MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION PLAN 2021-22: JAMMU & KASHMIR

(A Case Study of Rajouri District)

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CONTENTS

LIST OF ABBREVIATIONS

AD	Allopathic Dispensary	IPHS	Indian Public Health Standards
AEFI	Adverse Effect of Immunization	ISM	Indian System of Medicine
ALS	Advanced Life Support System	IUD	Intra Uterine Device
AMC	Annual Maintenance Contract	IYCF	Infant and Young Child Feeding
AMG	Annual Maintenance Grant	JSY	Janani Suraksha Yojana
ANC	Ante Natal Care	JSSK	Janani Sishu Suraksha Karyakaram
ANM	Auxiliary Nurse Midwife	LHV	Lady Health Visitor
ANMT	Auxiliary Nursing Midwifery Training	LMP	Last Menstrual Period
ASHA	Accredited Social Health Activist	MAC	
ARSH	Adolescent Reproductive & Sexual Health	MCH	Maternal and Child Health
AWC	Anganwadi Centre	MCTS	Mother and Child Tracking System
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Sidha& Homeopathy	MD	Mission Director
BeMOC	Basic Emergency Obstetric Care	MDT	Multi Drug Treatment
BHE	Block Health Educator	MDR	Maternal Death Review
BHW	Block Health Worker	MIS	Management Information System
BLS	Basic Life-support System	MLHP	Mid-Level Health Personnel
BMO	Block Medical Officer	MMUs	Medical Mobile Units
BPL	Below Poverty Line	MO	Medical Officer
BPMU	Block Programme Management Unit	MOHFW	Ministry of Health and Family Welfare
CAC	Comprehensive Abortion Care	MoU	Memorandum of Understanding
CCU	Critical Care Unit	MPHW (M)	Multi-Purpose Health Worker-Male
CBC	Complete Blood Count	MS	Medical Superintendent
CeMOC	Comprehensive Emergency Obstetric Care	NA	Not Available
CHC	Community Health Centre	NBCC	New Born Care Corner
CHE	Community Health Educator	NBSU	New Born Sick Unit
CHO	Community Health Officer	NCD	Non-Communicable Diseases
CMO	Chief Medical Officer	NGO	Non-Governmental Organisation
C-section	Caesarean Section	NHRC	National Health Resource Centre
DEIC	District Early Intervention Centre	NO	Nursing Orderly
DEO	Data Entry Operator	NIHFW	National Institute of Health & Family Welfare
DDO	District Data Officer	NLEP	National Leprosy Eradication Program
DH	District Hospital	NRC	National Resource Centre
DHO	District Health Officer	NHM	National Health Mission
DOTS	Directly Observed Treatment Strategy	NVBDCP	National Vector Born Disease Control Program
DPMU	District Programme Management Unit	OP	Oral Contraceptive Pills

DTO	District Tuberculosis Officer	OPD	Out Patient Department
ECG	Electro Cardio Gram	OT	Operation Theatre
ECP	Emergency Contraceptive Pill	PHC	Primary Health Centre
EDL	Essential Drug List	PIP	Program Implementation Plan
ENT	Ears, Nose and Throat	PMU	Programme Management Unit
FBNC	Facility Based New-born Care	PNC	Post Natal Care
FMPHW	Female Multi-Purpose Health Worker	PPP	Public Private Partnership
FRU	First Referral Unit	PRC	Population Research Centre
GNM	General Nursing and Midwife	QAC	Quality Assurance Cells
HBNC	Home Based New Born Care	RBSK	Rashtriya Bal Swasthya Karyakaram
HDF	Hospital Development Fund	RCH	Reproductive & Child Health
HFDs	High Focus Districts	RKS	Rogi Kalyan Samiti
HFWTC	Health & Family Welfare Training Centres	RNTCP	Revised National Tuberculosis Control Program
HIV	Human Immunodeficiency Virus	SBA	Skilled Birth Attendant
HMIS	Health Management Information System	SC	Sub Centre
HR	Human Resource	SN	Staff Nurse
ICDS	Integrated Child Development Scheme	SNCU	Sick New-born Care Unit
IDSP	Integrated Disease Surveillance program	SRS	Sample Registration System
IEC	Information Education & Communication	ST	Scheduled Tribe
IFA	Iron & Folic Acid	STI	Sexually Transmitted Infection
IDR	Infant Death Review	STLS	Senior T.B Laboratory Supervisor
IMNCI	Integrated Management of Neonatal & Child Infections	STS	Senior Treatment Supervisor
IMR	Infant Mortality Rate	TBA	Traditional Birth Attendant
IPD	In-Patient Department	USG	Ultra Sonography

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in Jammu and Kashmir to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the 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 2013-14, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. The State Programme Implementation Plan (PIP) of Jammu and Kashmir, 2021-22 has been approved and the UT has been assigned mutually agreed goals and targets. The UT is expected to achieve them, adhere to the key conditionalities and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre (PRC), Srinagar on a monthly basis. During 2021-22, Ministry has identified 20 Districts for PIP monitoring in consultation with PRC in Jammu and Kashmir and Haryana. The staff of the PRC is visiting these districts in a phased manner and in the 4th phase we visited Rajouri district and the present report presents findings of the monitoring exercise pertaining to Rajouri District of Jammu and Kashmir.

The study was successfully accomplished due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks to Mission Director, NHM Jammu and Kashmir and Director Health services, Jammu for their cooperation and support rendered to our monitoring team. We thank our Coordinator Mr. Bashir Ahmad Bhat for his support and encouragement at all stages of this study. Special thanks are due to Chief Medical Officer Rajouri, Medical Superintendent DH/AH Rajouri, BMO Darhal, incharge of CHC Thanamandi and MO PHC Shadra-Sharief for sparing their time and sharing with us their experiences. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit Rajouri and Block Programme Management Unit Darhal for their cooperation and help in the collection of information. Special thanks are also to staff at Primary Health Centre Shadra-Sharief and HWC Rajdhani for sharing their inputs.

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

Srinagar **Syed Khursheed Ahmad**
30-12-2021

1. EXECUTIVE SUMMARY

The objectives of this exercise are to examine whether the UT 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 UT and various districts. Executive summary pertains to Rajouri district of Jammu and Kashmir. The selected facilities includes, DH/AH Rajouri, CHC Thanamandi, PHC-HWC Shadra-Sharief and SC-HWC Rajdhani.

Health Infrastructure

- The health services in public sector are delivered through a network of various levels of health facilities (excluding tertiary and private hospitals) in 6 medical blocks which include one District Hospital, 7 CHCs/FRUs, 55 PHCs and 202 SCs.
- District has converted 23 PHCs and 46 SCs (out of 51 proposed) into HWCs during the past two years. The district has also established one DEIC under RBSK, one NCD Clinic, an AFHC, IYFC unit, and an SNCU at the DH.
- Comprehensive 1st and 2nd trimester abortion services are provided by 6 health facilities while as 1st trimester abortion services are provided at DH and CHCs in the district. CBNAAT/TruNat sites are available at three places in the district.

District Health Action Plan (DHAP)

- The DHAP is mainly prepared on the basis of previous year performance and achievements of various major health indicators related to RCH; accordingly projections are being made in the PIPs. Overall, a total of 8-10 percent increase is being made for the previous year indicators in terms of allocation for deliveries, JSSK, JSY and other relevant indicators.
- District received the approved DHAP on 24th June 2021 and the 1st instalment of funds was released in the same month to the district.

Status of Human Resource

- Overall; the district has three percent positions of ANMs, 15 percent positions of MPWs (M), 32 percent staff nurses, 12 percent lab technicians, and six percent of pharmacists vacant. In case of MOs, 61 percent MOs were also vacant. Among the sanctioned specialist positions of doctors, 50 percent of OBGY, 62 percent of paediatricians, 86 of anaesthetists, all the positions of surgeons, and radiologists and 54 percent of other specialists were vacant in the district.
- Overall, the in-position staff (out of the approved) for NHM is quite satisfactory but from the regular side, a large number of vacancies of different cadre were found vacant and has created a vacuum in the satisfactory delivery care.
- Overall a total of 85 posts of various categories under NHM and were found vacant for the last two years and among these only two posts have been filled by the State this year till date.

Trainings

- During 2020-22, five types of trainings were approved under ROP for the staff and some training programmes were conducted in different batches. The trainings imparted to the health workers included NSSK, IMNCI, SBA, PPIUCD and NIOS training for ASHAs.

Status of Service Delivery

- The district has officially implemented the free drug for all but; it was found that it is not being implemented by all the health facilities.
- One SC is conducting more than three deliveries per month and four of the 24X7 PHCs are conducting 10 or more deliveries per month. All the six CHCs conduct more than 20 deliveries per month in the district. The C-section deliveries are conducted at Associated Hospital of GMC Rajouri and few CHCs. During the last month, out of the total of 620 deliveries in DH, more than one-third (38 percent) were C-section deliveries. At CHC Thanamandi a total of 18 normal deliveries were performed at the facility during the same time.
- JSY payments at health facility level show that at DH and CHC, there is some pendency for the beneficiaries since September, 2021 due to non-availability of funds. As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women but it was found that there are some deviations in this regard.
- PMSMA services on 9th of every month are a routine feature at all the designated health facilities (FRUs) manage all the identified high-risk women and are taken care of as per their obstructed and medical history. Various services are being given these pregnant women during PMSMA and identification of women with different co-morbidities are treated and taken care at these FRUs.
- LaQshya has been implemented in DH both in OTs and labour rooms in the district.

Clinical Establishment Act

- The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics.
- Overall, 31 health facilities (both public and private) are providing USG facilities and these facilities are registered under PC&PNDT act.

Services under NHM

- Free drug policy has been implemented to BPL families while as JSSK beneficiaries get drugs and diagnostics free of cost at all levels in the district.
- Dialysis unit has been established at DH and is fully functional with requisite staff under NHM. The unit has a bed capacity of 5 beds. On an average 3-5 patients are provided with the service on daily basis. Services at this Centre are provided free of cost to BPL and golden card holders only.
- The RBSK is in vogue in district and DEIC which was established earlier in DH has been dismantled as the temporary space/accommodation for GMC Rajouri was created in DH and thus the staff of DEIC has practically no activity to do though some staff members of the DEIC have been shifted in various relevant sections of the hospital for their optimal use.
- There are 12 sanctioned RBSK teams and out of these; 11 teams have full sanctioned human resource. The performance of RBSK has suffered a major setback during the last two years (till August, 2021) as the teams were unable to screen the children at schools, and AWCs but these teams have screened new-born children at delivery points at few places in the district.
- There are two functional SNCUs in district and one SNCU is situated at DH and another one is functional in Nowshera CHC. The SNCUs in the district have 15 in radiant warmers and four step-down care. The only Kangaroo Mother Care (KMC) unit is at DH.

