

**MONITORING OF NHM STATE
PROGRAMME IMPLEMENTATION PLAN
2021-22: JAMMU & KASHMIR
(A Case Study of Udhampur District)**



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

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

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in Jammu and Kashmir to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the States in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, which started recently, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. The State Programme Implementation Plan (PIP) of Jammu and Kashmir, 2021-22 has been approved and the UT has been assigned mutually agreed goals and targets. The UT is expected to achieve them, adhere to the key conditionalities and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre (PRC), Srinagar on a monthly basis. During 2021-22, Ministry has identified 20 Districts for PIP monitoring in consultation with PRC in Jammu and Kashmir and Haryana. The staff of the PRC is visiting these districts in a phased manner and in the 1st phase we visited districts located in Kashmir Valley and in the second phase districts located in Jammu are being covered. The present report presents findings of the monitoring exercise conducted during 18-21 December, 2021 in Udhampur District of Jammu and Kashmir.

The study was successfully accomplished due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks to Mission Director, NHM Jammu and Kashmir for his cooperation and support rendered to our monitoring team. Special thanks are due to Chief Medical Officer Udhampur, Medical Superintendents, District Hospital Udhampur and BMO Chenani for sparing their time and sharing with us their experiences. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit Udhampur and Block Programme Management Unit Chenani for their cooperation and help in the collection of information. Special thanks are also to staff at Primary Health Centre Sudh Mahadev and SHC-H&WC Jakhani 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 State Government in taking necessary changes.

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Srinagar
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1. EXECUTIVE SUMMARY

The objectives of the exercise is to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by various districts and the State. The present study was conducted in Udhampur district of Jammu and Kashmir and information was collected from the office of CMO, District Hospital Udhampur, CHC Chenani, PHC Sudh Mahadev and H&WC Jakhani during 18-21 December, 2021. We also conducted some exit interviews with some service seekers for ANC/PNC, child immunization and delivery care at the selected facilities. Main findings of the study are as follows:

- a) Although District Hospital Udhampur has comparatively better staff than other District Hospitals in J&K but still it has shortage of specialist doctors particularly cardiology, dermatology, radiology and Neurology is impacting the service delivery.
- b) Other facilities also do not have manpower particularly doctors as per IPHS standards. 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.
- c) The DH has acute shortage of space to house various facilities. The physical condition of the District hospital is not so good as water is leaking at various places and plaster is also coming out at many places. There is a need to undertake major repair work of the DH and allocate some more space to it.
- d) Construction of building for various facilities has been initiated some four years back but substantial numbers of them has not been completed and have been put in languishing projects. There is a need to resolve the disputes with land owners, contractors and other stake holders, so that these buildings get handed over to health department at the earliest.
- e) On the basis of the feedback from the ASHA Coordinators and community, it is felt that ASHA are not fully trained to conduct HBNC visits, identify the childhood diseases and fill up the forms. They need further orientation and continuous monitoring and supervision to improve their working.
- f) The supply of drugs and equipments in the health institutions has improved with the establishment of J&K Medical Supplies Corporation limited. However, it was reported by the facilities that they do not get supplies as per the actual demand. Besides, there are delays in the supply of drugs. JKMSCL should address this issue of delay of equipments and consumables.
- g) The drugs supplied to the health facilities meet 60-70 percent of their demand of drugs; therefore, free drug policy is partly implemented in the district. There is a need to assess the actual demand of various drugs and provide them to the health facilities.
- h) Generic drugs are partly available at the hospitals and therefore, the doctors do not write the generic names of the drugs. The drugs brands they prescribe are not available at the hospitals; therefore, patients are compelled to purchase drugs from the market. 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.
- i) Despite irregular/late release of funding, facilities 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

- 102/108 for visiting a health facility for delivery. But free referral transport for deliveries and neonats is ensured in all facilities visited by us. Drop Back facility is ensured in all cases who want to avail it.
- j) JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs.
 - k) The ASHAs have started filling CBAC forms and some of the ASHAs have completed this exercise. We verified some of the filled in CBAC forms maintained at H&WC Jakhani and PHC Sudhmahadev and found that the quality of information contained in these forms is very bad. Some of the questions particularly those related to drinking and smoking were blank and therefore scores had not been calculated for incomplete forms, making this important exercise somewhat redundant.
 - l) Screening for hypertension and diabetes at H&WCs, PHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for appropriate confirmation of diagnosis, treatment & follow-up. Besides, there is a need to provide various combinations of NCD drugs.
 - m) It was also found that health facilities across district are not properly maintaining information about NCD screening, resulting in less number of cases screened.
 - n) Staff Nurses have been not been trained in screening of cancer, therefore, screening of cancers is not taking place at any of the visited facilities in the district.
 - o) Although 8 Dialysis machines have been procured for the unit but due to space constraint only 6 machines have been installed. The community members highly appreciated the initiative of the government to set up DU at DH. They expressed that the DU has come as a huge relief to the patients and their relatives who had to travel to Jammu or a private health facility for dialysis. The new unit at DH has helped the patients to save time, energy and money and also they get timely dialysis services.
 - p) The services of staff posted at U-PHC Bharat Nagar are under utilized as it is not being provided drugs, consumables, equipments under NUHM.
 - q) RBSK Teams have been deployed on COVID duty and have played an important role in the vaccination of population. During COVID duty they have also screened 27 infants for any birth defects at delivery points during first 6 months of 2021-22. Further, RBSK vehicles have been vigorously used in COVID-19 related activities. CMO informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for COVID duty by the department since the outbreak. Community members are satisfied with the overall working of the RBSK teams during COVID Pandemic.
 - r) NTEP is running successfully in the district. Currently, ASHAs are engaged in ***Har Ghar Dastak Programme*** and are collecting sputum samples from the suspected patients. A total of 932 have been notified under NTEP in Udhampur district. TB drugs are available at DH and CHCs. Ninety Eight percent of detected patients are taking anti-TB medicines in the district. Universal Drug Resistance Testing has been initiated in case of 68 percent. All the TB patients are tested for the HIV and diabetes. The district authorities reported that all the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and First instalments of incentives has been transferred through DBT in case of 72% of patients and all benefits have been transferred in case of 35 percent of patients.
 - s) MMU has a lot of potential to meet the health care demand of the district particularly in far flung areas. However, funds for POL and maintenance of the vehicle are limited and therefore its services remain under utilized. Further, due to the hilly terrain of the district and the road connectivity issues, the Vehicle is unable to reach the far flung areas of the district.
 - t) It was mentioned by the PHC and CHC staff that drinking of alcohol is common in the area and once the harvesting season is over, cases of domestic violence increases and women who are tired of this violence generally consume pesticides to commit suicide. Therefore, there is a spurt in poisoning

cases and suicides after post harvest period but the health system is not fully geared to save these precious lives.

- u) The post of District Programme manager in Udhampur is vacant for the last three years. This has added to the workload of the DMEO, so the monitoring has severely suffered.
- v) 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 our actual demand, and this has created some delays in the payments.

Facility Wise Challenges

H&WC Jakhani

- a) The facility is located in a rented building which lacks space to deliver various services mandated as per H&WC protocol.
- b) The facility lacks basic infrastructure like examination table, chairs, wash room and space for patient waiting area.
- c) The facility is located at a distance of about 2 Kms from DH Udhampur; therefore people generally prefer to utilize even the basic services from DH Udhampur. Therefore, the services at the H&WCs are not optimally utilized.
- d) Stock out of blood sugar testing strips.
- e) The HBNC kits provided to the ASHAs need to be replaced.
- f) ASHAs are unable to fill up HBNC forms and CBAC forms properly.

PHC Sudh Mahadev

- a) The Lab Technician posted at PHC is currently attached with CHC Chenani and post of X-ray technician is also vacant. Therefore both the Laboratory and X-ray unit of the PHC are not functional.
- b) Although the facility has all the equipments and infrastructure for conducting normal deliveries, but the staff posted at the facility have not been in a position to market and promote the facility of normal deliveries in their area.
- c) The PHC has acute shortage of space to house various health care facilities which a PHC is supposed to deliver as per IPHS norms.
- d) The PHC area has terrain topography, and road connectivity is a big issue but ambulance services are inadequate.
- e) Shortage of most of the drugs is severely impacting the delivery of health care services.

UPHC Bharat Nagar

- a) The facility is located in a rented building which lacks space to deliver various services mandated as per H&WC protocol.
- b) The facility is located at a distance of about 1 Kms from DH Udhampur; therefore people generally prefer to utilize even the basic services from DH Udhampur. Therefore, the services at the H&WCs are not optimally utilized.
- c) The facility is not provided medicines, drugs, consumables under NUHM. Without supplies, the facility is almost non functional.

CHC Chenani

- a. HR positioned in the CHC is not as per IPHS. Lack of Specialists is a major limitation. Further, there is no manpower for cleaning and sanitation of the facility.

- b. Blood Storage facility is without a Technician.
- c. Child health monitoring under RBSK has been disturbed due to the inability for field work owing to the pandemic.
- d. Shortage of sanitary napkins and calcium 360 tablets.
- e. Lift facility is not available at the facility.
- f. A Critical Care Ambulance needs to be provided to the hospital, so that serious patients can be safely shifted to Jammu.
- g. There is no Jan Aushadhi Store at CHC; therefore in case of shortage of drugs and consumables, CHC is compelled to procure drugs and consumables from open market.

District Hospital Udhampur

- a. DH building is old, has acute shortage of space and needs major renovation.
- b. Shortage of Nursing Orderlies for OPD
- c. Shortage of specialist doctors particularly cardiology, dermatology, radiology and Neurology is impacting the service delivery.
- D. RT-PCR lab is without regular staff.
- E. Prescription of non-generic drugs by the doctors raises questions about the efficacy of free drug policy of the government.
- F. Late supply of drugs by JKSMML.
- G. Supply of drugs in bulk having less demand results in expiry/wastage of these drugs.

2. INTRODUCTION

Ministry of Health and Family Welfare, Government of India approves the state Programme Implementation Plans (PIPs) under National Health Mission (NHM) every year and the state PIP for year 2021-22 has been also approved. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalities and implement the road map provided in each of the sections of the approved PIP document. Though, States were implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to know how far these PIPs are implemented. However, from 2013-14, Ministry decided to continuously monitor the implementation of State PIP and has roped in Population Research Centres (PRCs) to undertake this monitoring exercise. During the last virtual meeting organised by the MoHFW in March 2021, it was decided that all the PRCs will continue to undertake qualitative monitoring of PIPs in country. During 2021-22, Ministry has identified 20 Districts for PIP monitoring in consultation with PRC in Jammu and Kashmir and Haryana. The staff of the PRC is visiting these districts in a phased manner. The present report presents findings of the monitoring exercise pertaining to Udhampur District of Jammu and Kashmir.

2.1 Objectives

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

2.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in workshop organized by the Ministry at NIHFW on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2021-22, this PRC has been asked to cover 20 districts (15 in the Union Territory (UT) of Jammu and Kashmir and five districts of Haryana). The present study pertains to district Udhampur. A schedule of visits was prepared by the PRC and two officials consisting of one Associate Professor and one Research Assistants visited Udhampur District during 18-21 December, 2021 and collected information from the Office of Chief Medical Officer (CMO) Udhampur, District Hospital (DH) Udhampur, CHC Chenani, PHC Sudh Mahadev, Urban Primary Health Centre Bharat Nagar and Health and Wellness Centre (HWC) Jakhani. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during our visit. A community interaction was also held at the PHC and HWC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

