

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



Galaxy A71



Bashir Ahmad Bhat
Jaweed Ahmad Mir
Mohammad Ibrahim Wani

**Report Submitted to the Ministry of Health and Family
Welfare (MoHFW), New Delhi, Govt. of India.**



**POPULATION RESEARCH CENTRE
UNIVERSITY OF KASHMIR
SRINAGAR-190 006**

November 2023



LIST OF CONTENTS

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

03	STATUS OF COMMUNICABLE DISEASE PROGRAMMS	25 – 29
	3.1) Integrated Disease Surveillance;	
	3.2) National Vector Born Disease Control;	
	3.3) National Tuberculosis Elimination;	
	3.4) National Leprosy Eradication;	
	3.5) Accredited Social Health Activist (ASHA) workers’	
	3.6) Village Health Sanitation and Nutrition Committee (VHSNC);	
	3.7) Quality Assurance;	
	3.8) Biomedical Waste Management;	
	3.9) Information Education and Communication;	
	3.10) Health Management Information System;	
	3.11) Reproductive and Child Health Care (RCH);	
	3.12) Adolescent Friendly Health Clinic (AFHC);	
	3.13) Dialysis Service Programme (DSP).	
04	STATUS OF SERVICES AT THE VISITED HEALTH FACILITIES	30 – 52
	4.1) District Hospital(DH) Reasi;	
	4.2) Community Health Centre (CHC) of Mahore;	
	4.3) Primary Health Centre (PHC), Darmari;	
	4.4) Sub-Health & Wellness Centre (SH&WC), Maslote.	
05	COMMUNITY AND PATIENT PERCEPTION	53 – 53
06	SUGGESTIONS	54 – 57
	PHOTO GALLERY	58 – 61

Acknowledgement

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

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

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

Jaweed Ahmad Mir
Mohammad Ibrahim Wani

Dated: 30/11/2023

Executive Summary:

In four health blocks of district **REASI**, a total of 139 established public health facilities including 1 DH, 02 Community Health Centres, 33 Primary Health Centres, 01 additional Primary Health Centres and 103 Sub Health & Wellness Centres are providing service delivery. The district has upgraded almost all the Sub Centres and Primary Health Centres into health and wellness centres. During the PIP monitoring and evaluation exercise, the PRC team has visited four health facilities including DH **Reasi**, CHC **Mahore**, PHC **Dharmari**, SH&WC **Maslote** and had a comprehensive community visit also in order to understand the behaviour of service providers and status of service delivery at all levels in the district. The team has also interviewed most of the front line workers like ASHSs, Panches and Sarpanches of the community for making a wide range of understanding regarding the implementation of NHM programmes and schemes and to understand the issues in implementing these programmes. The summary of the report are summarized below:

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

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

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

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

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

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

Although, the district has only 35.77 percent of specialists in place from regular side but overall the district is performing well in providing service delivery while as in case of paramedical staff, the district has around 77.05 percent of staff in place. In case of NHM, the district has around 52.78 percent of specialists and 95.63 percent of paramedical staff in place. It can be concluded that, district Reasi need to be strengthen with the specialists otherwise the patients have no choice other than to visit either the GMC Jammu or GMC Anantnag which is a challenging task for them.

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

The Union Territory of Jammu & Kashmir had announced the policy of providing free drugs to all irrespective of economic status, and all the visited health facilities of the district are practicing the free drug policy under JSSK, Ashman Bharat, elderly people, children and Golden card holders while for the general patients, around 83.89 percent of medicines are being provided free of cost to all the patients irrespective of economic status at all levels of health facilities.

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

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

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

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

The Sick Newborn Care Unit (SNCU) at district hospital has not been yet established due to the non availability of funds but recently Rs 2.5 lakh has been sanctioned in the month of Oct 2023 for its establishment. Now, the management has identified the space in the IPD building for the establishment of SNCU and orders have been placed with JKMSCL for the procurement of all required equipments and infrastructure. A well equipped NBSU is available at CHC Mohari but its services are underutilized, as very few deliveries take place at this CHC.

It was reported by the District Accounts Manager (DAM) that financial limits for various heads of accounts have been fixed by the Directorate without taking into account their actual demand, and this has created some delays in the payments.

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

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

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

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

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

Though JSSK for pregnant women is in vogue but it was found that pregnant women get some food, drugs, referral transport and partly to-and-fro transportation. It was also observed that the monitoring mechanism for its implementation is poor. The records pertaining to tests conducted in different labs, transport facility (from home and back, referral), diet given during stay at the health facility, medicines being provided under JSSK need to be kept in proper shape and ready for any public scrutiny.

Normal deliveries are conducted on 24x7 bases but C-section facility is not availability at CHC Mahore and PHC Dharmari due to the non availability of anesthetist and gynecologist and at times the CHC was unable to perform the high risk deliveries due to the lack of NICU and designated blood storage facility. The local people demanded that at PHC Dharmari and CHC Mahore should have posted at least a female medical officer with the required facilities like blood storage unit and NICU so that high risk delivery could be managed.

Most of the NHM programme suffers especially JSSK, JSY, ASHA incentives, referrals, HBNC due to the non availability and not timely release of funds said the CMO and Management of the district administration.

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

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

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

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

The MMU, Peer Education Programme, RBSK, DEIC is fully operational in district Reasi as such the people of the district is highly satisfied with their dedication and work culture of the schemes and programmes.

The imaging services like USG, CT Scan, x-ray and dialysis services are available at the district hospital Reasi but the services such as imagining services like USG and CT scan are not available at the CHC Mahore and PHC Dharmari. The normal as well as C-section delivery services are available at DH Reasi on 24x7 bases while as the normal delivery services are available at CHC Mahore and PHC Dharmari on 2x7 bases.

The RBSK teams in district Reasi are performing well and on an average around 43 children are being screened per day by each RBSK team against the given guidelines of 100 children per day. During an interaction, the RBSK team have complained that referral patients are not been taken care off in the territory hospitals and they urged that whenever a patient is being referred from the RBSK team, a timely intervention is required by the territory care. They added that when any RBSK team member visits territory care hospitals for the referral case, they should be given a priority and welcome at the territory care otherwise they said that they have to wait hours in the waiting line.

Although the Mobile Medical Unit (MMU) is operational in the district but due to the non availability lab as well as x-ray technicians, the MMU are facing n-number of challenges in the field. The MMU team complained that most of the times, medicines are not being provided to them due to which they are not able to organize medical camps. However, they added by saying that on the request of CMO, the homeopathic medicines are being provided to them for organizing the medical campus.

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

District Reasi has progressed well in terms of quality assurance as the district has n-number health facilities are accredited with quality assurance programme such as Kayakalp, NQAS or

LaQshya during 2023-24. The district has around 08 health facilities including CHC Katra, DH Reasi, PHC Dharmari, PHC Mehari, PHC Ransoo, PHC Tote, SC Salal, SC Sangar, SC Dub and SC Manoon which are certified under Kayakalp during 2022-23 while as the district has 02 health facility including PHC Tote and CHC Mahori certified under Swachh Swasth Sarvatra (SSS).

Institutionalized mechanism for grievance redressal was evident in all the visited health facilities and complaint boxes are also displaced at the entrance of every visited health facility. The complaints are been received through 104 toll free number which has been established by the State Health Society of Jammu & Kashmir. Most of the service seekers have knowledge and awareness about the grievance redressal mechanism. In case of '*Mara Aspatal*' portal, almost all the visited health facilities are operationalizing it fully and this app is now being taken care through e-sehaj portal.

Most areas of district Reasi are hilly, although, road connectivity is better but due to the limited number of ambulances, most of the villages are not served by the referral transport services. Ambulances are generally stationed at health facilities for referral of patients. Most of the patients needing a referral from a Community Health Centre (CHC) or district hospital (DH) are provided an ambulance on payment of fuel charges. But, the facilities are not in a position to provide ambulances for transporting patients from home to facility due to shortage of ambulances. Therefore by and large people visit a health facility either through private transport or use public transport to reach a health facility. Although pregnant women under JSSK are supposed to call 108 for free transport to reach a health facility for delivery, but more than 90 percent manage their own transportation to reach a health facility mainly due to unreliable 102/108 service.

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

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

1: INTRODUCTION

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

1.1: Main Objectives of the Study

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

1.2: Data Collection & Methodology

The methodology for monitoring of State PIP has been worked out by the Ministry of Health & Family Welfare (MOHFW) in consultation with PRCs in workshop organized by the Ministry at NIHFW on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2023-24, this PRC has been asked to cover 18 districts of the Union Territory of Jammu & Kashmir. The present study pertains to district **REASI**. A schedule of visits was prepared by the PRC and two officials consisting of 01 Research Assistant and 01 Research Investigator visited the district and collected information from the Office of Chief Medical Officer (CMO), DH **Reasi**, CHC **Mahore**, PHC **Dharmari** and Health & Wellness Centre (H&WC) **Maslote**. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during the visit. A community interaction was also held at the PHC and SH&WC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

1.3: Overview of Jammu & Kashmir

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

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

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

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

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



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

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

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

1.4: Overview of District Reasi

District Reasi is bordered by district Udhampur and district Ramban in the east, Jammu district in the south, Rajouri district in the west and by Kulgam district on the north. The Reasi and Rajouri tehsils formed a joint district called the Reasi district at the time of princely state's accession to India in 1947.

Due to its strategic geographical location, district Reasi is a significant region of the Union Territory of Jammu and Kashmir. The Reasi district is located at a distance of 64 kms from Jammu and is bounded by tehsil **Gool-Gulabgarh** in the north, tehsil **Sunderbani and Kalakote** of district Rajouri in the west, tehsil **Udhampur** in the east, tehsils of **Jammu and Akhnoor** of district Jammu on the south.

The district Reasi has 250 villages covering an area of around 1,719 square kilometers and has 314,667 population including 166,461 (52.90 percent) males and 148,206 (47.09 percent) females. The density of population is 184 inhabitants per square kilometer (Census 2011). As per the estimates of Unique Identification Authority of India, the total population of district Reasi in 2023 is 437,388 souls.

The district has around 2.87 (91.42 percent) lakh of rural population and around 0.27 (8.58 percent) lakh of urban population. The district has around 0.88 (28.08 percent) lakh of Scheduled Tribes and 0.37 (11.99 percent) lakh of Scheduled Castes (Census 2011).

The district has a sex ratio of 890 females for every one thousand males and the child sex ratio is 919 girls for every one thousand boys. The literacy rate in the district is 58.15 percent including 68.38 percent of males and 46.59 percent of females (Census 2011).

The district has estimated 2,916 deliveries including 2,772 (95.06 percent) normal and 1,44 (04.93 percent) C-sections while as the district has also estimated around 5,9136 eligible couples and around 2,768 live births during 2023-24.

1.5: Health Infrastructure of District Reasi:

With 250 villages, district Reasi has been divided into 04 medical blocks such as Katra, Mahore, Pouni and Reasi. Without private health facilities, the health services are being provided through a network of around 139 established health institutions including 01 District Hospital (DH), 02 Community Health Centres (CHC), 33 Primary health centers (PHCs), 103 Sub-health & Wellness Centers (SH&WCs). The district has not any established Urban Primary Health Centre or Urban Community Health Centre (Source: CMO).

Besides these established health facilities, the district Reasi has 01 Sick Newborn Care Unit (SNCU), 01 District Early intervention Centre (DEIC), 03 First Referral Units (FRUs), 05 Designated Microscopy Center (DMC), 03 Tuberculosis units, 01 CBNAAT/TruNat Site, 0 Drug Resistant TB Centre, 01 Blood Bank and 01 Blood Storage unit which are functional with the required facilities. The district has converted/upgraded 60 Sub Centres and 33 Primary Health Centres into Health & Wellness Centres (HWCs) till date.

The district has 02 non-communicable disease clinics in which one (01) is functional at District hospital and the other two (02) clinics are functional at CHC and PHC Katra. Further, district Reasi has 02 health facilities which are providing comprehensive first as well as second trimester abortion care services in which one is available at District Hospital Reasi and the other one is available at CHC Katra.

1.6: District Health Action Plan (DHAP):

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

1.7: Recruitment Policy in District Reasi

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

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

In district Reasi, despite the various rounds of recruitment as well as the announcements for the vacant seats, a total of 357 posts remained vacant from regular side and 40 positions are also vacant from NHM side during the financial year 2022-23 while as around 341 posts remained vacant from regular side and 29 positions are also vacant from NHM side during the financial year 2023-24. Further, the CMO office was not able to provide us the information about the status of recruitment (Source: CMOH).