- There have been 52 (30 inpatient and 22 outpatients) admissions in SNCUs since April, 2021 and out of these, 73 percent infants were discharged while 27 percent infants were referred out.
- In case of NBSUs a total of 36 new-borns were admitted and almost all were discharged after the required treatment. CHC Thanamandi admits all the new-born children in the NBSU and after their check-up by the concerned doctor are discharged. The district has no sanctioned NRC.
- Overall, 100 HBNC kits were available with ASHAs in the district. During the current financial year (till November, 30th 2021) a total of 1565 visits were made by ASHAs to new-borns under HBNC.
- Presently all the ASHAs have been involved with the vaccination drive for Covid-19 which has severely affected the working of HBNC and other related services.
- On the basis of our feedback from the community and our interaction with ASHAs at various places, it was found that ASHAs need further orientation/training and continuous monitoring.
- During the current, no maternal death was reported from the district while as during the previous year, all three maternal deaths were reviewed. Similarly, during the previous year, 41 infant deaths were reviewed by the competent authority and during the current year, the district have so far reviewed 28 infant deaths that have taken place in the district.
- Peer Education Programme has been implemented and so far three blocks and 172 villages have been selected and covered under PE programme.

Mobile Medical Unit (MMU) and Referral Transport

- The district has one functional MMU but no activities have been carried-out during the past two years due to pandemic.
- District has limited number of vehicles for referral transport with various health facilities for JSSK and other referral patients. The district has functional 102 toll free number under centralized system of transportation but only the available ambulances of district are used for the same which are fitted with GPS.
- District has 8 (3 ALS+5 BLS) ambulances with GPS and are operational on need basis for 24X7.

Comprehensive Primary Health Care (CPHC)

- Under CPHC, district has enumerated about 223572 individuals so far but CBAC forms have been filled for only very few (2261) individuals but screening of individuals for various types of NCDs which include hypertension, diabetes, and various cancers has been done to a large population.
- Screening is done at all the established HWCs but tele-consultation services and some wellness activities are being provided by 46 HWCs in the district.
- DH/AH has done screening for various NCDs during the last six months for around 3050 suspected patients and out of these; 11 percent patients were diagnosed for hypertension and six percent for diabetes. Eleven patients were confirmed to various cancers including oral, breast and cervical cancers.
- CHC Thanamandi has screened more than 700 individuals and out of these, 21 percent were confirmed for hypertension and one percent for diabetes. PHC Shadra-Sharief has also done some screening for hypertension and diabetes and 40 cases of hypertension and five cases of diabetes were confirmed and are being treated at the health facility on regular basis. SC- HWC Rajdhani has also some confirmed some cases for various NCDs.

- HWC-Rajdhani has one MLHP but for unknown reasons the MLHP has been shifted to some other place. The absence of MLHP from the HWC has severely affected the working of this facility and the locals were extremely unhappy with this development.
- SC-HWC has a total population of 2860 persons and out of these, 1170 (41 percent) individuals belonged to age 30 years above. So far the health facility has been able to fill-up the CBAC forms for only 15 persons (one percent) during the last six month and out of these, all the 15 individuals were with score below 4 as per the CBAC format.

Grievance Redressal

- The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the main 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.
- No Toll Free call centre has been established by the district in this regard so far. Mera-aaspatal has been initiated at the DH and they are in the process of making it functional at all units of DH.

Payment Status

- Overall, the district has some backlog of JSY beneficiaries since June of this financial year. All the 989 ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date. Further, it was found that all the ASHA Facilitators have received their per visit incentive so far in the district. All the payments are being made through DBT in the district.
- No other incentive has been received by any ASHA in the district for other activities during the current financial year.

Communicable Diseases Programme

- The district has been covered under IDSP and RRTs have been constituted both at the district level as well as at the block level. No major outbreak was reported in the district during the current and previous financial year. All the designated health facilities in the district are regularly uploading the weekly data under IDSP on the portal under given formats.
- NVBDCP has also been implemented in the district. The annual blood examination rate was reported to be around 11 percent. Gambusia Fish method of anti-larval methods is used in the district.
- Under NLEP, nine new cases of leprosy have been reported in the district during the current year while as number of G2D cases in the district were zero. The district has not made any reconstructive surgery for any G2D case and don't have any MCR footwear or self-care kit available. The district is without any treatment site or model treatment centre for viral hepatitis.
- Under National Tobacco Control Programme and National Iron Deficiency Disorders Control Programme, the district has conducted few awareness programmes under IEC component of the ROP at facility and panchayat level.
- NTEP is working efficiently and during our visits to selected health facilities in the district; it was found that all the health facilities are actively involved in NTEP. The district has achieved 100 percent (693 in numbers) target TB notifications. All the TB patients are tested for the HIV. UDST to achieve the elimination status is being done at the district and both drug sensitive and drug resistance tests are available.
- All the patients have been notified from the public sector and the overall treatment success rate was found to be 71 percent.

- There are seven MDR TB patients in the district and all the patients of TB have been brought under NPY and DBT installments have been initiated.
- Maintenance of records of TB patients on treatment, drug resistance, and notification register was found updated and satisfactory at all levels.

Accredited Social Health Activists (ASHAs)

- The district has a requirement of 1000 ASHAs as per the population but so far 989 ASHAs were working. A very limited number of ASHAs have been brought under various social benefit schemes in the district.
- Overall, a total of 332 (33 percent) ASHAs have been enrolled for PMJJBY and another 308 (31 percent) ASHAs have been enrolled for PMSBY in the district. None of the ASHA Facilitators have been enrolled for any scheme in the district.
- Overall, 377 VHSNCs have been formed and training has been imparted for all of them. The ASHAs have not yet been paid any incentive for filling-up of CBAC forms, immunization coverage, HBNC activities and telephone charges.

Immunization

- Birth dose of BCG immunization is provided at DH, CHC, and PHC only. All the health facilities including SCs have hub cutters while as vaccine is not usually stored at SCs. Awareness among the ANMs about the immunization schedule and vial open policy was found satisfactory.
- A total of 1890 new-born children were administered the birth dose (BCG, OPV and Hib0 doses) during the last three months at DH/AH while as 40 infants were administered such doses at CHC Thanamandi during the same time. Further, the information collected shows that at PHC-HWC Shadra-Sharief, no such doses were administered during the same time.

Family planning

- Beside DH, CHCs and some PHCs, few SCs have also been identified and are providing IUD insertion or removal services in the district. Besides, at PHC Shadra-Sharief, both the DH as well as the CHC has trained manpower for providing IUCD/PPIUCD. Counselling on FP is mainly provided by the LHVs, SNs and CHOs at DH and CHC level while as such counselling is provided by the MOs and ANMs at SC and PHC level in the district.
- During the last one month, 13 case of female sterilization for FP was done at DH/AH while as such service was found unavailable at CHC Thanamandi and PHC Shadra-Sharief.

Adolescent Friendly Health Clinic (AFHC)

- The AFHC Counsellors (both male and female) and the DEO are in-position in the clinic at DH/AH. IYCF Centre has also been established at the DH and activities under both the schemes are being done on daily basis.

Quality Assurance

- DQAC is functional and regularly monitor the quality of various services being provided by health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc.
- DH/AH Rajouri is preparing for NQAS while as in case of Kayakalp assessment, the DH/AH had scored 65 points during 2020-21. Kayakalp and SSS have been initiated for most of the health facilities and CHC Thanamandi has scored 48 points while as PHC Shadra-Sharief has not yet initiated any process. LaQshya has implemented in DH/AH but the selected CHC has not yet initiated the same.

Quality in Health Services

- Overall, the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the visited health facilities.
- The segregation of bio-medical waste was found satisfactory in all the visited health facilities and the awareness amongst the staff was found satisfactory and practice of segregation was being done properly in these health facilities. All the health facilities in the district have their own deep burial pits in their premises and the bio-medical waste is dumped in those burials.
- Display of appropriate IEC material in Health facilities was found by and large satisfactory at all the levels. SC-HWC and PHC level HWCs have increased their visibility in terms of IEC by putting up hoardings and banners for various services they are providing at their health facility.

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

- Data reporting on new HMIS portal is regular. Though the data quality in the district has improved but there is still a lot of scope for improvement in all the facilities particularly at DH in the district.
- All the health facilities were uploading their monthly work done on the new HMIS portal and were satisfied with the new interface of the portal.
- RCH Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village and field level.

Status of Funds received and utilized

- During 2020-21 the district has utilized 83 percent of funds that they received from various sources. District has made more than 65 percent expenditure on all the major heads including service delivery (community based), community intervention, procurement, referral transport, human resource (service delivery), IEC, printing, quality, and programme management.
- Funds allocated for facility based, untied funds, trainings and infrastructure were not used fully due to disruptions caused by Covid-19 pandemic. Similarly, the funds released to the district during 2020-21 under RCH and Health Systems Flexi pool which include maternal health, child health RBSK, immunization, CPHC, ASHAs, HR, programme management, referral transport, and procurement were spent almost in-full by the district till 31st March 2021.
- During 2020-21 DH/AH Rajouri has been able to utilize 80 percent funds, CHC Thanamandi was able to spent 95 percent of the received amount and PHC Shadra-Sharief and HWC Rajdhani had utilized 100 percent of the received funds during the same period.

2. INTRODUCTION

Ministry of Health and Family Welfare, Government of India approves the state Programme Implementation Plans (PIPs) under National Health Mission (NHM) every year and the state PIP for year 2021-22 has been also approved. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalities and implement the road map provided in each of the sections of the approved PIP document. Though, States were implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to know how far these PIPs are implemented. However, from 2013-14, Ministry decided to continuously monitor the implementation of State PIP and has roped in Population Research Centres (PRCs) to undertake this monitoring exercise. During the last virtual meeting organized by the MoHFW in March 2021, it was decided that all the PRCs will continue to undertake qualitative monitoring of PIPs in the states/districts assigned to them on monthly bases. Our team in PRC Srinagar undertook this exercise in district Rajouri for this month.

2.1 Objectives

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.