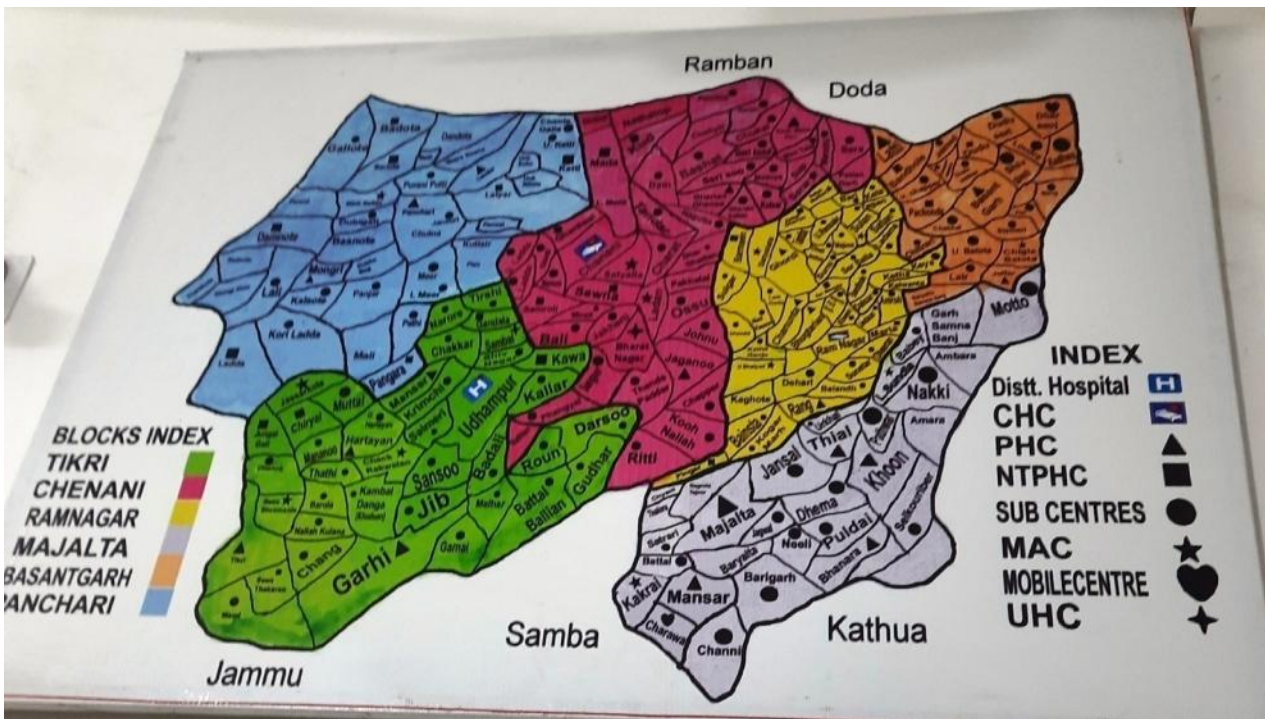
3. Profile of Union Territory of Jammu and Kashmir

After the bifurcation of the State of Jammu and Kashmir on 5th August, 2019 into two Union Territories (UTs), the UT of Jammu and Kashmir which is situated in the extreme north of India, occupies a position of strategic importance with its borders touching the neighbouring countries of Afghanistan, Pakistan, China and Tibet. The total geographical area of the UT is 42241 square kilometres and presently comprises of 20 districts in two divisions namely Jammu and Kashmir. According to 2011 Census, Jammu and Kashmir has a population of 12.30 million, accounting roughly for one percent of the total population of the country. The sex ratio of the population (number of females per 1,000 males) in the UT according to 2011 census was 872, which is much lower than for the country as a whole (940). Twenty- seven percent of the total population lives in urban areas which is almost the same as at the National level. Overall Scheduled Castes (SCs) account for 8 percent and Scheduled Tribe (ST) population accounts for 11 percent of the total population of the UT. As per 2011 census, the literacy rate among population age 7 and above was 69 percent as compared to 74 percent at the National level. The population density of Jammu and Kashmir is 56 persons per square kilometres. The crude birth rate of J&K is continuously declining and as per the latest estimates of Sample Registration System the UT has a CBR of 15.4 per thousand population, a CDR of 4.9 and an IMR of 22 per thousand live births.

As per the recently concluded National Family Health Survey-5 (NFHS-5) data, the UT has improved in most of the critical indicators related to health. The infant mortality rate (IMR) has declined 16 per thousand live births as compared to 32 during National Family Health Survey-4 (NFHS-4). Similarly, there is a decline (as per NFHS-5) in under 5 mortality rate as compared to NFHS-4 results, as it has come from 38 down in 2015-16 to 19 in 2019-20. Further the data shows that the neonatal mortality rate has come down to 10 as compared to 23 during NFHS-4. The use of any family planning method has also gone-up from 57 percent (during NFHS-4) to 60 percent during NFHS-5. Similarly, the total unmet need for family planning in the UT has decreased from 12 percent to 8 percent. The percentage of institutional delivers in J&K has increased from 86 percent in NFHS-4 to 92 percent in NFHS-5. Similarly, the percentage of fully immunized children has gone up to 86% during NFHS-5 as compared to 75 percent during NFHS-4.

3.1 Overview of the Udhampur District

Udhampur is situated among lush green forests of Eucalyptus; it is the second-largest city of the Jammu region and the fourth-largest city in the State of Jammu and Kashmir. Named after Raja Udham Singh, it serves as the district capital and the Northern Command headquarters of the Indian Army. A Forward Base Support Unit (FBSU) of the Indian Air Force is also stationed there. The district Udhampur is located in the Shivalik range of Himalayas and the terrain is mostly mountainous. The upper reaches of the district experience snowfall in the winter season. The city of Udhampur is located at 32°56'N 75°08'E 32.93°N 75.13°E in a relatively flatter part of the district at an elevation of 756 meters (2480 feet) and rarely experience any snowfall. The city itself spreads on uneven hills of Shivalik. Udhampur is just 68 km ahead of Jammu city towards Srinagar.



According to the 2011 census, Udhampur had a population of 554,985 which constitutes 4.5 percent of the total population of the UT of Jammu and Kashmir. Eighty percent of the population of district lives in villages and agriculture is the mainstay of the majority of the people in the district. Scheduled Tribes account for 10 percent of the total population of the district and SCs constitute 25 percent of the total population of the district. Thirty Two percent of the population of the district is illiterate. Literacy rate is higher among men (78 percent) than among women (57 percent). The population growth rate is 15 percent and the sex ratio is 870 per thousand males which is much lower than the sex ratio of the UT 883.

Table 1: Demographic Profile of District Udhampur

Indicator	Remarks/ Observation
1. Total number of Blocks	6
2. Total number of Villages	357
3. Total Population	5,57,689 (as per census 2011)
• Rural population	4,49,481
• Urban population	1,08,208
4. Literacy rate	68.49
5. Sex Ratio	870 Females per 1000 Males
6. Sex ratio at birth	961
7. Population Density	211 Person Per Sq.Kms
8. Estimated number of deliveries	8700
9. Estimated number of C-section	1800
10. Estimated numbers of live births	8500
11. Estimated number of eligible couples	81562
12. Target for public & private sector TB notification for the 2021-22	1460
13. Estimated number of cataract surgeries to be conducted	150

The latest round of National Family Health Survey (NFHS) shows that overall sex ratio in Udhampur district has declined between from 979 in 2016 to 946 in 2020. Contrary to this, the Sex Ratio at Birth (SRB) for recent births has increased from 914 in 2016 to 997 in 2020. The NFHS-5 data further shows that there has been an improvement in most of the MCH indicators over the last five years as ANC check-up among the pregnant women in the first trimester has increased from 78 percent during NFHS-4 to 80 percent during NFHS-5 while as four ANC check-ups among the pregnant women has declined from 90 percent to 70 percent during NFHS-5. The PNC care within two days after delivery by a health professional has remained unchanged at 72 percent between NFHS-4 and NFHS-5. There has been an increase in institutional deliveries during NFHS-5 and such deliveries have gone-up from 83 percent in NFHS-4 to 87 percent during NFHS-5 and major chunk (86 percent) of these deliveries have taken place in public health facilities in the district. However, C-section births have increased from 18 percent in 1996 to 37 percent in 2020. Use of modern methods of contraception in the district has increased from 58 percent to 64 percent during 2016-2020 and consequently, the unmet need for family planning has declined from 8 percent in NFHS-4 to 6.3 percent in NFHS-5. Child vaccination has not improved much during the last 5 years. The percentage of children age 12-23 months fully vaccinated has marginally improved from 83 percent in 2016 to 86 percent in 2020.

4. HEALTH INFRASTRUCTURE

The district consists of 6 medical blocks namely Basantgarh, Chenani, Majalta, Panchari, Ramnagar and Tikri. The district has 357 revenue villages and Village Health Nutrition and Sanitation Committees (VHSNC) have been formed in all these villages. Rogi Kalyan Samitis (RKS) have also been constituted in case of District Hospital, CHCs and PHCs. The health services in the public sector are delivered through a network of 1 District Hospital, 2 Community Health Centres (CHC), 49 Primary Health Centres (PHC), 2 Urban Primary Health Centres (UPHC) and 147 Sub Centres (SC). Fifty six SCs, 1 UPHC and 24 PHCs have already been upgraded to Health and Wellness Centres in the district. Udhampur district has also established one DEIC under RBSK, an AFHC at the DH. SNCU has also been established at the DH. New Born Stabilization Units (NBSU) are functional at 2 CHCs. The DH has a registered Blood Bank. Apart from district NCD clinic, there is a NCD clinic at CHC Chenani and CHC Ramnagar. There are 3 facilities which provide comprehensive Abortion Care (CAC). The two CHCs and 1 PHC provides 1st trimester abortion services and DH provide both 1st and 2nd trimester abortion services. There are 5 Private health institutions in the district providing first trimester CAC services. There are 14 Designated Microscopy Centres (DMC), 4 Tuberculosis Units and 1 TruNat site in the district.

On an average a CHC covers 1.60 lakh population, a PHC serves about 11000 rural population and a Sub Centre covers 3100 rural population. Comparing these figures with the IPHS norms, district has adequate number of primary secondary and Tertiary health care facilities. But keeping in view the terrain topography of district, there is a need to establish few more PHCs and Sub Centres in the district particularly in Ramnagar and Chenani block.

4.1 Up gradation of SCs/ PHC/U-PHC to HWCs.

The district is in the process to convert all the existing SCs and PHCs into Health and Wellness Centres. Till date the District has already converted 24 PHCs and 1 UPHC into H&WCs and 17 more PHCs and 1 UPHC is planned to be upgraded to H&WCs this year (Table 2). Similarly of the 147 SCs, 56 have already been upgraded to H&WCs and 35 more are planned to be converted this year. Initially, one-two facilities from each medical block which had good infrastructure in terms of accommodation and other logistic support were prioritized for up gradation to H&WCs. In the second phase, those SCs were upgraded to H&WCs which were housed in Government buildings. Subsequently, SCs located in rented building which had 2 ANMs in place and had some basic infrastructure available were planned for conversion into H&WCs. All the remaining SCs are being planned now to be converted into H&WCs in a phased manner. Continuum of care has not been kept in mind while upgrading the facilities into H&WCs.

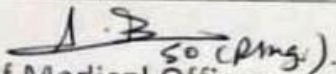
Table 2: Health Infrastructure (as on 31-11-2021) of District Udhampur		
14. Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	1	1
3. Community Health Centers (CHC)	1	1
4. Primary Health Centers (PHC)	49	49
5. Sub Centers (SC)	147	146
6. Urban Primary Health Centers (U-PHC)	2	2
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU)	1	1
9. Nutritional Rehabilitation Centres (NRC)	1	0
10. District Early intervention Center (DEIC)	1	1
11. First Referral Units (FRU)	3	3
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	2	2
14. No. of PHC converted to HWC	41	24
15. No. of U-PHC converted to HWC	2	1
16. Number of Sub Centre converted to HWC	91	56
17. Designated Microscopy Center (DMC)	14	14
18. Tuberculosis Units (TUs)	9	7
19. CBNAAT/TruNat Sites	1/2	1/2
20. Drug Resistant TB Centres	1	1
21. Functional Non-Communicable Diseases clinics <ul style="list-style-type: none"> • At DH • At SDH • At CHC 	Yes Yes Yes	
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 	1 DH, 2 CHCs 2 PHCs 4 1	1 DH, 2 CHCs 2 PHCs 4 1

5. DISTRICT HEALTH ACTION PLAN (DHAP)

The PIP is mainly prepared on the basis of previous year performance of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Various sources of data which include HMIS data, data from the district authorities, Family Welfare data, Census projections and other relevant sources are being taken into account to prepare the annual PIP for the district. Overall, a total of 5 percent increase is being made for the previous year indicators in terms of allocation for deliveries, JSSK, JSY and other relevant indicators. Preparation of Health Action Plan for the district involves all the stakeholders right from the SC level up to the district level functionaries as such action plan is sought by the district authorities from all the BMO/MSs of the district. The PIP is then submitted to the SHS for further discussions and approval. After approval of the district PIP, the SHS prepares a State level PIP and submit the same to the Ministry. The district had prepared the PIP for the current year and was submitted to the Mission Director (MD) NHM of the UT. The district has also received the approved DHAP in June 2021, though; the 1st instalment of funds was released in May, 2021 to the district.

Under DHAP, construction of buildings for various PHCs, NTPHCs and SCs were initiated few years back. However, some of the buildings were completed and handed over to the health department but there are 4 facilities whose buildings have been completed but they have not been handed over to the health department. These buildings are NTPHC Kud, PHC Moungra, Sub Centre Babay and SC Satrari. Further there are 19 buildings (5 PHCs, 8 NTPHCs and 6 Sub Centres) for which the construction work is pending for more than three years and some of these construction projects have been has been shifted to languishing projects.