1.8: Status of Human Resource of District Reasi

On the regular side, district Reasi has 151 sanctioned strength of specialists including 03 Gynecologists/Obstetricians, 04 Pediatricians, 05 Anesthetist, 04 Surgeon, 05 Physicians, 0 Radiologist, 0 Pathologist, 01 Ophthalmologists, 01 Orthopedics, 01 ENTs, 17 Dental Surgeons, 0 Other specialists and 110 Medical Officers (MOs) but presently only 54 (33.77 percent) positions of specialists are in place including 02 Gynecologists/Obstetricians, 02 Pediatricians, 03 Anesthetists, 0 Surgeons, 03 Physicians, 0 Radiologist, 0 Ophthalmologist, 01 Orthopedic, 0 ENT, 08 Dental Surgeon, 35 Medical Offices which simply indicates that around 97 (64.23 percent) positions of specialists are vacant including 01 Gynecologists/Obstetricians, 02 Pediatricians, 02 Anesthetist, 04 Surgeon, 02 Physicians, 01 Ophthalmologists, 01 ENTs, 09 Dental Surgeons and 56 Medical Officers (table 1) till date.

On the other hand, District Reasi has 389 sanctioned strength of paramedical staff including 0 Dental technicians, 0 x-ray technicians, 34 Lab technicians, 0 OT technicians, 0 CHO/MLHP, 124 ANMs/FMPHWs, 12 MPWs (Male), 48 Staff Nurses/JSNs, 171 Pharmacist (Allopathic) but presently only 281 (73.75 percent) positions are in place including 0 Dental technician, 0 x-ray technicians, 30 Lab technicians, 0 OT technician, 0 CHO/MLHP, 124 ANM/FMPHWs, 10 MPW(Male), 30 Staff Nurses/JSN, 87 Pharmacist (Allopathic) which simply indicates that 108 (27.76 percent) positions of paramedical staff are vacant (Table 1).

On the NHM side, district Reasi has 36 sanctioned strength of specialists including 02 Gynecologists/Obstetricians, 02 Pediatrician, 02 Anesthetist, 0 Surgeon, 0 Physician, 0 Radiologist, 0 Pathologist, 0 Ophthalmologist, 0 Orthopedic, 0 ENT, 01 Dental Surgeon, 10 Medical Officers, 19 AYUSH MOs but presently 19 (52.78 percent) positions of specialists are in place including 0 Gynecologist, 0 Pediatrician, 0 Anesthetist, 01 Dental Surgeon, 02 Medical Officers, 16 AYUSH MOs which simply indicates that around 17 (47.22percent) positions of specialists are vacant including 02 Gynecologists/Obstetricians, 02 Pediatrician, 02 Anesthetist, 01 Dental Surgeon, 08 Medical Officers and 03 AYUSH MOs. Further, district Reasi has 320 sanctioned strength of paramedical staff including 01 Dental technician, 12 x-ray technicians, 13

Lab technicians, 06 OT technicians, 60 CHOs/MLHPs, 12 AYUSH Pharmacists, 115 ANMs/FMPHWs, 09 MPW (Male), 91 Staff nurses/JSNs, 01 Allopathic Pharmacists but presently around 306 (95.62 percent) positions of posts are in place and only 14(4.59 percent) positions of CHOs are vacant till date.

Although, the district has only 35.77 percent of specialists in place from regular side but overall the district is performing well in providing service delivery while as in case of paramedical staff, the district has around 77.05 percent of staff in place. In case of NHM, the district has around 52.78 percent of specialists and 95.63 percent of paramedical staff in place. It can be concluded that, district Reasi need to be strengthened with the specialists otherwise the patients have no choice other than to visit either the GMC Jammu or GMC Anantnag which is a challenging task for them.

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

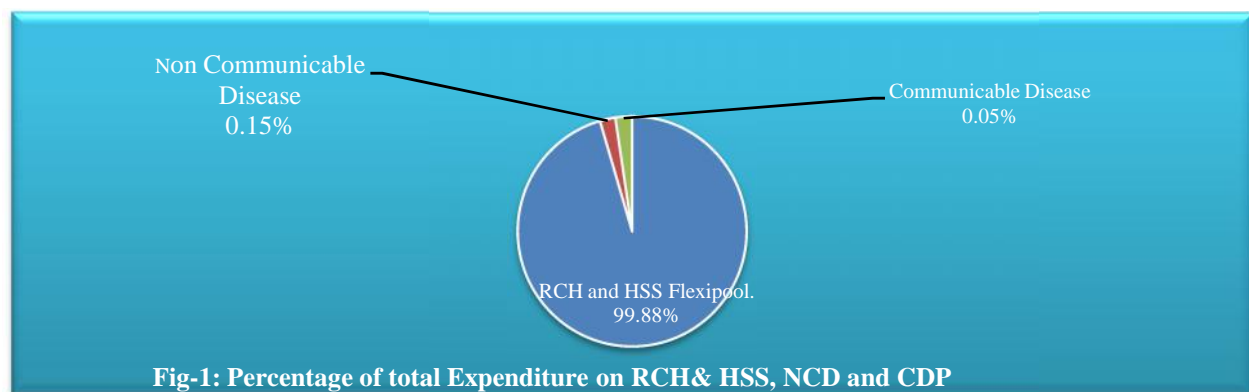
Human Resource	Regular			NHM		
	Sanctioned [A]	In place [B]	% Vacant $\frac{[B-A]}{[A]}*100$	Sanctioned [A]	In-place [B]	% Vacant $\frac{[B-A]}{[A]}*100$
Specialists	151	54	64.23%	36	19	47.22%
Gynecologist	3	66.67	75	2	0	100
Pediatrician	4	75	75	2	0	100
Anesthetist	5	100	100	2	0	100
Surgeon	4	100	100	0	0	0
Physician	5	3	40	0	0	0
Radiologist	0	0	0	0	0	0
Pathologist	0	0	0	0	0	0
Ophthalmologist	1	0	100	0	0	0
Orthopedic	1	1	0	0	0	0
ENT	1	0	100	0	0	0
Dental Surgeon	17	13	23.52	1	1	0
MOs (MBBS)	110	38	65.45	10	2	80
AYUSH (MOs)	0	0	0	19	16	15.78
Paramedical Staff	305	235	22.95%	320	306	04.37%
Dental technician	21	9	57.14	1	1	0
x-ray technician	10	8	20	6	5	0
Lab Technician	19	10	47.36	17	17	0
OT Technician	7	6	14.28	6	6	0
CHO/MLHP	0	0	0	120	112	6.67

AYUSH Pharmacist	0	0	0	13	13	0
ANM/FMPHW	105	96	8.57	166	163	1.80
MPW(Male)	7	2	71.42	30	29	3.34
Staff Nurse/JSN	38	19	50	71	66	7.04
Pharmacist(Allopathic)	100	85	15	11	8	27.28

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

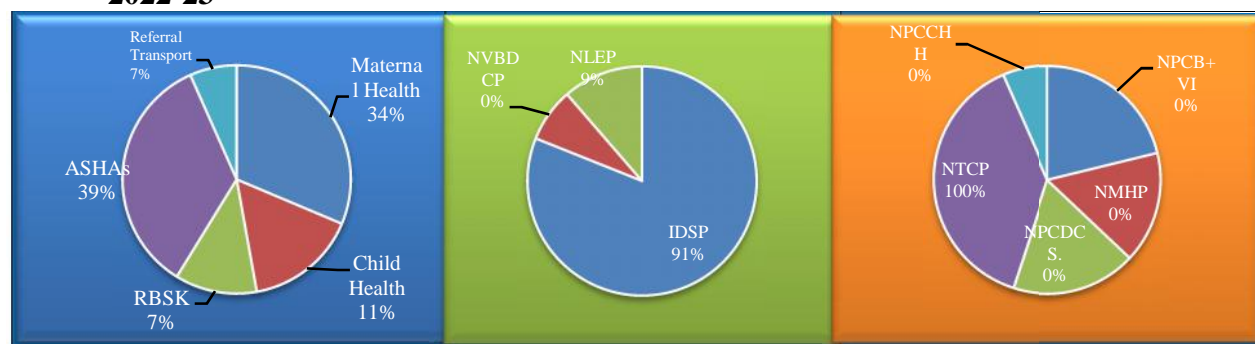
1.9: Status of Budget Utilization/Expenditure:

District Reasi has received Rs. 696.35 lakhs from NHM under different heads including Rs 694.88 (99.78 percent) lakhs under RCH and HSS Flexipool while as only Rs. 1.07 (0.15 percent) Lakhs under Communicable disease flexipool and Rs. 0.4(0.05 percent) lakhs under Non-communicable disease flexipool during the financial year 2022-23 (Fig-1).



The maximum expenditure under RCH Flexipool was observed in ASHA workers (39 percent) followed by maternal health (34 percent), followed by Child health (11 percent) and followed by referral transport (7 percent). Under the communicable disease flexipool, the maximum expenditure was done on IDSP (91 percent) followed by NLEP (9 percent) and followed by NVEDCP (0 percent) while as the maximum expenditure under the Non-communicable disease flex-pool was done on NTCP (100 percent) followed by NMHP (0 percent) and followed by NPCCHH (0 percent) followed by NPCB-VI (0 percent), followed by NPCDCS (0 percent) shown in Fig – 2.

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



1.10: Status of Trainings

With regard to the trainings, the CMO office organized around 10 training courses including 01 Navjat Sishu Suraksha Karyakaram (NSSK) in which around 32 persons(including staff nurses and ANMs etc.) have participated and 02 SBA training courses in which around 08 paramedical staff(including staff nurses, ASHA workers, ANMs, Data Entry operators etc.) have participated while as around 04 Leprosy training courses in which 120 paramedical staff have participated and 01WIFS training course in which around 30 persons have participated and 02 Mental Health training courses were also conducted in which around 70 paramedical and medical officials have participated during 2022-23. Further, 01 SBA training course were conducted in which only 04 paramedical staff have participated during 2023-24.

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

2: STATUS OF DELIVERY SERVICES IN DISTRICT REASI

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

2.1: Free Drugs & Diagnostic Services:

In order to improve the quality of health care services and to address the out of pocket expenditure on drug-n-diagnostics services, the government of Jammu & Kashmir under the National Health Mission launched the free drug and diagnostic initiatives since the couple of years back. The essential drug lists (EDLs) have been prepared for all types of health facilities and drugs are centrally procured by the UT Govt., of Jammu & Kashmir. The Govt of J&K has notified (221 at DHs, 72 at CHCs, 32 at PHCs, 11 at UPHCs and 32 at SC) drugs in EDLs and all the drugs in the EDLs were not found available during the day of our visit at all the visited health facilities. It was found that all the drugs prescribed by the doctors at CHC and DH were provided free of cost under JSSK patients, children and old aged persons only and all other patients have to purchase around 69 percent of medicines from the market. However, during the exit interviews it was observed that the visited health facilities especially PHC as well as SH&WCs are providing hypertension, diabetes and some other medicines free of cost to all the patients irrespective of their economic status.

So far as diagnostics services are concerned, the district has notified 731 diagnostics tests in general but DH has notified 49 diagnostics tests, CHCs has 13 notified diagnostic tests and PHC has 23 notified lab tests while SCs perform only 07 rapid tests because they do not have any instruments like Analyzer for lab tests. However, whatever diagnostic facilities are available at the visited health facilities, the diagnostics services are provided free of cost under JSSK, elderly people as well as children and in addition these services (at all the public health facilities) are provided free of cost to Golden card holders, BPL patients, NCDs patients, Hypertension, ANC and maternal mothers too. During the interaction, the local public demanded that their concerned SCs and PHCs need to be strengthen with all the diagnostic services with trained lab technicians and Pharmacists so that their ailments could be diagnosed at the early stage.

2.2: Reproductive Health Care (RHC) Services:

In line with the record of delivery points, district Reasi have 02 Primary Health Centres (PHCs) conducting more than 10 deliveries, 02 Community Health Centres (CHCs) conducting more than 20 deliveries and 01 District Hospital (DH) conducting more than 50 normal as well as C-section deliveries per month. Besides, the district has 06 institutes (02 public and 4 private) with Ultrasound facilities and all these health facilities are registered under PC-PNDT Act. Further, in order to identify the high risk pregnancies and provide them comprehensive and quality antenatal care, free of cost to all the pregnant women on the 9th of every month. District Reasi has 03 designated health facilities for PMSMA activities in which all these facilities provides the quality services to Pregnant Women on 9th of every month as per the given procedure and protocol since their inception and all the identified high-risk women are taken care as per their obstructed and

medical history. The district has investigated around 2371 pregnant women, of these; around 384 (16.19 percent) pregnant women have been diagnosed high risk during 2022-23. Most of these high risk women are anemic and weak.

