, Labour room and other sections equipments are up to date and are available in adequacy.

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of 121 drugs was also not displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of the visit, 70 (57.85 percent) drugs were available out of the EDL drugs. As such no shortage of essential drugs has been found since last one month. Management of the inventory of drugs is manual and all drugs are provided free of cost to all the JSSK patients irrespective of economic status of the patients. The drugs are also being provided free under Golden Card, Ashman Bharat, BPL and elderly people. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were found available at the hospital under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 49 IUCDs and 16 PPIUCDs were available at the CHC Parole. No female sterilizations were performed at the CHC Parole during the financial year 2023-24.

Workload and Utilization of Services:

The services which are available at the CHC Parole have been optimally utilized as the hospital has the rush of patients especially OPD as well as IPD. On an average, more than 5000 patients' visits the OPDs and around 2000 admissions have been reported in the IPD at CHC Parole on the monthly basis. As per the record, around 10871 lab investigations were done during the financial year 2023-24 prior to this monitoring activity. The CHC Parole has referred around 92 severe patients to higher level health facilities like GMC Kathua for special treatment such as Delivery cases, Accidental cases and hypertensive etc., due the non availability of specialized services whereas 47 cases were referred from various sub-centres including high risk pregnancy and accidents etc. All these patients were given referral transport by the hospital. The CHC has 03

dedicated ambulances for referral services under toll free numbers of 108 and 102. The referral transport of 102 is available free of cost under JSSK, accidental cases and children only. However, the hospital as well as the ASHA workers complained that the hospital is unable to provide home to facility transport services to expectant mothers due the cause of hilly terrain which is difficult to capture the mothers from their residence but at times the hospital manages to provide drop back from facility to home referral transport services only to those who are extremely poor delivered mothers.

The CHC Parole has no dedicated functional NCD Clinic and as such no NCD screening has been done during the financial year 2023-24 but the hospital has initiated the process of screening for various types of cancers on the request of BMO but no such patient has been reported Oral, breast or any other type of cancers till date. However, the facility has referred around 143 suspected patients of Oral, 07 suspected patients of breast and 02 suspected patients of cervical to GMC Kathua for further examination.

Status of Health Management Information System (HMIS):

The district hospital has updated and uploaded the information regarding service delivery, infrastructure & human resources till date and the hospital has started the reporting and recording of data on the new data elements. The Data entry operator has received the new formats from the PMU and the data entry operator has also distributed these new formats to the concerned sections of the hospital. The data entry operator has informed the incharge for the reporting and recording of data on these new elements and the data entry operator has also received the training for the same. Therefore, all the sections of the hospital have started and have also opened the page for reporting the data on these new data elements. During, our PIP visit to CHC, a few on-the-spot instructions were also given to the data entry operator and the incharge of the facility as to how the recording and reporting of data can be improved.

Key Challenges of CHC Parole

Following are some of the key challenges which have been observed during our field visit to CHC PAROLE:

Even though the CHC PAROLE is designated as first referral unit (FRU) but due to the non-availability of specialists especially Pediatrician, Anesthetist, Surgeon, Physician, Radiologist, Pathologist, Ophthalmologist orthopedic and dental surgeon, patients have no choice other than to visit the GMC Kathua or the private company which increases the load of patients there and leads to over exertion in the existing staff. So, the human resource with the required infrastructure may be provided to the CHC **PAROLE**.

Even though, the facility has been upgraded to the CHC level since couple of years but the specialized services has not been upgraded up to the CHC level due to which the medical officer posted urged that most of the patients have to be referred to GMC Kathua which leads to the load of patients' at GMC. The labour room incharge also viewed that most of the high risk deliveries

have to be referred to GMC Kathua due to the non availability of NICU and designated blood storage unit.

The incharge of the drug store viewed that JKMSCL is not supplying medicines as per their requirement rather the JKMSCL is working as per their own interest and therefore, most of the times the drugs remains short in supply and at times most of the delayed drugs are already expired before comming in the store. He added by saying that at time more drugs is being supply and unnecessary drugs are also being supplied by the JKMSCL. Therefore, an expert team needs to be designated under the supervision to check the unnecessary items in the supply chain.

Although the hospital is designated general surgeries but due to the non availability of most of the specialists and registered blood storage unit, patients have no choice other than to visit either to GMC Kathua or GMC Jammu. The authorities have insisted that the hospital should have its own blood storage unit because at times they have to face difficulty in arranging blood units during the emergency cases like accidental cases and most of the times they have to refer patients to GMC Kathua.

Although the normal delivery services are available at CHC Parole on 24x7 bases but at times during the night hours, the hospital has to refer the expectant mothers to GMC Kathua which is a herculean task for them due to the non availability of NICU facility. The incharge of the labour room insisted that a NICU facility and a Pedestrian need to be posted here at CHC Parole so that the patients need not to be referred to the territory care hospital for the normal delivery during the night hours.

The security provided at the hospital required to be strengthened with the arms as at times they have to face challenges and pressure of local people which leads to fearful work environment in medico-legal cases. At times of critical medical situations, the hospital staff said that the response of the community is not good.

The Staff and the local public demanded that an NCD clinic may be established at this CHC as most of the patients have to visit for the NCD screening either to GMC Kathua or to the private health facility which is a challenging task for the local public because the people living in this area are economically poor.

The labour room of the hospital has not been constructed in an organized manner due to the space constraint and therefore the conditions of the labour room needs to be improved.

The facility for normal deliveries are available at CHC Parole on 24x7 basis but the C-section facilities are not available on 24x7 basis due to non availability of Anesthetics, Pediatrician and PICU and therefore most of the high risk delivery patients are referred to the GMC Kathua which increases the exertion to the existing staff there at GMC.

4.1: COMMUNITY HEALTH CENTRE(CHC), HIRANAGAR

Community Health Centre (CHC) of Hiranagar is first referral unit, standalone institute accessible from the nearest road connectivity with the capacity of 30 functional beds and has no Intensive Care Unit (ICU) bed. The Hospital is situated at the centre of Hiranagar town and is housed in a multiple old structured constructed buildings with compound boundary wall. The hospital complex consists of around 09 buildings including single and multiple stories. The first referral point for CHC Hiranagar is GMC Kathua which is located around 35 kms away from Hiranagar town. The staff viewed that instead of multiple buildings, a single complex with multiple stories may be constructed with the proper design and ventilation. The CHC covers around 1, 44000 population of the area and around 46 health facilities including 03 PHCs, 02 NTPHC, 01 MMAC and 38 HWCs are working under this CHC. The hospital operates from 10:0 AM – 2:30 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is maintained well and it has all the basic amenities such as 24x7 running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area, drug store room and a complete power back up which is maintained through a generator. The hospital is getting electricity and water supply on 24x7 bases but has not a dedicated back-up for both electricity and water supply. The hospital has the availability of color coded bins for segregation of waste and the biomedical waste management is outsourced to a private agency namely **ANMOL** Health Care System (AHCS) Samba of Jammu district. Although, the CHC has contract with the ANMOL for the management of BMW but at times the ANMOL does not used to come as per the contract deed due to which the waste remains there in the burial pit at the CHC which leads to over exertion.