2.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in 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 2021-22, this PRC has been asked to cover 20 districts (15 in the Union Territory (UT) of Jammu and Kashmir and five districts of Haryana). The present study pertains to district Rajouri. A schedule of visits was prepared by the PRC and one senior faculty visited Rajouri and collected information from the Office of Chief Medical Officer (CMO), District Hospital (DH), CHC Thanamandi, PHC-HWC Shadra-Sharief and Health and Wellness Centre (HWC) Rajdhani. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during our visit. An interaction with community and ASHAs was also held at the PHC and HWC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures, strategic areas of planning and implementation process as mentioned in the road map.

3. UNION TERRITORY AND DISTRICT PROFILE

After the bifurcation of the State of Jammu and Kashmir on 5th August, 2019 into two Union Territories (UTs), the UT of Jammu and Kashmir which is situated in the extreme north of India, occupies a position of strategic importance with its borders touching the neighbouring countries of

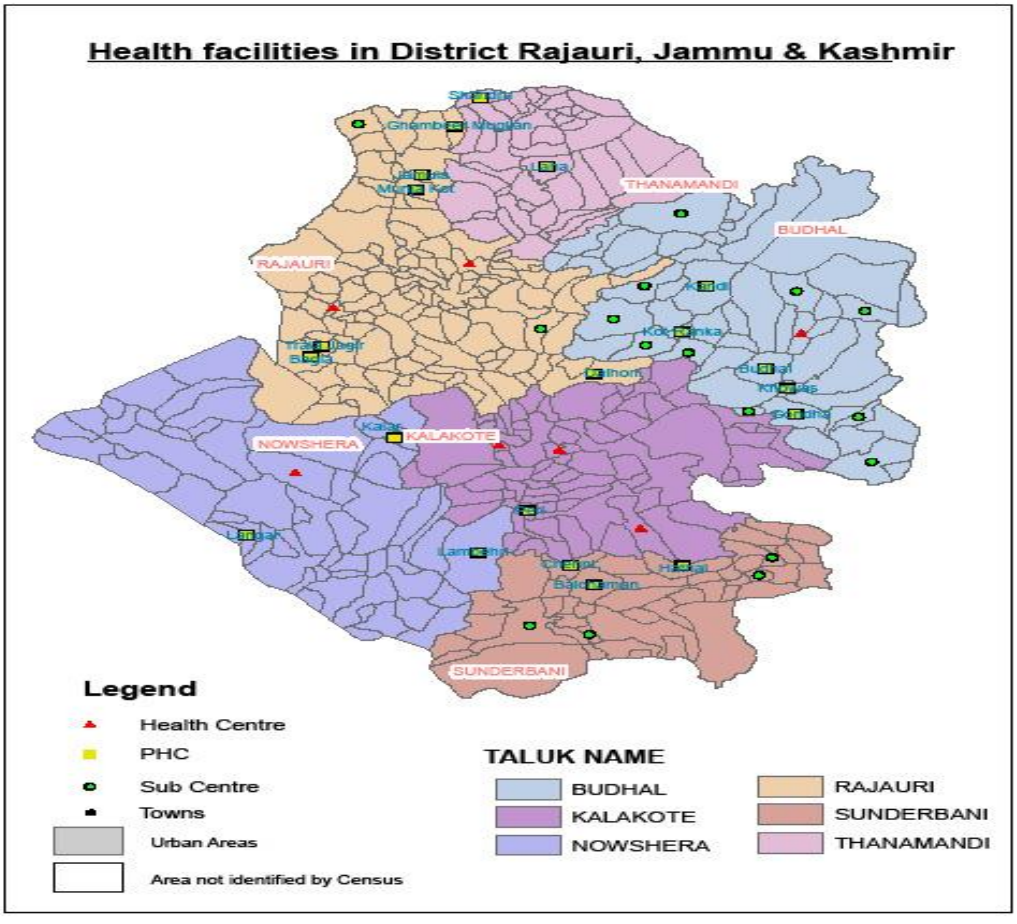
Afghanistan, and Pakistan. The total geographical area of the UT is 42241 square kilometers and presently comprises of 20 districts in two divisions namely Jammu and Kashmir. According to 2011 Census, Jammu and Kashmir has a population of 12.30 million, accounting roughly for one percent of the total population of the country. The sex ratio of the population (number of females per 1,000 males) in the UT according to 2011 census was 872, which is much lower than for the country as a whole (940). Twenty- seven percent of the total population lives in urban areas which is almost the same as at the National level. Overall Scheduled Castes (SCs) account for 8 percent and Scheduled Tribe (ST) population accounts for 11 percent of the total population of the UT. As per 2011 census, the literacy rate among population age 7 and above was 69 percent as compared to 74 percent at the National level. The population density of Jammu and Kashmir is 56 persons per square kilometers. The Crude Birth Rate (CBR) of Jammu and Kashmir is continuously declining and as per the latest estimates of Sample Registration System (SRS) as the UT has a CBR of 15.4 per thousand population, a CDR of 4.9 and an IMR of 22 per thousand live births.

As per the recently concluded National Family Health Survey-5(NFHS-5) data, the UT has improved in most of the critical indicators related to health. The infant mortality rate (IMR) has come down to 16 as compared to 32 during National Family Health Survey-4 (NFHS-4). Similarly, there is a decline (as per NFHS-5) in under 5 mortality rate as compared to NFHS-4 results as it has come down to 19 from 38. Further the data shows that the neonatal mortality rate has come down to 10 as compared to 23 during NFHS-4.The use of any family planning method has also gone-up from57 percent (during NFHS-4) to 60 percent during NFHS-5. Similarly, the total unmet need for family planning in the UT has decreased from 12 percent to 8 percent. The percentage of institutional deliveries has gone up to 92 percent from 86 percent as compared to NFHS-4 in the UT. Similarly, the percentage of fully immunized children has gone up to 86percent during NFHS-5 compared to 86 percent during NFHS-4.

Rajouri is one of the remote and border district of Jammu and Kashmir situated at the Line of Control (LOC) between India and Pakistan. The total population of Rajouri district as per district estimates is 642415, which constitutes 5 percent of the total population of the UT of Jammu and Kashmir. The district has a huge concentration of ST population. One third of the population in the district is still illiterate as per the NIC portal. HMIS data of the district shows that the sex ratio has increased over a period of time. The recently concluded NFHS-5 shows that the overall sex ratio of the district has come down to 901 and sex ratio at birth during the last five years has come down to 968 as compared to 1074 during NFHS-4. The NFHS-5 data further shows that there has been an improvement in most of the MCH indicators over the last five years as ANC check-up among the pregnant women in the first trimester has increased from 56 percent during NFHS-4 to 83 percent during NFHS-5 while as four ANC check-ups among the pregnant women has also increased from 56 percent to 72 percent during NFHS-5. Similarly, PNC care within two days after delivery by a health professional has also increased significantly as shown by the results of NFHS-5. There has been an increase in institutional deliveries during NFHS-5 and such deliveries have gone-up to 89 percent during NFHS-5 as compared to 75 percent during NFHS-4 and major chunk (85 percent) of these deliveries have taken place in public health facilities in the district. The full immunization coverage

for children aged between 12-23 months has also increased from 45 percent during the NFHS-4 to 95 percent during the 5th round of NFHS in the district. The use of any method of family planning among the married couples has gone-up from 28 percent during NFHS-4 to 65 percent during the NFHS-5 while as the total unmet need for family planning has also come-down from 21 percent during NFHS-4 to 6 percent during the 5th round of NFHS.

The district consists of six medical blocks namely Sunderbani, Nowshera, Kalakote, Darhal, Kandi and Manjakote. The health services in the public sector are delivered through a network of one Medical College, one District Hospital, 7 CHCs/FRUs, 55 PHCs and 202 SCs. However, most of the health institutions particularly SCs and new type PHCs are housed in rented buildings though by converting various SCs and PHCs into HWCs have improved the overall condition of such health facilities but PHCs located in rented buildings have acute shortage of accommodation. The condition of the PHCs and CHCs located in Government buildings has improved as many new blocks have been constructed in these health facilities for better delivery care.



Map composed by NIC
Source - RGI , SOI

Table 3: Demographic and Health Profile of District Rajouri, 2021-22 (Source: DPMU)

Indicator	Remarks/ Observation
1. Total number of Blocks	06 Health Department
2. Total number of Villages	386 Revenue Department
3. Total Population	642,415 (Census 2011)
Male	3,45,351 (Census 2011)
Female	2,97,064 (Census 2011)
4. ST Population	229692 (36%) (Census 2011)
5. SC Population	46,141 (7%) (Census 2011)
6. Literacy rate	68.17 (Census 2011)
7. 0-6 Yrs. population as per census 2011	1,08,271 (Census 2011)
8. Population Growth rate	32.93 (Census 2011)
9. Sex ratio	860 (Census 2011)
10. Child Sex Ratio (0-6 Age)	865 (Census 2011)
11. Literacy rate	68.17
12. Sex Ratio	860 (Census 2011)
13. Sex ratio at birth	865 (Census 2011)
14. Population Density	244 (Census 2011)
15. Estimated number of deliveries	11923 (District Estimates)
16. Estimated number of C-section	2384 (District Estimates)
17. Estimated numbers of live births	11787 (District Estimates)
18. Estimated number of eligible couples	1,19,140 (District Estimates)
19. Estimated number of leprosy cases	10 (District Estimates)
20. Target for public and private sector TB notification for the current year	1045 (District Estimates)

Table 3.1: District Mortality Indicators of Rajouri 2020-22 (Source: DPMU)

6. Mortality Indicators:	Previous year		Current FY	
	Estimated	Reported	Estimated	Reported
• Maternal Death	NA	03	NA	01
• Child Death	NA	00	NA	00
• Infant Death	NA	41	NA	43
• Deaths due to Malaria	NA	0	NA	0
• Deaths due to sterilization procedure	NA	0	NA	0

NA- Not Available

4. HEALTH INFRASTRUCTURE

The health services in the public sector are delivered through a network of various levels of health facilities (excluding tertiary and private hospitals) in 6 medical blocks which include one District Hospital, 7 CHCs/FRUs, 55 PHCs and 202 SCs. The district has converted 23 PHCs and 46 SCs (out of 51 proposed) into HWCs during the past two years. Rajouri district has also established one DEIC under RBSK, one NCD Clinic, an AFHC, IYFC unit, and an SNCU at the DH. The district has a dedicated blood bank at DH while as blood storage is available at two FRU in the district only. Comprehensive

1st and 2nd trimester abortion services are provided by 6 health facilities while as 1st trimester abortion services are provided at DH and CHCs in the district. CBNAAT/TruNat sites are available at three places in the district.