Detail of Works Completed but not handed over Health Sector, Udhampur)- Status As On 11/2021--(Rs. In lacs)				
S.No	Name of the Work	Est. Cost	Comml. Exp. Till date	Remarks
1	Const. of NTPHC Kud	147.83	93.34	Main building completed
2	Const. of PHC Moungra	289.43	176.98	Main building completed
3	Const. of SC Babey	88.13	21.87	Ground Floor completed
4	Const. of SC Satrari	74.3	67.71	Ground Floor completed


Chief Medical Officer
Udhampur

6. STATUS OF HUMAN RESOURCE

Appointment of human resource on regular basis is a centralized process and even a large number of districts don't have the idea about the sanctioned strength of various regular posts for the district and thus makes it difficult for the monitoring teams to ascertain the actual availability/deficiencies of regular human resource at various levels in the district. The details provided by the office of the CMO Udhampur regarding the overall staff strength for regular staff in the district shows that 25 percent of the positions of medical and paramedical staff are vacant (Table 3). The district has a sanctioned strength of 54 Consultants, 142 MBBS Medical Officers and 28 Dental Surgeons but only 55 percent positions of Consultants, 44 percent positions of Medical Officers and 100 percent of Dental Surgeons is are in place.

	Total		DH Udhampur		CHC Chenani		PHC Sudh Mahadev		H&WC Jakhani	
	Sanc	IP	Sanc	IP	Sanc	IP	Sanc	IP	Sanc	IP
CMO/MS/DHO/BMO	6	6	1	1	1	1				
Physician	9	4	3	3	1	0				
Surgeon	5	1	3	3	1	0				
Gynecologist	7	5	5	4	1	1				
Anesthetist	7	3	4	3	1	0				
Dental Surgeon	2	1	1	1	0	0				
Dermatologist	1	0	1	0						
ENT	1	1	1	1						
Ophthalmologist	2	1	2	1						
Pathologist	1	1	1	1						
Radiologist	2	1	2	1						
Pediatrician	4	2	2	2						
Orthopedic	2	2	2	2						
Other Specialists	5	2								
MO (MBBS)	142	63	25	15	10	9	2	1		
Dental Surgeon	28	28	2	2	1	1				
Total Doctors										
Staff Nurse/JSN	64	45	41	21	7	5	2	1		
ANM/ FMPHW*	153	149					1	1	1	1
Pharmacist	176	145	11	11	6	4	1	1	1	1
Lab Technician	33	33	9	7	3	3	1	1		
X-ray Technician	17	12	6	2	1	1	1	1		
OT. Technician	7	0	6	0	0	0				
Dental Technician	34	27	7	7	3	3	1	1		
MMPHW	6	6								
Others					28	20	12	7	2	2

* included FMPHW under 2211

So far the position of Staff Nurses, Multipurpose Worker (MPW), Pharmacist, and various types of Technicians are concerned, the district has a total strength of 490 and out of these

417 (88 percent) are in position. Almost all positions of FMPHWs (97%) and 70% of Staff Nurses and X-Ray Technicians are in place. Similarly, 80 percent of Pharmacists and all positions of Lab Technicians are also working in various health institutions of the district. All the positions of OT Technicians are vacant.

Table 4: Status of NHM Manpower in Udhampur, December, 2021

S.NO	CATEGORY	Total		DH		CHC Chenani		PHC Sudh Mahadev		UPHC Bharat Nagar		H&WC Jakhani	
		Per	IP	Per	IP	Per	IP	Per	IP	Per	IP	Per	IP
1	Child Specialist	1	0	1	0	-	-	-	-	-	-	-	-
2	Physician	1	0	1	0	-	-	-	-	-	-	-	-
3	Gynecologist	3	0	0	0	-	-	-	-	-	-	-	-
4	MBBS Doctors	16	4	4	1	3	0	1	0	1	1		
5	ISM Doctors	27	23	-	-	-	-	1	1*	-	-	-	-
6	ISM Dawasaaz	22	22	-	-	-	-	-	-	-	-	-	-
7	MLHP	91	43	-	-	-	-					1	1
8	Staff Nurse*/JSN	94	80	62	55	3	3	2	2	2	1		
9	FMPHW/ANMs	147	136			2	2			6	6	1	1
10	MMPHW	15	15			0	0	-	-	-	-	-	-
11	RMNCH+ Consu	1	1	1	1	-	-	-	-	-	-	-	-
12	Lab. Tech.	16	15	3	3	3	2	1	1	1	1		
13	O.T. Tech.	0		0	0	2	2	-	-	-	-	-	-
14	X-ray Tech.	4	4	0	0	2	2	-	-	-	-	-	-
15	Dental Tech			1	1			-	-	-	-	-	-
16	Pharmacist							1	1	1	1		
17	DPM/DMEO/DAM/BMEO/BAM	15	14	2	2	2	2	-	-	-	-	-	-
18	DEO	7	7	1	1	1	1	-	-	-	-	-	-
19	Others			4	2			-	-	1	1	-	-
20	Total			80	66	18	14	6	5	12	11	2	2

So far as the availability of NHM staff is concerned, information provided by the DPMU shows that the district has a sanctioned strength of 292 positions of various categories of staff. Of these 279 (95 percent) are already posted at various health institutions (Table 4). The vacancies are generally in case of Specialists, Gynaecologists, Paediatrician and MBBS doctors. Few positions of AYUSH doctors are also vacant. Almost 50 percent positions of

Mid Level Health Professionals (MLHP) are vacant. Of the 15 positions in Programme Management Units, 14 are in place. But the important position of DPMU is vacant, and the DMEO has the additional charge of DPM. This has added to the work load of DMEO. Thus by and large except for consultants and Medical Offices, the position of NHM staff is satisfactory in the district.

6.1 Availability of Human Resource at selected Health Facilities

District Hospital Udhampur has presently a sanctioned strength of 28 B-Grade Specialists, and 23 of these are in place. The sanctioned position of Medical Superintendent is in place. There are 3 Surgeons, 1 Physician, 4 Gynaecologist, 3 Anaesthetist 1 Ophthalmologist, 2 Orthopaedic, 1 Radiologist and 2 Paediatrician posted in the district hospital. One post each of Gynaecologists, Anaesthetist, Dermatologist, Ophthalmologist and Radiologist is vacant. Besides, the B Grade Specialists, DH has a sanctioned strength of 25 Medical Officers and 15 of them are currently working in the hospital. All the 3 sanctioned positions of Dental Surgeons are also in place. Thus, the position of Specialists and Doctors in DH Udhampur is far better compared to other District Hospitals in J&K.

The District Hospital has a sanctioned strength of 80 technical (paramedical) staff and of these 48 positions (60%) are in position. These include 7 Laboratory Technicians, 11 Pharmacists, 2 X-ray Technicians and 7 Dental Technicians. The hospital has a permissibility of 41 Staff Nurses/JSN but only 21 are presently posted in different units of the hospital. Four doctors are EmoC trained and LSAS trained. Apart from ANC, PNC, immunization, family planning services, medicine, gynaecology, surgery, pathology, radiology, orthopaedics and dental services are provided in the hospital. The general line duty doctors with master's degrees are providing specialized services in their respective fields of specialization.

District hospital has a sanctioned strength of 80 positions under NHM other than DEIC staff and 66 of them are working in the hospital. These include 55 positions of Staff Nurses recruited for DNB course. The positions of Physician, Child Specialists and 3 positions of MOs are vacant. All Technical positions like LTs, OTT, X-Ray, ARSH Counsellor, HMIS DEO and RMNCH Counsellor) are in place at DH.

Under NHM, District Early Intervention Centre (DEIC) under RBSK has been established in the DH. DEIC has sanctioned staff strength of 62 positions including RBSK Teams and 54 are already in place. The SNCU with a bed capacity of 10 has been established in the DH in the year 2011. The post of Child specialists and three MOs sanctioned for SNCU are vacant. All the 5 sanctioned positions of SNs and 1 position of LT are in place. A MO from the regular side is presently posted at the SNCU.

The NCD Clinic is functional at the DH. There are 38 sanctioned positions but only 21 have been recruited. The vacancies are mainly in case of Medical Officers. All the 6 positions of MOs sanctioned under NHM are vacant. RNTCP lab has a position each of STLS and STS. The DH has also a RMNCH Counsellor, DEO and an Adolescent Friendly Health Clinic (AFHC) Counsellor, Accounts Manager and an IYCF Counsellor in position.

CHC Chenani has sanctioned strength of 16 doctors which include 1 BMO, 1 B Grade Physicians, 1 B Grade Surgeon, 1 Anaesthetist, 1 Gynaecologist, 10 Medical Officers and 1 Dental Surgeon. The posts of BMO and Gynaecologists are in place. Besides, the hospital is served by 9 Medical Officers; most of them have PG degrees. Of the 20 sanctioned positions of paramedical staff, only 16 (80 percent) are in place. The vacancies are mainly in case of SN/GNM and Pharmacist. The CHC has 1 doctor trained in EmoC services.

The details regarding the engagement of NHM staff at CHC Chenani shows that all the 3 sanctioned positions of Medical Officers are vacant. Except for 1 position of LT, all the 15 positions of paramedical staff sanctioned under NHM at CHC Chenani are in place. The positions put in place are 3 SNs, 2 FMPHW, 2 Lab Technicians, 2 OTT and 2 X-ray Technician. All the 3 positions in Block Programme Management are also working in BMO office.

PHC Sudh Mahadev has been converted into a HWC and has 2 sanctioned positions of MOs from regular side but only one is currently posted at the PHC. One position of Staff Nurse is also vacant. The sanctioned posts of FMPHW, Pharmacist, LT and X-Ray Technician are in place. PHC has 6 sanctioned positions from NHM side. These are 1 MO, 1 AYUSH doctor, 1 ISM Dawasaaz, 1 LT and 2 JSN and except MO all appointments have been made. The AYUSH MO and Pharmacist are currently deputed at Udhampur Railway Station for COVID duty.

UPHC Bharat Nagar has been established in Udhampur town and is just 1 km away from District Hospital. It has been sanctioned with 12 positions under NUHM and all the sanctioned positions except 1 post of Staff Nurse are in place.

Sub-Centre Jakhani has been converted into a HWC. There are a total of 2 posts from regular side. These are 1 FMPHW and 1 Pharmacist. Both are currently posted at the H&WC. From the NHM side, the facility has 2 sanctioned positions. These include 1 MLHP and 1 FMPHW and both are posted at the H&WC. There is also a part time sweeper engaged with the facility.

It was observed that a transparent policy of transfers and postings is not in place and there are pressures on transfers and postings from various quarters which have affected the proper functioning of various health institutions. The other issue that was observed in the field is “attachment” of various positions. This has also proved fatal in the health care delivery system.

6.2 Recruitment of staff

Since recruitment of regular staff is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level. The positions of doctors are filled through State Public Service Commission and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB). Thus, district authorities do not have any role in the recruitment of regular staff and hence no information was found available with the district.

Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled by the office of the Mission Director (DM) at the central level

while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Magistrate (DM) of the district. The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances. The information collected from the office of DPM shows that 25 positions were vacant during 2020-21 and none were filled up and these positions continue to be vacant during 2021-22. As the important post of DPM is vacant, this has added to the responsibilities of DAM and DM&EO. There is a need to fill up this post at the earliest.

6.3 Trainings

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies and CMO office maintains information about the trainings imparted to its workers from time to time. The information provided by the CMO office informed that almost every year various training courses are held at the district headquarter approved under the PIP in which different categories of health personnel participate. Due to COVID-19, most of the proposed training courses could not be conducted during 2020-21. During 2021-22, the district had planned 35 batches of training pertaining to ASHA NIOAS, NSSK, SBA, HBYC, HBNC, MHS and HMIS/RCH (Table 5). Except for training cum review meeting for HMIS and MCTS at district and Block level, no other trainings have been organised in the district during 2021-22.

Name of Training	Planned	Completed
1. LaQshya Training / Workshop	1	
2. Onsite Mentoring at delivery Points	1	
3. NSSK training	1	
4. Orientation on National De-worming Day	2	
5. Orientation of frontline workers on Anaemia Mukd Bharat	1	
6. WIFS training	6	
7. MHS training	16	
8. Training cum review meeting for HMIS and MCTS at district level	1	1
9. Training cum review meeting for HMIS and MCTS at Block level	6	6

7 STATUS OF SERVICE DELIVERY

7.1 Free drugs and diagnostics services

As per the information received from the CMO office, free drug policy has been implemented in the district at all health facilities. It was however found that free drugs are provided during ANC, and delivery. NCD patients also are provided diabetes and hypertension drugs free of cost. Patients who are very poor patients also receive drugs free of cost. Thus, free drugs are not provided free of cost to all. Medical Officers mentioned that the drugs supplied to DH and CHC are limited and meet only 60-70 percent of the available demand. The MO at the PHC and MLHP at H&WC reported that they are in a position to provide iron, ORS, TT and diabetic and hypertensive drugs to all the patients free of cost. While interacting with the patients at various health facilities, it was found that doctors generally prescribe branded drugs which are not neither available at the health facilities nor at Jan Aushadhi Drug Stores.

Similarly diagnostic facilities are free only under JSSK and for BPL families. It was found that the rates for various diagnostic investigations have been fixed by the Government and are prominently displayed in the DH, CHC and PHCs. People in general have to pay for various investigations as per the rate list. Now the whole UT has been covered under Ayushman Bharat PM-JAY Scheme and all the Golden Card Holders admitted in the hospitals are provided free drugs and investigations.