This Community Health Centre (CHC) has 15 sanctioned strength of specialists from regular side including 01 Gynecologist, 01 Pediatrician, 01 Anesthetist, 01 Surgeon, 01 Physician, 0 Radiologist, 0 Pathologist, 0 Ophthalmologist, 0 Orthopedics, 0 ENTs, 01 Dental Surgeon and 10 Medical Officers but currently only 08 (53.34 percent) positions are in place including 01 Gynecologist, 0 Pediatrician, 0 Anesthetist, 01 Surgeon, 0 Physician, 01 Dental Surgeon and 06 Medical Officers which simply indicates that around 07(46.67 percent) positions of specialists are vacant including 01 Pediatrician, 01 Anesthetists, 01 Physician, 01 Surgeons and 04 Medical officers. In case of paramedical staff, the CHC **Hiranagar** has 41 sanctioned strength of posts including 03 dental technicians, 01 x-ray technicians, 04 Lab technician, 01 OT technician, 01 CHO/MLHP, 0 AYUSH Pharmacist, 02 ANMs/FMPHWs, 07 Staff Nurses/JSNs, 06 Allopathic Pharmacists and 16 Other Paramedics but presently 36 (87.80 percent) positions are in place including except 04 Other Paramedics.

On the NHM side, the CHC Hiranagar have sanctioned strength of 15 posts including 01 Medical Officer, 04 AYUSH(MOs), 02 x-ray technicians, 04 ANMs/FMPHW, 02 Staff Nurses, 02 Pharmacists but all these posts are in place too. Due to the non-availability of specialists, patients

have no choice other than to visit the GMC Kathua which increases the load of patients at ADH due to which it leads the over exertion in the existing staff except 01 Allopathic Pharmacist.

The hospital has dedicated desktops for data entry and internet connectivity (broadband) is good. The hospital has initiated the process for the peer assessment of Kayakalp and has obtained the score of around 40.14 points during 2022-23 and in the case of NQAS; the hospital has initiated of the internal assessment for the certification of NQAS and has obtained the score of around 37.33 percent points on conditional basis. The conditions are to improve the conditions of various sections in terms of infrastructure, record and hygiene management. The hospital has not initiated the external assessment for LaQshya in case of labour room and Operation theatre due to the non-availability of **specialists**, space constraint and other necessary surgical instruments like Laparoscope, Video Laparoscope, Multifunctional Ortho Drill, LMA (I-Gel) Assorted size, Sigmordscop, Gaffing knife(Ortho), Reduction Clamp(Ortho), Bone holding clamp/reduction holding clamp, Cutter and retreaters, Saw, T-handle. The labour room of the hospital has not been constructed in an organized manner due to the space constraint and therefore the conditions of the labour room needs to be improved. However, the hospital has done internal assessment of LaQshya in case of Labour room and OT which is under process.

Status of Services:

Apart from emergency services, the CHC provides services like ANC, General OPD, Delivery, PNC, Immunization, Family Planning, laboratory services, general medicine, O&G, imaging services(x-ray, USG), Labour room complex, general surgery, Anesthesiology, Radiology, NBCU, dental, Ophthalmology, emergency care OTs, Skill Lab and teaching block for medical and Burnt Unit but no other services like pediatrics, Dermatology, Orthopedics, DEIC, NRC, CLMC, NICU, PICU, ICU, dialysis unit, nursing as well as paramedical staff are available at CHC Hiranagar. Due to the lack of these services, the local public suffers and they have no option other than to visit the ADH Kathua. However, the hospital administration has initiated the process for the same and shall be functional these units in the next financial year 2024-25. However, the hospital is functional with the emergency services like Triage, Resuscitation and Stabilization. As the conditions of labour room is good and is functional with the required infrastructure, the CHC Hiranagar has done around 102 deliveries including 77 (75.49 percent) normal deliveries and 25 (24.50 percent) C-section deliveries during the financial year 2023-24. The facilities for normal as well as C-section deliveries are available on 24x7 bases but at time due to the non availability of blood storage unit, PICU and Pediatrician, the hospital has to refer the high risk like anemic expectant mothers to GMC Kathua. A total of 34 newborns have been immunized for the birth dose and around 97 babies have been breastfed within one hour during the financial year 2023-24.

The hospital does have the facility of OTs for general, Anesthesiology, orthopedic and ophthalmology and has neither a registered Blood Centre nor has designed blood storage unit. However, the management has initiated for the registration for the blood storage unit but due the unknown cause, the CHC has not received the registration for the same. Due the non availability

of Physician, the hospital is unable to provide the tele-consultation services to the patients but the hospital has teli-radiology contract with a private company **KRSNAA DIAGNOSTICS LTD.**

The CHC, Hiranagar does not have functional Dialysis Unit, the District Early Intervention Centre (DEIC), the Adolescent Friendly Health Clinic (AFHC), CLMC programmes and NICU due to the unknown cause. The Staff and the local public demanded that an NCD clinic may be strengthen with the full manpower so that the screening for non communicable disease may be done on priority. However, whatever staff available in the NCD clinic has screened around 1026 individuals for hypertension and around 969 individuals for diabetes. Out of these around 233 individuals have been diagnosed hypertension and 150 individuals have been diagnosed diabetes. The CHC Hiranagar is also organizing various national health programmes such as HIV/AIDS, control of water borne disease, jaundice, control of blindness, elimination of tuberculosis, leprosy, RBSK, PMJA and PMSMA activities.