2.3: Rashtriya Bal Swasthya Karyakaram (RBSK)

District Reasi has been demarcated among 04 medical blocks. The district has 08 sanctioned RBSK teams but only 06 RBSK teams are functional with the required human resources as well as the infrastructure which simply indicates that only 01 health block is without the RBSK team. Each block has two dedicated RBSK teams but only 07 RBSK teams have a dedicated vehicle. In order to screen and identify the defects of children at birth, each RBSK team is being provided a vehicle for visiting various schools and Anganwadi Centres and on an average, each team screens around 39 children per day, a total of 2,378 children have been screened for defects at birth during 2022-23. The society, Anganwadi centres and schools are highly satisfied with the dedication, hard work and nature of RBSK teams. During an interaction, RBSK teams have complained regarding the referral cases. They said that whenever they referred any patient to the territory care hospital for the special and advanced treatment, the patients are not been taken care of and they demanded, a 'timely intervention' from the concerned authorities especially CMO of the district.

2.4: Sick New-born Care Unit (SNCU)

Although a Sick Newborn Care Unit (SNCU) has been sanctioned to be established at district hospital Reasi some seven years back but due to the space constraint, it could not be established in the old district hospital building. Now the district hospital has been shifted to a new building and space for the establishment of SNCU has been identified for its establishment but due to the non availability or release of fund from the concerned authorities, the hospital management was unable to establish it till date. However, **Rs 25 lakh** was sanctioned in the month of **October**, 2023 for the establishment and procurement of requisite equipments. During the interaction, the CMO viewed that orders for the procurement of requisite equipments have been placed with the Jammu and Kashmir Medical Supplies Corporation Limited and soon the dream of SNCU will be realized. However, presently a 02 beded New-born Sick Unit (NBSU) is functional at district hospital with the required facilities in which one bed has been established in the labour room while as the other one has been established in the post operative maternal ward.

2.5: Newborn Stabilization Unit (NBSU)

District Reasi has 03 established Newborn Stabilization Units (NBSUs) which are functional with the required infrastructure and manpower and these NBSUs are established at CHC Katra, CHC Mohari and DH Reasi of the district. A total of 89 inborn babies were admitted during 2022-23 and all these 89 babies have been discharged after the treatment. Further, as a total of 51 outborn babies were admitted during 2022-23 and a total of 37 babies were discharged after the treatment and 09 babies have been referred to territory care to SMGS HOSPITAL SHALIMAR JAMMU for the special treatment while as 05 babies has been left at LAMA. The referral transport of 102 was given to all these referral babies/patients.

2.6: Nutrition Rehabilitation Centre (NRC)

The district doesn't have any sanctioned Nutrition Rehabilitation Centre (NRC) and therefore, have no such admissions or referrals in this regard. However, during an interaction, the CMO of the district viewed that this year (2023-24) they have identified the land near the hospital premises for the establishment of NRC and accordingly will construction a dedicated building for the same.

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

In line with the record, around 1,129 home based newborn babies have been visited by the ASHA workers during 2023-24. There was 123 HBNC and 283 DRUG KITS available with the ASHA workers 2023-24. During an interaction, the newly recruited ASHA workers complaint that they have not been given HBNC kits since they have been employed and it was also reported by them that at times they purchased some required equipments for HBNC visits but they have not been given any compensation till date. Further, ASHA workers said that HBNC drug kits are being refilled at their respective health facilities on need basis. During the PIP monitoring, we tried to contact the ASHA workers at various visited health facilities but it was not possible because all ASHA workers were found on strike due to some service issues and they were of the opinion that they need to be provided minimum wage than the assured incentives. However, based on the feedback, society seemed to be satisfied with the dedication, knowledge, conduct, work culture and nature of visits of ASHA workers as it appears that ASHA workers are well versed with the knowledge and objectives of activities associated to home based newborn babies (HBNC).

2.8: Review of Maternal and Infant Deaths

As per the record, received from the Chief Medical Officer (CMO), shows that 60 deaths were reported including 03 maternal death, 06 child deaths, 4 infant deaths and 47 still births during the financial year 2022-23 while as 16 deaths were also reported including 03 infant death, 03 Infant deaths and 10 still births during the financial year 2023-24 prior to this monitoring exercise. During the day of the visit, it was found that 03 maternal and 06 child deaths have been reviewed during 2022-23 while as 03 child deaths were also reviewed during 2023-24. On the day of our visit, minutes of the review meetings were found available with regard to the cause of deaths. Further, during the visit, it was found that data was maintained regarding the maternal as well as child deaths. However, during the visit, it was found that all the health facilities of the district, updates the data on the HMIS portal and same has been reported to the concerned CMO of the district.

2.9: Peer Education Program (PEP)

The Peer Education Program is fully established in the District Reasi since couple of years back and around 103 Peer Educators (*Saathiya*) were selected which covers almost 255 villages of the district. The district has conducted around 89 Adolescent Friendly Clinic (AFC) meetings during 2022-23.

2.10: Mobile Medical Unit (MMU)

Mobile Medical Unit (MMU) vehicle is functional and is operational in district Reasi with all the required human resources and infrastructure like vehicle, medicine and necessary machinery but due to the non availability of MOs, the MMU is facing lot of challenges. The MMU team viewed that a small van may be provided to them because the existing Mobile Medical Unit vehicle is not suitable for terrain topography where the roads are bumpy and narrow. The Mobile Medical Unit is not able to move on hilly and narrow roads particularly in remote villages. Further, the vehicle is also not fuel efficient as it consumes more than 03 litres of fuel per kilometre and currently the MMU van is off the road due to the technical error and is under maintenance since couple of years. As such The MMU staff viewed that the existing vehicle requires some servicing because the vehicle was on road since 2012 without any repairing and servicing.

Although, the staff has been arranged internally on the request of CMO for the operationalization of MMU in this district but hired staff requested that MMU need to provided full strength of its own manpower and required diagnostic equipments on priority because the existed staff viewed that presently the MMU is manned by 01 helper, 01 driver and 01 MO as 01 post of pharmacist, 01 post of Lab technician are vacant. The MMU does not have full strength of machinery like x-ray and biochemistry analyzers but it was observed by somehow the MMU team are doing their work with dedication. As per the record, the MMU covers around 41 villages and is doing 16-17 trips per month. On an average, the MMU has around 550-600 OPDs but due to the non availability Lab technician and x-ray machine, the MMU were unable to perform investigations during 2022-23. The MMU has collected around 758 blood smears and has also collected around 389 sputum to detect the tuberculosis per month while as, the MMU refers around 79 patients to higher health facilities for advanced treatment.

2.11: Status of Referral Transport

Given the load of health services, District Reasi has 10 ambulances available on road for referral transport that are GPS fitted and handled through a centralized call centre of toll free number of 102 and 108. Of these ambulances, 03 are Basic Life Support (BLS) and 07 are Advanced Life Support (ALS) ambulances and however, all these ambulances are available 24x7 on need based but 01 BLS and 01 ALS ambulance are off the road due to accidents during the financial year. On an average each Basic Life Support (BLS) ambulance are supposed to have at least 02-03 trips with 80 kms while as ALS has 02-03 trips with 103 kms per day and each ambulance are supposed to receive approximately 03 to 05 calls per day respectively.

Further, district Reasi has also 13 ambulances of 102 while these ambulances are supposed to travel around 95 kilometers per day in 01-02 trips. During an interaction with CMO, the referral transport is being provided to expectant mothers for pick and drop subject to the availability of funds. However, at times, 102 ambulances are being provided only to those expectant mothers who are extremely poor and belong to far off places of district Reasi.

The CMO added by saying that they have initiated to establish a 'NURSING HOME' and all the expectant mothers will taken in advance before few days of their delivery and all the logistics

will be provided to them free of cost. The step was taken keeping in view the topography and hard to reach areas of the district. The CMO viewed that they have also initiated for the AIR AMBULANCES emergency cases like accidents because district Reasi is accidental prone area.

2.12: Comprehensive Primary Health Care (CPHP)

Under the Ayushman Bharat, district Reasi has converted/upgraded a sizeable number of Sub Centres and Primary Health Centres into Health & Wellness Centres (H&WC) and have initiated the process of screening for various non-communicable diseases in the first phase. In district Reasi, different Health & Wellness Centres (H&WC) have planned to enumerate 1,25,800 lakh of individuals for various non-communicable diseases, of which around 1,52,293 (121.05 percent) target were completed so far while as these Wellness Centres have also targeted to fill up around 1,25,800 CBAC forms but these H&WCs have completed more the target and filled around 1,30,283 (103.56 percent) CBAC forms during 2022-23.

In this regard, around 57 Health & Wellness Centres of the district including 47 Sub-Health & Wellness Centres (SHC-HWCs) and 10 Primary Health & Wellness Centres (PHC-HWCs) have planned to start the process of screening for various non-communicable diseases and all these health and wellness Centres have completed around 75.45 percent in hypertension, 72.85 percent in diabetes, 71.23 percent in oral cancer, 38.19 percent in breast cancer and 19 percent in Cervical cancers of their target in the process of screening during 2022-23.

District Reasi has around 57 health & wellness centres which are providing tele-consultation services and almost all these health & wellness centres are also organizes the wellness activities like Yoga in the district.

2.13: Universal Health Screening (UHS)

In case of Universal Health Screening Programme (UHSP), district Reasi has planned to enumerate around 8,54,85 individuals for various non-communicable diseases and out of these, the district has completed around 6,98,39 (81.69 percent) CBAC forms. The district has screened around 1,02,51 suspected individuals for hypertension and of these around 2,681 (3.83 percent) individuals have been diagnosed hypertension. Almost 2,081 (77.62 percent) individuals were treated and only 81 (3.02 percent) patients were referred to the territory care hospital Jammu for the special treatment. In case of diabetes, the district has screened around 69,50 suspected individuals and out of these, a total of 1,41,3 (20.33 percent) individuals have been diagnosed diabetes. Almost 1,38,9 (98.30 percent) patients were treated and only 24 (1.69 percent) patients were referred to the territory care hospital Jammu for special treatment. Further, the district has screened around 1,72,01 suspected individuals for both hypertension as well as diabetes, of these, around 4,09,4 individuals have been diagnosed both hypertension as well as diabetes and all these patients were referred to the territory care hospital for the special treatment.

In case of various types of cancers, the district has randomly screened around 884 suspected individuals including 72 suspected patients for Oral, 133 suspected patients for Breast, 254 suspected patients for Cervical, 114 for stomach and around 311 suspected patients for others.

Of these suspected patients who have been screened for various types of cancers, 08 patients have diagnosed Oral cancer, 03 patients have diagnosed breast cancer, 05 patients have diagnosed cervical cancer, 03 patients have diagnosed stomach and around 28 patients have diagnosed other type of cancers especially Lung cancers due to smoking and indoor pollution.

2.14: Grievance Redressal

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the entrance of each facility and these boxes are opened on regular basis by the officials of concerned health facilities to resolve the complaints if any. During the current financial year 2023-24, the district has received around 113 complaints through 104 toll free numbers and almost 100 percent of them have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far. However, a 104 toll free number was established by the district which is functional at the State Health Society (SHS), Jammu & Kashmir and grievances are received through this toll free number. All most all the visited health facility is serious about the grievance redressal set-up and it was also observed during the visit that “*Mera-Aspatal Aap*” has also been initiated at all the visited health facilities of the district. The Mera-Aspatal Aap is now being taken care of through **e-Sehaj** portal at all the levels.

2.15: Status of Payments of JSY and ASHA workers

In district Reasi, out of 2400 JSY beneficiaries, around 1210 (50.41 percent) JSY beneficiaries have received their benefits through DBT and around 1190 (49.58 percent) JSY beneficiaries remained in backlog due to the non availability as well as the late release of funds. In case of payments and incentives of different categories such as incentives and payments of ASHA workers, pregnant women, children and eligible couples, all is being recorded and is being directly transferred in their accounts through DBT system by the UT Govt., and therefore, the *DPMU* does not have any information available related to the ASHA worker’s payments. However, 510 ASHA workers have received their assured payments through DBT and nothing have been left backlog in this case.

Nothing have been shown backlog in case of beneficiaries who are receiving routine and recurring amount of Rs. 2000 per month and also nothing has been shown backlog in case of ASHA facilitators payments as per the revised norms (of a minimum of Rs 300 per visit). In case of incentives under different health programmes, out of 91 beneficiaries in which all beneficiaries have received the incentives under National Tuberculosis Eradication Programme (NTEP) and nothing is backlog in this case till date.