7.2 Dialysis Services

The dialysis Centre under PM-National Dialysis Programme was established the DH Udhampur in 2017-18. It has a bed capacity of 5 and an additional bed for sero positive patients. Although eight Dialysis machines have been procured for the unit but due to space constraint only 6 machines have been installed. The unit has required infrastructure like Machines crash carts, monitors, portable ECG machine, refrigerator, air conditioners and other required material. One Medical Officer from the regular side and 4 Staff Nurses from NHM side have been posted in this Centre. All SNs have undergone training in dialysis. The services are free for BPL patients. However, other patients who have a Golden Card are also receiving free dialysis services under Ayushman Bharat. Presently 14 patients are availing services from the unit. During 2020-21, 829 dialysis sessions have been conducted and in the first 8 months of current year, 498 sessions have been conducted. The community members highly appreciated the initiative of the government to set up DU at DH. They expressed that the DU has come as a huge relief to the patients and their relatives who had to travel to Jammu or a private health facility for dialysis. The new unit at DH has helped the patients to save time, energy and money and also they get timely dialysis services.

7.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

Like other districts of the State, RBSK has been launched in Udhampur district in March 2014. There is sanctioned strength of 62 positions and 54 (87 percent) of them have already been put in place (Table 6). There are 12 RBSK teams (2 teams in each block) in the district and each team consists of 2 AYUSH Medical Officers, 1 FMPHW and 1 Pharmacist. Almost all positions of AYUSH Medical Officers (22 out of 24), Pharmacists (11 out of 12), Dental Surgeon and ANMs have been put in place. The district has established fully functional District Early Intervention Centre (DEIC) at the District Hospital. But important positions of Paediatrician and MBBS Medical Officer are vacant. The posts of Audiologist, Optometrist and Early Intervention cum Special Educator are also vacant and these posts were advertised a number of times but no suitable applicants applied for these positions.

Child health screening cards have also been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. Due to the COVID-19, during 2020-21 and 2021-22, schools and AWCs remained closed for most of the time and consequently, RBSK teams could not undertake screening of children in any of the schools or AWCs. The team has screened 1325 infants at delivery points for defects at birth during the first 6 months of current year. However, they have been deployed on COVID duty and have played an important role in the vaccination of population. During COVID duty they have also screened 27 infants for any birth defects at delivery points during first 6 months of 2021-22. Further, RBSK vehicles have been vigorously used in COVID-19 related activities. CMO informed that both the manpower and the vehicles allotted to RBSK teams

were extensively used for COVID duty by the department since the outbreak. Community members are satisfied with the overall working of the RBSK teams during COVID Pandemic.

S.No	Name of the Category	Sanctioned	IP
1	Pediatrician	1	0
2	MO, MBBS	1	0
3	MO Dental	1	1
4	MO AYUSH	24	22
5	Staff Nurse	1	1
6	Physiotherapist	1	1
7	Audiologist / Speech Therapist	1	0
8	Psychologist	1	1
9	Social Worker	1	1
10	Lab. Technician	1	1
11	Dental Technician	1	1
12	Optometrist	1	0
13	Pharmacists	12	11
14	ANMs	12	12
15	Early interventionist cum special educator	1	0
16	DEIC Manager	1	1
17	DEO	1	1
	Total	62	54

7.4 Mobile Medical Unit (MMU)

The State has procured 11 MMUs and some districts have been prioritized for putting in place these vehicles. One such MMU has also been provided to Udhampur district. Manpower for this MMU has been engaged which includes 1 MBBS Doctor, 1 Pharmacist and a driver. The posts of LT, X-ray technicians and Helper have not been sanctioned

A schedule of visits has been developed for visiting different villages keeping in view the topography and outbreak of epidemics. The Dy. CMO approves the movement plan of MMU. The MMU generally covers the remotest areas of the district. MMU offers routine medical services, family planning, ANC services and also help the RBSK teams in screening of children. During the last 8 months (April-November, 2021), the MMU Team has made on an average per month and has covered 94. Overall the MMU has examined 9000 patients during these 8 months. Referral services have been provided to 184 patients. Further MMU Team was also involved in the IEC activities pertaining to COVID 19 and also in the COVID vaccination. This shows that if used effectively, MMU has a lot of potential to meet the health care demand of the district particularly in far flung areas. However, funds for POL and maintenance of the vehicle are limited and therefore its services remain under utilized. Further, due to the hilly terrain of the district and the road connectivity issues, the Vehicle is unable to reach the far flung areas of the district.

7.5 Referral Transport

The district has 4 ambulances with Basic Life Support (BLS) and 5 ambulances with Advanced Life Support. The BSL ambulances are stationed at PHC Bharnara, Panchari, Basantgarh and Latti and the ASL ambulances are stationed DH Udhampur, CHC Ramnagar, CHC Chenani, PHC Tikri and NTPHC Dudu. All these ambulances are operational on 24X7 basis. BSL and ASL ambulances are fitted with GPS and handled through centralized call centre. Average calls received per day are 4 for ALS & 8 for BLS & a vehicle pays 3 trips a day.

The district has 43 vehicles under 108/102 on road and are GPS fitted and handled through centralized call centre. These vehicles are generally used for patient transport from various health facilities and for transportation of women under JSSK. On an average an ambulance makes two trips and covers a distance of almost 140 Kms per day. Due to shortage of vehicles and the difficulty terrain, these vehicles are fully utilized for transport referral and due to COVID-some of these vehicles are also used for movement of staff.

7.5.1 Key observation and challenges related to referral transport mechanism

Most areas of district 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 CHC or 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.

7.6 Special New-born Care Unit (SNCU)/New-born Stabilization Unit

The SNCU at DH has been established in the year 2011. It has a bed capacity of 10 beds but only 4 are functional. Five Radiant Warmers and 4 Radiant Warmers are not functional for the last two months. The SNCU is not located in the vicinity of labour room. The post of Child specialists and three MOs sanctioned for SNCU are vacant. All the 5 sanctioned positions of SNs and 1 position of LT are in place. A MO from the regular side is presently posted at the SNCU. The SNCU has a separate laboratory facility but the tests of children admitted in paediatric ward are also done in this lab. The performance of SNCU during the April-November, 2021 is presented in Table 7.

	Inborn	Out born	Total
Admission	57	27	84
Defects at birth	0	0	0
Discharged	42	20	62
Referral	13	6	19
LAMA	1	1	2
Died	1	0	1

There is a NBSU at CHC Chenani, which is equipped with all the equipments and staff but few deliveries take place at the CHC. During the last 8 months 59 births have been admitted in the NBSU Chenani. NBCC is available at PHC Sudh Mahadev. The Nutrition Rehabilitation Centre (NRC) has not yet been established at district hospital.

7.7 Home-Based New-born Care (HBNC)

All the ASHAs in Udhampur district have participated in HBNC training but only 443 have been provided HBNC kits and 555 have been equipped with drugs kit. It was reported that these HBNC kits were partially filled as some of the items from the kits have become non functional. During the current financial year (April-November, 2021) a total of 922 newborns received 7 Home Based Newborn Care (HBNC) visits in case of Home delivery and 2741 newborns received 6 HBNC visits after Institutional Delivery. Presently all the ASHAs are involved with the vaccination drive for Covid-19 which has somewhat affected the working of HBNC and other related service being provided by the ASHAs. District ASHA Coordinator and ASHA facilitators were also contacted during the PIP visit and various issues related to BNC were discussed with them. On the basis of the feedback from the ASHA Coordinators and community, it was felt that ASHA are not fully trained to conduct HBNC visits, identify the childhood diseases and fill up the forms. They need further orientation and continuous monitoring and supervision to improve their working.

7.8 Maternal and Infant Death Review

Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started but is very still poor. During 2020-21, 2 maternal deaths was reported and reviewed and during current year also only 2 maternal deaths have been recorded and reviewed in the district. Surprisingly, only 1 infant death has been reported by the ASHAs during the last two years indicating poor implementation of infant death reporting in the district.

7.9 Peer Education (PE) Programme

Peer Education Programme has not been implemented in any the district due to COVID-19.

7.10. Reproductive Health Services

ANC services are available at all health facilities in the district and each facility registers women belonging to its catchment area. This has reduced the ANC load of DH and CHCs. Facility of ANC registration, ANC checkups, measurement of height, weight, BP and HB, is available even at the SC level. Although labour rooms have been established at all H&WCs, and PHCs but deliveries are taking place at 5 SCs, 6 PHCs, all CHCs and District Hospital. There is hardly any SC/H&WC or PHC where more than 2 deliveries take place in a month. Both the CHCs (Chenani and Ramnagar) are conducting more than 20 deliveries per month and DH is conducting more than 50 deliveries per month. C-section facility is available at DH and CHC Chenani and Ramnagar. But C-sections are generally conducted at DH. Ultrasound is available at DH, 2 CHCs and some private facilities. All the 6 private USG clinics are registered under PCPNDT act. PMSMA activities to ensure comprehensive and quality checkups to pregnant women on 9th of every month are performed at DH and CHC Chenani and CHC Ramnagar.

More and more women are now utilizing maternal and child health services. Almost, 89% of pregnant women are registered for ANC services in the first trimester and of these 74% have visited a health facility 4 or more times for ANC visits. Eighty one percent have received TT, 78 percent have received calcium, 90 percent have received iron folic and 80 percent have received Albendazole tablets. Institutional deliveries in the district are rising and currently 78 percent of births are delivered in a health facility. Public health facilities account for more than 90 percent of institutional deliveries. The number of C-section deliveries is also increasing and at present almost 21 percent of the births are delivered through c-section.

JSY payments are disbursed at the block level. The JSY incentive is directly transferred into the bank accounts of beneficiaries and ASHAs. Information collected from the office of CMOs shows that due to the delays in release of funds, they are not in a position to pay incentive soon after delivery. Normally, there is a delay of 2-3 months in the payment of JSY incentive to women. JSY incentive has been transferred into the accounts of 53 percent of women (2338 out of 4408) during 2021-22. So far as the ASHAs are concerned assured amount of Rs. 2000 has been paid to all the ASHAs till November, 2021. But their other incentives have not yet been paid to them. As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery. Our interaction with the women who were present at the DH and CHC Chenani (maternity wards, post-operative wards, labour rooms, OPD, and relatives of these patients) revealed that women do not have to pay for any medicines. Diet is also provided freely. Only referral transport was made available to the women. Some women have managed their own transport for reaching a health facility at the time of delivery and for reaching home after the delivery.

The WHO's "Recommendation on Respectful Maternity Care" ensures freedom from harm and mistreatment and enables informed choice and continuous support during labour and childbirth. The Government of India has adapted RMC under LaQshya to provide dignified care to pregnant women while in the health facility. During our visit to the DH and CHC Chenani, all the women mentioned that they were treated with dignity and respect and privacy was ensured at all levels of labour, child birth and post delivery and none of the women complained about any problem/deviation with regard to RMC.

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

7.11 Immunization

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH, CHC, and PHC only. Very few SC-HWCs in the district also provide BCG doses of immunization to infants. In district there is practice that as long as the health facility (where the BCG is administered) does not get the

requisite number of children on a particular day and they do not open the BCG vial and instead ask their parents to wait for the next time till they get the requisite number of infants. This practice is followed at all levels including the DH and CHC. Outreach sessions are conducted to net in drop-out cases/left out cases. District Immunization Officer is in place in the district and is looking after the immunization. Most of the SCs in the district have 2nd MPW/ANMs in place. Micro plans for institutional immunization services are prepared at sub centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for the preparing micro plans. Almost 79% of children age 12-23 months fully vaccinated, and 90% of children age 12-23 months have received BCG, 81% of children age 12-23 months have received 3 doses of polio vaccine and 87% children age 12-23 months have received 3 doses of pentavalent and children age 12-23 months have received 3 doses of rotavirus vaccine. Vitamin A doze in the last 6 months have been received by 73 percent of children. All children have received most of their vaccinations in a public health facility.

Cold Chain Mechanics for the maintenance of Cold Chain Machine and paramedic trained in Cold Chain Handling is in place in the district. VHNDs, outreach sessions are used to improve Pantavalent-1 Booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. AEFI committees and Rapid Response Team has been formed in the district. The information collected from the selected health facilities shows that all the health facilities including SCs have hub cutters while as vaccine is not usually stored at SCs. Awareness among the ANMs about the immunization schedule and vial open policy was found satisfactory at all visited facilities.

During our visit to DH and CHC, it was observed that the practice of early initiation of breastfeed (with 1st hour of delivery) is followed at both the places for both normal and c-section deliveries.

7.12 Family Planning

Facilities for female sterilization, Post Partum Sterilization are available at DH Udhampur. These services are generally provided on designated days. Camps for female sterilizations are organised at CHC level and trained doctors from DH attended these camps to conduct female sterilizations. A total of 149 female sterilizations have been conducted in the district during April-November, 2021. No PP sterilization has been performed during the last three quarters. Quality Assurance Cells (QAC) for monitoring of family planning activities have been constituted at district level.