Table 4: Health Infrastructure (As on 30.11.2021) of District Rajouri (Source: DPMU)

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	1	01
2. Sub District Hospital	04	04
3. Community Health Centers (CHC)	03	03
4. Primary Health Centers (PHC)	55	55
5. Sub Centers (SC)	202	202
6. Urban Primary Health Centers (U-PHC)	01	01
7. Urban Community Health Centers (U-CHC)	00	00
8. Special Newborn Care Units (SNCU)	03	02
9. Nutritional Rehabilitation Centres (NRC)	00	00
10. District Early intervention Center (DEIC)	01	01
11. First Referral Units (FRU)	07	07
12. Blood Bank	01	01
13. Blood Storage Unit (BSU)	02	02
14. No. of PHC converted to HWC	23	23
15. No. of U-PHC converted to HWC	0	0
16. Number of Sub Centre converted to HWC	51	46
17. Designated Microscopy Center (DMC)	12	12
18. Tuberculosis Units (TUs)	06	06
19. CBNAAT/TruNat Sites	03	03
20. Drug Resistant TB Centres	01	01
21. Functional Non-Communicable Diseases (NCD) clinic • At DH • At SDH • At CHC	 01 03 01	 01 01 01
22. Institutions providing Comprehensive Abortion Care (CAC) services • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services	 06 06 06	 06 06 06

5. DISTRICT HEALTH ACTION PLAN (DHAP)

The PIP is mainly prepared on the basis of previous year performance and achievements of various major health indicators related to RCH; accordingly projections are being made in the PIPs. Various sources of data which include HMIS data, data from the district authorities, Family Welfare data, Census projections and other relevant sources are being taken into account to prepare the annual PIP for the district. Overall, a total of 8-10 percent increase is being made for the previous year indicators in terms of allocation for deliveries, JSSK, JSY and other relevant indicators. Preparation of

Health Action Plan for the district involves all the stakeholders right from the SC level up to the district level functionaries as such action plan is sought by the district authorities from all the BMO/MSs of the district. The PIP is then submitted to the SHS for further discussions and approval. After approval of the district PIP, the SHS prepares a State level PIP and submit the same to the Ministry. The district had prepared the PIP for the current year and was submitted to the Mission Director (MD) NHM of the UT. The district has also received the approved DHAP on 24th June 2021 and the 1st instalment of funds was released in the same month to the district. The information regarding any constructions was not provided by the district officials to us on repeated requests.

6. STATUS OF HUMAN RESOURCE

Appointment of human resource on regular basis is a centralized process and even a large number of districts don't have the idea about the sanctioned strength of various regular posts for the district thus makes it difficult for the monitoring teams to ascertain the actual deficiencies of human resource at various levels in the district. The details provided by the CMO/DPMU regarding the overall staff strength (together both for regular and NHM side) shows that overall; the district has three percent positions of ANMs, 15 percent positions of MPWs(M), 32 percent posts of staff nurses, 12 percent of lab technicians, and six percent of pharmacists vacant in the district. In case of MOs, 61 percent MOs were also found vacant in the district. Among the sanctioned specialist positions of doctors, 50 percent of OBGY, 62 percent of paediatricians, 86 of anaesthetists, all the positions of surgeons, and radiologists and 54 percent of other specialists were found vacant in the district. Overall, the in-position staff (out of the approved) for NHM is quite satisfactory but from the regular side, a large number of vacancies of different cadre were found vacant and has created a vacuum in the satisfactory delivery care by the health facilities of the district. The details regarding the other staff are presented in table 6 below.

6.1 Recruitment of various posts

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 State Public Service Commission and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB). Thus, district authorities do not have any role in the recruitment of regular staff and hence no information was found available with the district. Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled 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 Magistrate (DM). The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances. The information collected shows that a total of 85 posts of various categories under NHM and were found vacant for the last two years and among these only two posts have been filled by the State this year till date. The details in this regard for the regular staff were not provided by the CMO/DPMU.

Table 6: Details of Human Resource (Regular+ NHM) sanctioned, available and percentage of vacant positions in District Rajouri (Source: DPMU)

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM	362	351	03%
• MPW (Male)	33	28	15%
• Staff Nurse	147	100	32%
• Lab technician	78	69	12%
• Pharmacist (Allopathic)	154	145	06%
• MO (MBBS)	164	65	61%
• OBGY	08	04	50%
• Paediatrician	08	03	62%
• Anaesthetist	07	01	86%
• Surgeon	08	0	100%
• Radiologists	03	0	100%
• Other Specialists	15	07	54%
• Dentists/ Dental Surgeon/ Dental MO	27	20	26%
• Dental technician	27	19	30%
• Radiographer/ X-ray technician	39	29	26%
• OT technician	20	13	35%
• CHO/ MLHP	66	54	19%
• AYUSH MO	57	55	04%
• AYUSH Pharmacist	22	20	10%

2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
• LSAS trained doctors	0	0	0	0%
• EmOC trained doctors	0	0	0	0%

7. TRAININGS

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies and CMO office maintains information about the trainings imparted to its workers from time to time. The information provided by the CMO office shows that almost every year various training courses are held at the district headquarters approved under the PIP in which different categories of health personnel participate. During 2020-22, five types of training courses were approved under ROP for medical and Para medical staff and all the training programmes were conducted by the district in different batches. The trainings imparted to the health workers during the same time included NSSK, IMNCI, SBA, PPIUCD/NIOS for ASHAs.

8. STATUS OF SERVICE DELIVERY

The district has officially implemented the free drug for all but; it was found that it is not being implemented by all the health facilities that we visited during our monitoring exercise. Free diagnostic facilities are provided to only JSSK beneficiaries in the district. As far as the delivery points is taken into account, the information collected from the DPMU/CMO office shows that only one SC is conducting more than three deliveries per month and four of the 24X7 PHCs are conducting 10 or more deliveries per month in the district. All the six CHCs in the district conduct more than 20

deliveries per month in the district. The C-section deliveries are conducted at Associated Hospital of GMC Rajouri and some CHCs. In case of any emergency, DH and few CHCs conduct C-section deliveries during the night hours also. DH Rajouri is designated as FRU and both normal and C-section deliveries are performed in this health facility on 24X7 basis.

During the last month, out of the total of 620 deliveries in DH, more than one-third (38 percent) were C-section deliveries. Similarly, at CHC Thanamandi a total of 18 deliveries were performed at the facility during the last one month and all these deliveries were normal and due to vacant post of a gynaecologist, no C-section deliveries are performed at this facility. Further, the information collected shows that 24X7 PHC-HWC Shadra-Sharief has not performed any deliveries at the facility during the last three months. The condition of labour room, OT was found satisfactory at all the levels in the district. The SNCU at DH was found in good condition but over burdened. The NBSU at CHC was also found functional. NBCC at PHC is also functional with requisite equipment.

The information about the JSY payments at health facility level shows that at DH and CHC level, there is some pendency for the beneficiaries since September, 2021 due to non-availability of funds. As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery but it was found that there are some deviations in this regard and during our interaction with such patients at various levels (maternity wards, post-operative wards, labour rooms, OPD, and relatives of these patients) it was found that all the benefits under JSSK are not given to the beneficiaries in-full. It was found that various services like free medicines, free diet, free transport are being given partially and above all the protocols regarding the discharging of patients after delivery are not followed at all thus putting both the mother and the new-born at risk by discharging them from the health facilities before the requisite time. PMSMA services on 9th of every month is a routine feature at all the designated health facilities (FRUs) in the district since its inception and all the identified high-risk women are taken care of as per their obstructed and medical history. Various services are being given these pregnant women during PMSMA and identification of women with different co-morbidities are treated and taken care at these FRUs. It was reported by all the selected health facilities that line listing of all the high-risk pregnancies is maintained and pursued accordingly but during our record checking exercise at health facilities, it was found that such records have not been maintained properly at all the health facilities.

Respectful maternity care (RMC) is not only the marker of quality maternity care but also ensures the protection of basic human rights of every child-bearing woman. RMC is protection from verbal and physical abuse, disrespect, and discrimination during care. It also aims to provide care to child-bearing women with dignity, privacy, and confidentiality. The WHO has acknowledged RMC as a fundamental right of every child-bearing woman and encourages health service provision to all women in a manner that maintains their dignity, privacy, and confidentiality. The WHO "Recommendation on Respectful Maternity Care" ensures freedom from harm and mistreatment and enables informed choice and continuous support during labour and childbirth. The Government of India has adapted RMC under LaQshya to provide dignified care to pregnant women while in the

health facility. During our visit to the selected health facilities, it was found that care is being taken by the concerned health officials for all the women with regard to RMC and none of the women could inform/complain us about any problem/deviation with regard to RMC, as LaQshya has been implemented in DH both in OTs and labour rooms in the district. Registers for births and deaths were found at all the visited health facilities and were found updated.

Comprehensive abortion care (CAC) is an integral component of maternal health interventions as part of the NHM. Abortion is a cross cutting issue requiring interface with not just girls and women but across all age groups. Comprehensive post-abortion care aims to reduce deaths and injury from either incomplete or unsafe abortion by: evacuating the uterus; treating infection; addressing physical, psychological and family planning needs; and referring to other sexual health services as appropriate. This issue was discussed at length with both the MSs of DH and CHC and they reported that CAC services are provided in all respects to all the women when they need.

9. CLINICAL ESTABLISHMENT ACT

The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team under the supervision of District Health Officer (DHO) in this regard which makes surprise checks to private USG clinics. The data by these clinics is regularly received by the district. Overall, a total of 31 health facilities (both public and private) are providing USG facilities and these facilities are registered under PC&PNDT act.

10. SERVICES UNDER NHM

10.1 Free Drug Policy

As per the information received from the CMO office, we were told that the district has implemented the free drug policy at all levels but during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility was not available to all. It was found that very few drugs (out of the total medicines prescribed by the doctor) are being provided to the patients when they visit to any health facility for treatment as per the old traditional system. Further, it was also found that at most of the health facilities the rate list for diagnostics was at display and according to this rate list, people were being charged for any diagnostic test. However, it was reported by the concerned MSs and MOs incharge that free drug policy has been implemented to BPL families while as JSSK beneficiaries get drugs and diagnostics free of cost at all levels in the district. During our interaction with the community the same observation of ours was vindicated as most of the community members reported that people are being charged for various services including diagnostics and drugs by the health facilities.

