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

(A Case Study of Samba District)

Submitted to

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List of Abbreviations

AD	Allopathic Dispensary	**GOI**	Government of India
AEFI	Adverse Effect of Immunization	**HBNC**	Home Based New Born Care
AMC	Annual Maintenance Contract	**HCV**	Hepatitis C Virus
AMG	Annual Maintenance Grant	**HFDs**	High Focus Districts
ANC	Ante Natal Care	**HFWTC**	Health & Family Welfare Training Centres
ANM	Auxiliary Nurse Midwife	**HIV**	Human Immunodeficiency Virus
ANMT	Auxiliary Nursing Midwifery Training	**HMIS**	Health Management Information System
ASHA	Accredited Social Health Activist	**ICDS**	Integrated Child Development Scheme
ARSH	Adolescent Reproductive & Sexual Health	**IDD**	Intellectual Developmental & Disabilities
AWC	Anganwadi Centre	**IDSP**	Integrated Disease Surveillance program
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Sidha & Homeopathy	**IEC**	Information Education & Communication
BeMOC	Basic Emergency Obstetric Care	**IFA**	Iron & Folic Acid
BHE	Block Health Educator	**ILR**	Implantable Loop Recorder
BHW	Block Health Worker	**IMNCI**	Integrated Management of Neonatal & Child Infections
BMO	Block Medical Officer	**IMR**	Infant Mortality Rate
BPL	Below Poverty Line	**IPD**	In Patient Department
BPMU	Block Programme Management Unit	**IPHS**	Indian Public Health Standards
CCU	Critical Care Unit	**ISM**	Indian System of Medicine
CBC	Complete Blood Count	**IUD**	Intra Uterine Device
CeMOC	Comprehensive Emergency Obstetric Care	**JSY**	Janani Suraksha Yojna
CHC	Community Health Centre	**JSSK**	Janani Sishu Suraksha Karyakaram
CHE	Community Health Educator	**KFT**	Kidney Function Test
CHO	Community Health Officer	**LFT**	Liver Function Test
CMO	Chief Medical Officer	**LHV**	Lady Health Visitor
C-Section	Caesarean Section	**LMP**	Last Menstrual Period
CTG	Cardiotocography	**LT**	Laboratory Technician
DEIC	District Early Intervention Centre	**MCH**	Maternal and Child Health
DDK	Disposable Delivery Kit	**MD**	Mission Director
DDO	District Data Officer	**MDT**	Multi Drug Treatment
DH	District Hospital	**MIS**	Management Information System
DHO	District Health Officer	**MMPHW**	Male Multi-Purpose Health Worker
DOTS	Directly Observed Treatment Strategy	**MMUs**	Medical Mobile Units
DPMU	District Programme Management Unit	**MO**	Medical Officer
DTO	District Tuberculosis Officer	**MOHFW**	Ministry of Health and Family Welfare
ECG	Electro Cardio Gram	**MoU**	Memorandum of Understanding
ECP	Emergency Contraceptive Pill	**MS**	Medical Superintendent
EDD	Expected Date of Delivery	**MTP**	Medical Termination of Pregnancy
EDL	Essential Drug List	**NA**	Not Available
ENT	Ears, Nose and Throat	**NBCC**	New Born Care Unit
FDS	Fixed Day Static	**NCD**	Non Communicable Diseases
FMPHW	Female Multi-Purpose Health Worker	**NGO**	Non-Governmental Organisation
FRU	First Referral Unit	**NO**	Nursing Orderly
GIS	Geographical Information System	**NIHFW**	National Institute of Health & Family Welfare
GNM	General Nursing & Midwifery	**NLEP**	National Leprosy Eradication Program
NPCB	National Program for Blindness Control	**SNCU**	Sick New-born Care Unit

NRC	National Resource Centre	**SPMU**	State Program Management Unit
NRHM	National Rural Health Mission	**SRS**	Sample Registration System
NPHCE	National Program for Health Care of the Elderly	**ST**	Scheduled Tribe
NSSK	Navjat Sushu Suraksha Karyakaram	**STI**	Sexually Transmitted Infection
NSV	Non Scalpel Vasectomy	**STLS**	Senior T.B Laboratory Supervisor
NVBDCP	National Vector Born Disease Control Program	**STS**	Senior Treatment Supervisor
OP	Oral Contraceptive Pills	**TB**	Tuberculosis
OPD	Out Patient Department	**TBA**	Traditional Birth Attendant
OPV	Oral Polio Vaccine	**TFR**	Total Fertility Rate
ORS	Oral Rehydration Solution	**TSH**	Thyroid-stimulating hormone
OT	Operation Theatre	**TT**	Tetanus Toxoid
PNC	Post Natal Care	**USG**	Ultra Sono Graphy
PCB	Pollution Control Board	**VBD**	Vector Born Disease
PHC	Primary Health Centre	**VDRL**	Venereal Disease Research Laboratory
PHN	Public Health Nurse	**VHND**	Village Health and Nutrition Day
PIP	Program Implementation Plan	**VHSC**	Village Health and Sanitation Committee
PMU	Programme Management Unit	**WIFS**	Weekly Iron Folic Acid Supplementation
PPI	Pulse Polio Immunization		
PPP	Public Private Partnership		
PRC	Population Research Centre		
PSC	Public Service Commission		
QAC	Quality Assurance Cells		
RBSK	Rashtriya Bal Swathya Karyakaram		
RCH	Reproductive & Child Health		
RKS	Rogi Kalyan Samiti		
RMP	Registered Medical Practitioner		
RNTCP	Revised National Tuberculosis Control Program		
RPR	Rapid Plasma Reagin		
RTI	Reproductive Tract Infection		
SCs	Scheduled Castes		
SC	Sub Centre		
SN	Staff Nurse		

PREFACE

Since 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 fruitful 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 again 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 conditionalties and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of 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. In accordance with this we visited Samba district and the present report presents findings of the monitoring exercise pertaining to Samba District of Jammu and Kashmir.

The study was successfully accomplished due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks to Mission Director, NHM Jammu and Kashmir and Director Health Services, Jammu for their cooperation and support rendered to our monitoring team. We thank our Coordinator Mr. Bashir Ahmad Bhat for his support and encouragement at all stages of this study. Special thanks are due to Chief Medical Officer Samba, Medical Superintendent of District Hospital Samba and MO of CHC Gagwal 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 Samba and Block Programme Management Unit Samba for their cooperation and help in the collection of information. Special thanks are also to staff at Primary Health Centre (HWC) Rattanpur and HWC ODH 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 corrections.

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1. EXECUTIVE SUMMARY

The objectives of this exercise are to examine whether the State is adhering to key conditionalties while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State and various districts. The population growth rate of district Samba is about 17.1 percent and the sex ratio is 884. The district consists of three medical blocks which include 1 District Hospital, 3 CHCs, 11 24X7 PHCs, 82 SCs. The district has converted 21 PHCs and 52 SCs into HWCs during the past three years out of which Samba district has also established one DEIC under RBSK,4 First referral units, one NCD Clinic, an AFHC and an SNCU at the DH. The district has one functional blood bank at DH and a well established blood storage unit. Besides these health facilities the district has also one each NCD clinics established at DH and at 3 CHCs. Further, the district has 5 designated microscopy centre and 2 tuberculosis units (TUs) The following is the summary of findings of this study:

Health Infrastructure

- The health services in the public sector in 3 medical blocks are delivered through 1 District Hospital, 3 CHCs, 11 PHCs, and 82 SCs.
- The district has converted 21 PHCs and 52 SCs into HWCs during the past three years. Samba district has also established one DEIC under RBSK, one NCD Clinic, an AFHC and an SNCU at the DH. The district has established 1 sanctioned blood bank and 1licensed blood storage unit. This facility is only available at DH but not at CHC.