IUCD services are available at DH, CHCs and few PHCs in the district. None of the SCs provides IUCD services in the district. PPIUCD services have been introduced at all CHCs and some PHCs. A total number of 929 Interval IUCD Insertions have been reported in the district. Of these 14 were inserted at CHC Chenani and 5 at PHC Sudh Mahadev. Similarly, of the total reported number of 352 PPIUDs, 29 are reported at CHC Chenani and 5 at PHC Sudh Mahadev. A total of Post Abortion (within 12 days of spontaneous or surgical abortion) IUCD insertions have been reported in the district, but none at DH, CHC Chenani and PHC Sudh Mahadev.

Condoms and Oral Pills (OPs) were available in all the 4 facilities visited by us. Weekly Oral Pills and Emergency Contraceptive Pills (ECP), Antara injections are also available at these facilities. ASHAs have been given the responsibility of delivering contraceptives at the homes of beneficiaries in the district. The information regarding various methods of family planning is also provided through VHND sessions at the SC level. Further ARSH clinics also provide information about condoms and OPs. It was found that proper attention is not paid by the health facilities to maintain information about various methods of family planning. Family Planning seems to be an ignored area even during monthly review meetings. Family Planning Logistic Management and Information System (FPLMIS) is yet been integrated with the HMIS Portal.

7.13 Adolescent Friendly Health Clinic (AFHC)

ARSH clinic at DH Udhampur has been established and 1 ARSH Counsellor and 1 Data Entry Operator is posted in both these. Space for ARSH clinic at DH is inadequate. ARSH counsellor provides ARSH related services and also provides information about various contraceptive methods. Oral pills, condoms, sanitary napkins are distributed through ARSH clinic. Weekly Iron Folic Strips are not available in the ARSH clinic, although ARSH clinics have a lot of potential to distribute it among adolescents. There is no system of follow up of the adolescents attending the clinic. Due to COVID-19, AFHS staff is involved in COVID related activities and very few adolescent boys and girls received counselling. This involvement of AFHC staff in COVID duties has made the AFHS scheme almost non functional currently.

8. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Udhampur district has a requirement of 636 ASHAs as per the population of the district and out of these, 633 (99%) ASHAs are currently working in the district. None of the ASHA covers 1500 or more population for rural and 3000 or more population in urban areas. The information further reveals that there is no village/slum in the district which is without an ASHA.

A sizable number of ASHAs have been brought under various social benefit schemes in the district. Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) has been extended to 547 (86 percent) of ASHAS in the district. Overall, a total of 573 (90 percent of the in-position) ASHAs have been enrolled under Pradhan Mantri Suraksha Bima Yojana (PMSBY) and 335 (53 percent) under Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) in the district. None of the ASHA Facilitators have yet been covered under any of these schemes.

Though health officials maintained that they have put in place a mechanism to monitor performance of ASHAs and have also identified non/under-performing ASHAs, but none of the ASHAs has been disengaged from the system. Therefore, monitoring of ASHAs and identification of non-performing ASHAs raises some important questions regarding the functioning of the whole institution of ASHAs and the credibility of this monitoring mechanism.

Udhampur town has sizeable proportion of slum population and 2 Urban Primary Health Centres have been sanctioned to cater to the health needs of slum dwellers and 2 MAS have

been formed in the district. On the other hand, 368 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and all the members of the VHSNCs have been trained.

9. SERVICE AVAILABILITY AS PERCEIVED BY COMMUNITY

9.1 Lifestyle and living conditions

Udhampur is a rural district. More than 80 percent of the population lives in rural areas. Large majority of the population is dependent on agriculture. A sizeable number of urban population in Udhampur town are businessmen or government servants. The living conditions and the overall infrastructure has improved much during the last few years. People are well aware about various health programmes. Almost 75 percent of the households have registered under Ayushman Bharat. The major health issues as perceived by the community are: Diabetes, hypertension, Thyroid disorders, malaria and water borne diseases and viral infections.

9.2 Awareness about the services available and accessibility

The local people are generally well aware about the location of health facilities and the services available there. The most commonly services availed are Child immunization, Antenatal care, delivery care, dental care, treatment of hypertension, diabetes, diarrhoea, cataract, IPD services, and treatment of minor diseases. The services are available irrespective of economic status. However, the community perceives shortage of doctors at the DH, CHCs and PHCs as the main key challenge in accessing health care at the public health facilities. The district is mostly hilly and households are scattered over mountains, without road connectivity, therefore, terrain topography and non availability of roads and transportation is another impediment in accessing health care.

9.3 Availability of HR and behaviour of staff

Interactions with the community leaders reveal that health facilities in the district particularly CHCs and PHCs located in remote areas have acute shortage of doctors. DH Udhampur is the only health institution in the district which has adequate doctors. Specialized services in CHCs are not available. Due to the roster system in DH and CHCs, all doctors posted at a facility are not available for consultation on all working days. The community members mentioned that government doctors generally indulge in private practice during morning and evening hours and reach office late in the morning and leave the hospital early in the afternoon. They mentioned that Udhampur is a hilly district and fatal road accidents are a common affair, but the DH and CHCs do not have required staff and facilities to attend and save accident patients and such patients are generally referred to Jammu, and thereby precious lives are lost in transit. Similarly, due to the non availability of Gynaecologist on 24X7 basis at CHC Chenani, some women prefer to deliver at home and some women who can afford deliver at private health facilities in Udhampur/Jammu. Overall, the public is generally satisfied with the behaviour of the staff. But due to heavy work load at the OPD, they do not give enough time to patients.

9.4 ASHAs visits to the households for consultation/ services

ASHA are visiting the households particularly those households which have young infants and pregnant women. They motivate the women for ANC and child immunization. They also visit the infants for home based new born care. They provide information about and also are

involved immunization, breastfeeding, nutrition, contraception. They also collect information from adult men and women about non communicable diseases and accompany them for screening for diabetes and hypertension. However, it was also reported by the community members that their household visits have declined after the emergence of COVID-19.

9.5 Health seeking behaviour and utilisation of services

People generally use public health facilities in case they are sick. Utilization of antenatal care services is very high. More than 98 percent of the pregnant women receive antenatal services from a public health care facilities. ASHAs play an important role in educating women about the importance of ANC. Women generally receive TT, IFA and anaemia testing facility from SCs and PHCs. Apart from utilizing ultrasound facility from a public health facility, women also visit a private facility for a final sonography. Immunization facilities are available at all public health facilities and almost all the children receive various doses of immunization from a public health facility in Udhampur. So far as childhood diseases are concerned, people generally visit a private service provider for consultation.

NCD clinics have been established at DH and CHCs. Facility for the screening of hypertension and diabetes is now available at all PHCs and H&WCs. However, screening of oral cancers, breast cancer is in infancy as the staff posted at the H&WCs is not yet fully trained to screen patients for these cancers. Overall, people prefer to seek treatment for NCDs from private health care providers and purchase the drugs from private medical shops because they believe that the quality of free NCD drugs at health facilities is not very good.

Waterborne diseases like diarrhoea, dysentery and viral diseases like fever, cold cough are more common in Udhampur also. The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Team (RRT) has been constituted under the supervision of District Health Officer (DHO) in the district. Our interaction with the community members revealed that there have been no major outbreaks during the current and previous financial year in the district. In case people have diarrhoea or common colds, they generally visit a public health facility for treatment.

It was mentioned by the staff that drinking of alcohol is common in the area and once the harvesting season is over, cases of domestic violence increases and women who are tired of this violence generally consume pesticides to commit suicide. Therefore, there is a spurt in poisoning cases and suicides after post harvest period but the health system is not fully geared to save these precious lives.

9.6 Key challenges pertaining to utilization of health services from public facilities

As per the community perception, shortage of doctors is a major challenge in the district and particularly during night hours. Overcrowding of DH and non availability of drugs is another issue. Further, there is a need to open a dialysis centre in each of the 2 CHCS, as the patients needing dialysis have to visit Jammu. The district has terrain topography, and road connectivity is a big issue but ambulance services are inadequate.

9.7 Suggestive changes in the current programme to address any persisting challenge observed during the visit in the community. C-section deliveries are rising and there is a need

to introduce counselling on the benefits of vaginal delivery. Further necessary steps need to be taken to reduce the c-section in the DH Udhampur. Non communicable diseases are rising; therefore adequate drugs need to be made available as per the requirement.

10. SERVICE AVAILABILITY AT THE PUBLIC HEALTH FACILITIES

10.1 Health and Wellness Centre (H&WC) Jakhani

Availability of Services

Sub Centre Jakhani has been converted into H&WC in 2020-21. It covers a population of 4176 persons and covers 4 villages. Four ASHAs are attached with this facility. The facility is located at a distance of 15 Kms from PHC Sudh Mahadev and 25 Kms from CHC Chenani. DH is located at a distance of 2 Kms from H&WC Jakhani, so most of the patients needing referral services visit the DH. The H&WCs is housed in rented building. Consequently the branding as per H&WCs specifications have not yet been undertaken. There is no facility for wash rooms, and drinking water facility is also not available at the facility. Inverter for power back up has been procured but has not been installed. The facility also does not have any identity display board. The facility is non-fenced.

All services as per IPHS are not available at the facility. Facility of ANC registration, ANC checkups, measurement of height, weight, BP, anemia is available the entire. TT and IFA is also provided to women. Among post natal services counseling on diet and breast feeding is provided. Child immunization facility is also available at the SC. Apart from counseling on birth spacing/limiting, temporary methods of contraception services like condom; oral pills and Antara injection are available at the facility. Treatment of minor ailments like cough and cold, fever, diarrhoea, worm infestation and first aid is also available at the facility. The facility also helps in the control of local epidemics, diarrhoea, dysentery, jaundice. VHND camps are organized at the facility. The facility also promotes condoms for controlling AIDS. Recently H&WC has started screening of adult population for diabetes and hypertension. This facility is also providing teleconsultation services to the needy patients. It is not functioning as a delivery point. MPW/ANM has given a tablet recently to upload the data of various schemes of NHM on regular basis. The ANM has received training on ANMOL and the RCH data is being updated on the tablet. Desktops for MLHP have not yet been made available to the H&WCs.

Availability of drugs and diagnostics

As per the Essential Drug List, H&WCs should have 23 drugs available Updated EDL was not found displayed at the facility. It was found that most of the EDL drugs were available at the H&WC on the day of our visit. The drugs available at the facility for management of NCDs are Metformin, Amlodipine and Glimpride. Combinations of diabetic and hypertension drugs are not available. Testing kits for checking haemoglobin, pregnancy status and blood sugar have been provided to the HWC but strips for blood sugar have stocked out. Thermometer and BP apparatus were also found at the HWC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc.

Service utilization

Looking at the utilization of services from the H&WC, it was found that services are not optimally utilized. Although a MLHP and two FMPHWs are working at the centre, but on an average less than 5 persons visit the facility for treatment of minor ailments. The populace generally prefers to visit DH Udhampur. However, immunization services and to some extent

ANC services are fully utilized at the SC. On average in a month, the facility provides various ANC services to 10 women and immunization to 12 children. Very few women visit for contraception services. NCD screening has recently started at the facility CBAC forms have been filled in case of 390 persons. A total of 436 persons have been screened for hypertension and 220 for diabetes. Of the screened persons, 34 have been identified with Hypertension and 16 with Diabetes. All the confirmed cases of HT and DM have been provided drugs and advised for life style management. Screening for various cancers has not yet been initiated at the H&WCs. The records pertaining to delivery of various services are properly documented.

Key challenges

- a) The facility is located in a rented building which lacks space to deliver various services mandated as per H&WC protocol.
- b) The facility lacks basic infrastructure like examination table, chairs, wash room and space for patient waiting area.
- c) The facility is located at a distance of about 2 Kms from DH Udhampur; therefore people generally prefer to utilize even the basic services from DH Udhampur. Therefore, the services at the H&WCs are not optimally utilized.
- d) Stock out of blood sugar testing strips.
- e) The HBNC kits provided to the ASHAs need to be replaced.
- f) ASHAs are unable to fill up HBNC forms and CBAC forms properly.

10.2 Primary Health Centre Sudh Mahadev

PHC Sudh Mahadev has been upgraded to a H&WC. It is located at a distance of 22 Kms from CHC Chenani and 52 Kms from DH Udhampur. It covers a population of about 3180. Eight Sub Centres/H&WCs are attached with this PHC. The PHC caters to the basic health needs of 18 villages. The PHC is located in a government building and has acute shortage of space to house OPD, IPD, lab, store, laboratory, labour room, immunization room etc. The facility has not been branded yet as per the H&WCs protocols. The building has 24X7 running water facility, separate toilets for male and female patients, small OPD waiting area and power back up. Due to shortage of space there are only 2 IPD bed in the PHC. Besides, a fully equipped neat and clean labour room is also available at the facility. One MBBS MOs and 1 AYUSH MO is posted at the PHC. Further 1 SN, 1 Pharmacist, 2 FMPHWs and 1 Dental Technician, is posted at the facility. The PHC has secured only 53 points in its internal assessment under Kayaklap.