10.2 Dialysis Services

The Dialysis unit has been established at the DH and is fully functional. The Dialysis Centre has been given the requisite staff under NHM and some internal arrangement from the available human resource of different units of the hospital is also used for the smooth functioning of the dialysis centre. The unit has a bed capacity of 5 beds and during the current year, all the requisite tests were conducted at the facility. On an average 3-5 patients are provided with the service on daily basis. The

services at the Dialysis Centre are provided free of cost to BPL and golden card holders only. The incharge of the centre reported that at present there is no shortage of any major equipment or any instrument. The performance of the centre was found to be satisfactory and during our interaction with the patients and their relatives on the day of our visit to the dialysis centre, it was reported by all the patients/relatives that they were highly satisfied with the centre and said that their out-of-pocket expenses have comedown drastically due to the opening-up of such facility in their area.

10.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

The RBSK is in vogue in Rajouri district and the District Early Intervention Centre (DEIC) which was established earlier in the DH has been dismantled as the temporary space/accommodation for GMC Rajouri was created in DH and thus the staff of DEIC has practically no activity to do though some staff members of the DEIC have been shifted in various relevant sections of the hospital for their optimal use. Most of the staff sanctioned under the scheme, both for the field teams and DEIC was found in position. There are 12 sanctioned RBSK teams in the district and out of these; 11 teams have full sanctioned human resource. The DEIC has more than 50 percent approved staff in-position. The performance of RBSK has suffered a major setback during the last two years (till August, 2021) as the teams were unable to screen the children at schools, and AWCs but these teams have screened new-born children at delivery points at few places in the district as was reported by the CMO. It has been extremely difficult time for the RBSK teams as they have been working 24X7 during this period for Covid-19 duties and have been on the forefront in containing Covid-19. The district has hired 12 vehicles for these RBSK teams and for each block, there are two teams in place. During the normal times, each team used to screen around 50 children per day. Further, the information collected shows that 11 children were screened during the current year at various delivery points by these teams for any defects at birth.

10.4 Special New-born Care Unit (SNCU)/New-born Stabilization Unit (NBSU)/NBCC

There are two functional SNCUs in the district and one SNCU is situated at the DH and another one is functional in the Nowshera CHC. The SNCU at the DH was established in the first phase and has a bed capacity of 08 beds but this SNCU is overburdened and during our visit it was found that most of the beds were occupied and atleast two infants were at each bed. The SNCUs in the district have 15 in radiant warmers and four step-down care. The only Kangaroo Mother Care (KMC) unit is at DH. The details of work done shows that there have been 52 (30 inpatient and 22 outpatient) admissions in SNCUs since April, 2021 and out of these, 73 percent infants were discharged after they were provided with the necessary treatment while as 14 (27 percent) infants were referred to GMC Jammu for necessary treatment. In case of NBSUs of the district a total of 36 new-borns were admitted and almost all were discharged after the required treatment. CHC Thanamandi admits all the new-born children in the NBSU and after their check-up by the concerned doctor are discharged. The NBCC at Shadra-Sharief PHC is functional and co-located with delivery unit but lack space and a clean washroom. The district has no sanctioned Nutrition Rehabilitation Centre (NRC).

10.5 Home-Based New-born Care (HBNC)

Overall, 100 HBNC kits were available with ASHAs in the district. During the current financial year (till November, 30th 2021) a total of 1565 visits were made by ASHAs to new-borns under HBNC. The information received from the CMO office further reveals that no drug kits for ASHAs were available in the district at the time of our visit but it was reported by the ASHAs at the SC and PHC level HWCs that the drug kits are being refilled at their respective health facilities on need basis. Since ASHAs at all the places were involved with the Covid vaccination drive, but on the day of our visit all the ASHAs at SC-HWC and at CHC were present for interaction with us. The information collected from them for some specific questions shows that a sizable number of ASHAs were given the HBNC kits in the initial phase. Presently all the ASHAs have been involved with the vaccination drive for Covid-19 which has severely affected the working of HBNC and other related services. District ASHA Coordinator and ASHA facilitators were also contacted during the PIP visit and various issues related to working of ASHAs were discussed with them. On the basis of our feedback from the community and our interaction with ASHAs at various places, it was found that ASHAs need further orientation/training and continuous monitoring and supervision to improve their working.

10.6 Maternal and Infant Death Review

During the current, no maternal death was reported from the district while as during the previous year, three maternal deaths were reported from various health facilities of the district and all have been reviewed. Similarly, during the previous year, 41 infant deaths were reviewed by the competent authority in the district and during the current year, the district have so far reviewed 28 infant deaths that have taken place in the district. It was also found that all the visited health facilities maintain the data regarding the maternal and child deaths and report the same to the CMO and also upload this information on HMIS portal on monthly basis.

10.7 Peer Education (PE) Programme

Peer Education Programme has been implemented in the district and so far three blocks have been covered under this programme. Further, the information collected shows that so far 172 villages have been selected and covered under PE programme in the district. No Adolescent Friendly Health Clinic (AFHC) meetings have held in the district during the last one month in the district.

11. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT

The district has one functional MMU and the information about the activities carried-out by the staff of MMU shows that the number of average trips made by the MMU per month is 15 trips before the Covid pandemic while as activities have been carried-out by the MMU during the past two years due to pandemic. In normal times the staff members of the MMU remains active and carry-out all the requisite activities as per the plan.

In terms of referral transport, the district has limited number of vehicles with various health facilities for JSSK and other referral patients. The district has functional 102 toll free number under centralized system of transportation but only the available ambulances in the district are used for the same which are fitted with GPS. The district has 8 (3 ALS+5 BLS) ambulances with Basic Life Support (BSL)

and Advanced Life Support (ALS) and are operational on need basis for 24X7. These ambulances with BSL and ASL are fitted with GPS and handled through centralized call centre. Vehicles used in the district were found insufficient and at times district need to outsource for hiring the vehicles especially for JSSK.

12. COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In February 2018, the Government of India announced that 150000 Health & Wellness Centres (HWCs) would be created by transforming existing Sub Health Centres and Primary Health Centres to deliver Comprehensive Primary Health Care (CPHC) and declared this as one of the two components of Ayushman Bharat. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. For primary health care to be comprehensive, it needs to span preventive, promotive, curative, rehabilitative and palliative aspects of care. In this background a sizeable number of SHS and PHC level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase. The district has enumerated about 223572 individuals so far and CBAC forms have been filled for only very few (2261) individuals in the district. Though the Covid pandemic has affected the overall working of various health programmes in the district but still almost all the SHC-HWCs have started NCD screening at their facilities. Further, the information collected shows that the district has not yet achieved 100 percent target in filling-up the CBAC forms but screening of individuals for various types of NCDs which include hypertension, diabetes, oral cancer, breast cancer, and cervical cancer has been done to a large population. Screening is done at all the established HWCs but tele-consultation services and some wellness activities are being provided by 46 HWCs in the district.

12.1 Universal Health Screening (UHS)

The district is actively involved in universal health screening under different components of NHM. Under universal health screening, district has identified a target population of 223572 eligible persons and out of these, only one percent (2261 persons) population has been covered till date and Community Based Assessment Checklists (CBAC) forms have been filled for them. This population has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers. The details provided by the DPMU were fund extremely confusing and distorted and were found unreliable. In case of visited health facilities, the information collected shows that the DH has done screening for various NCDs during the last six months for around 3050 suspected patients on the routine basis and out of these; a large number of cases were diagnosed for hypertension and diabetes. The information collected shows that about 11 percent patients were diagnosed for hypertension and six percent for diabetes at the DH. Further, 11 patients were confirmed to various cancers including oral, breast and cervical cancers. At CHC Thanamandi, more than 700 individuals were screened for various NCDs, and out of these, 21 percent were confirmed for hypertension and one percent was confirmed for diabetes. PHC Shadra-Sharief has also done some screening for hypertension and diabetes and 40 cases of hypertension and five cases of diabetes were confirmed and are being treated at the health facility on regular basis. SC- HWC Rajdhani has also some confirmed some cases among the suspected cases for various NCDs in their

area and are treated at various levels in the district. HWC-Rajdhani has one MLHP but for unknown reasons the MLHP has been shifted to some other place and when the matter was brought into the notice of CMO office, they were also found unaware of this case. The absence of MLHP from the HWC has severely affected the working of this facility and the locals were extremely unhappy with this development. The information collected from the this HWC shows that they have a total population of 2860 persons and out of these, 1170 (41 percent) individuals belonged to age 30 years above. So far the health facility has been able to fill-up the CBAC forms for only 15 persons (one percent) during the last six month and out of these, all the 15 individuals were with score below 4 as per the CBAC format.

Table 12: Work done under UHS in Rajouri District during last six months of 2021-22 (Source: DPMU)

Indicator	Planned	Completed
Number of individuals enumerated	223,572	223,572
Number of CBAC forms filled	2261	2261
Number of HWCs started NCD screening: a. SHC- HWC b. PHC- HWC	 51 23	 46 23
Number of HWCs providing Tele-consultation services		46
Number of HWCs organizing wellness activities	46	

13. GRIEVANCE REDRESSAL

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the main 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. No Toll Free call centre has been established by the district in this regard so far. None of the visited health facility was found much serious about the grievance redressal set-up and were of the opinion that all such issues are settled when brought in the notice of these health facilities but the community was not satisfied with this argument at any level and were of the opinion that community members need to be taken on-board for settling such issues with maximum transparency. Mera-aaspatal has been initiated at the DH level and the authorities in the process of making it functional at all the units of DH.

14. PAYMENT STATUS

The information provided by the CMO office shows that overall, the district has some backlog of JSY beneficiaries since June of this current financial year. In case of ASHAs, all the 989 ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date. Further, it was found that all the ASHA Facilitators have received their per visit incentive so far in the district. All the payments are being made through DBT in the district. No other incentive has been received by any ASHA in the district for other activities during the current financial year. The delay in disbursement of incentives to beneficiaries has been due to the delay in release of funds by SHS to the district and also by the pandemic situation prevailing through-out.

15. COMMUNICABLE DISEASES PROGRAMME

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Teams (RRTs) have been constituted both at the district level as well as at the block level. No major outbreak was reported in the district during the current and previous financial year. All the designated health facilities in the district are regularly uploading the weekly data under IDSP on the portal. The data is monitored properly and detection for early signs of epidemic is taken care. The information collected from the visited facility shows that the SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet they have been provided by the SHS while at PHC level HWC the data on IDSP is uploaded on weekly basis as reported by the concerned MO. Further the information collected from the CHC and DH indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis. The data of IDSP is utilized for planning, and implementation of health programmes.