District Health Action Plan (DHAP)

- 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 by shifting to single nodal agency (SNA).

Human Resource

- From regular staff, 25 percent positions of laboratory technicians and 53 percent positions of staff nurses are vacant in the district. Similarly, eleven percent positions of ANM and 51 percent positions of pharmacists are also vacant in the district. Further, the information collected shows that 47 percent positions of dental technicians, 65 percent X-ray Technicians and 28 percent CHOs are found vacant in the district.
- Among the medical staff the information shows that 27 percent positions of medical officers and 22 percent of dental surgeons are vacant currently in the district.
- Among the NHM staff, almost all the sanctioned positions are in place. But even then both the positions of Child specialists are vacant and a meagre percentage of MLHPs (19%) were also found vacant in the district.
- One sanctioned position of other specialist is also vacant. There is working 1 gynaecologist against 1 sanctioned position. Meanwhile 11 MOs out of 15 sanctioned MOs are vacant in the district. No EmoC/LSAS trained doctor has been posted in any of the FRUs either under NHM or from the regular side.
- None of the doctors were found trained for EmoC and LSAS at the DH.

- Some of the specialised services are not provided at the DH as there are no sanctioned positions in dermatology, ENT etc.
- Under NHM, DH has a functional DEIC, SNCU, NCD Clinic, Adolescent Friendly Health Clinic (AFHC), and an IYCF Centre are all functional in the DH with most of the staff in position.
- CHC Gagwal has a total strength of 10 positions of medical staff in position from regular side.
- The details regarding the engagement of NHM staff shows that CHC Gagwal has 26 positions of Medical and non medical staff in position with the staffing pattern of 1 MO, 1 Ophthalmologist, 1 Orthopedic, 1 pathologist and 1 ENT from medical. And 2 positions of staff nurses, 8 lab technicians, 4 OT technicians 2 X-ray technicians 3 pharmacists and 1 dental technician and 1 facility manager are provided under NHM.
- PHC Rattanpur has been converted into a HWC and has 2 sanctioned positions of MOs, 1 pharmacist 1 lab technician i staff nurse and 1 ANM from regular side. The sanctioned position of 1 staff nurse is not filled-in PHC from the regular side. One position of MO is also vacant. PHC Rattanpur has one position of MO, one lab technician and one ISM dawasaz vacant from NHM side
- Sub-Centre Odh is functioning as a HWC in its own well established building. The SC has one ANM and one MPW Male posted from the regular side. One MLHP is also working at the centre from NHM side. There is also one ANM from the NHM side.
- Recruitment of regular/NHM staff especially at higher level is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level.
- Regarding the staffing pattern the district did not provide the complete information of the vacant positions.
- During 2020-21, 13 different types of training courses for medical and para medical staff were planned under ROP and out of these only 3 were approved and all the 1 were completed during the period. These courses were as district MMHP training course. During 2021-22, 15 different types of training courses for medical and para medical staff were planned under ROP and out of these all the 7 courses were approved but among the 4 courses such as review meeting for Anemia Mukt Bharat Strategy, HMIS/MCTS at district level HMIS /MCTS at block level and MMHP training were completed up to 30th of November, 2021.

Status of Service Delivery

- The C-section deliveries are conducted at the DH during the day time only. In case of any emergency, DH conducts C-section deliveries during the night hours also.
- At DH 81 normal and 38 c-section deliveries were performed during the last one month.At CHC Gagwal a total of two delivery was performed at the facility during the last one month prior to survey date. None of the delivery was performed at PHC- HWC Rattanpur during the last three months.
- The condition of labour room, OT was found satisfactory at all the levels in the district. The SNCU is also established at DH with 9 radiant warmers. The NBCC is at CHC and also at PHC.
- JSY payments are made at health facility level such as DH and CHC. While as at PHC level such information of payments about JSY benefits was not available as such these payments are being made by the concerned BMO office only.
- Regarding JSSK entitlements to beneficiaries, all the visited health facilities reported that they

are providing all the listed benefits to the pregnant women at the time of delivery but it was found that there are serious deviations in their words and actions.

- During our interaction with such patients at various levels, it was found that various services like free medicines, diet, and transport are being given partially and above all the protocols regarding the discharging of patients after delivery are not followed.
- PMSMA services on 9th of every month is a routine feature at all the designated health facilities in the district since its inception and all the identified high-risk women are taken care as per their obstructed and medical history.
- It was found that line listing of all the high-risk pregnancies is maintained and pursued accordingly but such records have not been maintained properly at all the health facilities.
- Care is being taken by the concerned health officials for all the women with regard to RMC and none of the women could complain us about any problem/deviation with regard to RMC.
- CAC issue was discussed at length with both the MS of DH and MO of CHC and they reported that CAC services are provided in all respects to all the women when they need.

Clinical Establishment Act

The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team under the supervision of DHO which makes surprise checks to private USG clinics.

Services under NHM

- Though the district has implemented the free drug and diagnostic policy at all levels but during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility was not available to all. However, it was reported by the concerned MS and MOs in charge that free drug and diagnostic policy has been implemented to the Golden Card Holders only.
- The Dialysis Centre at District Hospital Samba was started in 29-07-2021 and the District Hospital has acquired 6 beds and 6 dialysis machines The Dialysis Centre has given 3 staff persons. The centre has one position of doctor and one position of pharmacists from regular side in place, and from NHM side one pharmacist is in place. The services at the Dialysis Centre are provided free of cost for BPL families only. The performance of the centre was found to be satisfactory. A total no of 9 patients 74 sessions provided to dialysis patients from July to December during current financial year till our visit.
- Most of the staff sanctioned under the scheme both for the field teams and DEIC was found in position. There are 6 sanctioned RBSK teams in the district at the field level, but all the 6 of them is having with full staff and infrastructure. In other words. All the 6 teams with vehicles are in the field. Two teams are working in 1 block. The performance of RBSK has been affected during the current financial year due to the staff busy with the Covid-19.
- CMO informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for Covid-19 duty by the department since the outbreak.
- Community is somewhat happy with the overall working of the RBSK since its beginning as something has been delivered by the RBSK for the society.
- The SNCU has been established in the DH Samba and has a bed capacity of 6 beds with 9 radiant warmers. The NBCC at CHC Gagwal is also functional partly.

- It was reported that last time the ASHAS received the kit in 2019 but the kit did not have the complete required equipments as some of the items from kits were missing.
- During the current financial year (till December, 2021) a total of 2031 visits were made by ASHAs to new-borns under HBNC. Drug kits for ASHAs are refilled at the SC and PHC level HWCs on need basis.
- Presently all the ASHAs have been involved with the vaccination drive for Covid-19 which has severely affected the working of HBNC and other related service being provided by the ASHAs.
- On the basis of our feedback from the community and health staff at various levels, it was conveyed to ASHA Coordinator and ASHA facilitators that ASHAs need further orientation and continuous monitoring and supervision to improve their working.
- During the current year only 6 maternal death review has taken place while in the previous year 2020-21, 23 infant deaths was reviewed by the competent authority in the district. Further, it was also found that all the visited health facilities maintain the data regarding the maternal and child deaths and report the same to the CMO and also upload this information on HMIS portal on monthly basis. No maternal or child death was reported by any visited health facility in the district during the previous or current year.

Mobile Medical Unit (MMU) and Referral Transport

- The district doesn't have any MMU but has 14 vehicles on road and all of these are GPS fitted and are handled through centralized call centre.
- The district has 5 (3 ALS+2 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and are operational on need basis for 24X7.
- Centralized 102 and 108 has been started for the district but no additional vehicle in this regard has been so far provided to the district and as such the vehicles used in the district were found insufficient and at times district need to outsource for hiring the vehicles especially for JSSK.