In case of patient incentives under National Leprosy Eradication Program (NTEP) and the all beneficiaries received the incentives whereas in case of provider’s incentive under NTEP programme, out of 81 beneficiaries, in which all beneficiaries received the incentives and in case of treatment supporters under NTEP programme, out of 81 beneficiaries, of which all these received the incentives. Further, around 35 individuals have received the family panning compensation and in all the above cases, nothing has been left in backlog till 23/10/2023.

3: STATUS OF COMMUNICABLE DISEASES PROGRAMMES

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

3.1: Integrated Disease Surveillance Programme (IDSP):

District Reasi has constituted a Rapid Response Team (RRT) under the Integrated Disease Surveillance Programme (IDSP) both at district as well as at the block level. The Rapid Response Team has been constituted under the supervision of CMO including different specialists such as DHO, Physician, Pediatrician, District Epidemiologist, Microbiologist, Health Educator, Lab Technician, Specialized doctors (Medicine), Assistant Veterinary Surgeon Pharmacist and 05 members from block under the supervision of CMO of the district. In district Reasi, no outbreak was reported during 2022-23 and 2023-24.

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

The online data of IDSP is utilized to for planning and implementation of health programs and to detect the various health related issues or major outbreaks in the areas which are proven to diseases. In district Reasi, the IDSP data has been utilized for disease surveillances mainly fever (including Dengue & Malaria) as well as diarrhea investigations and preventions. With regard to the proportion of private health facilities reporting weekly data of IDSP, no private health facilities are providing the weekly data under IDSP in the district.

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

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

3.3: National Tuberculosis Elimination Programme (NTEP):

District Reasi has implemented the national tuberculosis elimination program and the district has notified a target to screen around 520 persons (410 public + 110 private) from the given load of population but due to one or the other reason, the district has completed the screening of around 219 (42.11 percent) persons all these individuals are known with HIV status but only 10 (4.56

percent) individuals are eligible for UDST testing. The drugs for both such as drug sensitive and drug resistant TB patients are available in adequacy in the district.

Out of the notified 184 TB patients all these patients have been notified by the public sector while as 35 TB patient has been notified by the private sector. So far as the notified 184 TB patients, of which around 10 are MDR patients while as no MDR patient has been identified by the private sector. Of the notified TB patients, the success rate for the treatment of TB patients in public sector was around 92 percent.

In case of payments of beneficiaries, 380 beneficiary have been brought under the Nikshay Poshan Yojana (NPY) by district Reasi and DBT installments have also been initiated in their favour till date while as 56 beneficiaries are pending due to their wrong account details.

3.4: National Leprosy Eradication Programme (NLEP):

National Leprosy Eradication Programme (NLEP) is in vogue in the district and under this programme, 03 new cases of leprosy and 01 G2D case has been reported in the district during the current financial year 2023-24. The district has not yet conducted any reconstructive surgeries for G2D cases. The MCR footwear or self-care kits are available in the district. The district has 01 Model Treatment Centre (MTC) for viral hepatitis in the CMO office which is functional with the required infrastructure and human resources. The health workers in the district are fully vaccinated against hepatitis “B” such as in first dose around 42 percent, in second dose 31 percent and in third dose 27 per cent have been completed till date.

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

3.5: Accredited Social Health Activists (ASHAs)

The District Reasi requires 529 Accredited Social Health Activist (ASHA) workers as per the population but 521 ASHA workers are in position. Of the selected ASHA workers, a total of around 464 (89.05 percent) ASHA workers are trained in Module 6 and Module 7. Around 89 ASHA workers covers the 1500 rural population while as only 9 ASHA workers covers around 3000 urban population and therefore, no rural or urban slum areas are without any ASHA workers. However, during an interaction, the ASHA workers complained that more ASHA workers need to be employed because most of the population are living in hard to reach areas, rocky hills and are scattered where there is need of around 01 ASHA worker per 300 households.

A sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district such as, a total 371 ASHA workers have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) but no ASHA Facilitators have been

enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) while as 472 ASHA workers have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY) but no ASHA Facilitators have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY). Further around 270 ASHA workers have been enrolled under Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) but no ASHA facilitators have been enrolled under this scheme.

The role of ASHA workers is also highlighted in the Mahila Arogya Samiti's (MAS) where they are expected to create awareness regarding the health facilities and services in the communities where they have been placed in. The district has limited urban/slum population and this programme has not find any scope in the district.

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

The role of identifying the children in the early malnutrition stage and attaching them to the NRC alongside assuring regular follow up, is one of the key responsibilities of the village health sanitation and nutrition committee (VHSNC). In this regard, a total of 248 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and all 248 VHSNCs were trained but their accounts have been freezed due to the unknown cause and no direct benefit transfers (DBT) till date.

3.7: Quality Assurance

A District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs, etc. DQAC hold meetings on regular basis to ensure the rollout of standard protocols for RMNCHC+A services, disseminate quality assurance guidelines and tools, monitor health facilities for improving quality measures by mentors, payment of family planning compensation, and compile and collate outcomes as well as complications in maternal, neonatal and child health. In order to address the issues of low-quality of services in the healthcare premises, the Govt., of India has introduced a set of quality-oriented programs under the National Health Mission. Quality care improvement initiatives i.e., Indian Public Health Standard, NQAS, Kayakalp, Mera Aspatal, LaQshya, have revolutionized the pathways of public healthcare service delivery in the country. As such it was found that the district has not progressed in case of Kayakalp as well as in NQAS program implementation across the visited health facilities.

The district has around 08 health facilities including CHC Katra, DH Reasi, PHC Darmari, PHC Mehari, PHC Ransoo, PHC Tote, SC Salal, SC Sangar, SC Dub and SC Manoon which are certified under Kayakalp during 2022-23 while as the district has 02 health facility including PHC Tote and CHC Mahori certified under Swachh Swasth Sarvatra (SSS). However, the district has notified some health institutions for the external assessment for accreditation of NQAS and Kayakalp during 2023-24. Keeping in view the performance under various quality assurance initiatives, recently the UT govt., has also started a mission “**Ayushman Bhav-2023-24**”, under which all the downtime instruments, labour rooms, operation theatres & etc., have started to fill

in the gaps in infrastructure so that all the facilities are in a position to apply for NQAS and Kayakalp.

3.8: Biomedical Waste Management (BMW):

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

3.9: Information Education and Communication (IEC):

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

3.10: Health Management Information System (HMIS):

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

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

visit to various health facilities, a few on-the-spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved.

3.11: Reproductive and Child Health (RCH)

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

3.12: Adolescent Friendly Clinic (AFC)

District Reasi has established the adolescent friendly clinic (AFC) and under this programme, a total of around 325 Peer Educators including males as well as females were formed during 2022-23. These peer educators have conducted around 135 adolescent friendly clinic (AFC) meetings during the financial year 2022-23. The Infant and Young Child Feeding (IYCF) Center has also been established at the DH in the district and services are provided to eligible women from this centre on regular basis.

3.13: Pradhan Mantri National Dialysis Programme (PMNDP)

The 5 bedded Dialysis centre was established at District Hospital Reasi in Aug, 2021, and has been made functional. The centre has been equipped with HD machines, crash carts, monitors, portable ECG machine, refrigerator and other required material. The dialysis centre has 05 functional beds with internal adjustment staff to run the centre smoothly. Since its establishment, 08 patients have received the dialysis services and around 254 sessions have been done cumulatively till date. During the current financial year 2023-24, 05 patients have availed the dialysis services and during 2022-23, a total of 03 patients have availed the dialysis services. The Dialysis Centre is manned by 01 Medical Officer (MBBS), 01 Staff nurse and no dialysis technician and all these are from NHM side and the Centre is also being run on an internal arrangement basis with the available human resources of different units of the hospital. All the necessary equipments at the dialysis centre are functional. However, the staff urged that the centre may be provided full strength of the manpower like dialysis technicians so that they could do their job properly.

4: STATUS OF SERVICES AT THE VISITED HEALTH FACILITIES

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

4.1: DISTRICT HOSPITAL, REASI

District Hospital, Reasi is first referral unit standalone institute accessible from the nearest road connectivity with the capacity of 100 functional beds including 06 Intensive Care Unit (ICU) beds. The Hospital is situated at the centre of **REASI** town and is housed in the newly constructed building with a compound boundary wall. The hospital complex consists of three buildings including OPD, Emergency and IPD building. However, the IPD building has not been hand over to the management due to some financial issues with the contractor due to which the district hospital was unable to establish the SNCU, Labour room and other related essential wards till date. The first referral point for District Hospital is GMC Jammu which is located around 70 kms away from **REASI** town. The hospital operates from 10:00 AM – 2:30 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is maintained well and has all the basic amenities such as 24x7 running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area, drug store room and a complete power back up is maintained through a generator. The hospital is getting electricity and water supply on 24x7 bases and has a dedicated back-up for both electricity and water supply. The hospital has colour coded bins for segregation of waste and the biomedical waste management is outsourced to a private agency namely **ANMOL** Health Care System (**AHCS**) Samba of Jammu.

On the regular side, District hospital has 34 sanctioned strength of specialists including 02 Gynecologist/Obstetrician, 01 Pediatrician, 02 Anesthetist, 03 Surgeon, 03 Physicians, 0 Radiologist, 0 Pathologist, 01 Ophthalmologists, 01 Orthopedic, 01 ENTs, 0 Dermatologist, 02 Dental Surgeons, 17 Medical Officers and 01 AYUSH MOs but presently around 23 (67.64 percent) posts of specialists are in place including 01 Gynecologist/Obstetricians, 01 Pediatrician, 01 Anesthetist, 0 **Surgeon**, 02 Physician, 0 **Radiologist**, 0 **Pathologist**, 0 **Ophthalmologist**, 01 Orthopedic, 0 **ENT**, 0 **Dermatologist**, 02 Dental Surgeons, 14 Medical Officers and 01 AYUSH MOs (which is on leave since last two months) which simply indicates that district hospital has 11 (32.35 percent) vacant positions of specialists including 03 Surgeons, 01 Ophthalmologist, 01 ENT and 03 MOs. In the case of paramedical staff, District hospital Reasi has 35 sanctioned strength of paramedical staff including 05 Dental technicians, 04 Lab technicians, 02 OT technician, 04 x-ray technicians, 0 AYUSH Pharmacist, 07 ANMs/FMPHWs, 07 Staff Nurses/JSNs and 06 Allopathic Pharmacists but currently around 28 (80 percent) positions of paramedical staff are in place including 04 Dental technicians, 04 Lab technicians, 02 OT technicians, 04 x-ray technician, 07 ANMs/FMPHWs, 05 Staff nurses and 02 Allopathic Pharmacists which simply indicates that district hospital has around 07 (20 percent) vacant positions of paramedical staff. Thus the overall position of doctors in district hospital REASI is

pathetic and patients in general have no choice but either to visit the GMC Jammu or GMC Anantnag or to get the treatment from the private clinics somewhere else Srinagar or Jammu.

On the NHM side, district hospital Reasi has only 10 sanctioned strength of specialists including 01 Dental Surgeon, 05 Medical Officers, 01 Dental MO and 04 Other specialists but presently only 01 (10 percent) position of Dental Surgeon are in place including and all other posts remained vacant. In the case of paramedical staff, district hospital Reasi have 94 sanctioned strength of paramedical staff including 01 dental technician, 02 x-ray technician, 04 Lab technician, 02 OT technician, 08 ANMs/FMPHWs, 65 Staff Nurses and 12 Other paramedics but around 90 (95.74 percent) positions of paramedical staff are in place and only 04 (4.25 percent) positions of staff nurses are vacant due to the unknown cause.

The hospital has dedicated desktops for data entry and internet connectivity. The hospital has done the process of external assessment for the certification of Kayakalp and has obtained a score of around 94 percent points with the **WINNING** State award during the financial year 2022-23 while as the hospital has done internal assessment in case of NQAS and scored around 79 percent points. However, the district hospital has initiated for the internal assessment in case of LaQshya and scored 57 percent points in case of labour room and 63 percent points in case of OT but the management was unable to apply for the external assessment in the case LaQshya because the Labour room and Operation theatre is not in an organized manner because it is housed somewhere in the emergency building. The management has identified the space in the IPD building for the Labour room, SNCU as well as OT along with the maternal ward but the IPD building has not been yet hand over to the management due to which the hospital administration was unable to do the same. Further, the hospital has initiated of external assessment for the certification of NQAS during 2023-24 which is still under process due to the non availability of EPC plant. The hospital has also initiated the external assessment for LaQshya in case of labour room as well as Operation theatre which is also under process. However, recently first meeting of NQAS was held at the DH for assessment of infrastructure and service delivery gaps, so that the same can be plugged to get the DH, NQAS as well as Kayakalp certified.