Further, the information collected from the CMO office shows that the district has been covered under the National Vector Borne Diseases Control Programme (NVBDCP) but the authorities failed to provide us the copy of any micro or macro plan regarding the programme. The annual blood examination rate was reported to be around 11 percent in the district. Regarding the LLIN distribution, IRS and anti-viral methods, Gambusia Fish method of anti-larval methods is used in the district. DDT awareness is being done as part of the contingency plan for epidemic preparedness by the district at various levels.

National Leprosy Eradication Programme (NLEP) is in vogue in the district and nine new cases of leprosy have been reported in the district during the current year while as number of G2D cases in the district were zero. The district has not made any reconstructive surgery for any G2D case and don't have any MCR footwear or self-care kit available. The district is without any treatment site or model treatment centre for viral hepatitis. Under National Tobacco Control Programme and National Iron Deficiency Disorders Control Programme, the district has conducted few awareness programmes under IEC component of the ROP at facility and panchayat level.

National Tuberculosis Elimination Programme (NTEP) is also working efficiently in the district. During our visits to selected health facilities in the district, it was found that all the health facilities are actively involved in NTEP and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs to the identified patients. The information collected from the CMO/DPMU office indicates that the district has achieved 100 percent (693 in numbers) target TB notifications. All the TB patients are tested for the HIV. Universal Drug Susceptibility Testing (UDST) to achieve the elimination status is being done at the district and both drug sensitive and drug resistance tests are available in the district. Further, the information collected shows that all the patients have been notified from the public sector and the overall treatment success rate was found

to be 71 percent in the district. There are seven MDR TB patients in the district and treatment has not been initiated in these cases by the district authorities. The plan for finding the active cases is done as per the protocol set by the district. The district authorities reported that all the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT installments have been initiated.

The information collected shows that up to 24X7 PHC level all the health facilities are having a Designated Microscopy Centre (DMC) and most of these facilities (DH, CHC, and PHC) have taken a sample of about 2-3 percent from the OPD for microscopy tests during the last 6 months. The drugs for TB patients were found available at DH and CHC while as PHC incharge reported that the drugs for TB patients are being provided at the block level by the concerned BMOs. Further, the information collected shows that the CBNAAT and TruNat facilities are available at the CHCs and DH in the district. The information collected further shows that none of the cases for TB were tested positive or was currently active at PHC or SC-HWC level. During the last 6 months, all the patients at various levels have been brought under the Nikshay Poshan Yojana (NPY) and DBT installments have been initiated in their favour. Maintenance of records of TB patients on treatment, drug resistance, and notification register was found updated and satisfactory at all levels.

16. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Rajouri district has a requirement of 1000 ASHAs as per the population of the district but the district has so far selected only 989 ASHAs and all of them are in place. None of the ASHA covers 1500 or more population for rural and 3000 or more population in urban areas. The information further reveals that there is no village without an ASHA in the district. A very limited number of ASHAs have been brought under various social benefit schemes in the district. Overall, a total of 332 (33 percent) ASHAs have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and another 308 (31 percent) ASHAs have been enrolled for PMSBY in the district while as for other benefit schemes; none of the ASHA has been enrolled so far. Further the information collected shows that none of the ASHA Facilitators have been enrolled for any scheme in the district. Since the district has a very limited urban/slum population and NUHM has not been extended to the district and thus no MAS have been formed in the district. On the other hand, 377 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and training has been arranged for all of them till date. The ASHAs have not yet been paid any incentive for filling-up of CBAC forms, immunization coverage, HBNC activities and telephone charges.

17. IMMUNIZATION

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH, CHC, and PHC only. None of SC-HWCs in the district provide BCG doses of immunization to infants. Outreach sessions are conducted to net in drop-out cases/left out cases. District Immunization Officer is in place in the district and is looking after the immunization. Almost all the SCs in the district have 2nd MPW/ANMs in place. Micro plans

for institutional immunization services are prepared at sub centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for the preparing micro plans. Cold Chain Mechanics for the maintenance of Cold Chain Machine and paramedic trained in Cold Chain Handling is in place in the district. VHNDs, outreach sessions are used to improve Pantavelent-1 Booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. AEFI committees and Rapid Response Team have been formed in the district. The information collected from the selected health facilities shows that all the health facilities including SCs have hub cutters while as vaccine is not usually stored at SCs. Awareness among the ANMs about the immunization schedule and vial open policy was found satisfactory both at SC and PHC level HWCs.

Further, the information provided by these health facilities shows that 1890 new-born children were administered the birth dose (BCG, OPV and Hib0 doses) during the last three months at DH/AH while as 40 infants were administered such doses at CHC Thanamandi during the same time. Further, the information collected shows that at PHC-HWC Shadra-Sharief, no such doses were administered during the same time. During our visit to DH and CHC, it was observed that the practice of early initiation of breastfeed (with 1st hour of delivery) is followed at both the places for normal deliveries but such practice was not followed for C-section deliveries and it was observed that few women had resorted to bottle-feed at these health facilities to their newborns.

18. FAMILY PLANNING

Beside DH, CHCs and some PHCs, few SCs have also been identified and are providing IUD insertion or removal services in the district. The district is currently providing IUCD services through a network of identified health institution of various categories in the district. The information regarding various methods of family planning is also provided through VHND sessions at the SC-HWC level. The spacing methods like condoms and oral pills are available at all levels in the district. Besides, at PHC Shadra-Sharief, both the DH as well as the CHC has trained manpower for providing IUCD/PPIUCD. Counseling on FP is mainly provided by the LHVs, SNs and CHOs at DH and CHC level while as such counseling is provided by the MOs and ANMs at SC and PHC level in the district. During the last one month, 13 case of female sterilization for FP was done at DH/AH while as such service was found unavailable at CHC Thanamandi and PHC Shadra-Sharief. Family Planning Logistic Management and Information System (FPLMIS) have been integrated with the HMIS Portal in the district, besides the family welfare department of the UT.

19. ADOLESCENT FRIENDLY HEALTH CLINIC (AFHC)

The AFHC at DH Rajouri is functioning properly. The AFHC Counsellors (both male and female) and the DEO are in-position in the clinic. Infant and Young Child Feeding (IYCF) Centre has been established at the DH in the district and activities under both the schemes are being done on daily basis at the DH.

20. QUALITY ASSURANCE

As per the information, District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitor 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 held one meeting during this year and the members stressed upon 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/complications in maternal, neonatal and child health. DH/AH Rajouri is preparing for NQAS while as in case of Kayakalp assessment, the DH/AH had scored 65 points during 2020-21. Kayakalp and SSS have been initiated for most of the health facilities and in this regard, CHC Thanamandi has scored 48 points while as PHC Shadra-Sharief has not yet initiated any process in this regard. LaQshya has implemented in DH/AH but the selected CHC has not yet initiated the same. DQAC has directed all the health facilities to work for the quality assurance of their respective institutions under various quality assurance programmes.

21. QUALITY IN HEALTH SERVICES

21.1 Infection Control

Overall, the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the DH and CHC but at other levels such issues are not taken seriously although SC-HWC has improved in this regard to a great extent.

21.2 Biomedical Waste Management

The segregation of bio-medical waste was found satisfactory in all the visited health facilities and the awareness amongst the staff was found satisfactory and practice of segregation was being done properly in these health facilities. All the health facilities in the district have their own deep burial pits in their premises and the bio-medical waste is dumped in those burials. Beside, DH/AH have a common bio medical treatment plant with GMC Rajouri.

21.3 Information Education and Communication (IEC)

Display of appropriate IEC material in Health facilities was found by and large satisfactory at all the levels. SC-HWC and PHC level HWCs have increased their visibility in terms of IEC by putting up hoardings and banners for various services they are providing at their health facility. The IEC material related to MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the DH and CHC level also.

22. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) AND REPRODUCTIVE AND CHILD HEALTH (RCH)

22.1 Health Management Information System (HMIS)

Data reporting on new HMIS portal is regular. 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 DH in the district. Most of the services provided by the DH are underreported particularly for ANC visits and

various doses of immunization. In the district there is still a lot of scope in improving the recording and reporting of HMIS data so that it can be streamlined further. During our visit to various health facilities few on spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved but still there is an urgent need to provide further training to all the stakeholders in this regard so that misconceptions regarding reporting and recording can be corrected. All the health facilities were uploading their monthly work done on the new HMIS portal and were satisfied with the new interface of the portal.

22.2 Reproductive and Child Health (RCH)

Like other States in the country, National Health Mission (NHM), Govt. of Jammu and Kashmir has also rolled out RCH Portal State wide–a web-based application for RCH replacing MCTS portal. In this regard the 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 training of health functionaries has been completed and data collection and reporting under the RCH portal has been regular in district.

23. STATUS OF FUNDS RECEIVED AND UTILIZED

The information collected from the CMO office regarding the receipt and utilization of funds during 2020-21 shows that the district has utilized 83 percent of funds that they received from various sources. The information collected further shows that the district has made more than 65 percent expenditure on all the major heads including service delivery (community based), community intervention, procurement, referral transport, human resource (service delivery), IEC, printing, quality, and programme management. The funds allocated for facility based, untied funds, trainings and infrastructure were not used fully due to disruptions caused by Covid-19 pandemic. Similarly, the funds released to the district during 2020-21 under RCH and Health Systems Flexi pool which include maternal health, child health RBSK, immunization, CPHC, ASHAs, HR, programme management, referral transport, and procurement were spent almost in-full by the district till 31st March 2021. Further, the information collected from the district shows that no funds were released under NUHM while funds for various communicable and non-communicable diseases which include IDSP, NLEP, NTEP, NPCB+VI, NMHP, NPHCE, NPCDCS, and National Dialysis Programme were also spent in full by the district during the same time. Table 23.1 and 23.2

The information collected from the selected health facilities regarding the receipt and utilization of funds during 2020-21 shows that the DH/AH Rajouri had received a total of Rs. 2.82 corers from various sources and out of these, the facility has been able to utilize 80 percent funds only. The funds were mainly utilized on purchase of minor equipment, patient care and maintenance of the health facility. On the other hand, CHC Thanamandi had received an amount of Rs. 2.86 Lakhs during the same period and the facility was able to spent 95 percent of the received amount. Similarly, in case of PHC Shadra-Sharief and HWC Rajdhani all the funds received during 2020-21 were utilized during the same period. Most of the expenditure by these health facilities was made on purchase of few equipment and some renovations. Table 23.3