All the JSSK entitlements including free delivery services, diet, drugs and diagnostics, transport, PMSMA services are provided free of cost irrespective of economic status of the patients. During the interaction, the delivered mothers and staff incharge complained that free medicine is also being provided mothers and they are not purchasing any medicines from the market most of the times. Registers for entering births and deaths have been maintained. The hospital has not reported either any maternal deaths or child deaths during 2022-23 and 2023-24. It has been reported that vaccines, hub cutters are available and the staff is aware about the open vial policy. In case of respectable maternity care, the hospital under takes the strict privacy measures and only birth attendant is allowed with patient. With regard to the FP services, the hospital has basket of choices and provides as per the choice of patient.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 2.51 percent of the OPD cases were tested for the same. The anti-tuberculosis drugs are available at the facility and currently 101 confirmed tuberculosis patients are taking anti-tuberculosis drugs from the hospital. The hospital does not have any instruments of CBNAAT/TruNat for drug resistance but 100 percent of patients have been tested through CBNAAT/TruNat since the last six months through PPP mode. The transport mechanism is not in place for investigations within the public sector for tuberculosis testing and for others too. All the tuberculosis patients are tested for HIV and diabetes. The facility had done the disbursement of Nikshay Poshan installments through DBT and nothing have been left backlog in this case since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy. The CHC Hiranagar had done a field survey and had identified around 01 Leprosy case through the RBSK teams since the last 12 months. The CHC Hiranagar has also screened around 789 individuals and 02 cases has been identified HIV positive during 2022-23. The CHC had received an amount of Rs. 4.984 lakhs (untied fund) under NHM during 2022-23 and has utilized almost 100 percent of received fund during the same year. The hospital has utilized this amount in salary, buying the emergency medicine and

equipments, hospital upkeep, sanitation, patient amenities, campus cleaning and buying contingency items and quality programmes etc. Citizen's charter, timings of the facility and list of services available are displayed properly at the entrance gate of the hospital. Complaint box is available and complaints are also received through the 104 toll free number, the number is functional at State Health Society Kashmir. Mostly the complaints are reported verbally and solved on spot. The Mare Aspatal Aap is also functional at this health facility.

Status of Drug and Diagnostics:

The CHC Hiranagar has a designed laboratory manned by 04 Lab technicians and remains functional from 10:00 AM – 4:00 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides almost 49 test services like Haematology: HB, BT-CT, Blood Group, CBC, PBF, ESR), Bio-Chemistry: Blood Sugar, KFT, LFT, Amylase, Uric Acid, Lipid Profile, Serology: HbsAg, HIV, HCV, VDRL and Others: WIDAL Test, RF, CRP, ASO, TROP-T, Sputum for AFB, Urine Analogy, GT, Stool & etc. The imaging service such as x-ray (300 MA with CR system) and USG services are available on daily basis. The hospital does not have the availability of some important services like CT scan and MRI on daily basis and therefore, the hospital has outsourced this imaging service to a private agency. However, most of the necessary and advanced instruments of Labs, OT, Labour room and other sections equipments are up to date and are available in adequacy.

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of 138 drugs was also not displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of the visit, 40 (28.98 percent) drugs were available out of the EDL drugs. As such no shortage of essential drugs has been found since last one month. Management of the inventory of drugs is manual and all drugs are provided free of cost to all the JSSK patients irrespective of economic status of the patients. The drugs are also being provided free under Golden Card, Ashman Bharat, BPL and elderly people. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were found available at the hospital under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 13 IUCDs and 03 PPIUCDs were available at the CHC Hiranagar. Around 11 female sterilizations were performed at the CHC Hiranagar during the financial year 2023-24.

Workload and Utilization of Services:

The services which are available at the CHC Parole have been optimally utilized as the hospital has the rush of patients especially OPD as well as IPD. On an average, more than 5000 patients' visits the OPDs and around 2000 admissions have been reported in the IPD at CHC Parole on the monthly basis. As per the record, around 20998 lab investigations were done during the financial year 2023-24 prior to this monitoring activity. The CHC Hiranagar has referred around 89 severe patients to higher level health facilities like GMC Kathua for special treatment such as Delivery cases, Accidental cases and hypertensive etc., due the non availability of specialized services whereas 11 cases were referred from various sub-centres including high risk pregnancy and

accidents etc. All these patients were given referral transport by the hospital. The CHC has 03 dedicated ambulances for referral services under toll free numbers 102 but has no ambulance of 108 due to which the staff has to face n-number of problems during any untoward circumstance such as accidents. The referral transport of 102 is available free of cost under JSSK, accidental cases and children only. However, the hospital as well as the ASHA workers complained that the hospital is unable to provide home to facility transport services to expectant mothers due the cause of hilly terrain which is difficult to capture the mothers from their residence but at times the hospital manages to provide drop back from facility to home referral transport services only to those who are extremely poor delivered mothers.

The CHC Hiranagar has dedicated functional NCD Clinic and the hospital has initiated the process of screening for various types of non communicable diseases like hypertension, diabetes and different types of cancers. The CHC has screened around 1026 persons for hypertension, 969 for diabetes, around 89 patients for Oral cancer, 856 patients for breast and around 157 for cervical cancer till date. However, the facility has referred around 13 suspected patients of Oral, 11 suspected patients of breast and 03 suspected patients of cervical to GMC Kathua for further examination.

Status of Health Management Information System (HMIS):

The district hospital has updated and uploaded the information regarding service delivery, infrastructure & human resources till date and the hospital has started the reporting and recording of data on the new data elements. The Data entry operator has received the new formats from the PMU and the data entry operator has also distributed these new formats to the concerned sections of the hospital. The data entry operator has informed the incharge for the reporting and recording of data on these new elements and the data entry operator has also received the training for the same. Therefore, all the sections of the hospital have started and have also opened the page for reporting the data on these new data elements. During, our PIP visit to CHC, a few on-the-spot instructions were also given to the data entry operator and the incharge of the facility as to how the recording and reporting of data can be improved.

Key Challenges of CHC Hiranagar

Following are some of the key challenges which have been observed during our field visit to CHC Hiranagar:

Even though the CHC HIRANAGAR is designated as first referral unit (FRU) but due to the non-availability of specialists especially Pediatrician, Anesthetist, Surgeon, Physician, Radiologist, Pathologist, Ophthalmologist orthopedic and dental surgeon, patients have no choice other than to visit the GMC Kathua or the private company which increases the load of patients there and leads to over exertion in the existing staff. So, the human resource with the required infrastructure may be provided to the CHC Hiranagar.

Even though, the facility has been upgraded to the CHC level since couple of years but the specialized services has not been upgraded up to the CHC level due to which the medical officers posted urged that most of the patients have to be referred to GMC Kathua which leads to the load of patients' at GMC. The labour room incharge also viewed that most of the high risk deliveries have to be referred to GMC Kathua due to the non availability of NICU and designated blood storage unit.

The incharge of the drug store viewed that JKMSCL is not supplying medicines as per their requirement rather the JKMSCL is working as per their own interest and therefore, most of the times the drugs remains short in supply and at times most of the delayed drugs are already expired before comming in the store. He added by saying that at time more drugs is being supply and unnecessary drugs are also being supplied by the JKMSCL. Therefore, an expert team needs to be designated under the supervision to check the unnecessary items in the supply chain.