Status of Services:

Apart from emergency services, the DH provides services like ANC, General OPD, IPD, Delivery, PNC, Immunization, Family Planning and laboratory services. The hospital provides services for general medicine, O&G, pediatrics, general surgery, Anesthesiology, x-ray, ECG, USG, CT, Orthopedics, Ophthalmology, Radiology, dental, imaging services, labour room complex, ICU, Emergency care OTs and AYUSH services, DEIC, dialysis centre are available at DH except some of the few services such as ENT, SNCU, MICE, NRC, CLMC, PICU, NICU, Dermatology and Brunt unit and Skill Lab, teaching block for medical, nursing as well as paramedical staff services are not available at DH. Therefore, without these facilities, the hospital is facing a challenge. However, the hospital administration has initiated the process for the same and shall be functional these units in the next financial year 2024-25. The hospital is

functioning and following the essential and emergency services like Triage, Resuscitation and Stabilization. The labour room as well as the OT is operational and functional with the required infrastructure. District Hospital of REASI has done 600 normal deliveries and 106 C-section (LSCS) deliveries during 2022-23 from April 2023 – September 2023. A total of around 706 newborns have been immunized for the birth dose but around 222 babies were breastfed within one hour during the same period.

The District Hospital Reasi has a registered Blood Centre and is functional with the required manpower and other infrastructure like storage facility. On the day of our visit 09 blood units (7 tested and 02 untested blood units) were available on 21/11/2023 and 03 blood transfusions were done during the last 06 month in the hospital. The blood is not free for all irrespective of any category but the blood is being provided free of cost under JSSK and emergency cases like accidents irrespective of economic status. The General OTs is available for Obstetrician, Anesthetist, orthopedic and ophthalmology were found available at District Hospital Reasi. The hospital is providing tele-radiology services to the patients but due the non availability of doctors tele-consultation is non operational at the district hospital Reasi. However, consultation services are available at district hospital Reasi but to the non availability of trained staff, the tele-consultation services are useless.

Although, the District Early Intervention Centre (DEIC) is operational at district hospital Reasi with the required human resource and infrastructure but the staff complained that the DEIC have not been provided any specific space in the hospital premises and all the staff has been engaged in other sections of the hospital. They viewed that DEIC be provided a particular space in the hospital premises so that they will perform their work properly. The SNCU, an Adolescent Friendly Health Clinic (AFHC) and DNB programmes are also running at the District Hospital Reasi. The screening for non-communicable diseases such as diabetes, hypertension and their treatment is also available at the DH. The NCD clinic has an optimal workload and is performing well in terms of screening, treatment, referrals and follows-up patients. The DH is also organizing various national health programs such as HIV/AIDS, control of water borne disease, jaundice, control of blindness, elimination of tuberculosis, leprosy, RBSK, PMJA and PMSMA.

All the JSSK entitlements including free delivery services, diet, drugs and diagnostics, transport, PMSMA services are provided free of cost irrespective of economic status. Registers for entering births and deaths have been maintained. The hospital has not reported any maternal death as well as any child deaths during 2022-23 while as no child death has been reported by DH Reasi during 2023-24. It has been reported that vaccines, hub cutters are available and staff is aware about the open vial policy.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 7.89% of the OPD cases are tested for the same. The anti tuberculosis drugs are available in adequate quantity and the confirmed tuberculosis patients are taking anti-tuberculosis drugs from the hospital. The hospital has 1 instrument of CBNAAT and 01 instrument of TruNat Machine for

drug resistance and around 100 percent of patients have been tested through CBNAAT/TruNat since the last six months. The transport mechanism is not in place for investigations within the public sector for tuberculosis testing and for others too. All the tuberculosis patients are tested for HIV and diabetes Mellitus. The facility had disbursement of Nikshay Poshan installment through DBT and around 79.09 percent beneficiaries received installments till date. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy. The DH Reasi had done a field survey but had identified 02 Leprosy case through the RBSK teams since the last 12 months and the hospital has also diagnosed 03 HIV patients during 2022-23 through lab testing. All these patients have been referred for advanced treatment to the territory care hospital GMC Jammu.

The District Hospital received an amount of around Rs. 3.39 crores (untied fund) under NHM during 2022-23 and hospital has utilized around 100 percent of the received budget. The hospital has utilized this amount in salary and buying the emergency medicine and equipments, campus cleaning and buying contingency items and printing various forms and IEC etc. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available and complaints have been also received through 104 toll free number which has been established by the J&K State Health Society. The complaints are also received through e-Sehaj. Mostly the complaints are reported verbally and solved on spot.

Status of Drug and Diagnostics:

The District hospital REASI has a designed laboratory manned by 04 lab technicians and remains functional from 10:00 AM – 4:30 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides almost 89 test services like blood chemistry, Platelet, PCV, MCV, MCH, MCHC, BT, CT, CBC, Blood sugar, Urine albumin and sugar, TB, HIV, VDRL, TB, Malaria, LFT and KFT, Creatinine, Uric Acid, TSH, RA, ASO, CRP, HPLC, TG, HDL, LDL, VDRL, HBsAg, and VBG..... etc. It was observed that DH has adequate supplies of reagents and consumables for conducting these investigations. The imaging service such as x-ray, CT Scan and USG are available on daily basis and is functional with the required infrastructure but the hospital does not have the availability of important services like MRI, Vitamin D3, Biopsy, Pus Culture, LDH, FSH, LH, Anti AMP, P&L, Coaglogram, Torch but have been outsourced to a private company. However, most of the necessary and advanced instruments of OT, Labs, Labour room and other sections equipments were found available up to date.

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of around 221 drugs was displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of the visit, around 68 (30.76 percent) drugs were available out of the EDL drug list. As such some shortage of essential drugs has been found since last six months. Management of the inventory of drugs is manual and all drugs are provided free of cost to all JSSK patients irrespective of economic status. All the essential drugs including drugs required during labour or delivery and essential obstetric and emergency obstetric care were

found available at the hospital under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 11 IUCDs and no PPIUCDs were available at the DH. The staff complained that family planning items like injectable, IUCD, Antra and Chaya is not availability in adequacy. No female sterilizations were reported by the District Hospital Reasi during 2023-24.

Workload and Utilization of Services:

The services which are available at the district hospital have been optimally utilized as the hospital has huge rush of patients especially OPD as well as IPD. On an average, more than 5000 patients' visits the OPDs and around 756 admissions have been reported in the IPD at district hospital Reasi during 2023-24 prior to this monitory exercise. The surgical facilities are not optimally utilized due to the non availability of most of the specialists. Around 706 institutional deliveries including 600 (84.98 percent) normal and 106 (15.01 percent) C-section deliveries have been reported at the DH during 2022-23. As per the record, around 26098 in-house lab investigations including 3256 Serology, 5983 Biochemistry, 4895 Hematology etc., and around 7989 outsourced lab investigations were done during the financial years 2023-24. However, CT and MRI is available on Call during the night hours. During the last one month prior to this monitoring activity, District Hospital has referred around 142 patients to various higher level health facilities for treatment of various severe ailments such as surgical, accidental, Medical, delivery related issues and other emergencies whereas only 104 cases were referred from various health facilities including Neurosurgical cases, very sick new born babies, complicated delivery and accidental cases. However, all these patients were given referral transport by the concerned hospital. District Hospital has 06 dedicated ambulances for referral services under toll free numbers of 102 and 108. These services are available free of cost to JSSK and children only. However, the hospital as well as the ASHA workers complained that the hospital is unable to provide home to facility referral transport services to expectant mothers due to the cause of hilly terrain, hard to reach areas and far off places which is difficult to capture the mothers from their residence but at times the hospital manages to provide drop back from facility to home services only to those who are extremely poor delivered mothers. *The expectant mothers viewed that special service or the SCs, block PHCs or CHCs need to be strengthening with the specialized services including the well trained staff so that during the night hour the risky deliveries can be managed easily.*

As per the NCD screening records of DH, a total of 711 suspected patients have been screened for hypertension and 384 patients for diabetes, of these, a total of 89 patients have been diagnosed hypertension while as 86 patients have been diagnosed diabetes during 2022-23 and 2023-24 prior to this monitoring exercise while as 23 patients have diagnosed both hypertension as well as diabetes.

In case of various types of cancers, the district has randomly screened around 220 suspected individuals including 102 suspected patients for Oral, 89 suspected patients for Breast and 29

suspected patients for Cervical. Of these suspected patients who have been screened for various types of cancers, no case of cancer has been diagnosed.

The district hospital has 06 bedded functional PM National Dialysis ward with the required infrastructure and a total of 254 sessions was done during 2022-23 and 2023-24 among 08 patients at DH.

Status of Health Information Management System (HIMS)

Although the district hospital has updated and uploaded the information regarding service delivery, infrastructure & human resources till date but the hospital has not yet started the reporting and recording of data on the new data elements. The Data entry operator has received the new formats from the PMU but the data entry operator has not distributed these new formats to the concerned section of the hospital. The data entry operator has also not informed the incharge for the reporting and recording of data on these new elements because the data entry operator has not received any training for the same. Therefore, not even a single section of the hospital has started or opened the page for reporting the data on the new data elements. The data entry operator/record session of district hospital Reasi also complained that the section incharge are reluctant to provide him data (monthly workdone of delivery services) on monthly basis. The data entry operator as well as all the section incharge opined that a training course may be arranged for them as to how the data on new data elements can be captured. However, during, our PIP visit to DH, a few on-the-spot instructions were given to the data entry operator and the incharge of the facility as to how the recording and reporting of data can be improved.

Key Challenges of District Hospital REASI

Following are some of the key challenges which have been observed during our field visit to District Hospital REASI:

The security provided at the hospital required to be strengthened with the arms as at times they have to face challenges and pressure of local people which leads to fearful work environment in medico-legal cases.

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

The Laparoscopic surgeries was performed at district hospital Reasi since couple of years but due the transfer of surgeons some few months back, the hospital has to refer most of such cases to GMC Jammu which is a challenging task for the poor patients and in this regard the public at

large demanded that at least a surgeon ma be posted at DH on priority so that the patients will take a sigh of relief.

The hospital administrations viewed that, Community Health Centres as well as Primary Health Centres from all four health blocks of the district refer patients to District Hospital Reasi but due to the dearth of specialists, patients are left in lurch and they have to be moved to Jammu or Srinagar for treatment.

Reasi is one of those districts where there is acute shortage of doctors. Due to the terrain topography, remoteness, adverse climatic conditions, accessibility and transportation issues, doctors generally are not willing to serve in this district. Although, under public pressure, orders for posting of doctors in the health institutions in Reasi district are issued by the government and some doctors do join their duties but they also either manage to get themselves transferred from the district or prefer to get leave and consequently most of the health institutions including the district hospital remain without doctors for most part of the year.

The Medical Superintendent of district hospital complained that most of the times, the consumables remains short in supply and therefore, the x-ray films, CT Scan films, ECG rolls, ECG Jelly, Lab Regents, tubes and test kits need to be procure on priority. He added by saying that some percent of discretionary powers need to be given to MS with regard to procurement of emergency items like medicines and consumable in order to manage the emergency cases.

Most of the staff posted at DH especially Medical Superintendent complained that most of the times, drugs, surgical items and consumables remains in delayed due to the laxity of JKMSCL. They added by saying that the expiry date of the medicines supplied by the JKMSCL have short period of expiry compared to the drugs available in the market. The incharge of the drug store opined that, drugs are not being supplied as per the demand and most of the times the drugs remains short in supply due the laxity of JKMSCL.

District REASI area is proven to accidental cases and therefore, the Medical Officers viewed that consultants need to be KEPT in WAIT (means a room need to be kept for them within the hospital premises) rather than in CALL because at times Doctors in causality have to face the aggression and hostile environment from the public when they comes with an accidental case, risky expectant mothers and in other cases also. The doctors were seeking a timely intervention from the authorities for the same.

Most of the nursing staff as well as senior staff of the hospital said that the causality ward remains a hub of patients most of the times on the one hand and on the other the hospital area is prone to accidental cases and at times it becomes difficult for them to handle the hostile environment during any untoward or any eventuality. So the causality ward may be augmented via an additional human resource (male nursing staff) and dedicated security personals with arms.