Comprehensive Primary Health Care (CPHC)

- A sizable number of SHS and PHC level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase.
- The district has enumeration plan of 21948 individuals during 2021-22 and the CBAC forms have been filled for 16968 as per the target till date.
- Majority of the SHC-HWCs (52) and PHC-HWCs (21) have started NCD screening at their facilities in the district. District has achieved 77 percent target in screening the planned individuals for various types of NCDs which include hypertension, diabetes, oral cancer, breast cancer, and cervical cancer.
- All the established HWCs are not providing tele-consultation services and organizing some wellness activities in the district.

Universal Health Screening (UHS)

- Under universal health screening, district has identified a target population of 50000 eligible persons and out of these, 21948 persons has been covered till date and 16968 Community Based Assessment Checklists (CBAC) forms have been filled for them and have been screened for various non-communicable diseases including hypertension, diabetes and various types of

cancers.

- None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on fixed-days basis at SC and PHC while as at DH such service is provided on routine basis to the patients for all days of the week.

Grievance Redressal

- The grievance redressal mechanism is in place at most of the health facilities and health facilities resolve the complaints (if any) on regular basis.
- No call centre has been established by the district in this regard so far. The community was not satisfied with the way for resolving grievances at any level and were of the opinion that community members need to be taken on board for settling such issues with maximum transparency.

Payment Status

- All the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date.

Communicable Diseases Programme

- The district has been covered under the IDSP, NLEP, COB, NVBDC, and NTEP but NTCP has not yet been implemented in the district.
- The data from various public health facilities under IDSP .is uploaded on relevant forms on regular basis in the district.
- Three new cases of leprosy have been reported in the district during the current year.
- Under NID programme, the district has conducted few awareness programmes under IEC component of the ROP. Under COB Programme the district has recently received funds from the State and the DH has started working for the programme with various sections of the hospital.
- 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. District has achieved 96 percent target TB notifications. All the TB patients are tested for the HIV. Universal Drug Susceptibility Testing (UDST) for Rifampicin to achieve the elimination status is being done at the district and both drug sensitive and drug resistance tests are available in the district.
- the information collected shows that 367 patients have been notified from the public sector and the overall treatment success rate was found to be 80 percent in the district. The plan for finding the active cases is done as per the protocol set by the district. The district authorities reported that 225 patients of TB have been paid under Nikshay Poshan Yojana (NPY) and DBT installments have been initiated in their favour.
- Up to 24X7 PHC level 4 health facilities are having a Designated Microscopy Centre (DMC) and most of these facilities (DH, CHC, and PHC) have taken a sample from the OPD for microscopy tests during the last 6 months. The drugs for TB patients were found available at DH, CHC and PHC.

Accredited Social Health Activists (ASHAs)

District has a requirement of 350 ASHAs as per the population of the district and out of these, 309 (88%) ASHAs have been selected till date. A sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district.

Overall,71 percent of the in-position ASHAs have been enrolled for PMJJBY, 2 percent of the in-position ASHA facilitators have been brought under (PMSBY), and 70 percent of the in-position ASHAs have been enrolled(PMSBY) and 3 of the ASHAs facilitators enrolled for (PMSYMYS) in the district.

Overall, 363 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed in thedistrict.

Immunization

- Birth dose of BCG immunization is provided at DH, CHC, and PHC only. There is practice that as long as the health facilities (where the BCG is administered) does not get the requisite number of children on a particular day 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.
- All the health facilities including SCs have hub cutters while as vaccine is not usually stored at SCs. Awareness among the ANMs about the immunization schedule and vial open policy was found satisfactory both at SC and PHC level HWCs.
- The practice of early initiation of breastfeed (within 1st hour of delivery) is followed at both the places for normal deliveries but such practice was not followed for C-section deliveries.

Family Planning

- Beside DH, CHC and some PHCs, large number of SCs have also been identified and are providing IUD insertion or removal services in the district and have requisite trained manpower.
- There is no provision of home delivery of contraceptives to beneficiaries in the district. The IEC component is not much strong on various contraceptive methods in the district.
- Except CHC the spacing methods like condoms and oral pills are available at all levels in the district.
- Counselling on FP is mainly provided by the gynaecologists, SNs and CHOs at DH and CHC level while as such counselling is provided by the MOs and ANMs at SC and PHC level in the district.
- FPLMIS has been integrated with the HMIS Portal in the district besides, the family welfare department of the UT.

Adolescent Friendly Health Clinic (AFHC)

AFHC clinic at DH Samba has been established and 1 ARSH Counsellor and 1 Data Entry Operator is posted in ARSH clinic. ARSH counsellor provides ARSH related services and also provides information about various contraceptive methods. Oral pills, condoms, sanitary napkins are distributed through ARSH clinic. The district doesn't have any Nutrition and Rehabilitation Centre (NRC)

Quality Assurance

- DQAC is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc.
- DH had initiated Kayakalp in 2019-20 and had scored 70 points for this during the last assessment and has been asked by the DQAC to improve the same for getting the requisite score for qualification. NQAS has not initiated yet in the district LaQshya have also been initiated in 2020-21 and is upgraded. CHC Gagwal has initiated Kayakalp and had scored only 70 points. Though PHC Rattanpur has initiated Kayakalp in 2020-21 and had scored 94 points and get awarded two times.

Quality in Health Services

- Overall, general cleanliness, practices of 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 segregation of bio-medical waste was found satisfactory in the DH and CHC but at other levels, segregation of bio-medical waste was either unsatisfactory or not available at all.
- Bio-medical waste at DH, CHC and PHC has been outsourced and regularly lifted by the concerned agency. These health facilities also bury some portion of the bio medical waste within the hospital premises.

  Display of appropriate IEC material in Health facilities was found by and large satisfactory at all levels.

  Health Management Information System (HMIS) and Reproductive and Child Health (RCH)
- Data reporting is regular on the new HMIS portal though the data quality in the district has improved to a great extent but there is still a lot of scope for improvement in all the facilities particularly at DH in the district.
- Most of the services provided by the DH are underreported particularly for ANC visits and various doses of immunization.
- During our visit to various health facilities on spot instructions to all the stakeholders were

given as to how the recording and reporting of data can be improved but still there is an urgent need to provide further training to all the stakeholders in this regard.

- Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village and field level.
- Reporting and recording under RCH has improved and various data elements related to RCH are now being recorded on regular basis but still few important data elements are not taken seriously by the staff while recording on RCH registers.

Status of Funds received and utilized

- During 2021-22 shows that the district has utilized about 100 percent of funds received from various sources. The information collected further shows that the district has made about 100 percent expenditure on all the major heads including RCH Flexi pool, Communicable and non-communicable Flexi pool. Overall, the district has utilized 100 percent of funds that were received under different schemes of NHM.

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 conditionalties 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 at the grassroots level. Since, from 2013-14, Ministry decided to continuously monitor the implementation of State PIP and assigned this important task to Population Research Centres for 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 the states/districts assigned to them on monthly bases. Our team in PRC Srinagar undertook this exercise in district Samba of Jammu division in a queue.

2.1 Objectives

The objective of this monitoring exercise is to examine whether the State/district is adhering to key conditionalties while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State/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 Samba. A schedule of visits was prepared by the PRC and two officials consisting of two Research Assistants visited Samba District and collected information from the Office of Chief Medical Officer (CMO), District Hospital (DH), CHC Gagwal, PHC Rattanpur and Sub-centre ODH. 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 SC 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. UNION TERRITORY AND DISTRICT PROFILE

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

Afghanistan, 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 populations, a CDR of 4.9 and an IMR of 22 per thousand live births.