Availability of Services

Most of the services as per IPHS standards are not available at the PHC. The services available at the PHC are medical and essential OPD services like treatment for minor ailments, dental services, screening and treatment of hypertension and diabetes, antenatal care, immunization, spacing methods of family planning, counselling services for ANC. Periodic Health checkups and health education activities, awareness generation and Co-curricular activities are also undertaken at the PHC. Day care IPD services are available at the PHC but very few patients have been admitted in the facility during the last three months. Although a delivery room with a delivery table, a functional new born care corner is available at PHC-HWC Sudh Mahadev and one MO and a trained FMPHW is available at the facility, but during the last three months only 4 deliveries have taken place at the PHC.

Availability of drugs and diagnostics

Essential Drug List is displayed at the facility which shows that a PHC should have 53 drugs available. But it was found that out of these 53 drugs, PHC had only 39 drugs available on the day of our visit. Sulphadizine, Dicyclomine, Diclofenac Sodium, B-Complex, Anti Cold Suspension and Calcium tablets and some other consumables were not available at the PHC. The facility also had shortage of syringes and intravenous drip sets. NCD drugs in adequate quantity are available at the facility. However, an interaction with the patients revealed that hospital is in a position to meet only 60 percent of the demand of drugs and other consumables.

The facility has a laboratory and X-ray unit but both LT and X-ray technician are not currently available at the facility. Currently, Hb and blood sugar testing facility and diagnosis of blood pressure is available at the PHC. These services are free for ANC women, BPL families and senior citizens.

Service utilization

Keeping in view the availability of 2 MOs staff and infrastructure, the health care delivery services at PHC Sudh Mahadev are under Utilized. Most of the patients from the PHC area generally visit the CHC Chenani or DH Udhampur for consultation. ANC, immunization and family planning services are optimally utilized.

Key Challenge

- a) The Lab Technician posted at PHC is currently attached with CHC Chenani and post of X-ray technician is also vacant. Therefore both the Laboratory and X-ray unit of the PHC are not functional.
- b) Although the facility has all the equipments and infrastructure for conducting normal deliveries, but the staff posted at the facility have not been in a position to market and promote the facility of normal deliveries in their area.
- c) The PHC has acute shortage of space to house various health care facilities which a PHC is supposed to deliver as per IPHS norms.
- d) The PHC area has terrain topography, and road connectivity is a big issue but ambulance services are inadequate.
- e) Shortage of most of the drugs is severely impacting the delivery of health care services.

10.3 Urban Primary Health Centre Bharat Nagar

Availability of Services

UPHC Bharat Nagar was established in 2014. It covers a slum population of 8000 persons. Three ASHAs are attached with this facility. The facility is located at a distance of 5 Kms from DH Udhampur, so most of the patients needing even basis health care services prefer to visit the DH. The H&WCs is housed in rented building, consequently branding as per H&WCs specifications have not yet been undertaken and UPHC has shortage of space

All services as per IPHS are not available at the facility. Facility of ANC registration, ANC checkups, measurement of height, weight, BP, anemia is available the entre. TT and IFA Tablets are also provided to pregnant women. Apart from counseling on birth spacing/limiting, temporary methods of contraception services like condom; oral pills and Antara injection are available at the facility. VHNDs are also organized. Treatment of minor ailments like cough

and cold, fever, diarrhoea, worm infestation and first aid is also available at the facility. Recently H&WC has started screening of adult population for diabetes and hypertension. TABs have been provided to 2 FMPHWs for uploading of RCH data.

Availability of drugs and diagnostics

As per the Essential Drug List, UPHC should have 53 drugs available. But it was reported by the staff of the UPHC that they are not provided drugs regularly, because there is no budget for drugs and consumables under NUHM. Therefore UPHC does not have any supplies. The UPHC has a small lab, but necessary equipments and reagents are not available, therefore it is unable to conduct investigations. A Glucometer and BP apparatus has been provided for NCD screening.

Service utilization

Keeping in view the availability of staff (1 Doctor, 1 Sn, 6 FMPHWs, 1 Lt and 1 Pharmacist), the services grossly underutilized. Less than 20 persons attend the OPD and very few women are registered for ANC services. Similarly, less than 200 lab investigations have been performed during the last 9 months. The information available at the facility shows that only 55 individuals have been screened for hypertension during 2021-22 and 10 have been tested for blood sugar. One of the reasons for underutilization of services is the timings of facility. The timing of the facility is 12.00 AM to 6.00 PM. Those needing services generally visit DH in the morning. Secondly, the facility has no drugs, consumables for laboratory and the supplies pertaining to family planning methods are also irregular.

Key challenges

- a) The facility is located in a rented building which lacks space to deliver various services mandated as per H&WC protocol.
- b) The facility is located at a distance of about 1 Kms from DH Udhampur; therefore people generally prefer to utilize even the basic services from DH Udhampur. Therefore, the services at the H&WCs are not optimally utilized.
- c) The facility is not provided medicines, drugs, consumables under NUHM. Without supplies, the facility is almost non functional.

10.4 Community Health Centre (CHC) Chenani

CHC Chenani is located on Jammu Srinagar National Highway (NH44) at a distance of 90 Kms from Jammu and 24 Kms from the district Hospital Udhampur. CHC Chenani caters to a population of about 1.33 lakhs. The health facility is easily accessible from the National Highway and is functioning in brand new two story government building. The hospital has a bed capacity of 50 with separate wards for male and female patients. Adequate drinking water supply and water in the toilets is available. Separate toilets are available for both males and females. Back up Solar and (Generator) for electric supply is available in OT and wards. The cleanliness of the whole hospital complex including the OPD, IPD, toilets, lab, etc is of high standard. Citizen's charter, timings of the facility and list of services available, directions to various units are displayed properly. Complaint box is also available. Colour coded waste bins for segregation of waste are available at the CHC. Disposal of Bio medical waste has been contracted to a private company (Anmol Health Care agency Jammu). The CHC has received third Prize in UT of J&K under Kayaklap in 2020-21. The Labour Room of the CHC is not

LaQshya Certified but the facility has completed the internal assessment under LaQshya recently and has scored 81.

Availability of Services

Apart from general OPD, ANC, delivery, PNC, immunization, family planning and laboratory services, this health facility provides services like general medicine, O&G, first trimester abortion, Pediatric, minor surgery and dental services. C-section deliveries are conducted as per need and availability of staff. Child immunization services are provided twice a week. Apart from these services, the CHC also is involved in the screening and treatment of NCDs. All the patients are screened for diabetes and hypertension during routine medical consultation. A well equipped Labour room is available but very few deliveries (less than 30 in a month) take place at the facility. A well equipped NBSU fitted with Air Conditioner, adjacent to LR is available at the facility. Blood Storage Facility is available but there is no technician. Sanitary pads under Menstrual Hygiene Scheme are also provided but currently, the facility has shortage of sanitary napkins. CHC is also participating in various national health programmes like HIV/AIDS, control of water borne diseases, jaundice, control of blindness, elimination of Tuberculosis, leprosy, RBSK, PMJA, PMSMA etc.

Availability of drugs and diagnostics

CHC has a small lab with 3 lab technicians. A semi automatic analyser and a microscope is available at the CHC. The facility is providing various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, VDRL, LFT, KFT and malaria testing. Imaging services like X-ray and USG are also available the facility. The facility is also working as a Dots Microscopic Centre (DMC) .Most of the necessary equipment for OTs, Labs, labour room and other sections are available in the CHC.

Essential Drug List was displayed in the store and at the entrance also. Management of the inventory of drugs is manual. All the essential drugs including drugs required during labour or delivery, essential obstetric and emergency obstetric care and NCD drugs are adequately available at facility. Family planning services like condoms, OCPs and EC pills, Antara injections and IUDs are also available at CHC.

Service Utilization

The services at the CHC are optimally utilized keeping in view the staff available at the CHC. OPD, IPD, ANC, PNC, abortion, immunization, laboratory services, DOTS, malaria and distribution of contraceptive services are optimally utilized. NCD services are also optimally utilized. The services which are not optimally utilized are delivery services.

Key challenges

- a. HR positioned in the CHC is not as per IPHS. Lack of Specialists is a major limitation. Further, there is no manpower for cleaning and sanitation of the facility.
- b. Blood Storage facility is without a Technician.
- c. Child health monitoring under RBSK has been disturbed due to the inability for field work owing to the pandemic.
- d. Shortage of sanitary napkins and calcium 360 tablets.
- e. Lift facility is not available at the facility.

- f. A Critical Care Ambulance needs to be provided to the hospital, so that serious patients can be safely shifted to Jammu.
- g. There is no Jan Aushadhi Store at CHC; therefore in case of shortage of drugs and consumables, CHC is compelled to procure drugs and consumables from open market.

10.5 District Hospital Udhampur

District Hospital Udhampur is located in the Middle of Udhampur town. The hospital complex does not have adequate space to house various services which a District hospital is supposed to provide as per the IPHS standards. The total bed capacity of the hospital is 200. The hospital has separate wards for male and female and there is also a separate maternity ward. In addition, the DH has 8 ICU beds and a Geriatric ward with 10 beds. Staff quarters are not adequately available for medical and Para medical staff. The hospital has 24X7 electric supply, and backup in the form of generator is also available for various sections of the hospital. Water is available in the wards, labour room, OTs, and labs. Toilet facilities in the hospital complex and in the IPD particularly for female visitors/patients are adequate. Water in the toilets is available but they were not clean. Citizen's charter, timings of the facility, list of services available at the facility is properly displayed. Complaint box for registration of complaints and grievances is available in the hospital. The physical condition of the hospital is not so good as water is leaking at various places and plaster is also coming out at many places.

Availability of Services

Apart from general OPD, IP, ANC, delivery, PNC, immunization, family planning and laboratory services, District Hospital Udhampur provides services in the areas of general medicine, O&G, 1st and 2nd trimester abortion, pediatric, general surgery, anesthesiology, ophthalmology, orthopedic and radiology. Dental services are also available at the facility. The C-section deliveries are conducted once a week and child immunization services are provided twice a week. Apart from these services, the DH is involved in the screening and treatment of NCDs. SNCU, DEIC and Dialysis Unit, Blood Bank and Geriatric Care Unit are also functioning in the hospital. The DH has separate OTs for Obstetrics and Gynecology, General Surgeries and Emergencies. Services are generally provided through its OPD and IPD during day time; however, in case of emergencies doctors on call are available during night hours. The services which are available on selected days are IUD insertions, PP sterilization and MTP or abortion. PMSMA services are provided on 9th of every month to identify high risk mothers. ARSH services and RTI/STI are available during day time only

Availability of drugs and diagnostics

The hospital is implementing DVDMS for inventory of drugs. Almost all EDL drugs and essential consumables as per EDL are available. It was mentioned by the MS of DH that they are in a position to provide 80 percent of the prescribed drugs free of cost to the OPD patients and almost 90 percent of drugs to IPD patients who are not covered under Bharat Ayushman Scheme. Further, IPD patients having Golden Cards are getting almost all drugs free of cost. But our interaction with the OPD and IPD patients revealed that only 60 percent of the drugs prescribed to OPD patients are provided free of cost from DH. Similarly 40 percent of drugs to IPD patients who do not have a golden card had purchased medicines from market. There are two reasons for this. Most of drugs available at DH are generic but doctors generally do not prescribe generic drugs in OPD, instead they prescribe branded drugs, therefore, patients are compelled to purchase the drugs from the open market. Secondly, the supply of drugs is not demand driven and therefore hospital is not in a position to provide free drugs to all.

However, DH provides all drugs and consumables free of charge in case of JSSK, NCDs. EDL was found available in the DH but updated availability of drugs is not displayed in the OPD, OT and labour room.

Medical Superintendent mentioned that almost all the essential equipments/instruments and other laboratory equipment required in the OPD, OT, labour room, dialysis unit and laboratory are available and functional. The DH is providing various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, testing for Malaria, TB, HIV, VDRL, LFT, and KFT. X-Ray and ECG facility is also available. Thyroid testing facility, culture sensitivity and histopathology is not available at DH. ANC cases requiring thyroid testing have to obtain these services from the private diagnostic facilities. The hospital has sufficient supply of Rapid Testing Kits/Rapid diagnostic kits. USG and CT scan facility is available at the DH. The diagnostic services are free in case of JSSK, BPL patients and senior citizens. Other patients have to pay as per the user charges fixed by the Government.