The district hospital has only 06 ambulances including 04 of 102 and 02 of 108 ambulances and all these ambulances are available on 24x7 on need based but due to some servicing issues, only three ambulances are functional. Of these ambulances, no one is ALC ambulance. Therefore, the drivers of the hospital viewed that at least three (03) ALC and three (03) of 108 ambulances may be provided to the hospital on priority.

The drivers of the Ambulances added by saying that the area is accidental proven and topography of the area is hard to reach and they said that it is difficult for them to reach at the destination where any untoward happens. They viewed that an '*AIRAMBULANCE SERVICES*' shall be provided to district Reasi so that the emergency cases can be easily handled.

The hospital is without compound boundary wall due to which the animals such as donkeys, houses, cows & bulls trespasses in the hospital premises and at times enters the causality and OPD wards of the hospital which creates the problems for the patients in general and staff in particular. Therefore, compound boundary fencing is must.

Due to the non availability of SNCU ward and other related wards such NICU and PICU at district hospital most of the expectant mothers complained that they have no choice other to move either to GMC Jammu or to Srinagar which is challenging task for them.

Although the district hospital Reasi has an established non communicable disease clinic but the staff of the said clinic has been involved in other sections of the hospital due to which the actual work of non communicable disease clinic was disturbed and they added by saying that their measuring tools like dental machine have also been given to other sections. The staff viewed that NCD Clinic need to be strengthening with full staff and a specific space be given to them in the hospital premises so that the purpose of NCD be fulfilled.

Most of the staff posted at district hospital viewed that trainings or a refresher course shall be arranged in order to make the staff understand about the new schemes and programmes of national health mission (NHM). The record room of the district hospital complained that there is a lack of coordination and cooperation among the staff in consolidation of information especially about the deaths, births and RCH components. They were also of the opinion that the information has been misused in variety of ways such as while providing the birth and death certificates.

Most of the female staff complained that during their maternal leave, the staff has to apply leave without pay which according to them is injustice with them and therefore, they urged that they should be provided allowance or benefits or full salary during the maternal leave.

The OT staff complained that the autoclave installed in the main operation theatre are non functional since last few months due to some technical errors. However, the management has contacted the serving agency but till date these autoclaves has not been serviced prior to this monitoring exercise.

4.2: COMMUNITY HEALTH CENTRE, MAHORE

Community Health Centre (CHC) of **Mahori** is first referral unit, standalone institute accessible from the nearest road connectivity with the capacity of 50 functional beds and has no Intensive Care Unit (ICU) beds. The Hospital is situated at the centre of Mahore town and is housed in a newly and well designed constructed building without boundary fencing. The hospital complex consists of one main building with three stories. The first referral point for CHC Mahore is district hospital REASI which is located around 68 kms away from Mahore town. The CHC covers around 1,68,360 population of area and **05** PHCs, **12** NTPHC and **47** HWCs are working under this CHC. The hospital operates from 10:0 AM – 4:00 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is maintained well and it has all the basic amenities such as 24x7 running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area, drug store room and a complete power back up which is maintained through a generator. The hospital is getting electricity and water supply on 24x7 bases but has not a dedicated back-up for both electricity and water supply. The hospital has the availability of color coded bins for segregation of waste and biomedical waste management is outsourced to a private agency namely **ANMOL** Health Care System (AHCS) Samba of Jammu. Although, the CHC has contract with the ANMOL for the management of BMW but at times the ANMOL does not used to come as per the contract deed due to which the waste remains there in the burial pit at the CHC which leads to over exertion.

This Community Health Centre (CHC) has sanctioned strength of 03 specialists from regular side including 01 Dental Surgeon and 02 Medical Officers but presently only 01 dental surgeon is in place and 02 posts of MOs are vacant. In case of paramedical staff, the CHC Mahore has sanctioned strength of 14 posts including 02 Dental technicians, 01 x-ray technicians, 02 Lab technicians, 01 ANM/FMPHW, 06 Staff Nurses/JSNs, 02 Allopathic Pharmacists and presently all these positions are in place except 03 staff nurses.

On the NHM side, the CHC Mahore has the sanctioned strength of 05 posts including 01 x-ray technician, 02 Lab technicians, 02 OT technicians and all these posts are in place. *However, currently 02 ISM Doctors are running the hospital who have been attached at this CHC from PHC Lar and PHC Gota.* The condition of this CHC is pathetic in terms of manpower and therefore, the staff insisted that the CHC may be strengthening with the manpower and required infrastructure with an immediate effect because public have suffered a lot. Due to the non-availability of specialists, patients have no choice other than to visit the district hospital Reasi which increases the load of patients at DH due to which it leads the over exertion in the existing staff.

The hospital has dedicated desktops for data entry and internet connectivity (broadband) is good. The hospital has initiated the process for the internal assessment of Kayakalp and obtained the score of around 34.5 percent points during 2022-23 but the hospital has not yet initiated for the certification of Kayakalp and NQAS due the non-availability of full strength of specialists as

well as the required infrastructure. The hospital has not initiated the external assessment for LaQshya in case of labour room and Operation theatre due to the non-availability of specialists services like Gynecologist as well as surgeons and other necessary surgical instruments like Laparoscope, Video Laparoscope, Multifunctional Ortho Drill, LMA (I-Gel) Assorted size, Sigmordscop, Gaffing knife (Ortho), Reduction Clamp (Ortho), Bone holding clamp/reduction holding clamp, Cutter and retreaters, Saw, T-handle.

Status of Services:

Apart from emergency services, the CHC provides services like ANC, General OPD, Delivery, PNC, Immunization, Family Planning, laboratory services and general medicine, labour room complex, imaging services (x-ray, USG) while as the other specialized services like O&G, pediatrics, general surgery, Anesthesiology, Ophthalmology, Dermatology, Orthopedics, Radiology, dental, NBCU, Emergency care OTs, DEIC, NRC, CLMC, NICU, PICU, ICU, Burnt Unit, dialysis unit, Skill Lab and teaching block for medical, nursing as well as paramedical staff are not available at CHC Mahore. Due to the lack of these services, the local public suffers and they have no option other than to visit the GMC Handwara. However, the hospital administration has initiated the process for the same and shall be functional these units in the next financial year 2024-25. Further, the hospital is also not functional with the emergency services like Triage, Resuscitation and Stabilization. As the conditions of labour room is good and is functional with the required infrastructure, the CHC Mahore has done around 84 normal deliveries during the financial year 2023-24 prior to this PIP exercise. A total of around 84 newborns have been immunized for the birth dose and same has been breastfed within one hour during the financial year 2023-24.

The hospital does not have the facility of OTs for general, Anesthesiology, orthopedic and ophthalmology and has neither a registered Blood Bank nor has designed blood storage unit. The hospital is providing tele-radiology services to the patients and on an average 01-02 cases are attend per day.

The CHC, Mahore does not have functional Dialysis Unit, the District Early Intervention Centre (DEIC), the SNCU, the Adolescent Friendly Health Clinic (AFHC) and CLMC programmes due to the close proximity of GMC Jammu because these facilities are available there at GMC. However, the screening for non-communicable diseases such as diabetes, hypertension and their treatment is available at CHC Mahore. The NCD clinic has an optimal workload and is performing well in terms of screening, treatment, referrals and follows up patients. The CHC Mahori is also organizing various national health programs such as HIV/AIDS, control of water borne disease, jaundice, control of blindness, elimination of tuberculosis, leprosy, RBSK, PMJA and PMSMA activities.

All the JSSK entitlements including free delivery services, diet, drugs and diagnostics, transport, PMSMA services are provided free of cost irrespective of economic status of the patients. During the interaction, the delivered mothers and staff incharge said that free medicine is being provided to delivered mothers and they are not purchasing any drug from the market during the

hospital stay. Registers for entering births and deaths have been maintained. The hospital has not reported any maternal deaths or child deaths during 2022-23 and 2023-24. It has been reported that vaccines, hub cutters are available and the staff is aware about the open vial policy. In case of respectable maternity care, the hospital under takes the strict privacy measures and birth attendant is allowed with patient only. With regard to the FP services, the hospital has basket of choices and provides as per the choice of patient.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 13.89 percent of the OPD cases were tested for the same. The anti-tuberculosis drugs are available at the facility and currently 11 confirmed tuberculosis patients are taking anti-tuberculosis drugs from the hospital. The hospital does not have any instruments of CBNAAT/TruNat for drug resistance but 100 percent of patients have been tested through CBNAAT/TruNat since the last six months through PPP mode. The transport mechanism is not in place for investigations within the public sector for tuberculosis testing and for others too. All the tuberculosis patients are tested for HIV and diabetes. The facility had done the disbursement of Nikshay Poshan installments through DBT and nothing have been left backlog in this case since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy. The CHC Mahore had done a field survey but had not identified any Leprosy case through the RBSK teams since the last 12 months. The CHC Mahore has not identified any HIV patients during 2022-23. The CHC had received an amount of Rs. 3.79 lakh (untied/RKS fund) under NHM during 2022-23 and has utilized almost 100 percent of received fund during the same year. The hospital has utilized this amount in buying the emergency medicine and equipments, hospital upkeep, sanitation, patient amenities, campus cleaning and buying contingency items and quality programmes etc. Citizen's charter, timings of the facility and list of services available are displayed properly at the entrance gate of the hospital. Complaint box is available and complaints are also received through the 104 toll free number, the number is functional at State Health Society Kashmir. Mostly the complaints are reported verbally and solved on spot.

Status of Drug and Diagnostics:

The CHC Mahore has a designed laboratory manned by 03 Lab technicians and remains functional from 10:00 AM – 4:00 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides around 32 test services like Haematology: HB, BT-CT, Blood Group, CBC, PBF, ESR), Bio-Chemistry: Blood Sugar, KFT, LFT, Amylase, Uric Acid, Lipid Profile, Serology: HbsAg, HIV, HCV, VDRL and Others: WIDAL Test, RF, CRP, ASO, TROP-T, Sputum for AFB, Urine Analogy, GT, Stool & etc. The Lab technicians viewed that they have also kept rapid testing kits available in support of the automatic analyzes during the non-availability of electricity. The imaging service such as x-ray (300 MA with CR system) and USG services are not available on daily basis and most of the pregnant women have to visit the DH Reasi or visits the private clinic. Due the non-availability of specialists, the hospital does not have the availability of specialized services like MRI and CT scan on daily basis and therefore,

the hospital has outsourced these imaging services to a private agency. However, most of the necessary and advanced instruments of Labs, Labour room and other sections equipments are up to date and are available in adequacy.

Supply of drugs was reported to be insufficient and the essential drug list (EDL) which consists of around 161 drugs has been displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of the visit, 110 (66.67 percent) drugs were available out of the EDL drugs. As such the acute shortage of essential drugs was found during 2023-24. The management of the CHC complained that the drugs are not being provided to this facility as per the demand and most of the times, the drugs remains in delayed and short in supply due to which the hospital has to purchase the emergency drugs from the market on liability. Management of the inventory of drugs is manual and all drugs are provided free of cost to all the JSSK patients irrespective of economic status of the patients. The drugs are also being provided free under Golden Card, Ashman Bharat, BPL and elderly people. All the essential drugs including drugs required during labour or delivery and essential obstetric and emergency obstetric care were found available at the hospital under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, no IUCDs and no PPIUCDs were available at the CHC Mahore. A total of zero female sterilization was performed at the CHC during 2022-23 and 2023-24.

Workload and Utilization of Services:

The services which are available at the CHC Mahore have been optimally utilized and due to the far awayness of DH Reasi, CHC has rush of patients especially OPD as well as IPD. On an average, less than 600 patients' visits the OPDs and less than 63 admissions have been reported in the IPD at CHC Mahore on the monthly basis for short stay. As per the record, around 74380lab investigations were done during the financial year 2023-24 prior to this monitoring activity. The CHC Mahore has referred around 216 severe patients to higher level health facilities like DH Reasi for special treatment such as Delivery cases, Accidental cases, and hypertensive etc., due the non-availability of specialized services whereas only 109 cases were referred from various Sub Centres including high risk pregnancy and accidents etc. All these patients were given referral transport by the hospital. The CHC has 03 dedicated ambulances for referral services under toll free numbers of 108 and 102. The referral transport of 102 is available free of cost under JSSK, accidental cases and children only. During an interaction, the expectant mothers and ASHA workers viewed that the hospital is not providing home to facility transport services to expectant mothers to capture the mothers from their respective residences and at times the hospital manages to provide drop back from facility to home referral transport services to all delivered mothers.