As per the recently concluded National Family Health Survey-5 (NFHS-5) data, the UT has improved in most of the critical indicators related to health. The infant mortality rate (IMR) has come down to 16 as compared to 32 during National Family Health Survey-4 (NFHS-4). Similarly, there is a decline (as per NFHS-5) in under 5 mortality rate as compared to NFHS-4 results as it has come down to 19 from 38. Further the data shows that the neonatal mortality rate has come down to 10 as compared to 23 during NFHS-4. The use of any family planning method has also gone-up 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 has gone up to 92 percent from 86 percent as compared to NFHS-4 in the UT. Similarly, the percentage of fully immunized children has also gone up to 96 percent during NFHS-5 as compared to 86 percent during NFHS-4.

District level estimates of fertility and mortality are not yet available for the State. However both fertility and mortality has shown considerable decline in Samba. As per the NFHS-4, the mean number of children born per women age 15-49 in the district is 1.8. According to NFHS-4, the Sex ratio at birth (Females per 1000 males) in the district has slightly improved to 917 as compared to 922 in the State as a whole. NFHS-4 data shows that almost all pregnant women in the district are registered for ANC services. ANC first trimester registration is 72 percent compared to 77 percent in J&K. Seventy five percent of the mothers have received at least 4 ANC checkups as compared to 81 percent in the State. But only 47 percent of pregnant women in the district have consumed100 IFA tablets as compared to 30 percent in the State. Women whose last births are protected against neonatal tetanus in Samba are 75 percent as compared to 87 percent in the State. Institutional deliveries have improved and as per NFHS-4, 86 percent of the total births during the last three years have been delivered at health institutions and as such the district is at par with the State as a whole. About three-fourth of the institutional deliveries in Samba take place at public health facilities.NFHS-4 also estimated that c-section deliveries account for 27 percent of institutional deliveries in the district as compared to 33 percent in the State.

According to 2011 Census, the total population of district Samba district of Jammu and Kashmir has total population of 318,898 as per the Census 2011. Out of which 169,124 are males while 149,774 are females. In 2011 there were total 65,385 families residing in Samba district.

The Average Sex Ratio of Samba district is 886. As per Census 2011 out of total population, 16.8% people lives in Urban areas while 83.2% lives in the Rural areas. The average literacy rate in urban areas is 88.6% while that in the rural areas is 79.9%. Also the Sex Ratio of Urban areas in Samba district is 802 while that of Rural areas is 904.

The population of Children of age 0-6 years in Samba district is 38669 which is 12% of the total population. There are 21737 male children and 16932 female children between the age 0-6 years. Thus as per the Census 2011 the Child Sex Ratio of Samba is 779 which is less than Average Sex Ratio (886) of Samba district.

The total literacy rate of Samba district is 81.41%. The male literacy rate is 77.05% and the female literacy rate is 65.32% in Samba district. The district consists of 3 medical blocks.(Table3)

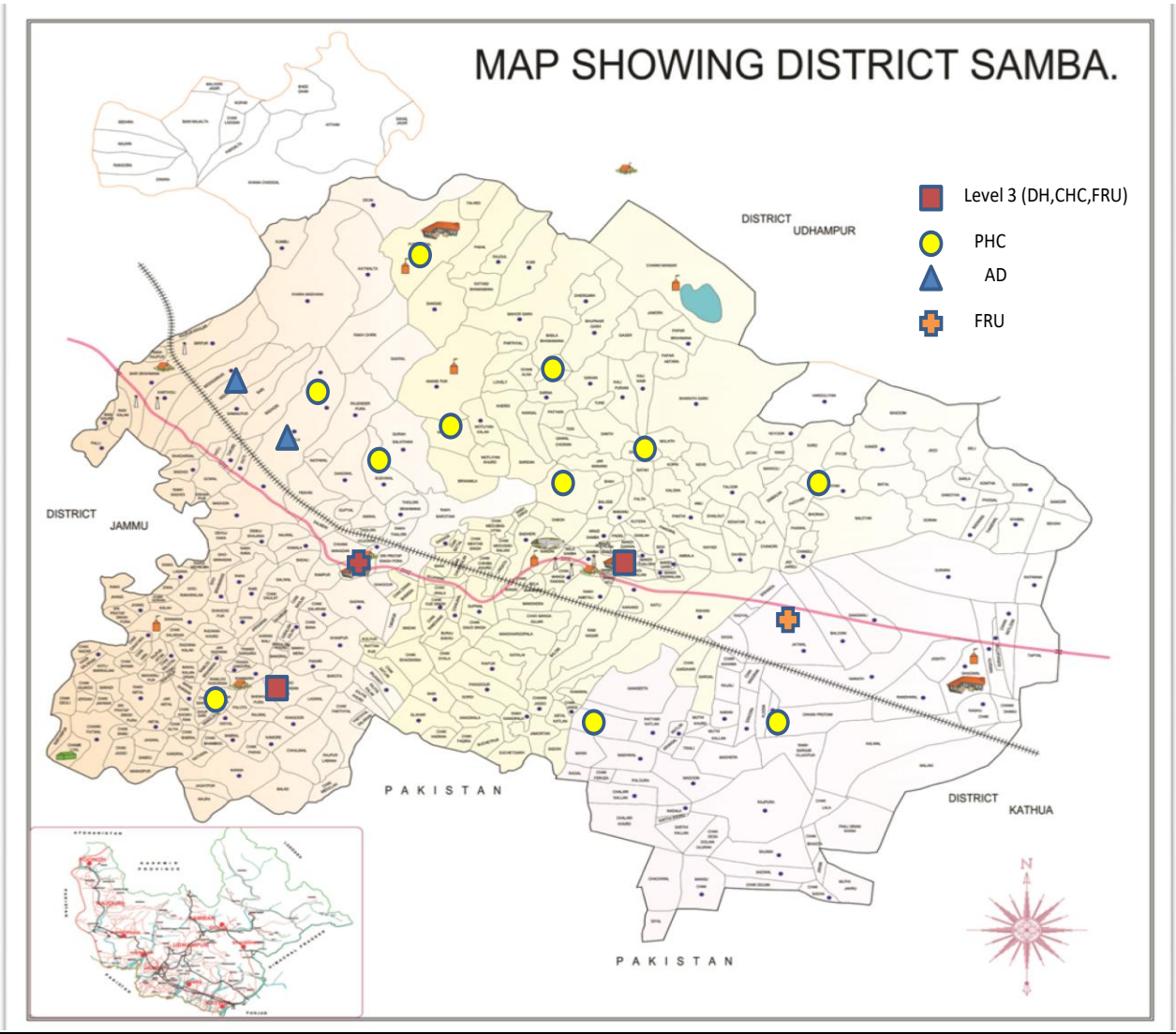

Table 3: Demographic Profile of District Samba	
Indicator	Remarks/ Observation
Total number of Blocks (Medical)	3
Total number of Villages	372 (Revenue villages) Census Hand Book

Total Population	3,18,898 Census Hand Book
Rural population	277089, Census Hand Book
Pop. growth rate	17.1%
Urban population	41809 Census Hand Book
Literacy rate	81.41% Census Hand Book
Sex Ratio	884 Census Hand Book
Sex ratio at birth	779 Census (911 HMIS 2020-21)
Estimated number of leprosy cases	12 CMO Office
Target for public and private sector TB notification for the current year	450 per month CMO Office
Estimated number of cataract surgeries to be conducted	350 target

4. HEALTH INFRASTRUCTURE

The health services in the public sector are delivered through a network of various levels of health facilities (excluding tertiary and private hospitals) in 3 medical blocks. The services delivered through a network of 184 health institutions which consist of 1 District Hospital, 3 CHCs, 11 PHCs, 82 SCs. The district has converted 21 PHCs and 52 SCs into HWCs during the past three years out of which Samba district has also established one DEIC under RBSK,4 First referral units, one NCD Clinic, an AFHC and an SNCU at the DH. The district has one functional blood bank at DH and a well established blood storage unit. Besides these health facilities the district has also one each NCD clinics established at DH and at 3 CHCs. Further, the district has 5 designated microscopy centre and2 tuberculosis units (TUs)