Although the hospital is designated general surgeries but due to the non availability of most of the specialists and registered blood storage unit, patients have no choice other than to visit either to GMC Kathua or GMC Jammu. The authorities have insisted that the hospital should have its own blood storage unit because at times they have to face difficulty in arranging blood units during the emergency cases like accidental cases and most of the times they have to refer patients to GMC Kathua.

Although the normal delivery services are available at CHC Hiranagar on 24x7 bases but at times during the night hours, the hospital has to refer the expectant mothers to GMC Kathua which is a herculean task for them due to the non availability of NICU and Pedestrian. The incharge of the labour room insisted that a NICU facility and a Pedestrian need to be posted here at CHC Hiranagar so that the patients need not to be referred to the territory care hospital for the normal delivery during the night hours.

The security provided at the hospital required to be strengthened with the arms as at times they have to face challenges and pressure of local people which leads to fearful work environment in medico-legal cases. At times of critical medical situations, the hospital staff said that the response of the community is not good.

The labour room of the hospital has not been constructed in an organized manner due to the space constraint and therefore the conditions of the labour room need to be improved.

Most of the CHC buildings have water seepage and mainly the ODP building is down the ground level due which the rain waters percolates into the building due to which the conditions of the buildings are good and therefore, the staff posted at this CHC viewed that a single complex may be construction.

The facilities for normal as well as C-section deliveries are available on 24x7 bases but at time due to the non availability of blood storage unit, PICU and Pediatrician, the hospital has to refer the high risk like anemic expectant mothers to GMC Kathua.

The CHC has 03 dedicated ambulances for referral services under toll free numbers 102 but has no ambulance of 108 due to which the staff has to face n-number of problems during any untoward circumstance such as accidents and expectant mothers.

All the machinery installed in the central lab of the CHC Hiranagar are CR based due to which the hospital has to face many problems and therefore, the lab incharge viewed that an advanced machinery especially **Microscope** and 5 Part Analyzer need to be installed in the central lab of the CHC Hiranagar with an immediate effect. The lab incharge viewed that most of the times, the regents remains short in supply.

4.3: PRIMARY HEALTH CENTRE (PHC), DINGA AMB:

The Primary Health Centre is located at a distance of around 15 kms from its first referral point of CHC Hiranagar and 44 kms from second referral point of GMC Kathua. This Primary Health Centre covers almost 5,228 population of the area including 15 villages. This PHC is 24x7 designated and 05 Sub-Centres and 07 ASHA workers are attached with this Primary Health Centre. The PHC is standalone and is housed in a two storey government building and condition of the building is not good due its old structure. Currently, this Primary Health Centre has 04 functional beds with no residential quarter for the doctors as well as for the nursing staff. The PHC has almost all the basic facilities like drinking water, functional toilets, drug store room but has no designated power backup. The PHC operates from 10:00 AM – 4:00 PM for OPD patients whereas it remains 24x7 for IPD patients. The premise of the PHC has maintained well and clean. The PHC has good boundary fencing. The PHC have color coded bins for segregation of waste. The biomedical waste management has been outsourced to a private agency namely **ANMOL Health Care System (KHCS) Samba of Jammu.**

The PHC has a desktop which is functional with the required instruments and tablets have also been given to ANMs but smart phones are not available with the ASHA workers. Internet connection is available with 4G speed through mobile net. The PHC has not initiated for the external assessment for the certification of Kayakalp and has not done even internal assessment in case of Kayakalp during 2022-23 due to the lack of awareness about the quality assurance programmes. The facility has not initiated for the internal assessment in case of NQAS due to the lack of infrastructure and maintenance of hospital upkeep.

The information reveals that PHC Dingaamb has 08 posts of sanctioned strength from regular side including 02 Medical Officers, 01 Staff nurse, 01 ANM/FMPHW, 01 Lab technician, 01 x-ray technician, 01 Dental technician, 01 Pharmacist, 01 Driver but presently only 05 (62.5percent) posts are in place including 01 ANM, 01 x-ray technician, 01 dental technician, 01 Pharmacist and 01 driver which simply indicates that only 02 posts of MOs and 01 Staff nurse are vacant while as in case of NHM, the PHC has 06 posts of sanctioned strength including 01 MOs, 01 AYUSH MOs, 02 Staff nurses, 01 Lab technician, 01 AYUSH Pharmacist but presently 05 () posts are in place except 01 post of medical officer.

Status of Services:

The basic services such as medical as well as essential OPD, IPD Gyne section, x-ray, ECG, referral (108, 102), delivery, dental services, antenatal care, post natal care, immunization, basic laboratory services, treatment for minor ailments, screening as well as treatment of hypertension, diabetes, spacing methods of family planning, counseling for ANC and telemedicine/consultation and tele-radiology are available at this primary health centre.

The NCD services are not being held at PHC Dingaamb due to the non availability of medical officers due to which the PHC has not started the process of screened for any non commutable diseases till date but the GNMs posted are trained in screening of breast as well as Cervical Cancers. The PHC has started screening for various types of cancers but the PHC didn't found any positive case of any type of cancers and therefore, no patient has been reported Oral, breast or any other type of Cancers at the PHC. The registers for different aspects have been maintained properly and the registers for follow-ups as well as referrals were maintained well. The PHC organizes wellness activities regularly on selected days in a week especially on Friday.

The PHC Dingaamb is not a Microscopy Designated Centre (DMC) but somehow the percent of OPD whose samples were tested for tuberculosis was around 0.89 percent. Anti tuberculosis drugs are not available at the facility and currently no patients are taking drugs. Since the last six months 0.57 percent of patients were tested through TruNat and all the tuberculosis patients were tested for HIV and Diabetes. The PHC Dingaamb had not identified any Leprosy cases through the RBSK teams since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy.

Under the Integrated Disease Surveillance Programme, the PHC uploads the weekly data through P & L forms and also updates the information on all portals such as HMIS, IHIP and HWC portals. The PHC organizes monthly JAS meetings and the minutes of the meetings were found available on the day of our visit. On an average, the PHC organizes 01 meeting quarterly. Since the last six months, there were 23 referred in cases like hypertension and accident while as around 39 referred out cases have been reported and all these cases are high risk expectant mothers and accidents.