Table 23.1: Component Wise Funds Received and Expenditure During the year 2020-21 in Rajouri District of J&K, in Lakhs (Source: DPMU)			
Indicator	**Budget Released**	**Budget utilized**	**Reason for low utilization < 60%**
FMR 1: Service Delivery: Facility Based	28,728,193	11,105,234	Due to Covid
FMR 2: Service Delivery: Community Based	5,342,980	4,427,568	
FMR 3: Community Intervention	23,482,796	21,300,399	
FMR 4: Untied grants	20,402,000	9,957,553	Due to Covid
FMR 5: Infrastructure	6,720,416	2,520,676	Due to Covid
FMR 6: Procurement	8,997,126	11,416,874	
FMR 7: Referral Transport	22,96,490	19,14,299	
FMR 8: Human Resource (Service Delivery)	157,198,039	148,641,720	
FMR 9: Training	1,020,464	173,790	Due to Covid
FMR 10: Review, Research/ Surveillance	700	700	
FMR 13: Quality	24,47,33	14,34,758	
FMR 15: PPP	621,300	528,233	
FMR 16: Programme Management	5,567,174	4,708,447	
FMR 16.1: PM Activities Sub Annexure	15,28,600	12,22,487	
FMR 17: IT Initiatives for Service Delivery	46,500	29,603	
FMR 18: Innovations	46,500	29,603	

Table 23.2: Component Wise Funds Received and Expenditure During the year 2020-21in Rajouri District of J&K

Indicator	**Budget Released (in Lakhs)**	**Budget utilized (in Lakhs)**	**Reason for low utilization**
RCH and Health Systems Flexi pool			
• Maternal Health	33118661	13694894	Due to Covid
• Child Health	1100000	1087465	-
• RBSK	4567476	4463699	-
• Family Planning	586984	418775	-
• Immunization	1717675	1158808	-
• Untied Fund	20402000	9957553	Due to Covid
• Infrastructure	6720416	2520676	Due to Covid
• ASHAs	22264987	20082590	-
• HR	157198039	148641720	-
• Programme Management	5567174	4708447	-
• MMU	200000	124485	-
• Referral Transport	22,96,490	19,14,299	-
• Procurement	8997126	11416874	-
• Quality Assurance	24,47,334	14,34,758	Due to Covid
• PPP	621300	528233	-
• NIDDCP	75200	0	Due to Covid
Communicable Diseases Pool			
• IDSP	991187	758751	-
• NLEP	225000	67530	Due to Covid
Non-Communicable Diseases Pool			
• NPCB+VI	995940	855449	-
• NMHP	1827176	0	Due to Covid
• NPHCE	183756	160000	-
• NPCDCS	1848528	1027895	-

Table 23.3: Details of Funds Received and Expenditure among selected Health Facilities in Rajouri District, 2020-21

S No	Name of Health Facility	Opening Balance	Funds Received	Expenditure incurred	% Expenditure
	DH Rajouri/AH	-	28280000.00	22609065.00	**80%**
1	CHC Thanamandi	21946.00	286265.00	2937673.00	**95%**
2	PHC Shadra-Sharief	-	133205.00	133000.00	**100%**
3	HWC Rajdhani	-	50000.00	50000.00	**100%**

24. FACILITY-WISE BRIEF

24.1 District Hospital/Associated Hospital Rajouri is situated at the centre of the Rajouri town and is housed in a specious building with enough space but after opening-up of GMC Rajouri in the same building on temporary basis (as the separate building for GMC is under construction) most of the activities under NHM have suffered a setback at this facility. The 1st referral point for DH is GMC Rajouri which is located in the same building. It has a bed capacity of 300 beds and has 23 ICU beds available for any emergency situation. Almost all the necessary services which include general medicine, O&G, pediatric, surgery, anesthesiology, dental, imaging services, labour room complex, ICU, dialysis unit, OTs, AYUSH and emergency care are available at the hospital. DH has a registered Blood Bank and is functional on 24X7 bases with almost all the required equipment pertaining to the blood bank. On the day of our visit 45 blood units were available and 139 blood transfusions were done during the last one month in the hospital. The hospital is providing tele-consultation services to the patients and a very efficient team of doctors has been put on the panel for tele-consultation and attend 10 cases on an average per day. The hospital is getting electricity and water supply on 24X7 bases and has a dedicated back-up for both electricity and water supply for the hospital. OTs for general, orthopedic, OGY, ophthalmology, ENT and emergency were found available at the DH/AH.

The DH is has sanctioned staff as per the IPHS standards which include a sanctioned strength of 22 MOs both from regular as well as NHM side (only 27 percent in-position), and specialists all from the regular side include 3 each for medicine, anaesthesia, OBGY, ophthalmology and surgery one each from radiology, ENT, orthopaedic, pathology and 2 each from paediatrics and dental (various services are being provided by the GMC staff). Among the paramedical staff out of sanctioned strength of 60 SNs/GNMs (both from regular side and NHM), 85 percent were found in-position. Further, the information collected shows that out of 21 lab technicians 15 were in position while as 4 dental technicians were also in position at the DH. Only one pharmacist from NHM side was found in position at the DH. A large chunk of NHM staff has made their presence felt as various sections of hospital are being helped out by this staff. Two doctors were found trained for EmoC at the DH. Under NHM; District Early Intervention Centre (DEIC) has become non-functional due to the Covid-19 and other administrative issues as the space of this unit has been given to GMC. SNCU, NCD Clinic, an Adolescent Friendly Health Clinic, (AFHC) and DNB programmes are running at the DH. The DH has also established one Dialysis Centre with sufficient staff from the NHM side. NHM staff is being used in the DH as per the requirement of the hospital and their services are not restricted to only for those schemes for which they have been engaged. It was found that some NHM staff is playing a vital role in the smooth functioning of the DH.

All the necessary equipment is available in the DH. All the sections of the hospital were found well equipped and have CT-Scan facility also. None of the essential equipment was found non-functional or had any shortage. The central lab of the hospital remains open for 24X7 and all the requisite diagnostics are being done in the hospital on 24X7 basis. Besides, Jan Aushadhi facility, hospital has a huge drug store and remains open for the services from 10-4 pm only. Supply of drugs was reported to be sufficient and the Essential Drug List was displayed in the store and at the entrance also. Management of the inventory of drugs is manual. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. During the last one month prior to this monitoring activity, DH has referred more than 36 patients to various higher level health facilities for treatment of various severe ailments which include critical care, cardiology and neurology related and other emergencies while as about 85 cases were referred from various health facilities of the district to DH/AH. All these patients were given referral transport by the DH. DH has eight dedicated ambulances for referral services under toll free numbers of 102 and 108.

LaQshya has been implemented in the labour rooms and OTs of DH. A total of 1890 newborns have been immunized for the birth dose during the last three months while as the same number of newborns were breastfed within one hour during the same time. A total of 13 female sterilizations were performed at the DH during the last one month. During the last one month, a total of 13254 in-house and 28 out sourced tests were conducted at the DH/AH. As per the records of the NCD at DH, a total of 3041 suspected patients have been screened for hypertension, diabetes and out of these, 338 patients have been confirmed as hypertensive and 186 were confirmed for diabetes by the DH during last 6 months prior to our visit. Cleanliness of the facility was found satisfactory at all levels in the hospital. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in each section of the DH for waste segregation.

Key Challenge:
Have Inadequate manpower (both of doctors and para medical staff), shortage of transport especially critical care ambulances, MRI facility not available, and Insufficient residential accommodation for doctors and paramedics.

24.2 Community Health Centre (CHC) Thanamandi is situated in Darhal block at the extreme of the district bordering Poonch districts of the UT and is a standalone facility housed in an old building and lack space. It is a dedicated FRU and its next referral point is DH/AH and GMC Rajouri which is at a distance of 25 kms. New building with a bed capacity of 30 beds is under construction and is expected to be completed soon. The present functional inpatient-bed capacity of the CHC is 10 beds with no separate beds for males and females. As per IPHS standards very few necessary services which include general medicine, dental and imaging services (X-ray) are available at the CHC but important services like ObGy, ophthalmology, paediatric, and anaesthesia were found unavailable at the facility due to non-availability of specialized doctors for these units. Various posts both from

regular as well as from NHM side were vacant and thus have created a vacuum in the hospital. Due to non-availability of ObGy, no C-section deliveries are done at the facility however; normal deliveries are carried-out by the MOs on 24X7 bases. Blood Storage Facility was found to be defunct at the CHC. The hospital provides tele-consultation services to the patients. The hospital is getting 24X7 electricity and water supply. The OT and washrooms of the facility were found in dilapidated condition. Out of 3 sanctioned posts of MOs; only two were in-position. Besides, NHM staff under various schemes, CHC Thanamandi has staff strength of 33 medical and para-medicals from both the regular side and NHM, out of these, a number of positions were found vacant. Under NHM, the CHC Thanamandi has established an NCD Clinic with permissible staff. The CHC has not yet been given the staff as per the IPHS standards permissible for CHCs.

All the necessary equipment for OT, Lab, labour room and other sections was found available in the CHC. Some equipment related to dental section was found non-functional. Imaging service (USG) is done during the day time only on selected days when the concerned BMO visits the hospital for the same. The health facility has a geriatric and disability friendly ramps but washrooms are not in good shape. CHC has also an established drug store and remains open for the services from 10-4 pm only. Supply of drugs was reported to be irregular but ELD was displayed in the store and at the entrance. Management of the inventory of drugs is manual though the facility has internet and computers available. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at CHC.

CHC has initiated Kayakalp but had achieved a score of 48 during the last external assessment while as NQAS and LaQshya has not been initiated yet. DVDMS has been initiated at the CHC for supply chain management system. No child or maternal death has been reported from the facility during the last two years. A total of 40 newborns were immunized for the birth dose during the last three months while as all the newborns were breastfed within one hour during the same time. Cleanliness of the facility was found un-satisfactory at various levels. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in each section of the CHC for waste segregation.

Key Challenge:
Insufficient manpower as the staff as per IPHS standards has not yet been approved to this CHC, Insufficient ambulances/transport, and Need new and digital X-ray machine and equipment for dental section, insufficient infrastructure.