Table 4: Health Infrastructure (As on 30-11-2021) of District Samba

Facility	Sanctioned	Operational
District Hospitals	1	1
Sub District Hospital	0	0
Community Health Centers (CHCs)	3	3
Primary Health Centers (PHC)	11	11
Sub Centers (SC)	82	82
Urban Primary Health Centers (U-PHC)	0	0
Urban Community Health Centers (U-CHC)	0	0
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	0	0
District Early intervention Center (DEIC)	1	1
First Referral Units (FRU)	4	4
Blood Bank	1	1
Blood Storage Unit (BSU)	0	0
No. of PHC converted to HWC	21	-
No. of U-PHC converted to HWC	0	0
Number of Sub Centre converted to HWC	52	43 MLHPS
Designated Microscopy Center (DMC)	5	4
Tuberculosis Units (TUs)	2	2

CBNAAT/TruNat Sites	1- DH Samba	1-DH Samba
Drug Resistant TB Centres	1- DH Samba 1	1-DH Samba
Functional Non-Communicable Diseases (NCD) clinic At DH At SDH At CHC	1-DH 3-CHC	1-DH 2-CHC
Institutions providing Comprehensive Abortion Care (CAC) services Total no. of facilities Providing 1st trimester services Providing both 1st & 2nd trimester services	Total-9 First trimester-9 First and 2nd trimester-4	Total-9 First trimester-7 First and 2nd trimester-4

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 including the release of funds in the month of June, 2021. It was found that none of the construction of building is pending for more than two years in the district. Again none of the buildings of any health facility is completed and handed over.

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 deficiencies of human resource at various levels in the district. The details provided by the CMO/DPMU regarding the overall staff strength separately for regular and NHM staff in the district. Among the regular staff, 25 percent positions of Laboratory Technicians and 53 percent positions of Staff Nurses (SNs) are vacant in the district. Similarly, fifty one percent of pharmacist and 11 percent of ANM are also vacant in the district. It was found that 99 positions of ANMs are in place. Further, 47 percent of dental technicians, 65 percent x-ray technicians and 28 percent of CHOs/MLHPs are found vacant in the district. Among the doctors/specialists, the majority of the specialists' information was not readily available with CMO office. As per the partly information provided, it seems that 27 percent positions of MOs are vacant in the district. Further, 22 percent of dental surgeons are vacant in the district.

So far as the availability of NHM staff is concerned, information provided by the DPM shows that almost all the sanctioned positions under NHM are in place and a meagre percentage of about 12 percent of different categories of positions are vacant. This substantiated that out of 296 positions, 260 are in place currently and are delivering their services smoothly in the district.

District Hospital Samba is located in the outskirts of Samba town and is accessible from the main city and adjacent areas easily. The CHC Samba was given the status of a District Hospital in 2008 but additional positions of doctors and paramedical as per the requirements of a District Hospital have not yet been sanctioned to it. A new building with a bed capacity of 200 for the DH has recently been completed and the DH has shifted the OPD, IPD, OTs, Labour room, Gynaecology ward, SNCU, Administrative Offices and Blood Bank to this new building. This helped the DH to mitigate its accommodation shortage and now the hospital has enough space to accommodate its various units/facilities.

The DH has presently a sanctioned strength of 18 General Duty Doctors/MOs and out of those only 11 are in position. 38 percent of MOs are vacant in district hospital. One gynaecologist out of 3 positions is vacant. While as positions like medical superintendent, 1 position of surgeon , out of two is vacant. Out of five dental technician only two are in position. In addition to this there are also vacant positions among the para medic staff at the DH.

Under NHM, DH has a functional District Early Intervention Centre (DEIC) under RBSK which is being looked after by the MO. The DH has also a DEO and an Adolescent Friendly Health Clinic (AFHC) Counsellor, Accounts Manager and an IYCF Counsellor in position. It was found that the staff engaged under NHM is being used in the DH as per the requirement of the hospital and not used only for those schemes for which they have been engaged. The NRC has not been established in the district so far.

CHC Gagwal is located at National high way in between Samba and Kathua. It was basically working as a Trauma Centre and has recently been upgraded as a CHC. It has been provided the desired infrastructure. It has a total strength of 10 positions of medical staff in position from regular side.

The details regarding the engagement of NHM staff shows that CHC Gagwal has 26 positions of Medical and non medical staff in position .with the staffing pattern of 1 MO, 1 Ophthalmologist, 1 Orthopedic, 1 pathologist and 1 ENT from medical. And 2 positions of staff nurses, 8 lab technicians, 4 OT technicians 2 X-ray technicians 3 pharmacists and 1 dental technician and 1 facility manager are provided under NHM.

PHC Rattanpur has been converted into a HWC and has 2 sanctioned positions of MOs, 1 pharmacist 1 lab technician i staff nurse and 1 ANM from regular side. The sanctioned position of 1 staff nurse is not filled-in PHC from the regular side. One position of MO is also vacant. PHC Rattanpur has one position of MO, one lab technician and one ISM dawasaz vacant from NHM side

Sub-Centre Odh is functioning as a HWC in its own well established building. The SC has one ANM and one MPW Male posted from the regular side. One MLHP is also working at the centre from NHM side. There is also one ANM from the NHM side.

Table 6.1: Details of Regular Human Resource sanctioned, available and percentage of vacant positions in selected Health facilities and in the district Samba as a whole

	Samba District			DH Samba			CHC Gagwal			PHC Rattanpur 24X7 (HWC)			SC/HWC Odh		
Staff details	Sanctioned	In-place	Vacancy (%)	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %
ANM	111	99	11							1	1	0	2	1	50
LHV/PHN	13	13	0												
Staff Nurse/GNM	39	18	53	7	4	43				1	0	100			
Lab technician	20	15	25	4	3	25				1	1	0			
Pharmacist	100	49	51	7	5	28				1	1	0			
MO (MBBS)	73	53	27	18	11	38	NA	7		2	1	50			
Medicine	0	0	0	2	2	0	NA	1							
OBGY	5	3	40	2	2	0	NA	1							
Paediatrician	4	2	50	1	1	0		0							
Anaesthetist	6	3	50	2	2	0		1							
Surgeon	6	2	66	2	1	50		0							
Radiologists	2	2	0	0	0	0									
Orthopaedics	4	2	50	1	1	0									
Ophthalmologist/ ENT	3	2	33	1	1	0									
Pathologist	2	2	0	0	0										
Other Specialists	9	3	66												
Dentists/ DS	18	14	22	2	2	0									
Dental tech	23	12	47	5	2	60				1	0	100			
X-ray technician	20	7	65	4	4	0				1	0	100			
OT technician	5	1	80												
Ophthalmic tech	0	0	0												
CHO/ MLHP	14	10	28												
AYUSH MO	0	0	0	1	1	0									
AYUSH Pharmacist	0	0	0												
Others	NA	NA		60	32	46				3	3	0			

Table 6.2: Details of NHM Human Resource appointed in selected Health facilities and in Samba

	Samba District			DH Samba			CHC Gagwal			PHC Rattanpur 24X7 (HWC)			SC/HWC)Odh		
Staff details	Sanctioned	In-place	Vacancy (%)	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %
MBBS Doctors	15	4	73	1	1	0	2	1	50	1	0	100			
Gynaecologist	1	1	0												
Child Specialist	0	0													
Other specialists	0	0													
Lab Tech	10	13		2	2	0	2	2	0	1	0	100			
OT Tech	8	8	0	2	2	0	2	2	0						
X Ray tech.	8	7	13	2	2	0	2	2	0						
Staff Nurse	42	30	28	14	10	28	2	2	0	2	2	0			
MLHP	53	43	19										1	1	0