Status of Drugs and Diagnostics

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of around 32 drugs was displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of our visit, around 07 (21.87 percent) drugs were available out of the EDL drugs. As such no shortage of essential drugs has been reported since the last one month. Drugs for hypertension and diabetes are available in sufficient quantity. It was observed that PHC is in a position to meet around 37 percent of the demand of drugs and other consumables. Management of the inventory of drugs is DVDMS and all drugs are provided free of cost to all JSSK patients irrespective of economic status. However, the drugs are also being provided free of cost under Golden Card, Ashman Bharat, elderly and children and around 70 percent of drugs providing free to the general patients. All the essential drugs including drugs

required during labour or delivery, and essential obstetric and emergency obstetric care were found available at the PHC under JSSK. Family planning items like IUDs, condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 0 IUCDs and 0 PPIUCDs were available at the PHC. A total of zero female sterilization was performed at the PHC during the last six months.

The PHC is providing in house essential diagnostics and the timing of these tests is from 10:00 AM – 4:00 PM. The PHC have the availability of imaging services such as x-ray and USG services. In total the facility has done around 2196 investigations and all these investigation are free of cost to all the JSSK patients irrespective of economic status. Further, these diagnostics are free of cost under Ashman Bharat, Golden Card holder and elderly people. However, minimum charges have to be paid by the general patients as per the government order. During the day of visit, it was observed that the facility has shortage of various necessary instruments such as RVG, Dental Autoclave (Front Locker), CBC Analyzer, Hb Analyzer, Biochemistry Analyzer (Automatic). The PHC has received around Rs. 1.1 lakh (untied fund) from NHM and same amount were utilized for the upkeeping of the hospital.

Workload and Utilization of Services:

Looking at the utilization of services from the PHC, **Dingaamb**, it was found that OPD, ANC, Delivery, NCD, and immunization services have been optimally utilized. The record for referrals as well as follow ups patients have been maintained well. The labour room of the PHC is partially functional but due to the non availability of MOs, trained staff and instruments like Labour bag, Gyne table, Baby warmer, O₂ Concentrator, O₂ Cylinder, radiant warmer with neo-natal ambu bag. Due to the bad and space conditions of the labour room and the reluctance of the posted staff, the PHC was not able of do even a single normal delivery since its establishment and all the ANC patients have to visit to GMC Kathua which is a challenging task for the ANC patients because most of the patients of this area are extremely poor. Therefore, it is suggested that this PHC need to be strengthened with the capable and trained staff so that the patients can be taken care of during emergency. However, by chance 01 delivery was performed at this PHC during the financial 2023-24. On an average, the facility provides ANC services to almost 13 expectant mothers.

Status of Health Management Information System (HMIS):

The PHC Dingaamb has no mismatch in the data and has already updated the service delivery, infrastructure and human resource on the HMIS portal. The data entry operator has received the new formats regarding the new data elements and the facility has started the reporting and recording of information on the new data elements. The staff of the various sections as well as the data entry operator viewed that a training course may be arranged for them regarding the new data elements so that they can understand how to report and record the data on the new data elements. The data entry operator complained that staff of various sections is reluctant in reporting of data on monthly basis. However, during the PIP visit to PHC Dinga Amb, a few on-

the-spot instructions were given to the data entry operator and the incharge of the facility as to how the recording and reporting of data can be improved.

Key Challenges of PHC DINGA AMB

Following are some of the key challenges which have been observed during our field visit to PHC DINGA AMB:

Due to the bad conditions of the labour room and the reluctance of the posted staff, the PHC was not able to do even a single normal delivery since its establishment and all the ANC patients have to visit to GMC Kathua which is a challenging task for the ANC patients because most of the patients of this area are extremely poor. Therefore, it is suggested that this PHC need to be strengthened with the capable and trained staff so that the patients can be taken care of during emergency.

The PHC Dingaamb has to refer the emergency patients like accidents and delivery patients to GMC Kathua during the night as well as day hours due to the non availability of medical officers. Therefore, the public at large urged that at least a female medical officer may be posted at this PHC on priority.

The ANMs and ASHA workers have to reach to the hard to reach areas (hilly and risky slopes) and far off places with the vaccines for the immunization which takes at least 6-8 hours in a day time on the one hand and on the other, the life of the vaccine is very short and therefore, the posted staff viewed that a solar system need to be established in these hard to areas so that vaccine shall be saved during the summer days especially during the June and July months.

The staff posted at PHC Dingaamb viewed that the PHC need to be strengthen with some more Pharmacists for the normal functioning of the facility because most of the local people optioned that during night hours, the hospital has a deserted look because most of the staff are not available during the night hours.

The internet connectivity of PHC area is so weak that they could not even upload monthly data of different portal due which the hospital staff has to move some other area for the uploading and updating the portals.

The PHC is located either side of a mountain due to which the rainy water percolates and enters into the hospital building which has damaged and de-shaped the hospital building and therefore, the hospital staff urged that a drainage system may be construct on either side of the hospital building on priority so that the rainy water may not damage the hospital building in the future.

In medical block Hiranagar there are around 07 primary health centres including 03 APHCs and all these primary health Centres are functional without out allopathic medical officers. The BMO of the concerned block viewed that all these primary health centres need to be strengthening with the MBBS medical officers.

Due to the non availability of staff quarters the PHC staff viewed that during the night duty they have to sit in office of the PHC due to which the staff has to face lot of problem. The incharge viewed that the staff quarters may be constructed on priority so that staff posted at PHC may not suffer during the night duty.

4.5: SUB-HEALTH & WELLNESS CENTRE (SH&WC), BANNU CHACK

This Sub-health and Wellness Centre is located at a distance of around 06 kms away from its first referral point of CHC Hiranagar and is around 09 kms from PHC Dingaamb. The Sub-centre caters to the population of around 7598 including 11 villages and 11 ASHA workers are also associated with this Sub-Centre. This Sub-Centre is housed in a single storey of well branded in a Govt building, with 06 rooms, 01 wash rooms, 01 drug store, 01 kitchen and 01 lobby. One room is being utilized for OPD services, the other has been dedicated for meetings and yoga/other HWC activities while as 3rd room is utilized for other immunization, drug store, rapid tests and other activities. The condition of this single storey building is good in every respect. The branding of the facility has been done and the washroom has been made fully functional with the running water. The facility has 24x7 running water facility, electricity supply and colour coded dustbins. This Sub-centre has been converted into health and wellness centre in the year 2019. The sanctioned strength of this Sub-centre is 01 ANM/FMPhW, 01 Pharmacist on regular side while as on the NHM side, the SC has sanctioned strength of 01 MLHP/CHO, 01 ANM and 11 ASHA workers and all these posts are in place. However, the pharmacist has been attached at CHC for **Jana Aushadi**.