The CHC Mahore has functional NCD Clinic in 01 day (Saturday) in a week and a total of 7540 suspected patients have been screened for hypertension and diabetes, of these a total of 354(4.69 percent) patients have been diagnosed hypertensive and 28(0.37percent) patients have been diagnosed diabetes whereas 23 have been diagnosed both hypertension as well as diabetes during

2022-23 and 2023-24 prior to our visit. The hospital has also initiated the process of screening for various types of cancers but no such patient has been reported Oral, breast or any other type of cancers till date.

Status of Health Management Information System (HMIS):

The CHC Mahore has updated and uploaded the information regarding service delivery, infrastructure & human resources till date and the hospital has started the reporting and recording of data on the new data elements also. The Data entry operator has received the new formats from the PMU and the data entry operator has also distributed these new formats to the concerned section of the hospital. The data entry operator has informed the incharge for the reporting and recording of data on these new elements and the data entry operator has also received the training through virtual mode for the same which according to him was not found useful. Therefore, all the section incharges of the hospital viewed that a training course may be arranged form them through physical mode so that they will fully understand how to report and record the information on the new data elements because according to them they have still confusion in understanding the reporting of data on these new data elements. However, during, our PIP visit to CHC, a few on-the-spot instructions were also given to the data entry operator and the incharge of the facility as to how the recording and reporting of data can be improved.

Key Challenges of CHC MAHORE

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

Although this health facility has been upgraded to CHC level since couple of years back but all the sanctioned strength has been put on abeyance due to which the CHC is functioning with the given staff of PHC who had already been posted there. Thus, due to the non availability of doctors, specialists and other paramedical staff, the work culture of this CHC is very poor and most of the patients have no choice other than to visit either DH Reasi or to GMC Jammu which is a challenging task for the people living this hard to reach area. In this regard, the local public urged that this CHC need to be strengthening with specialists and doctors on priority.

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

During an interaction, the concerned BMO viewed that the sanctioned strength of the CHC Mahore has been withdrawn by the UT Govt., with unknown reason and has not been re-sanctioned though the management has repeatedly requested the concerned authorities.

Even though the CHC Mahore is designated as first referral unit (FRU) but due to the non availability of specialists including Surgeons, Physicians, Radiologists, Pathologist, Ophthalmologist, ENT and dermatologist due which people have no choice other than to visit the district hospital Reasi which leads to over exertion of the available strength at DH.

Most of the staff viewed that, the hospital is located around 68 kilometers away from DH Reasi and more so the road connectivity is also not good which is bumpy and risky due to which the ambulance drivers complained that the chance of accidents happen to be more during the night when they have to take a patient from Mahore to DH Reasi. On the other hand, people are living in scattered on the hard to reach areas and risky hilly slopes and it is difficult for them during any emergency to take patient to CHC Mahore. Therefore, they urged that an **Air Ambulance** services may be provided to block Mahore on priority.

During an interaction, the expectant mothers and ASHA workers viewed that the hospital is not providing home to facility transport services to expectant mothers to capture the mothers from their respective residences and at times the hospital manages to provide drop back from facility to home referral transport services to all delivered mothers.

Due to the non-availability of specialists especially Pediatrician, Anesthetist, Surgeon, Physician, Radiologist, Pathologist, Ophthalmologist orthopedic and dental surgeon, patients have no choice other than to visit the district hospital Reasi which increases the load of patients there and leads to over exertion in the existing staff. So, the human resource with the required infrastructure may be provided to the CHC Mahore.

The incharge of the drug store viewed that JKMSCL is not supplying medicines as per their requirement rather the JKMSCL is working as per their own interest and therefore, most of the times the drugs remains short in supply and at times most of the delayed drugs are already expired before coming in the store. He added by saying that at time more drugs is being supply and un necessary drugs are also being supplied by the JKMSCL.

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

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

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

The CHC Mahore is located far-away from the locality and is surrounded by hilly areas and risky slopes. In order to protect the CHC from the trespassing of wild animals like bulls, cows etc., and the staff on duty from vicious animals like Snakes and Scorpion, a compound boundary wall need to be constructed on priority.

The posted staff urged that a blood storage unit may be provided to this CHC with the required manpower and infrastructure because the CHC are is accidental prone and at times it becomes difficult for the management to arrange blood for the emergency patients like accidents.

Most of the staff urged that the management is unable to upload the necessary data on the various portals of NHM due to the non availability of internet facility and therefore, they requested that an internet net facility may be provided to the CHC on priority.

The public demanded that an USG machine may be provided to this health facility with an immediate effect because most of the expectant mothers have to do this either to DH Reasi or to visit some private facility which a challenging task for them.

The staff viewed that the health sector was made as data machines than services provides due to which the quality of service delivery has been decrease and the staff urged that focus may be given on the quality of services because most of the staff remains busy with the collection and reporting of data throughout the year.

The staff viewed that the CHC has only 02 ambulances which on road and at times it becomes difficult for the management to arrange the ambulance services during the emergency cases especially during the night hours to pick and drop the expectant mothers and therefore, the management urged that the CHC may be strengthen with more ambulances so that the facility may not face any problem in pick and drop of either expectant mothers or the accidental cases.

The public urged that there should be some transfer policy for the posted doctors so that the doctors may join and stay for a particular time period otherwise no doctor would like to join in this CHC because most of the doctors feel uncomfortable in this area due to the non availability of required facilities and therefore would not like to join. The added by saying that the local area doctors may be given chance to serve the CHC for the time being otherwise the CHC has a deserted look due to the non availability of manpower and required staff this may be short run solution for the non availability of doctors.

This CHC is mostly run by the NHM staff who are coming from very far flung areas of the other districts of the UT of J&K and they urged that either their salary be increased at par with the regular staff or a transfer policy may be adopted so that the NHM staff will get a sign of relief.

During an interaction, some NHM staff has resigned from their services as they urged that their salary is very low which is not sufficient to meet their two meals and therefore, they urged that their salary may be increased at par with the regular staff.

4.3: PRIMARY HEALTH CENTRE (PHC), DHARMARI:

The Primary Health Centre is located at a distance of around 30 kms from its first referral point of CHC Mahore and around 50 kms from its second referral point of DH Reasi. This Primary Health Centre covers almost 3,500 population of the area including 9 villages. This PHC is 24x7 designated and 08 Sub Centres, 01 NTPHC and 04 ASHA workers are attached with this Primary Health Centre. The PHC is standalone and is housed in a two storey government building and condition of the building is not good due its old structure. However, the renovation of this PHC has been started but has not been completed prior to our PIP monitoring. Currently, this Primary Health Centre has 05 functional beds with no residential quarter for the doctors as well as for the nursing staff. The PHC has almost all the basic facilities like drinking water, functional toilets, drug store room but has no designated power backup. The PHC operates from 10:00 AM – 4:00 PM for OPD patients whereas it remains 24x7 for IPD patients. The premise of the PHC has maintained well and clean. The PHC has good boundary fencing. The PHC have color coded bins for segregation of waste. The biomedical waste management has been outsourced to a private agency namely **ANMOL** Health Care System (KHCS) Samba of Jammu.

The PHC has a desktop which is functional with the required instruments and tablets have also been given to ANMs but smart phones are not available with the ASHA workers. Internet connection is available with 4G speed through mobile net. The PHC has initiated of the external assessment for the certification of Kayakalp and has scored 74.72 percent points and received the **WINNING AWARD** during 2022-23. The PHC has not initiated for the internal assessment in case of NQAS due to the lack of infrastructure and maintenance of hospital upkeep but has started the process for the innovation the hospital upkeep since last three months.

The information reveals that PHC Dharmari has sanctioned strength of 04 from regular side including 01 Medical Officer, 01 ANM, 01 x-ray technician, 01 Pharmacist but presently only 01 MOs, 01 ANM and 01 pharmacist are in place while as in case of NHM, the PHC has sanctioned strength of 07 posts including 02 MOs, 01 IMS doctor, 02 ANMs, 01 Lab technician, 01 AYUSH Pharmacist but presently only 01 IMS doctor, 02 ANMs, 01 Lab technician and 01 AYUSH Pharmacist are in position.

Status of Services:

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

The NCD services are being held 01 days in a week and the GNMs are trained in screening of breast as well as Cervical Cancers. The PHC has screened around 801 suspected patients for hypertension as well as diabetes. Of these around 45(5.61 percent) patients have been diagnosed hypertension and around 11(1.37 percent) patients have been diagnosed diabetes during 2023-24. The registers for different aspects have been maintained properly and the registers for follow-ups as well as referrals were maintained well. The PHC has also started screening for various types of cancers but the PHC didn't found any positive case of any type of cancers and therefore, no patient has been reported Oral, breast or any other type of Cancers at the PHC. The PHC organizes wellness activities regularly on selected days in a week especially on Friday.

The PHC Dharmari is not Microscopy Designated Centre (DMC) but the percent of OPD whose samples were tested for tuberculosis is 7.89 percent. Anti tuberculosis drugs are not available at the facility and currently 07 patients are taking drugs. Since the last six months 100 percent of patients were tested through TruNat and all the tuberculosis patients were tested for HIV and Diabetes. The PHC Dharmari had not identified any Leprosy cases through the RBSK teams since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy.

Under the Integrated Disease Surveillance Programme, the PHC uploads the weekly data through P & L forms and also updates the information on all portals such as HMIS, IHIP and HWC portals. The PHC organizes monthly JAS meetings and the minutes of the meetings were found available on the day of our visit. On an average, the PHC organizes 01 meeting quarterly. Since the last six months, there were 20 referred in cases like hypertension and accident while as around 06 referred out cases have been reported and all these cases are trauma, stroke and accidents.

Status of Drugs and Diagnostics

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of around 32 drugs was displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of our visit, around 23 (71.87 percent) drugs were available out of the EDL drugs. As such no shortage of essential drugs has been reported since the last one month. Drugs for hypertension and diabetes are available in sufficient quantity. It was observed that PHC is in a position to meet around 73 percent of the demand of drugs and other consumables. Management of the inventory of drugs is DVDMS and all drugs are provided free of cost to all JSSK patients irrespective of economic status. However, the drugs are also being provided free of cost under Golden Card, Ashman Bharat, elderly and children and around 68 percent of drugs providing free to the general patients. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were found available at the PHC under JSSK. Family planning items like IUDs, condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 0 IUCDs and 0 PPIUCDs were available at the PHC. A total of zero female sterilization was performed at the PHC during the last six months.

The PHC is providing in house essential diagnostics and the timing of these tests is from 10:00 AM – 4:00 PM. The PHC has the availability of imaging services such as x-ray but due to the non availability of USG services the expectant mothers have to visit either to DH Reasi or some private clinic. In total the facility has done around 1562 investigations and all these investigation are free of cost to all the JSSK patients irrespective of economic status. Further, these diagnostics are free of cost under Ashman Bharat, Golden Card holder and elderly people. However, minimum charges have to be paid by the general patients as per the government order. During the day of visit, it was observed that the facility has shortage of various necessary instruments such as RVG, Dental Autoclave (Front Locker), CBC Analyzer, Hb Analyzer, Biochemistry Analyzer (Automatic). The PHC has received around Rs. 2.3 lakh (untied fund) from NHM and same amount were utilized for the upkeep of the hospital.

Workload and Utilization of Services:

Looking at the utilization of services from the PHC Dharmari, it was found that OPD, ANC, Delivery, NCD, and immunization services have been optimally utilized. The record for referrals as well as follow ups patients have been maintained well. Although, the non availability of female MOs (MBBS) and the conditions of the labour room is not good but the posted staff especially the IMS doctor's (Dr. Verinder Gopia) dedication and firm file, the PHC has done around 29 normal deliveries during the financial year 2023-24. Around 45 babies have been immunized with birth dose and same chunk of babies have been breastfed within one hour. Although, the PHC provides the ANC services to around 37 expectant mothers but the staff viewed that it is a challenging task for them to give ANC services without the availability of USG facility at this PHC. However, the posted MO arranges USG facility on the request of the public for a particular day in a week from a private company. Therefore, it is suggested that this PHC need to be strengthened with the capable and trained staff with the required infrastructure so that the patients can be taken care of during emergency.

Status of Health Management Information System (HMIS):

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

Key Challenges of PHC Dharmari

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

The PHC Dharmari is critically facing the shortage of some basic instruments such as CBC Analyzer, HB Analyzer, Biochemistry Analyzer (Automatic), digital weighing machine, USG and digital x-ray machine due to the non availability patients have no choice other than to visit either the DH Reasi or the private clinic for these diagnostic services.

Most of the times, PHC has to refer the delivery patients to DH Reasi during the night hours because of the non availability of female medical officers during night. Therefore, the public urged a female medical officer may be posted at this PHC on priority.