ANM/MPWs	101	98	3	2	2	0	2	0	100				1	0	100
ISM MO				0	0		0	1		1	1	0			
ISM Dawasaz										1	0	100			
MPL(Male)	3	3	0												
ISM Pharmacist	10	10	0												
PMU/Accounts Manager, IYCF and Adult Friendly Health Clinic units															
DPM	1	0	100												
DAM	1	1	0												
DMEO	1	1	0												
RMNCH+Dist Consultant	1	0	100												
Quality Manager															
DEOs	6	6	0												
BAM	3	3	0												
BMEOs	3	3	0												
AFHC/IYCF				1	1	0									
Accounts Manage				1	1	0									
SNCU															
MBBS Doctors				2	0	100									
Staff Nurses				3	0	100									
Lab technician															
NCD Clinic															
Physiotherapist				1	1	0									
Counsellor															
Staff Nurse															
Lab Technician				1	1	0									
RBSK/DEIC															
MO/MBBS				1	0	100									
Paediatrician	1	0	100	1	0	100									
MO Dental	1	1	0	1	1	0									
MO AYUSH	22	23		12	10	16									
AYUASH pharmacist															
Staff Nurse				1	0	100									
Psychologist				1	1	0									
Physiotherapist				1	0	100									
Lab.Tech				1	1	0									
Dental tech	1	1	0	1	0	100									
Early Interventionist															
Pharmacists	3	3	0	6	6	0									
ANMs				6	6	0									
DEIC Manager				1	1	0									
Ophthalmologist	1	1	0												
DEO															
Social Worker				1	1	0									

6.1 Recruitment of various posts

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

recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled by the office of the Mission Director (DM) at the central level while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Magistrate (DM) 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.

7. TRAININGS

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies and CMO office maintains information about the trainings imparted to its workers from time to time. The information provided by the CMO office informed that almost every year various training courses are held at the district headquarter approved under the PIP in which different 56 ;3categories of health personnel participate. During 2020-21, 13 different types of training courses for medical and para medical staff were planned under ROP and out of these only 3 were approved and all the 1 were completed during the period. These courses were as district MMHP training course. During 2021-22, 15 different types of training courses for medical and para medical staff were planned under ROP and out of these all the 7 courses were approved but among the 4 courses such as review meeting for Anemia Mukt Bharat Strategy, HMIS/MCTS at district level HMIS /MCTS at block level and MMHP training were completed up to 30th of November, 2021. It was reported that during 201-22 all the health staff was busy with providing the vaccination for Covid-19.

8. STATUS OF SERVICE DELIVERY

The district has officially implemented the free drug and diagnostic services for all but it was found that it is not being implemented by all the health facilities that we visited during our monitoring exercise. As far as the delivery points is taken into account, the information collected from the DPMU/CMO office shows that no SC is conducting any delivery in the district Similarly, no PHCs 24x7 is conducting any delivery in the district While as 5 CHCs in the district conducts more than 20 deliveries per month in the district. The C-section deliveries are conducted only at the DH during the day time only. In case of any emergency, DH conducts C-section deliveries during the night hours also. DH Samba is designated as FRU and both normal and C-section deliveries are performed in this health facility on 24X7 basis The condition of labour room, OT was found satisfactory at all the levels in the district while as SNCU at DH is good with functional of 13 radiant warmers.

Regarding the status of JSY payment in the district the CMO office did not provide the latest information of beneficiaries. As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery but it was found that there are serious deviations in their words and actions. During our interaction with such patients at various levels (maternity wards, post-operative wards, labour rooms, OPD, and relatives of these patients), it was found that various services like free medicines, free diet, free transport are being given partially and above all the protocols regarding the discharging of patients after delivery are not followed at all thus putting both the mother and the new-born at risk by discharging them from the health facilities before the requisite time. PMSMA services on 9th of every month is a routine feature at all the designated health

facilities in the district since its inception and all the identified high-risk women are taken care as per their obstructed and medical history. It was reported by all the selected health facilities that line listing of all the high-risk pregnancies is maintained and pursued accordingly but during our record checking exercise at visiting health facilities, it was found that such records have not been maintained properly at all the health facilities.

Respectful maternity care (RMC) is not only the marker of quality maternity care but also ensures the protection of basic human rights of every child-bearing woman. RMC is protection from verbal and physical abuse, disrespect, and discrimination during care. It also aims to provide care to child-bearing women with dignity, privacy, and confidentiality. The WHO has acknowledged RMC as a fundamental right of every child-bearing woman and encourages health service provision to all women in a manner that maintains their dignity, privacy, and confidentiality. The WHO'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 selected health facilities, it was found that care is being taken by the concerned health officials for all the women with regard to RMC and none of the women could inform/complain us about any problem/deviation with regard to RMC.

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

9. CLINICAL ESTABLISHMENT ACT

The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team under the supervision of District Health Officer (DHO) in this regard which makes surprise checks to private USG clinics.

The district has sufficient health facilities in terms of SCs and PHCs but there is a need to have more CHCs and SCs in the district as the district widely spread on far flung terrain areas. So far, the district has converted 52 SCs and 21 PHCs into H&WCs while as the process of converting more health facilities into H&WCs has got hampered due to the Covid-pandemic. The selection of converting any health facility is taken by the SHS in consultation with the district health officials and in the first phase only those health facilities were converted into HWCs where the health facility had its own government building and later on it was extended to the rented buildings also. There is also need to have some Blood Storage Units (BSUs) at CHCs and 24X7 PHCs as off now the district has such units but unfortunately only a single unit is functional.

10. SERVICES UNDER NHM

10.1 Free Drug Policy

As per the information received from the CMO office, we were told that the district has implemented the free drug and diagnostic policy at all levels but during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility was not available to all. It was found that very few drugs (out of the total medicines prescribed by the doctor) are being provided to the patients when they visit to any health facility for treatment. Further, it was also found that at most of the health facilities the rate list for diagnostics was at display and according to this rate list people are being charged for any diagnostic test. However, it was reported by the concerned MSs and MOs in charge that free drug and diagnostic policy has been implemented to the Golden Card Holders which have been issued under the Ayushman Bharat PM-JAY Scheme. During our interaction with the community the same observation of ours was found true as most of the community members reported that they are being charged for various services including diagnostics and drugs by the health facilities.

10.2 Dialysis Services

The Dialysis Centre at District Hospital Samba was started in 29-07-2021 and the District Hospital has acquired 6 beds and 6 dialysis machines The Dialysis Centre has given 3 staff persons. The centre has one position of doctor and one position of pharmacists from regular side in place, and from NHM side one pharmacist is in place. The services at the Dialysis Centre are provided free of cost for BPL families only. The performance of the centre was found to be satisfactory. A total no of 9 patients 74 sessions provided to dialysis patients from July to December during current financial year till our visit. There was no any patient admitted on the day of our visit because dialysis centre is remained functional for two days only in a weak.

10.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

Like other districts of the State, RBSK has been launched in Samba district in March 2014. There are 6 RBSK teams (2 teams in each block) in the district and each team consists of 2 AYUSH Medical Officers, 1 FMPHW and 1 Pharmacist. but the performance of RBSK has been very poor during the current financial year (till December, 2021) as the teams have been unable to screen the children at delivery points or elsewhere though it has been extremely difficult time for the RBSK teams as they have been working 24X7 during this period for Covid-19 duties and have been on the forefront in containing Covid. Community was not happy with the overall working of the RBSK since its beginning as not much has been delivered by the RBSK for the society. No of children born in delivery points screened for defects at birth were 824 children. The district has established District Early Intervention Centre (DEIC) at the District Hospital.