Status of Services

This sub-centre used to provide around 13 services including OPD for ANC and other ailments, NCD screening, ANC checkup, short stay of patients, tele-consultation, IFA, TT injections, routine immunization once a week, temporary methods of family planning services such as condoms, Anta, Mala and oral pills, treatment of minor ailments like cough and cold, fever, diaherra, worm infection and first aid are available at this Sub-centre. The facility helps in the control of local epidemics, diaherra, dysentery, jaundice. The Centre has started the screening of adult population for hypertension as well as diabetes. The MLHP/CHO as well as the ANM of the Centre has given the functional tablets to upload the data of various schemes of NHM on regular basis.

There are around 2551 individuals above 30 years of age in the population of HWC and out of these around 1395 CBAC forms were filled during the last six months of 2023-24 prior to this monitoring exercise. However, of these 1088 individuals whose CBAC forms have been filled, 320 (29.41 percent) individuals have score below 04 while 768 (70.58 percent) have score above 04. The facility has screened these 768 suspected patients for hypertension and diabetes. Of these screened cases 40 (5.20 percent) were diagnosed with hypertension whereas 21(2.73 percent) were diagnosed diabetes. Further, the SC has screened around 61 (7.94 percent) individuals out

of 768 individuals for both hypertension as well as diabetes but of these; the facility has reported 08 (13.11 percent) patients who have diagnosed both hypertension as well as diabetes. The facility has screened these 768 suspected individuals for oral cancer, 80 suspected patients for Breast and Cervical cancers but as such no one has been diagnosed any type of cancers. The centre has advised for lifestyle management to 228 patients while the centre is providing hypertension medicines to around 10 patients, medicines of diabetes to 07 patients only and other medicines to almost 33 patients since last six months. The record reveals that the facility has not received any amount under NHM. However, the CHO directly sends a requisition to the BMO and same is being provided immediately. The ambulance is not available at this Sub-centre but MLHP/CHO manages in case of emergency through transport referral system 108 services. No maternal as well as child death has been reported at this sub-centre. Line listing of all the eligible couples in the area is available. The ANM of the Sub-Centre is experienced and well trained for different activities such as family planning and other ANC activities.

Under the Integrated Disease Surveillance Programme, the SC uploads the weekly data through P & L forms and also updates the information on all portals such as HMIS, IHIP and HWC portals. The SC organizes monthly VHSNC/MAS meetings and the minutes of the last meeting were found available on the day of our visit. On an average, the SC organizes 01 meeting per month and the centre has conducted around 66 village health & sanitation (VHS) days since last six months. Since the last one month the Centre has reported 04 referred out cases related to HTN and Trauma.

Status of Drugs and Diagnostics

The facility has displayed the essential drug list on the entrance as well as in the drug store which is visible and clear to all. The drug list which was displayed in the drug store contains 32 essential drugs as per the guidelines but on the day of the visit, only 25 (78.12 percent) drugs were found available. As such no shortage of drugs has been reported since the last one month. NCD drugs are available in adequacy but tuberculosis drugs are not available at this Sub-centre. However, on demand, the TB drugs are being provided to the patients. The SC has identified around 149 presumptive tuberculosis patients and same patients have been referred for testing during the financial year 2022-23 while as around 130 presumptive TB patients have been identified and same number of patients has been referred for testing to territory care hospital. The facility has sufficient supply of testing kits for checking hemoglobin, pregnancy status and blood sugar. Digital Thermometer and manual BP apparatus is available at this Sub-centre. The sub-centre has other functional equipments such as examination table, screen, and digital weighing machine (infant as well as adult etc).

Workload and Utilization of Services

Looking at the utilization of services from the Sub-centre, it was found that the services are optimally utilized. MLHP/CHO as well as ANM is working at the Sub-centre and on an average more than 18 patients' visits the facility for minor treatment or minor ailments like fever, cough, diarrhoea, hypertension, diabetes & etc. The local public generally would like to visit this sub-

centre because they are satisfied with the conduct and behaviour of the staff. The people are highly satisfied with immunization services as well as ANC services and on an average the facility provides ANC services to almost 18 expectant mothers and immunization to around 39 newborn children. The expectant mothers would love to visit this facility for ANC services which seems that the services are being fully utilized. It has been reported that large number of women are visiting this Sub-centre for spacing methods like condoms, contraceptives & others. The record of the visited health facility shows that the documentation and records regarding the line-listing of severely anemic and filling of MCP cards was satisfactory. The general cleanliness of the H&WC was satisfactory. This HWC has a proper mechanism for management of bio-medical waste as deep burial pit (sodium hypo-chloride) for waste management is available but has non-availability of color coded dust bins for the segregation of biomedical waste. The Complaint/suggestion box is found available at this HWC and complaints are also been received through 104 toll free number which is established at State Health System. ASHA workers are getting assured remuneration in time but incentives get delayed. The ASHA workers complained that at times they shall not be able to accompany the expectant mother during the night hours at the time of delivery due to which they have not been provided the assured incentives of Rs 300 although they have taken care of the lady since her conceive. They also added by saying that the population of Bannu Chak is very large and are living in risky slopes so how the expectant mothers call to ASHA workers during the night hours with labour pain. The ASHA workers demand a timely intervention from the concerned CMO of the district in this case.

Status of HMIS Data Quality

The health & wellness centre Bannu Chak received the new HMIS formats but CHO complained that DPMU had not provide them any training about the capturing of data on these new data elements nor have received any information about the new data elements. The MLHP urged that a training course may be arranged for them regarding as to how the data for new data elements can be capture. The sub-centre has uploaded and updated the HMIS portal with regard to the service delivery, infrastructure & human resource and no data mismatch found. However, during our visit to the centre, a few on-the-spot instructions were given to ANM as well as MLHP as to how the recording and reporting of data can be improved.

Challenges of Sub-Health & Wellness Centre, BANNU CHACK:

Following are some of the key challenges which have been observed during our field visit to Health & Wellness Centre BANNU CHACK:

The ASHA workers complained that at times they shall not be able to accompany the expectant mother during the night hours at the time of delivery due to which they have not been provided the assured incentives of Rs 300 although they have taken care of the lady since her conceive. They also added by saying that the population of Bannu Chak are scattered and are living in risky slopes so how the expectant mothers call to ASHA workers during the night hours with

labour pain. The ASHA workers demand a timely intervention from the concerned CMO of the district in this case.

The health and wellness centre does not have the authority for the disbursement of fund utilization and at times it turns difficult for the Centre to allot any amount for the installation of tube well for safe drinking water, gardening and etc., which is the basic requirements of any health and wellness centre.