Due the hilly typography, the staff urged that the Centre should have at least 02 ambulances because most of the times it becomes difficult for the hospital to pick and drop back the pregnant women. They added by saying that the hospital is located in a hilly region and is far away from the nearest road connectivity where the chances of accidents happens to be more often on the one hand and on the other, the condition of the road is also not good. Therefore, at times it becomes difficult for the hospital to refer the patient and even at times patient die in the middle of the way due to the bad road conditions and hilly typography.

The IMS Doctor posted at PHC Dharmari viewed that the USG machine is not available at PHC due to which most of the expectant mother have no choice other than to visit either to DH Reasi or to visit any private institution. Therefore, the IMS Doctor urged a new DR based USG machine may be provided to the facility so that the expectant mothers will not be referred to DH Reasi which increases the load of patients there at DH Reasi.

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

The local public demanded that PHC Dharmari need to be upgraded up to the level of CHC because there is only one CHC in block Mahore given the hilly topography of the block due to which most of the patients have to be referred to DH Reasi which leads to over exertion of existing staff there at DH Reasi. The public urged that a female Gynecologist need to be posted at PHC Darmari or need to be strengthen it with trained staff so the normal deliveries could be managed here at PHC Dharmari.

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

This Sub-health and Wellness Centre is located at a distance of around 06 kms away from its first referral point of PHC Dharmari and is around 35 kms from CHC Mahore of district Reasi. The Sub Centre caters to the population of around 2000 including 03 villages and 03 ASHA workers are also associated with this Sub Centre. This Sub Centre is housed in a newly

constructed building, with 06 rooms, 01 wash rooms, 01 drug store, 01 kitchen and 01 lobby. One room is being utilized for OPD services, the other has been dedicated for meetings and yoga/other HWC activities while as 3rd room is utilized for other immunization, drug store, rapid tests and other activities. The condition of this single storey building is good in every respect. The branding of the facility has been done but the washroom has not been made fully functional due to the non availability of running water. The facility does not have 24x7 running water facilities, electricity supply and does not have colour coded dustbins. This Sub Centre has been converted into health and wellness centre in the year 2021. The sanctioned strength of this Sub Centre is 01 MLHP, 01 ANM and 03 ASHA workers from NHM while as 01 post of ANM from regular side and all these posts are in place.

Status of Services

This Sub Centre used to provide around 11 services including OPD for ANC and other ailments, NCD screening, ANC checkup, short stay of patients, tele-consultation, IFA, TT injections, routine immunization once a week, temporary methods of family planning services such as condoms, Anta, Mala and oral pills, treatment of minor ailments like cough and cold, fever, diarrhoea, worm infection and first aid are available at this Sub Centre. The facility helps in the control of local epidemics, diarrhoea, dysentery, jaundice. The Centre has started the screening of adult population for hypertension as well as diabetes. The MLHP/CHO as well as the ANM of the Centre has given the functional tablets to upload the data of various schemes of NHM on regular basis.

There are around 353 individuals above 30 years of age in the population of HWC and out of these around 228 CBAC forms were filled during the last six months of 2023-24 prior to this monitoring exercise. However, of these 228 individuals whose CBAC forms have been filled, 123 (53.94 percent) individuals have score below 04 while 105 (46.05 percent) have score above 04. The facility has screened these 228 suspected patients for hypertension and diabetes. Of these screened cases 03 (01.31 percent) were diagnosed with hypertension whereas no (0 percent) were diagnosed diabetes. Further, of these 228 screened individuals, the facility has reported 05 (2.19 percent) patients who have diagnosed both hypertension as well as diabetes. The facility has screened these 228 suspected individuals for oral cancer, 80 suspected patients for Breast and Cervical cancers but as such no one has been diagnosed any type of cancers. The centre has advised for lifestyle management to 228 patients while the centre is providing hypertension medicines to around 58 patients, medicines of diabetes to 08 patients only and other medicines to almost 33 patients since last six months. The record reveals that the facility has not received any amount under NHM. However, the CHO directly sends a requisition to the BMO and same is being provided immediately. The ambulance is not available at this Sub Centre but MLHP/CHO manages in case of emergency through transport referral system 108 services. No maternal as well as child death has been reported at this Sub Centre. Line listing of all the eligible couples in the area is available. The ANM of the Sub Centre is experienced and well trained for different activities such as family planning and other ANC activities.

Under the Integrated Disease Surveillance Programme, the SC uploads the weekly data through P & L forms and also updates the information on all portals such as HMIS, IHIP and HWC portals. The SC organizes monthly VHSNC/MAS meetings and the minutes of the last meeting were found available on the day of our visit. On an average, the SC organizes 03 meeting per month and the centre has conducted around 18 village health & sanitation (VHS) days since last six months. Since the last one month the Centre has reported 02 referred out cases related to HTN and Trauma.

Status of Drugs and Diagnostics

The facility has displayed the essential drug list on the entrance as well as in the drug store which is visible and clear to all. The drug list which was displayed in the drug store contains 32 essential drugs as per the guidelines but on the day of the visit, only 29 (90.62 percent) drugs were found available. As such no shortage of drugs has been reported since the last one month. NCD drugs are available in adequacy but tuberculosis drugs are not available at this Sub Centre. However, on demand, the TB drugs are being provided to the patients. The facility has sufficient supply of testing kits for checking hemoglobin, pregnancy status and blood sugar. Digital Thermometer and manual BP apparatus is available at this Sub Centre. The Sub Centre has other functional equipments such as examination table, screen, and digital weighing machine (infant as well as adult etc).

Workload and Utilization of Services

Looking at the utilization of services from the Sub Centre, it was found that the services are optimally utilized. MLHP/CHO as well as ANM is working at the Sub Centre and on an average more than 18 patients' visits the facility for minor treatment or minor ailments like fever, cough, diarrhoea, hypertension, diabetes & etc. The local public generally would like to visit this Sub Centre because they are satisfied with the conduct and behaviour of the staff. The people are highly satisfied with immunization services as well as ANC services and on an average the facility provides ANC services to almost 07 expectant mothers and immunization to around 23 newborn children. The expectant mothers would love to visit this facility for ANC services which seems that the services are being fully utilized. It has been reported that large number of women are visiting this Sub Centre for spacing methods like condoms, contraceptives & others. The record of the visited health facility shows that the documentation and records regarding the line-listing of severely anemic and filling of MCP cards was satisfactory. The general cleanliness of the H&WC was satisfactory. This HWC has a proper mechanism for management of bio-medical waste as deep burial pit (sodium hypo-chloride) for waste management is available but has non-availability of color coded dust bins for the segregation of biomedical waste. The Complaint/suggestion box is found available at this HWC and complaints are also been received through 104 toll free number which is established at State Health System. ASHA workers are getting assured remuneration in time but incentives get delayed. The ASHA workers complained that at times they shall not be able to accompany the expectant mother during the night hours at the time of delivery due to which they have not been provided the assured incentives of Rs 300 although they have taken care of the lady since her conceive. They also added by saying that the

population of Maslote are scattered and are living in risky slopes so how the expectant mother call to ASHA workers during the night hours with labour pain. The ASHA workers demand a timely intervention from the concerned CMO of the district in this case.

Status of HMIS Data Quality

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

Challenges of Sub-Health & Wellness Centre, MASLOTE:

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

The ASHA workers complained that at times they shall not be able to accompany the expectant mother during the night hours at the time of delivery due to which they have not been provided the assured incentives of Rs 300 although they have taken care of the lady since her conceive. They also added by saying that the population of Maslote are scattered and are living in risky slopes so how the expectant mothers call to ASHA workers during the night hours with labour pain. The ASHA workers demand a timely intervention from the concerned CMO of the district in this case.

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

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

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

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

Because of three ASHA workers in 2000 persons, the Sub Centre is facing difficulty in doing health surveys especially on RCH compounds as the population of the area is scattered and are living in risky hill slopes.

The ANM viewed that the Sub Centre Maslote has been located far-away from the locality and is surrounded by grazing pastures as well as jungle area. In order to protect the Centre from trespassing of wild animals like bulls, cows etc., and the staff on duty from vicious animals like Snakes and Scorpion, a compound boundary wall need to be constructed on priority so that the SC may not get adversely affected.

5: Community and Patient Perceptions

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

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

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

6: SUGGESTIONS

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

NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. This has resulted in an increase in OPD services. But since there is a lot of disparity in the service conditions and salaries between the NHM staff and regular staff and this has started to discourage the NHM staff to take full interest in their duties. There is a need to look into the grievances of the NHM staff and redress their genuine demands.

Despite irregular release of funding, health facilities of the district are in a position to provide free drugs, diagnostics and diet under JSSK. So far as free transport is concerned, all pregnant women do not take call 102 for visiting the health facility for delivery. But free referral transport for deliveries and neonates is ensured in all facilities visited by the PIP monitoring team. Drop Back facility is ensured in all cases who want to avail it.

Most of the doctors posted at district hospital Reasi complained that the medicines supplied by the JKMSCL is not at par with the medicines available in the market and in this regard, an internal audit needs to be done to check the efficiency of medicines supplied by the JKMSCL. Further, during an interaction, doctors mentioned that they should not to be forced to write the inefficient drugs supplied by the JKMSCL because most of the patients complained against the doctors' diagnose and their efficiency.

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

On an average a CHC covers two lakh population, a Primary Health Centre serves around 10600 rural households and a Sub Centre covers around 3400. Comparing these figures with the Indian Public Health Standard (IPHS) norms, district Reasi have adequate number of primary, secondary and tertiary health care facilities. But keeping in view the terrain topography of district Reasi, there is a need to establish few more Primary Health Centres and Sub Centres in order to capture the hard to reach areas of district Reasi.

Being mountainous topography and snow covered area, district Reasi lacks well equipped health institutions to deal with the emergency patients like accidental cases and high risk expectant mothers and at times the patient die on the way of hospital. Therefore, it is suggested that an **AIR AMBULANCE** shall be provided with rapid action commandos like well trained staff. More so,

the district also needs some Advanced Life System (ALC) Ambulances equipped with Oxygen concentrator along with male/female trained FMPHW so that the emergency cases can be taken care of in a well manner.

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

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

District Reasi is geographically different region as its topography is bumpy, hilly and people are scattered either sides of risky mountain ranges of Chenab River due to which the population of the district have 'n' number of challenges in terms of accessibility of health facilities. Most of the expectant mothers and ASHA workers complained that during the night hours they have no choice other than to bear the labour pain or to wait for the day light to get a transport. They also complained that they have not been provided any pick and drop transport. They viewed that the district administration either to strengthen the HWCs or PHCs with the optimum health facilities which could be utilized during the harsh days of winter and night hours. They also viewed that a housing facility/nursing homes may be kept available in the premises or near the jurisdiction of DH with all the facilities for few days till the delivery be done.

There is no need of posting of doctors in new type Primary Health Centres (NTPHCs) and Primary Health Centres(PHCs) which are outside block headquarter but to utilized the services of '*trained pharmacists and FMPHWs*' at block CHCs and block headquarter PHCs so that better patient care will be provided.

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

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

ASHA workers have to be seen in strike as it was observed that these ASHA workers have been used in n-number of activities by other departments also but are paying nothing in return or compensation. The ASHA workers viewed that they should be provided compensation or at least they need to be engaged with the minimum wage rate.

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

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

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

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

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

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

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

The expectant mothers viewed that special service or the SCs, block PHCs or CHCs need to be strengthening with the specialized services including the well trained staff so that during the night hour the risky deliveries can be managed easily.

The staff posted at district hospital Reasi urged that a trained personal needs to be posted at DH in order to train the existing staff in reporting and maintaining of data rather the staff maintained that the hospital should a *separate record room* with the trained manpower so that the quality of data may be maintained.

PHOTO GALLERY



Galaxy A71

Well maintained Diagnostic Lab at DH Reasi



Galaxy A71

Post Operative Ward is equipped with advanced beds at DH Reasi



Galaxy A71

Well Maintained Operation Theatre at DH Reasi but currently non functional due to the transfer of Surgeons



Well equipped and well Maintained Blood Centre with required instruments at DH Reasi



Well Maintained Drug store at DH Reasi



PIP Monitoring Team with the DH Management Staff and MS of the DH Reasi



Maintenance of privacy of Labour Room at CHC Mahore



Well Maintained Baby corner at CHC Mahore



SC Maslote is located far flung area near a Jungle and is without a boundary wall



PIP Monitoring team Interacting with the SC Staff



The Condition of Labour Room is not good due to space constraint at PHC Dharmari



PIP Monitoring team with the medical Staff of PHC Dharmari