Service utilization

The services available at DH Udhampur are optimally utilized. Despite COVID-19, DH witnesses a huge rush of patients every day. More than 150,000 patients have visited the OPDs of DH during the first 8 months of 2020-21. A total of around 9500 admissions have been made in the IPD of DH during the last 8 months. Around 200 institutional deliveries and 100 C-section deliveries have been performed every month at the DH during the last 8 months. C-section deliveries account for about 30 percent of the deliveries at DH. Information collected from the Laboratory shows that a total of 400000 lab investigations were performed at the facility during the last 8 months.

Key challenges

- a) DH building is old, has acute shortage of space and needs major renovation.
- b) Shortage of Nursing Orderlies for OPD
- c) Shortage of specialist doctors particularly cardiology, dermatology, radiology and Neurology is impacting the service delivery.
- d) RT-PCR lab is without regular staff.
- e) Prescription of non-generic drugs by the doctors raises questions about the efficacy of free drug policy of the government.
- f) Late supply of drugs by JKSMIL.
- g) Supply of drugs in bulk having less demand results in expiry/wastage of these drugs.

11 COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (HWCs) would be created by transforming existing Sub Health Centres and Primary Health Centres to deliver Comprehensive Primary Health Care (CPHC) and declared this as one of the two components of Ayushman Bharat. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. For primary health care to be comprehensive, it needs to span preventive, promotive, curative, rehabilitative and palliative aspects of care. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. In this

background 24 PHCs out of 49 PHCs and 56 SHCs out of 147 SCS and 2 UPHCs have been converted into HWCs. MLHPs have been posted at all 56 upgraded SC-H&WCs. ASHAs in all the H&WCs have initiated the filling up of Community Based Assessment Check Lists (CBAC). NCD drugs are generally available at most of the health facilities free of cost.

11.1 Universal Health Screening (UHS)

The district has started universal health screening under different components of NHM. All the PHC-HWCs and SHC-H&WCs have started screening for NCDs in Udhampur. The district has a target to enumerate about 250000 individuals age 30 and above and of these, 60 thousand individuals have been targeted to be enumerated during 2021-22, and so far CBAC forms have been filled in case of 45 thousand persons. Although all SHC-HWCs, and PHC-HWCs have started NCD screening but the pace of enumeration and screening but due to COVID-19, there was some disruption in the enumeration process. It was also found that H&WCs have not maintained information about NCD screening properly, resulting in mismatch between the target population, enumerated population and population screened for NCDs. The information provided by the DPMU shows that a total of 60595 individuals have been screened for hypertension and diabetes (Table 8). Of these, 531 have been diagnosed with hypertension and 298 with diabetes. All the diagnosed patients have received treatment from various facilities in the district. Screening for the detection of oral, breast and cervical cancer has not been properly initiated at any of the facilities in the district

Indicator	Planned	Completed		
1. Number of individuals enumerated		95054		
2. Number of CBAC forms filled		44955		
3. Number of HWCs started NCD screening:				
a. SHC- HWC	A) 91	A) 56		
b. PHC- HWC	B) 41	B) 24		
c. UPHC – HWC	C) 2	C) 1		
4. Number of individuals screened for:	Target	Screened	Diagnosed	Treated
a. Hypertension	60595	44023	531	531
b. Diabetes	60595	43801	298	298
c. Oral Cancer	60595	38872	0	0
d. Breast Cancer	29692	20829	0	0
e. Cervical Cancer	29692	13597	0	0
5. Number of HWCs providing Teleconsultation services	134	81		
6. Number of HWCs organizing wellness activities	134	81		

DH has a fixed day NCD clinic and NCD OPD works four days a week. Table 9 presents facility wise status of NCD screening. A total of 1340 individuals have been screened at DH and of these 266 (19%) were diagnose with HT and 137 (10%) with DM. NCD screening is regularly undertaken at CHC Chenani on every Saturday. Staff Nurses have been not been

trained in screening of cancer, therefore, screening of cancers is not taking place at CHC. The CHC has diagnosed 2216 persons for diabetes and hypertension and out of these 47 have been detected to have hypertension and 56 have been detected with diabetes. All the persons detected with these morbidities at DH and CHC have been provided free drugs from the DH and CHC.

Table 9: Status of facility wise NCD Screening in Udhampur District-2021

Number of individuals screened for:	DH		CHC		PHC		UPHC		H&WC	
	S	D	S	D	S	D	S	D	S	D
Hypertension	1340	266	2216	47	100	12	55	12	436	34
Diabetes	1340	137	2216	56	100	10	10	3	220	16
Oral Cancer	1340	1	859	0	0	0	0	0	0	0
Breast Cancer	954	2	856	0	0	0	0	0	0	0
Cervical Cancer	0	0	0	0	0	0	0	0	0	0

S=Screened S=Diagnosed

PHC Sudh Mahadev has a target population of 1500 to be covered under NCDS screening. CBAC forms have been filled for all target population. Saturday has been fixed for NCD screening. Screening for cancers is not undertaken as service providers are not trained in cancer screening. During the last 6 months PHC has screened 100 persons for Hypertension and diabetes and out of these 12 had hypertension and 10 had diabetes. The persons with diabetes and hypertension are provided free NCD medicines. They are also encouraged to change their living behaviour and undertake physical activities.

UPHC Bharat Nagar is supposed to undertake NCD Screening in the slum areas of the town. CBAC forms have been filled for all target population by the ASHAs but it appears that NCD screening has not been undertaken as per H&WC guidelines. The MO during routine OPD checks the blood pressure and in some cases blood sugar is also checked. The facility currently does not have blood sugar strips.

SC-HWC Jakhani has a target population of 1545 and CBAC forms have been completed for 436 (28%) persons. We checked the CBAC forms but the quality of information contained in these forms is very bad. Some of the questions particularly those related to drinking were blank and therefore scores had not been calculated for incomplete forms. The information provided by the MLHP showed that of the 436 individuals, whose CBAC forms were filled in, screening for hypertension and diabetes was undertaken in case of 436 and 220 individuals respectively. Of the screened persons, 34 persons had been diagnosed with hypertension and 16 with diabetes. Further, all the persons with a score of 4 and above have been advised for life style management, and provided free medicines. The facility has started using teleconsultation services. Wellness activities are not performed at the H&WC. Facilities are reporting weekly data in S form under IDSP.

11.2 National Programme for the Health Care of Elderly

A geriatric Care unit has been established at DH Udhampur with a bed capacity of 10. It is fully equipped all the infrastructure. Although, both the posts of Consultant (Medicine) are vacant, however, 5 SN and 22 Physiotherapists are posted at the Geriatric clinic. Performance

of Geriatric Unit under National Programme on Health Care for Elderly in Udhampur, 2021-22 upto November is presented below.

Table 10: Performance of Geriatric Unit under National Programme on Health Care for Elderly in Udhampur, 2021-22			
Type of Service	Male	Female	Total
Total OPD Cases in Geriatric Clinics	478	496	974
Total no. of In-patients admitted in Geriatric ward	238	242	480
No. of cases provided rehabilitation/Physiotherapy services	382	402	784
No. of cases provided lab. Investigation services	118	140	258
No. of cases referred to Medical College / Regional Geriatric Centre	125	137	262

12. COMMUNICABLE DISEASES PROGRAMME

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Team (RRT) has been constituted under the supervision of District Health Officer (DHO) in the district. There have been no major outbreaks in the district during the current and previous financial year in the district. The information collected from the visited facility shows that the SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet they have been provided by the SHS while at PHC level HWC the data on IDSP has is uploaded on weekly basis as reported by the concerned MO. 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 but it was found that the DH is not providing such information on the portal for IDSP.

Further, the information collected from the CMO office shows that the some areas of the district are prone to malaria and therefore National Vector Borne Diseases Control Programme (NVBDCP) has not much importance for the district. However, the district has a macro plan for the implementation of NVBDCP and weekly epidemiological and entomological situations are monitored by RRT. The facility of malaria screening is available at PHC, CHC and DH. Collection of both active and passive smear is done. A total of 17015 blood examinations were done and 3% were found positive. The district reported 109 dengue cases in 2021-22. Drugs for the treatment of malaria are at PHC, CHC and DH. LLIN distribution facility is not available.

National Leprosy Eradication Programme (NLEP) is in vogue in the district and 1 new case of leprosy has been reported in the district during the current year. Under National Tobacco Control Programme, the district has conducted virtual training under Tobacco Free Educational Institutions. Besides, virtual Training of Trainers under NTCP was undertaken in the district.

National Tuberculosis Elimination Programme (NTEP) is looked after by the District Tuberculosis Officer (DTO). The sanctioned positions of MOs are in position. Besides, paramedical staff from regular side, some positions of para medical staff have also been engaged under NHM on contractual basis to implement the programme. Almost all CHCs and PHCs are Designated Microscopic Centres (DMC). During our visits to selected health facilities in the district, it was found that all the health facilities are actively involved in the

eradication of TB and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs by the identified patients. Currently, ASHAs are engaged in *Har Ghar Dastak Programme* and are collecting sputum samples from the suspected patients. The information collected from the office of the DTO Udhampur shows that 3035 person (2.8% of OPD samples) was tested for TB (microscopy) during the last 11 months (January-November, 2021). Sputum detected positive are 325 samples (10.7%). A total of 932 have been notified under NTEP in Udhampur district. TB drugs are available at DH and CHCs. Ninety Eight percent of detected patients are taking anti-TB medicines in the district. Universal Drug Resistance Testing has been initiated in case of 68 percent. The percentage of patients tested through TruNat in the district is 26%. All the TB patients are tested for the HIV and diabetes. The district authorities reported that all the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and First installments of incentives has been transferred through DBT in case of 72% of patients and all benefits have been transferred in case of 35 percent of patients..

13. QUALITY ASSURANCE

As per the information, District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. DH Udhampur was awarded the first prize in DH category under Kayaklap during 2020-21. DH Udhampur was certified NQAS in 2020. The hospital is in the process to get the Labour Room and the OT certified under LaQshya. CHC Chenani bagged the third prize under Kayaklap in J&K during 2020-21. The Labour room of the CHC Chenani and OT in not LaQshya certified, although the facility has scored more than 80 in its internal assessment for both OT and LT. NQAS assessment for CHC has not yet been undertaken. PHC Sudh Mahadev and H&WC Jakhani could not undertake any assessment under Kayaklap as the building in which they are working do not have adequate space and infrastructure.

13.1 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, all the complaints received have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far. None of the visited health facility was found much serious about the grievance redressal set-up and were of the opinion that all such issues are settled when brought in the notice of these health facilities but the community was not satisfied with this argument at any level and were of the opinion that community members need to be taken onboard for settling such issues with maximum transparency.

13.2 Payment Status

The district is using the EAT module of PFMS for all types of payments. 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 our actual demand, and this has created some delays in the payments. The district has released the salaries of NHM staff for the month of November, 2021 and also the assured incentive of Rs. 2000 to ASHAs upto

November, 2021. ASHAs have not yet fully received other incentives. JSY incentive to women is transferred by concerned BPMUs. Due to the delay in the release of funds, JSY incentive to women has been paid upto October 2021. It was reported that the funds have now been allocated to the district and JSY payments to women will be released shortly. So far as the incentive under Nikshay Poshan Yojana in the district is concerned, it was found that 72% of TB patients are receiving payment. None of the patients or provider has received any incentive under NTEP or NLEP.

14. QUALITY IN HEALTH SERVICES

14.1 Infection Control

Overall, the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the DH and CHC but at other levels such issues are not taken seriously. The general cleanliness of the DH, CHC Chenani and PHC Sudh Mahadev was ok.

14.2 Biomedical Waste Management

The segregation of bio-medical waste was found satisfactory in the DH and CHC but at other levels, segregation of bio-medical was either unsatisfactory or not available at all. The awareness amongst the staff was found satisfactory and practice of segregation was being done properly at the DH and CHC. Bio-medical waste at DH, CHC and PHC has been outsourced to a Jammu based private agency (Anmol Health) and the agency regularly lifts the bio medical waste from the health facilities. These health facilities also bury some portion of the bio medical waste within the hospital premises. SC Jakhani buries the waste material in pits constructed for the purpose.

14.3 Information Education and Communication (IEC)

Display of appropriate IEC material in Health facilities was found by and large satisfactory at all the levels. Only at SC level not much attention has been paid in this regard. The IEC material related to MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the DH and CHC level but such material was insufficient at PHC and SC level

15. STATUS OF FUNDS RECEIVED AND UTILIZED

The information collected from the CMO office regarding the receipt and utilization of funds during 2020-21 and 2021-22 presented in Table 11 and 12 shows that the district has utilized 94 percent of funds received from various sources. The information collected further shows that the district has made more than 90 percent expenditure on all the major heads including RCH Flexipool, Mission Flexipool, and Immunization. However, during the current financial year, about 80 percent of funds allocated to Trainings and 90 percent of funds allocated to printing have not been utilized. Due to the COVID, most of the proposed trainings could not be organized in the district.