The MLHP/CHO of the health & wellness Centre urged that the Centre should have its own ambulance service because the Centre is located in a remote area where the chances of accidents happens more often on the one hand and on the other, the condition of the road is also not good. Therefore, at times it becomes difficult for the Centre to refer the patient and even at times patients' may die in the middle of the way.

The local people demanded for the availability of diagnostics as well as the ambulance services at this health & wellness centre as they viewed that during any medical emergency, the locals first contact this sub-centre. Further, the MLHP/CHO demanded for a pharmacist and a laboratory technician and opinioned some training courses for making the full understanding of the NHM schemes and programmes.

The locals demanded that a female doctor or at least Medical Officer may be posted at this Sub-centre as they viewed that most of the times it becomes difficult for them to manage the delivery cases because of terrain topography during the night hours. They added by saying that the female doctor need to be kept at night duty so that they will take a sigh of relief.

This Health and Wellness Centre has to provide the ANC as well as other services to the migrant population who are coming from the different parts of the country but at time it becomes difficult for the Centre to locate/trace them at the time of delivery in order to vaccinate their children and taking care of the delivered mothers. This way the target of the population remains incomplete and in this case the CHO/MLHP of the Centre viewed that a new Health and Wellness Centre may be established near **Pathwal** area where most of the migrants are living so that the load of population may be rationalized.

The CHO optioned that either a new SC may be established in this area or this SC may be upgraded to the PHC level with the required manpower and infrastructure because this SC has to bear the load of 11 villages including 21000 population which is a challenging task for this sub-centre.

5: Community and Patient Perceptions

During the course of facility visits, the Monitoring and Evaluation Team engaged with communities and patients to gauge their perceptions around common health service delivery domains in the district. The responses collected have been summarised below, disaggregated by domain specificity and respondent group:

Health seeking behaviour	:	Responses
Community perception:	:	Majorly tertiary health care facilities, specifically for specialized health care services for serious ailments.
Frontline worker's perception:	:	Sub-centres (SCs)/Health & Wellness Centres (HWCs) and PHCs are aiding in primary health care service delivery.
Access to health:		
Community perception:	:	Improved accessibility for primary care services, over-congested territory care facilities, improved delivery care accessibility needs to be prioritized.
Behaviour of health service providers:		
Patient's perception:	:	Overall, patients are well-satisfied with the health workers across the facilities.
Out of Pocket expenditure in public health facilities:		
Patient's perception:	:	OOPE incurred on Imaging and Diagnostics, specialized care-Oncology, Orthopaedics, Specialized Surgeries etc.
Coverage, Knowledge and Skills of ASHA as perceived by the community:		
Community perception:	:	Competent and Co-operative
Availability of services for Immunization, ANC, PNC, AH Counselling, Contraceptive services, Nutrition counselling and preferred facilities for each:		
Community perception:	:	Public health facilities like Sub-centres(SCs)/Health & Wellness Centres(HWCs), Primary Health Centres(PHCs)/UPHCs, Community Health Centres(CHCs)
Screening for common NCDs and preferred facilities for seeking treatment:		
Community perception:	:	Public health facilities like Sub-Centres, PHCs and preferred to seek treatment at CHCs/SDHs & ADH.

The collated community and patient perceptions call for strengthening delivery care services at lower health tiers, improving imaging diagnostics availability across the district, and developing ease of accessibility for specialized care as it accords for a major share of catastrophic OOPE. Rethinking referral transport availability in the district is undoubtedly required, along with strengthening referral linkages from lower tier health facilities to tertiary/specialized care health facilities in the district.

6: SUGGESTIONS

Keeping in view the observations, challenges of the visited health facilities, discussions with the concerned health authorities such as CMO, DPMUs, Dy. CMO, MOs, CHOs, data entry operators, NHM staff, local staff as well as the community perceptions including the school teachers, migrated population, shopkeepers, health seekers and front line workers including like ANM and ASHA workers, following observations were deduced:

During the PIP monitoring exercise it has been observed that there is an urgent need for the audit and rationalization of human resource (both from the regular as well as NHM side) on the basis of workload and work done by different health facilities. This can also be done on the basis of performance of each individual health professional (from top to bottom) so that facilities with high workload can get some additional staff on need basis.

The availability of infrastructure is an important component of service delivery and in this regard, the district has received very good support from the NHM as well as from other agencies and the district has been able to upgrade their health infrastructure as per IPHS standards but there are still some gaps which needs to be bridged on priority basis.

The non-availability of some equipment at various health facilities and in this regard, CHC Parole and CHC Hiranagar needs CT scan and MRI machines while as the PHCs (especially those which have been converted into HWCs) of block Hiranagar have CR based x-ray machines which need to be replaced by the digital machines and few old type analyzers can also be replaced by new multi-tasking analyzers for better efficacy and output.

Most of the expectant mothers under JSSK need to go for thyroid profile and in the absence of such facility at CHC and PHC level health facilities, these women have to get it done outside and thus put more burden on their pockets. The staff posted viewed that at least a thyroid analyzer may be provided to all the SCs and PHCs so that the mothers may not face any problem in this regard.

District Kathua is without mobile medical unit (MMU) as most of the population of the district is living in far flung areas that do not have access to the allopathic health facilities of the district and as such it is optioned to provide a mobile medical unit (MMU) to the district to net-in the hard-to-reach areas for various facilities through mobile medical unit (MMU).

There is a need to constitute a team of some external agency to audit the performance of various components of JSSK and pay surprise visits to the health facilities and get on spot feedback from the patients regarding the implementation of JSSK.

Though the district has ASHA coordinators and facilitators to monitor them but it was observed that the monitoring was not effective and result oriented. It is therefore, viewed to make these coordinators and facilitators answerable to a core group at the district level for better results in

terms of regular orientation/trainings of ASHAs, effective implementation of HBNC/HBYC and other related work of ASHAs.

Various schemes of the Centre govt., such as RBSK, NCD Clinic, NMHP, AFHC, IYCFC, NCD, Dialysis Centres and other programme under NHM have brought revolution in the health care system by providing variety of services to the population but in order to make them much more effective, it is suggested to create a common platform for all these schemes (as the manpower under these schemes have diverse expertise) for mandatory field visits to reach to the needy population at their door-step and provide them the required services.

In medical block Hiranagar there are around 07 primary health centres including 03 APHCs and all these primary health Centres are functional without out allopathic medical officers. The BMO of the concerned block viewed that all these primary health centres need to be strengthening with the MBBS medical officers.

Even though, the facility has been upgraded to the CHC level since couple of years but the specialized services has not been upgraded up to the CHC level due to which the medical officers posted urged that most of the patients have to be referred to GMC Kathua which leads to the load of patients' at GMC. The labour room incharge also viewed that most of the high risk deliveries have to be referred to GMC Kathua due to the non availability of NICU and designated blood storage unit.