24.3 PHC Shadra-Sharief is a 24x7 PHC and was converted into a HWC in 2020-21. It is situated at a distance of 18 kms from block headquarter. The PHC is not situated at a better location and anyone who needs to visit the PHC has to go down about half a kilometer from the hill. It is functioning in a small double-story government building with enough space keeping in view the follow of the patients to the facility. The institution has a bed capacity of 5 beds with no separate wards for male and

female patients. The institution doesn't have any staff quarter/s available for medical or para-medical staff. The branding of the facility under HWC has not been done as the washrooms, walls and other infrastructure has not been upgraded as per the HWC protocols. Furniture, curtains and other necessary heating arrangement for winters was found lacking in the facility. The PHC has sanctioned strength of 2 MOs from the regular side and both are vacant while as 2 AYUSH MOs from NHM were found to be in-position. The post of dental surgeon from regular side is filled-in at this PHC. Overall, from a total sanctioned strength of 16 posts from the regular side only 10 posts are filled-in while as 8 posts from NHM side were all in place. Due to Covid pandemic no major training programme was conducted in the district and as such only ANMs from PHC have attended Covid vaccination training during this period.

Services like OPD for ANC/PNC, child immunization, general medicine, minor surgeries, and dental services are provided by the PHC on regular basis. No tele-consultation or delivery services are provided by the PHC. The PHC provide vaccination to the children twice in a month. The PHC has a designated MO as the Nodal officer for taking care of NCD services at Zone level which includes some PHCs, SCs and PHC catchment area but screening services for NCDs are not provided by this PHC and no major activity regarding HWC were carried-out by this facility to the population. Though the PHC is designated 24X7 PHC-HWC, but no deliveries or any other major activities are being done at this facility due to shortage of staff. The role of 1st referral for the SC-HWCs was missing in the facility as no coordination was found in vogue for the same between the SC and this PHC-HWC. NCD screening was found to be unsatisfactory at the facility as only about 200 individuals have been screened for NCDs by this facility till date. The facility provides very limited number of diagnostic services to the community due to non-availability of required equipment. PHC is providing diagnostic facilities like pregnancy testing, hemoglobin, BT/CT, and blood sugar to pregnant women. Drugs for common ailments, ORS, Zinc, and de-worming were found available. Very few drugs for NCDs were also available at the PHC but multi-drug therapy for NCDs was found missing at the health facility. Supply of drugs was reported to be sufficient in PHC. Essential drug list is displayed in the Pharmacy. Management of the inventory of drugs is manual. The list of essential drugs was not displayed in the PHC. Family planning items like OCPs and EC pills are also available at PHC. Cleanliness of the facility was found satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in the PHC for waste segregation. The PHC bury the biomedical waste in deep burial in the facility premises as no out-sourcing has been done in this regard. PHC Shadra-Sharief has not yet initiated Kayakalp. All the registers were found updated and clean.

Key Challenge:

Road connectivity and location of the facility not appropriate. No human resource for allopathic side as both the MOs vacant and majority of the other staff members on Covid duty. Health facility building partly damaged.

24.4 Health and Wellness Centre Rajdhani

This SHC-Health and Wellness Centre (HWC) is located at a distance of 5 kms away from the CHC which is the 1st referral facility. This SC was converted into H&WC in March 2020. The H&WC caters to a population of around 2860 persons. The H&WC is housed in a government building, with 3 rooms and two wash room. One room is being utilized for OPD services, the other is 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 story building was found satisfactory. The branding of the facility has been done partly and washrooms have not yet been made fully functional. The facility doesn't have 24X7 running water facility and electricity supply. Drinking water facility is also available but lack road connectivity, ASHA rest room, and geriatric friendly facility. H&WC Rajdhani has a sanctioned strength of 1 ANM/MPW besides, one each position of a pharmacist and a nursing orderly from the regular side and all of them are in place. From NHM side, the centre has 1 position of MLHP and 1 FMPW sanctioned and both are in-position but recently the MLHP has been shifted to some other place without the consent from the CMO as was reported by the DPM. Eight ASHAs are working with this HWC. The H&WC used to provide OPD for ANC and other ailments, NCD screening, ANC checkup, short stay of patients, tele-consultation, IFA, TT injections, routine immunization once a week, Covid vaccination, and temporary methods of family planning services (condoms and oral pills). Since the MLHP has been moved to some other place, most of the services at the facility have come to halt. ANM has been provided with a tablet to upload the data of various schemes of NHM on regular basis. EDL was displayed in HWC which contains 23 essential drugs as per the guidelines but only 15 drugs were found available at the centre on the day of our visit. So far as contraceptives are concerned, oral pills, emergency contraceptive pills (ECPs) and condoms were found available at the centre. Few drugs for hypertensive and diabetic patients were also found available at the centre which includes Amlodipine, Metoprolol, and Etonal. Testing kits for checking hemoglobin, pregnancy status and blood sugar have been provided to the HWC in sufficient numbers. Thermometer and BP apparatus were also found at the HWC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc. The records verified in the visited health facilities shows that the documentation and records regarding the line-listing of severely anemic and filling of MCP cards was satisfactory. Screening camps are not conducted by the centre since the MLHP has left the place but before that a total of 80 individuals were screened during the last six months for NCDs. Out of these, 32 cases were diagnosed for hypertension, and 4 were diagnosed with diabetes. The general cleanliness of the H&WC was satisfactory. The HWC has a proper mechanism for management of bio-medical waste as deep burial pit for waste management is available. Complaint/suggestion box was not found to be available in the HWC. ASHAs reported that they have been trained in HBNC but have not received any amount for HBNC visits during the current year. ASHAs are getting assured remuneration in time but incentives get delayed.

Key Challenge:

Need Electricity, water supply, Road connectivity, and have shortage of testing kits and other equipment.

24.5 Community

During our interaction with the community, it was found that majority of the population prefer public health facilities for all kinds of health care services as there are very limited private health facilities in the district. Majority of the people use iodized salt, safe drinking water, LPG for cooking and better sanitation in urban/town areas while as in rural areas all such facilities are not available to community and use firewood, non-filtered drinking water and don't have better ventilation in their kitchen. Community members expressed that though HWC provides health care services for minor ailments, ANC services, immunization of children and NCD services in their area but they mentioned that very few essential drugs and diagnostics are being provided by the public health facilities to them free of cost as they have to pay for almost all the services they get from these health facilities. They further reported that their out of pocket expenditure for any visit at the public health facility ranges from 70-90 percent of the total cost of medicines and diagnostics (except for JSSK beneficiaries). Community members in SC-HWC area were extremely unhappy for moving out the MLHP time and again. Overall, the community was found to be partly satisfied with the working, knowledge, training and supervision support of ASHAs. For almost all the health related issues, people prefer to go to higher level facilities for better treatment. Community was not satisfied with the working of RBSK field teams. They were of the view that HWCs should be strengthened and more equipment for lab and drugs should be kept at their disposal so that they can serve in a better way for the community.

Key challenge

1. *Manpower to health facilities as per the requirement and workload,*
2. *Implementation of free drug policy for all as announced by the UT administration,*
3. *Intensify NCD screening by HWCs through camps at various places in their respective areas,*
4. *Need to create strong coordination with various other likeminded departments for better coverage of various health and wellness issues of the population at the village level.*

25. RECOMMENDATIONS AND ACTION POINTS

There is a visible improvement in the district in the implementation of different components of NHM but still there are some issues in running various schemes under the programme more efficiently. Based on the monitoring exercise in Rajouri, following are the recommendations and action points for further improvement:

- The district has an acute shortage of human resource as 61 percent posts of MOs, 50 percent ObGy, 62 percent paediatricians, 86 percent anaesthetists, various positions of surgeons, and radiologists, and 54 percent of other specialists were vacant. *Therefore, it is suggested to impress upon the UT administration to fill-up all the vacant posts both from the regular as well as from the NHM side at the earliest so that better services can be provided to people.*
- There has been an unexpected increase in C-section deliveries during the past few months; it has been observed that the proportion of c-section deliveries has increased alarmingly. On the other hand, it has also been found that the mortality rate among newborn has also gone-up during the past two years in district and in this regard community, some officials, and even administrators attribute these deaths to high c-section delivery rate. *It is therefore, suggested to impress upon the district administration and the concerned BMOs/MSs to have a regular audit of each of the c-section delivery and death as per the given protocols. There is also need to have prescription and diagnostic audit in place at all higher level health facilities to keep a check on all doctors.*
- Almost all the major schemes under NHM which include RBSK, DEIC, NCD, HWCs and few other activities have suffered enormously due to the Covid pandemic as both the staff and the infrastructure has been fully utilized by the district for management of Covid. *It is therefore, suggested to make all the schemes under NHM fully functional by placing the staff of these schemes at their respective places and strictly monitor their activities/performance in a better way to make them more productive for which they have been actually appointed under NHM.*
- Though JSSK is in vogue but it was found that pregnant women during the delivery time get some food, drugs, and transport only. The monitoring mechanism for implementation of JSSK is poor. *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 health facilities and get on spot feedback from the IPD/OPD patients regarding the implementation of JSSK.*
- ASHAs are really overburdened as any programme that is being implemented by the health department has a role for ASHAs but it was found that their trainings and understanding of these programmes was very limited and in the process quality improvements were far from satisfaction at the ground level for these programmes. *It is therefore, suggested to provide quality trainings and friendly monitoring to ASHAs for implementation of any new initiatives from the government side and chose only qualified ASHAs among the lot for implementation of various schemes/programmes in a better way at the ground level.*
- It was also found that district authorities' right from the CMO/DPMU were found least concerned about this PIP monitoring exercise as they were not available for any comments from their side or feedback from our side. *It is therefore, suggested to orient the district level authorities in future and make them understand the importance of these activities carried-out by the Ministry.*

PHOTO GALLERY

WITH ASHAS AT PHC-HWC SHADRA-SHERIF

WITH MO INCHARGE AT PHC-HWC SHADRA-SHERIF

PHC SHADRA-SHERIF BUILDING

PHC SHADRA-SHERIF

WAITING AREA AT THANAMANDI CHC

WITH CHC STAFF AT THANAMANDI

INSIDE A WARD AT CHC THANAMANDI

IN CONVERSATION WITH THE STAFF AT CHC THANAMANDI

AT A WARD WITH ADMITTED PATIENT AT CHC

DRUG STORE AT CHC THANAMANDI

WITH STAFF AT SC-HWC RAJDHANI

WITH ASHAS AT SC-HWC RAJDHANI

WITH MS AH/DH RAJOURI

IN CONVERSATION WITH MS AH/DH RAJOURI

MATERNITY WARD AT AH/DH RAJOURI

DIALYSIS UNIT AT AH/DH RAJOURI

RECOVERY WARD AT AH/DH RAJOURI

NCD CLINIC AT AH/DH RAJOURI