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

The district has established 1 SNCU at DH, 2 NBSUs at CHC level and 10 NBCCs at PHC level. SNCU established at DH has enough space and has been provided with requisite infrastructure; however, mother's area for expression of breast milk is available. There are 9 radiant warmers in the SNCU. The unit is manned by 1 paediatrician, 2 SNs and 1 Lab Technician. There are 8 radiant warmers and 2 suction machines 2 oxygen concentrator 4 lighting examination and 1 monitor in SNCU unit functional. There is a waiting room for the mothers of the admitted neonates. Mothers of

the neonates are provided counselling about exclusive breastfeeding. ASHAs and ANMs are well aware about the SNCU at DH. The SNCU has not step-down cares but has 6 beds in Kangaroo Mother Care (KMC) unit.

10.5 Home-Based New-born Care (HBNC)

It is reported that HBNC kit is available with ASHAs in the district. Further it was reported that the kits initially provided were partially filled as some of the items from kits were missing. These kits received to ASHAs last in the year 2019. During the current financial year (till December, 2021) a total of 2031 visits were made by ASHAs to new-borns under HBNC. 300 hundred ASHAs has drug kits were available in the district at the time of our visit but it was reported by the ASHAs at the SC and PHC level HWCs, the drug kits are being refilled at their respective health facilities on need basis. The information collected from ASHAs for some specific questions shows that very limited number of ASHAs were given the HBNC kits in the initial phase with only few items in the kit (as other items were missing). Presently all the ASHAs have been involved with the vaccination drive for Covid-19 which has severely affected the working of HBNC and other related service being provided by the ASHAs. District ASHA Coordinator and ASHA facilitators were also contacted during the PIP visit and various issues related to working of ASHAs were discussed with them. On the basis of our feedback from the community and health staff at various levels, it was conveyed to them that ASHAs need further orientation and continuous monitoring and supervision to improve their working.

10.6 Maternal and Infant Death Review

During the current year only 6 maternal death review has taken place while in the previous year 2020-21, 23 infant deaths was reviewed by the competent authority in the district. Further, it was also found that all the visited health facilities maintain the data regarding the maternal and child deaths and report the same to the CMO and also upload this information on HMIS portal on monthly basis. No maternal or child death was reported by any visited health facility in the district during the previous or current year.

10.7 Peer Education (PE) Programme

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

11. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT

The district doesn't have any MMU. However, in terms of referral transport, the district has vehicles/108 on road and are GPS fitted and handled through centralized call centre. On an average each ambulance shares at least 2 trips per day and travel an average distance of 250 kms in a day. The district has (3 ALS+2 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and are operational on need basis for 24X7. The average distance travelled by these ambulances was found 2005 kms/day. As mentioned above that a Centralized Tool Free Number (102) for availing free transport 14 vehicle has been made functional and a control room has been established at Jammu.

12. 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 a sizable number of SHS and PHC level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase. The district has enumerated about 21948 individuals so far and 16968 CBAC forms have been filled as per the target till date. All the 52 SHC-HWCs and 21 PHC-HWCs have started NCD screening at their facilities in the district. Further, the information collected shows that the district has achieved 100 percent target in screening the planned individuals for various types of NCDs which include hypertension, diabetes, oral cancer, breast cancer and cervical cancer. All the established HWCs are completed services and organizing some wellness activities in the district though such activities have got hampered since the Covid-19 pandemic struck the globe.

12.1 Universal Health Screening (UHS)

The district is actively involved in universal health screening under different components of NHM. Under universal health screening, district has identified a target population of 50,000 eligible persons and out of these, 21948 persons enumerated (16968 persons) population has been covered till date and Community Based Assessment Checklists (CBAC) forms have been filled for them. This population has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers. The details provided by the DPMU shows that overall, 18883 persons in the district were screened for hypertension. Similarly, 16623 persons from the target population were screened for diabetes. Further, the information provided by the DPMU shows that a 12980 of persons were screened for oral cancer and 6535 persons for breast cancer while as, 1249 persons screened for cervical cancer.

The DH has screened 7865 persons for hypertension out of which 15 percent is confirmed, and 7865 for diabetes out of which 5 percent is confirmed. Six persons screened for oral cancer, 60 for breast cancer and 60 for cervical cancer screened during the last six month. While-as PHC Rattanpur has conducted screening 150 for hypertension out of this diagnosed 20 and 66 screened for diabetes out of this 5 diagnosed s. HWC-SC Odh has conducted screening for hypertension 72 individuals out of this 4 diagnosed during the same period. And 61 individulas screened for diabetes out of this 6 diagnosed for the same. The NCD clinics are functioning on daily basis at DH and on fixed days at PHC Rattanpur. Overall, the information collected shows that a large number of persons especially women were screened for various types of cancers (oral, breast, and cervical cancer)

13. GRIEVANCE REDRESSAL

Grievance Redressal

Grievance redressal committees for registration of complaints and grievances have been established at various facilities visited by us. A complaint box is available at D.H for registration of complaints. Medical Officers mentioned that they generally receive the complaints verbally and redress them on spot but our interaction with the patients revealed that they hesitate to lodge the complaints as it may further complicate delivery of services.

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.

14. PAYMENT STATUS

The information provided by the CMO office shows that overall, the district has paid 1964 JSY beneficiers but a huge backlog of 403 JSY beneficiaries during the current financial year. All the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date. While as information is not available of the ASHAs, any patient or Provider has received incentive under NTEP or NLEP. The information collected from the selected health facilities shows that DH and CHC has no pendency for payments to beneficiaries or ASHAs while as at PHC and SC-HWCs such information was not available as the payments for these institutions is made by the concerned BMO office. The delay in disbursement of incentives to ASHAs and beneficiaries or patients has caused by the delay in release of funds or sometimes submission of records by SHS to the district and also by the pandemic situation prevailing through-out.

15. COMMUNICABLE DISEASES PROGRAMME

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response 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 private sector did not cooperate and not providing the weekly data under IDSP in the district. The information collected from the visited facility shows that the SC-HWC is reporting the data on weekly 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.
Further, the information collected from the CMO office shows that the district has implemented the National Vector Borne Diseases Control Programme (NVBDCP) while as National Leprosy Eradication Programme (NLEP) is in vogue in the district as 3 new case of leprosy has been reported in the district during the current year and is under MDT treatment.

National Tuberculosis Elimination Programme (NTEP) is also working in the district but the Medical Officer/DTO for the programme looks after the district. 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. The information collected from the CMO/DPMU office indicates that the district has achieved 3146 target TB notifications. All the TB patients are tested for the HIV. Universal Drug Susceptibility Testing (UDST) for Rifampicin to achieve the elimination status is being done at the district and both drug sensitive and drug resistance tests are available in the district. Further, the information collected shows that 367 patients have been notified from the public sector and the overall treatment success rate was found to be 80 percent in the district. The plan for finding the active cases is done as per the protocol set by the district. The district authorities reported that 225 patients of TB have been paid under Nikshay Poshan Yojana (NPY) and DBT installments have been initiated in their favour.

The information collected shows that up to 24X7 PHC level 4 health facilities are having a Designated Microscopy Centre (DMC) and most of these facilities (DH, CHC, and PHC) have taken a sample of about three percent from the OPD for microscopy tests during the last 6 months. The drugs for TB patients were found available at DH, CHC and PHC.

16. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Samba district has a requirement of 350 ASHAs as per the population of the district and out of these, 309 (88%) ASHAs have been selected till date. A sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district. Overall, a total of 222 (71 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 8 (2 percent of the in-position) ASHA facilitators have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 219 (70 percent of the in-position) ASHAs have been enrolled Pradhan Mantri Suraksha Bima Yojana and 3 of the ASHAs facilitators enrolled for Pradhan Mantri Shram yogi Maandhan Yojana scheme in the district. On the other hand, 363 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed. 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.