The Staff and the local public demanded that an NCD clinic may be established at this CHC as most of the patients have to visit for the NCD screening either to GMC Kathua or to the private health facility which is a challenging task for the local public because the people living in this area are economically poor.

The facility for normal deliveries are available at CHC Parole on 24x7 basis but the C-section facilities are not available on 24x7 basis due to non availability of Anesthetics, Pediatrician and PICU and therefore most of the high risk delivery patients are referred to the GMC Kathua which increases the exertion to the existing staff there at GMC.

This Health and Wellness Centre has to provide the ANC as well as other services to the migrant population who are coming from the different parts of the country but at time it becomes difficult for the Centre to locate/trace them at the time of delivery in order to vaccinate their children and taking care of the delivered mothers. This way the target of the population remains incomplete and in this case the CHO/MLHP of the Centre viewed that a new Health and Wellness Centre may be established near **Pathwal** area where most of the migrants are living so that the load of population may be rationalized.

The CHO optioned that either a new SC may be established in this area or this SC may be upgraded to the PHC level with the required manpower and infrastructure because this SC has to

bear the load of 11 villages including 21000 population which is a challenging task for this sub-centre.

During the visit, it has been observed that the maternal mothers as well as the community people are highly satisfied with the dedication, nature, behaviour and service delivery of almost all the visited health facilities especially, SC Bannu Chak and CHC Hiranagar and are also satisfied with the available services like free medicine, advices and diagnostic checkups and etc. This clearly indicates that people of the district have hope on the public health facilities of the district. Therefore, the public health facilities need to be strengthened with more specialized human resources like Radiologists and Ophthalmologists which have been kept vacant couple of years.

During an interaction, the district administration viewed that people are living in tough terrains and far off places. Moreover, the roads are bumpy and curved due to which the area is prone to accidents and other mishaps. Therefore, district Kathua needs some special attention in terms of planning. A centrally sponsored team needs to be constituted under the supervision of some senior officials of the district like DC, Director Health, CMO, Dy. CMO in order to understand the basic issues of planning of the district.

The CMO of District Kathua viewed that most of the areas of district Kathua are hard to reach areas which remain cut-off during the harsh weather and the internet connectivity of these areas also remains suspended due to which the headquarter is unable to keep information regarding health and therefore, the management urged that an 'AIR AMBULANCE SERVICES' shall be provided to capture the emergency cases especially expectant mothers and accidental cases at their respective places.

There is no need of posting of doctors (MOs MBBS) in new type primary health centres (NTPHCs) and primary health centres (PHCs) which are outside block headquarter but to utilize the services of 'trained pharmacists and FMPHWs' at block CHCs and block headquarter PHCs so that better patient care will be provided.

During an interaction, the CMO and other stakeholders of district Kathua opined that all the block CHC and PHCs of the district need to be strengthened in respect of human resource, equipments plus trainings to all the paramedical staff so that load of district hospital can be reduced.

The CMO of the district viewed that the management is unable to provide the referral transport either to the expectant mother or the other referral patients due to the non-availability of budget allocation. He also said that due to the non-availability of funds, the district administration is unable to provide training to the ASHA workers and other paramedical staff. It is therefore, suggested that funds need to be released on time so that the system may not suffer.

ASHA workers have to be seen in strike as it was observed that these ASHA workers have been used in n-number of activities by other departments also but are paying nothing in return or

compensation. The ASHA workers viewed that they should be provided compensation or at least they need to be engaged with the minimum wage rate.

The paramedical staff, front line workers, CHOs and data entry operators of the visited health facilities require the trainings and refresher courses in line with their job profile. Although, the data entry operators are updating the data on various portals but they are confused about the new data elements as how to report and record the data on these new elements. The CHOs, ASHA works and staff nurses also viewed that a training course be arranged for them so that they can easily understand the newly established programmes and schemes of NHM.

Most of the activity gets hampered and the district has problem in uploading the required information due to the non-availability of internet services in most of the highly areas. The CMO of the district viewed that the district needs the timely budget for running the V-Set and providing the chopper and full time air ambulance services such a hilly district like Kathua.

The community viewed that people have first contact either the Sub-centres or primary health centres in order to treat any minor ailments and they added that around 89% of NCDs especially cancers of different types are treatable if it can be diagnosed at the early stage. In this regard, they stressed that a trained staff with the advanced instruments need to be provided to all the Sub-centres as well as primary health centres of the district on priority.

The community also desired that advanced imaging services such as x-ray machine, USG machine, CT scan machine, MRI machine and CBC Analyzers etc., need to be kept available at all the Sub-Centres as well as Primary Health Centres of the district because most of the expectant mothers, ANC patients and NCD patients visits these primary health centres first and the sign and eventuality of any serious ailment could be diagnosed at the earliest stage.

During an interaction with some of the health seekers, they viewed that in most of the health facilities of district Kathua, the NCD clinics are functional only once or twice in a week that leads to the over burdening as well as overcrowding of the population at the health facility. In this regard, the NCD screening need to be made functional in all days and some awareness announcements should also be done from the health departments regarding the life style ailments.

Although, the free drug policy is not being practised fully, but the community people largely demanded that all the diagnostic services should be provided free of cost irrespective of economic status of the patients. At times the vulnerable section of the society has to sell their property for some advanced tests such MRI, CT scan and thyroid like tests etc. They added that these facilities need to keep available at minimum charges at the district hospital and at CHC level.

PHOTO GALLERY



Well maintained building of CHC Parole of district Kathua



Interaction with the incharge of the drug store at CHC Parole of district Kathua



Interaction with BMO and Gynaecologist regarding JSSK entitlements at CHC Parole



Galaxy A71

During the interaction with the Lab incharge at CHC Parole of district Kathua



Galaxy A71

PIP Srinagar team with the staff members at Health & Wellness Centre Bannu Chak of block Hiranagar



Galaxy A71

The PHC Dinga Amb is located at the beneath of a mountain due to which water percolates into the building



The labour room of PHC Dinga Amb is almost non functional due to the non availability of medical officer.



The condition of labour room at CHC Hiranagar is not good due to the space constraint and as such no attached washroom.



The minor OT is operational at CHC Hiranagar but due to the lack of one of the Laparoscopic instrument the major operation is not performed



The lab incharge at CHC Hiranagar complaint that Microscope is too old to understand the results of any miscospy tests



During the interaction with the staff nurses at CHC Parole of district Kathua



The general ward of CHC Parole is operational as per the protocol.