Table 11: Status of Funds released and Utilized in Udhampur-2020-21

Indicator	2020-21		
	Released	Utilized	% Utilized
FMR 1: Service Delivery: Facility Based	174.78	153.73	88.0
FMR 2: Service Delivery: Community Based	60.71	44.53	73.3
FMR 3: Community Intervention	248.09	241.29	97.3
FMR 4: Untied grants	25.01	21.11	84.4
FMR 5: Infrastructure	4.72	4.72	100.0
FMR 6: Procurement	101.52	73.8	72.7
FMR 7: Referral Transport	26.8	26.8	100.0
FMR 8: Human Resource (Service Delivery)	1201.33	1201.33	100.0
FMR 9: Training	15.16	2.83	18.7
FMR 10: Review, Research and Surveillance	0.01	0.01	100.0
FMR 11: IEC-BCC	0.7	0	0.0
FMR 12: Printing	1.33	0.13	9.8
FMR 13: Quality	25.01	11.23	44.9
FMR 14: Drug Warehouse & Logistic	0	0	
FMR 15: PPP	0	0	
FMR 16: Programme Management	78.16	78.16	100.0
FMR 16.1: PM Activities Sub Annexure	0	0	
FMR 17: IT Initiatives for Service Delivery	0	0	
FMR 18: Innovations	0.5	0.5	100

**Table 12: Component Wise Funds Received and Expenditure
During 1-4-2021 to 30-11-2021**

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	% Utilization
1. RCH and Health Systems Flexipool			
Maternal Health	143.21	70.41	49.2
Child Health	4.73	1.28	27.1
RBSK	34.06	27.6	81.0
Family Planning	8.35	0.62	7.4
Immunization	9.29	5.04	54.3
Untied Fund	15.91	15.78	99.2
Comprehensive Primary Health care (CPHC)	50.7	4.88	9.6
Infrastructure	28.27	17.14	60.6
ASHAs	102.08	102.08	100.0
HR	888.08	733.78	82.6
Programme Management	59.07	46.3	78.4
MMU	3.11	3.11	100.0
Referral Transport	0	0	#DIV/0!
Procurement	53.16	53.16	100.0
NIDDCP	0.82	0	0.0
2. NUHM	44.31	40.17	90.7
3. Community Diseases Pool			
National Leprosy Eradication Programme (NLEP)	234905	147338	62.7
National TB Elimination Programme (NTEP)	2372130	2372130	100.0
4. NCD Pool			
National Program for Control of Blindness and Vision Impairment (NPCB+VI)		228303	
National Mental Health Program (NMHP)			
National Programme for Health Care for the Elderly (NPHCE)		1073761	
National Tobacco Control Programme (NTCP)			
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)		4690091	

16. CONCLUSION

- w) Although District Hospital Udhampur has comparatively better staff than other District Hospitals in J&K but still it has shortage of specialist doctors particularly cardiology, dermatology, radiology and Neurology is impacting the service delivery.
- x) Other facilities also do not have manpower particularly doctors as per IPHS standards. 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.
- y) The DH has acute shortage of space to house various facilities. The physical condition of the District hospital is not so good as water is leaking at various places and plaster is also coming out at many places. There is a need to undertake major repair work of the DH and allocate some more space to it.
- z) Construction of building for various facilities has been initiated some four years back but substantial numbers of them has not been completed and have been put in languishing projects. There is a need to resolve the disputes with land owners, contractors and other stake holders, so that these buildings get handed over to health department at the earliest.
- aa) On the basis of the feedback from the ASHA Coordinators and community, it is felt that ASHA are not fully trained to conduct HBNC visits, identify the childhood diseases and fill up the forms. They need further orientation and continuous monitoring and supervision to improve their working.
- bb) The supply of drugs and equipments in the health institutions has improved with the establishment of J&K Medical Supplies Corporation limited. However, it was reported by the facilities that they do not get supplies as per the actual demand. Besides, there are delays in the supply of drugs. JKMSCL should address this issue of delay of equipments and consumables.
- cc) The drugs supplied to the health facilities meet 60-70 percent of their demand of drugs; therefore, free drug policy is partly implemented in the district. There is a need to assess the actual demand of various drugs and provide them to the health facilities.
- dd) Generic drugs are partly available at the hospitals and therefore, the doctors do not write the generic names of the drugs. The drugs brands they prescribe are not available at the hospitals; therefore, patients are compelled to purchase drugs from the market. 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.
- ee) Despite irregular/late release of funding, facilities 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 102/108 for visiting a health facility for delivery. But free referral transport for deliveries and neonats is ensured in all facilities visited by us. Drop Back facility is ensured in all cases who want to avail it.
- ff) JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs.
- gg) The ASHAs have started filling CBAC forms and some of the ASHAs have completed this exercise. We verified some of the filled in CBAC forms maintained at H&WC Jakhani and PHC Sudhmahadev and found that the quality of information contained in these forms is very bad. Some of the questions particularly those related to drinking and smoking were blank and

therefore scores had not been calculated for incomplete forms, making this important exercise somewhat redundant.

- hh) Screening for hypertension and diabetes at H&WCs, PHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for appropriate confirmation of diagnosis, treatment & follow-up. Besides, there is a need to provide various combinations of NCD drugs.
- ii) It was also found that health facilities across district are not properly maintaining information about NCD screening, resulting in less number of cases screened.
- jj) Staff Nurses have been not been trained in screening of cancer, therefore, screening of cancers is not taking place at any of the visited facilities in the district.
- kk) Although 8 Dialysis machines have been procured for the unit but due to space constraint only 6 machines have been installed. The community members highly appreciated the initiative of the government to set up DU at DH. They expressed that the DU has come as a huge relief to the patients and their relatives who had to travel to Jammu or a private health facility for dialysis. The new unit at DH has helped the patients to save time, energy and money and also they get timely dialysis services.
- ll) The services of staff posted at U-PHC Bharat Nagar are under utilized as it is not being provided drugs, consumables, equipments under NUHM.
- mm) RBSK Teams have been deployed on COVID duty and have played an important role in the vaccination of population. During COVID duty they have also screened 27 infants for any birth defects at delivery points during first 6 months of 2021-22. Further, RBSK vehicles have been vigorously used in COVID-19 related activities. CMO informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for COVID duty by the department since the outbreak. Community members are satisfied with the overall working of the RBSK teams during COVID Pandemic.
- nn) NTEP is running successfully in the district. Currently, ASHAs are engaged in **Har Ghar Dastak Programme** and are collecting sputum samples from the suspected patients. A total of 932 have been notified under NTEP in Udhampur district. TB drugs are available at DH and CHCs. Ninety Eight percent of detected patients are taking anti-TB medicines in the district. Universal Drug Resistance Testing has been initiated in case of 68 percent. All the TB patients are tested for the HIV and diabetes. The district authorities reported that all the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and First instalments of incentives has been transferred through DBT in case of 72% of patients and all benefits have been transferred in case of 35 percent of patients.
- oo) MMU has a lot of potential to meet the health care demand of the district particularly in far flung areas. However, funds for POL and maintenance of the vehicle are limited and therefore its services remain under utilized. Further, due to the hilly terrain of the district and the road connectivity issues, the Vehicle is unable to reach the far flung areas of the district.
- pp) It was mentioned by the PHC and CHC staff that drinking of alcohol is common in the area and once the harvesting season is over, cases of domestic violence increases and women who are tired of this violence generally consume pesticides to commit suicide. Therefore, there is a spurt in poisoning cases and suicides after post harvest period but the health system is not fully geared to save these precious lives.
- qq) The post of District Programme manager in Udhampur is vacant for the last three years. This has added to the workload of the DMEO, so the monitoring has severely suffered.

- rr) 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 our actual demand, and this has created some delays in the payments.

Facility Wise Challenges

H&WC Jakhani

- g) The facility is located in a rented building which lacks space to deliver various services mandated as per H&WC protocol.
- h) The facility lacks basic infrastructure like examination table, chairs, wash room and space for patient waiting area.
- i) The facility is located at a distance of about 2 Kms from DH Udhampur; therefore people generally prefer to utilize even the basic services from DH Udhampur. Therefore, the services at the H&WCs are not optimally utilized.
- j) Stock out of blood sugar testing strips.
- k) The HBNC kits provided to the ASHAs need to be replaced.
- l) ASHAs are unable to fill up HBNC forms and CBAC forms properly.

PHC Sudh Mahadev

- f) The Lab Technician posted at PHC is currently attached with CHC Chenani and post of X-ray technician is also vacant. Therefore both the Laboratory and X-ray unit of the PHC are not functional.
- g) Although the facility has all the equipments and infrastructure for conducting normal deliveries, but the staff posted at the facility have not been in a position to market and promote the facility of normal deliveries in their area.
- h) The PHC has acute shortage of space to house various health care facilities which a PHC is supposed to deliver as per IPHS norms.
- i) The PHC area has terrain topography, and road connectivity is a big issue but ambulance services are inadequate.
- j) Shortage of most of the drugs is severely impacting the delivery of health care services.

UPHC Bharat Nagar

- d) The facility is located in a rented building which lacks space to deliver various services mandated as per H&WC protocol.
- e) The facility is located at a distance of about 1 Kms from DH Udhampur; therefore people generally prefer to utilize even the basic services from DH Udhampur. Therefore, the services at the H&WCs are not optimally utilized.
- f) The facility is not provided medicines, drugs, consumables under NUHM. Without supplies, the facility is almost non functional.

CHC Chenani

- h. HR positioned in the CHC is not as per IPHS. Lack of Specialists is a major limitation. Further, there is no manpower for cleaning and sanitation of the facility.
- i. Blood Storage facility is without a Technician.
- j. Child health monitoring under RBSK has been disturbed due to the inability for field work owing to the pandemic.

- k. Shortage of sanitary napkins and calcium 360 tablets.
- l. Lift facility is not available at the facility.
- m. A Critical Care Ambulance needs to be provided to the hospital, so that serious patients can be safely shifted to Jammu.
- n. There is no Jan Aushadhi Store at CHC; therefore in case of shortage of drugs and consumables, CHC is compelled to procure drugs and consumables from open market.

District Hospital Udhampur

- h. DH building is old, has acute shortage of space and needs major renovation.
- i. Shortage of Nursing Orderlies for OPD
- j. Shortage of specialist doctors particularly cardiology, dermatology, radiology and Neurology is impacting the service delivery.
- K. RT-PCR lab is without regular staff.
- L. Prescription of non-generic drugs by the doctors raises questions about the efficacy of free drug policy of the government.
- M. Late supply of drugs by JKSMML.
- N. Supply of drugs in bulk having less demand results in expiry/wastage of these drugs.

17. Photo Gallery





DISTRICT HOSPITAL UDHAMPUR

QUALITY OBJECTIVE

1. TO FOCUS ON QUALITY OF PATIENT CARE.
2. TO IMPROVE THE PERFORMANCE OF ALL PROFESSIONAL.
3. TO INVOLVE ALL EMPLOYEES TO PARTICIPATE IN QUALITY IMPROVEMENT.
4. TO MONITOR, MEASURE AND IMPROVE PERFORMANCE AND TO ENHANCE PATIENTS SATISFACTION.
5. TO GUARD, MEASURE AND IMPROVE PATIENT / EMPLOYEES SAFETY.
6. TO SEARCH FOR PATTERN OF NON-COMPLIANCE WITH GOALS, OBJECTIVES AND STANDARD THROUGH:
 - (A) PROBLEM IDENTIFICATION
 - (B) PROBLEM ASSESSMENT
 - (C) FINDING THE ROOT CAUSE
 - (D) SOLUTION GENERATION
 - (E) PLAN FOR SOLUTION IMPLEMENTATION
 - (F) IMPLEMENTATION OF CORRECTIVE ACTION AND MONITORING

DISTRICT HOSPITAL UDHAMPUR

QUALITY POLICY

1. TO PLACE QUALITY AT THE CORE OF SERVICE DELIVERY.
2. TO ENCOURAGE ATTAINMENT OF BEST PRACTICE
3. TO PROMOTE A PATIENT CENTRIC SERVICE DELIVERY.
4. TO ENSURE PATIENT, VISITORS AND EMPLOYEES SAFETY.
5. TO WORK TOWARDS A CONTINUOUS IMPROVEMENT OF HEALTH INDICATORS.
6. UNIVERSAL ACCESS TO INTEGRATED AND COMPREHENSIVE PRIMARY AND SECONDARY HEALTH CARE SERVICES.
7. TO PROMOTE FREE SERVICES TO THE ECONOMICALLY DEPRIVED SECTIONS OF

Department of Clinical Biochemistry
Christian Medical College, Vellore - 632004

CMC EXTERNAL QUALITY ASSURANCE SCHEME
(Under the aegis of ACBI)

Certificate of Participation

This is to certify that
DISTRICT HOSPITAL UDHAMPUR
UDHAMPUR

Lab No. 9288 has participated
in the Chemistry II Program of the External Quality Assurance Scheme
during the year 2020.

Pamela Christodoss
Dr. Pamela Christodoss, M.Sc. Ph.D.,
EQAS Co-ordinator
Professor of Clinical Biochemistry







CHC