17. IMMUNIZATION

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH, CHC. Very few PHCs SC-HWCs in the district also provide BCG doses of immunization to infants. In district there is practice that as long as the health facilities (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. Almost all the SCs in the district have 2nd MPW/ANMs in place. Micro plans for institutional immunization services are prepared at sub centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for the preparing micro plans.

Cold Chain Mechanics for the maintenance of Cold Chain Machine and paramedic trained in Cold Chain Handling is in place in the district. VHNDs, outreach sessions are used to improve Pantavelent-1 Booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. AEFI committees have been established while 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 hub cutters while as vaccine is not usually stored at SCs. Awareness among the ANMs about the immunization schedule and vial open policy was found satisfactory both at SC and PHC level HWCs.

Further, the information provided by these health facilities shows that 364 new-born children were administered the birth dose (BCG, OPV and Hib0 doses) during the last three months at DH while as 2 infants were administered such doses at CHC Gagwal during the same time. Further, the information collected shows that PHC-HWC Rattanpur did not provide any information about the birth dose during the period. During our visit to DH it was observed that the practice of early initiation of breastfeed (with 1st hour of delivery) is followed at both the places for normal deliveries but such practice was not followed for C-section.

18. FAMILY PLANNING

Beside DH, CHC and some PHCs/SCs have also been identified and are providing IUD insertion or removal services in the district. The district is currently providing IUCD services through a network of majority of identified health institution of various categories in the district. There is no provision of home delivery of contraceptives to beneficiaries in the district. The IEC component is not much strong as only some information on various contraceptive methods was found available at DH and CHC level. The information regarding various methods of family planning is also provided through VHND sessions at the SC-HWC level. The spacing methods like condoms and oral pills are available at all levels in the district. Except Antra and IUCD all supply was out of stock from two months on the day of our visit .at CHC. Besides, at PHC Rattanpur, the DH as well as the CHC and SC has trained manpower for providing IUCD/PPIUCD. Counselling on FP is mainly provided by the gynaecologists, SNs and CHOs at DH and CHC level while as such counselling is provided by the MOs and ANMs at SC and PHC level in the district. During the last one month 38 sterilizations for FP were done at DH. Family Planning Logistic Management and Information System (FPLMIS) have been integrated with the HMIS Portal in the district besides, the family welfare department of the UT.

19. ADOLESCENT FRIENDLY HEALTH CLINIC (AFHC)

AFHC clinic at DH Samba has been established and 1 ARSH Counsellor and 1 Data Entry Operator is posted in ARSH clinic. ARSH counsellor provides ARSH related services and also provides information about various contraceptive methods. Oral pills, condoms, sanitary napkins are distributed through ARSH clinic. The district doesn't have any Nutrition and Rehabilitation Centre (NRC)

20. QUALITY ASSURANCE

As per the information, District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. Some of the health facilities in the district are quality certified. DH had initiated Kayakalp in 2019-20 and had scored 70 points for this during the last assessment and has been asked by the DQAC to improve the same for getting the requisite score for qualification. NQAS has not initiated yet in the district LaQshya have also been initiated in 2020-21 and is upgraded. CHC Gagwal has initiated Kayakalp and had scored only 70 points. Though PHC Rattanpur has initiated Kayakalp in 2020-21 and had scored 94 points and get awarded two times.

21. QUALITY IN HEALTH SERVICES

21.1 Infection Control

Overall, the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the DH and CHC but at other levels such issues are not taken

21.2 Biomedical Waste Management

All the visited health facilities use colour coded bins for the segregation of waste but it was found that guidelines for proper segregation of waste are not properly followed at any of the health institutions. Patients and their attendants need to be educated about proper use of these bins. As none of the health facilities in the district have their own proper mechanism for disposal of bio medical waste, therefore, the district has outsourced the disposal of bio medical waste of various health facilities (DH, CHC and PHC) to a private agency (Anmol Health Care). All these facilities have to bear the cost of bio medical waste disposal.

21.3 Information Education and Communication (IEC)

Display of appropriate IEC material in Health facilities was found by and large satisfactory at all the levels. The IEC material related to MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the DH, CHC and PHC level.

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

22.1 Health Management Information System (HMIS)

The UT of Jammu and Kashmir took an early lead in the facility reporting of HMIS and also shifted on the new portal modified by the MoHFW. All health facilities in Samba are regularly submitting HMIS formats. HMIS data is uploaded at block head quarters. To stop duplication of ANC and immunization, women visiting the CHC and DHs for ANC and immunization of children belonging to the SCs and PHC areas are directed to get the services from their concerned health facilities. Women from outside the area of DH and CHC are given treatment on OPD tickets and such services are recorded but they are not reported on HMIS website. Such women are asked to contact their local ASHA/ANM, so that they can report these services on HMIS website. Though the data quality in the district has improved to a great extent but there is still a lot of scope for improvement in all the

facilities particularly at DH in the district. The district is now using HMIS data both for reporting and reviewing its progress. District is also using HMIS data for preparation of PIPs. However, to further improve the HMIS, it is suggested that BM&EO should frequently visit the facilities for monitoring of HMIS and they need to be supported by the CMOs and BMOs by facilitating their mobility.

22.2 Reproductive and Child Health (RCH)

Like other States in the country, National Health Mission (NHM), Govt. of Jammu and Kashmir State has also rolled out RCH Portal State wide–a web-based application for RCH replacing MCTS portal. In this regard the integrated Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village and field level. The training of health functionaries has been started in the State and data collection and reporting under the RCH portal has been started at the State as well as district Level.

23. STATUS OF FUNDS RECEIVED AND UTILIZED

The information collected from the CMO office regarding the receipt and utilization of funds during 2021-22 shows that the district has utilized about 100 percent of funds received from various sources. The information collected further shows that the district has made about 100 percent expenditure on all the major heads including RCH Flexi pool, Communicable and non-communicable Flexi pool. Overall, the district has utilized 100 percent of funds that were received under different schemes of NHM. The district has utilized 100 percent of funds on various programmes such as RBSK, family planning, immunization, programme management, referral transport, NIDDCP and IDSP during 2021-22. It was also reported that the major works are in progress regarding comprehensive primary health care.

Table 23.1: Component Wise Funds Received and Expenditure During the year 2021-22 in Samba District of J&K

S. No	Component	Total Funds Received	Total Expenditure	Net Balance	Expenditure %age
1	**A.** RCH & health Systems Flexi pool	52,043.533	52,043.533	0	100
2	**B.** Communicable Diseases Pool	265,299	265,299	0	100
3	**C.** Non-Communicable Diseases Pool	1,697,670	1,697,670	0	100
4	**D.** NPCCHH Pool	0	0	0	0
Total "A+ B+C+D"		**54,006,502**	**54,006,502**	**0**	**100**

24.FACILITY-WISE BRIEF

24.1 District Hospital Samba is located in the outskirts of Samba town and is accessible from the main city and adjacent areas easily. The CHC Samba was given the status of a District Hospital in 2008 but additional positions of doctors and paramedical as per the requirements of a District Hospital have not yet been sanctioned to it. A new building with a bed capacity of 200 for the DH has recently been completed and the DH has shifted the OPD, IPD, OTs, Labour room, Gynaecology ward, SNCU, Administrative Offices and Blood Bank to this new building. This helped the DH to mitigate its accommodation shortage and now the hospital has enough space to accommodate its various units/facilities.

There are 6 staff quarters for Medical Officers available in the DH. Few staff quarters for Staff Nurses and other paramedical staff are under construction. Almost all the necessary services which include general medicine, O&G, pediatric, surgery, anesthesiology, ophthalmology, dental, imaging services, DEIC, SNCU, labour room complex, ICU, dialysis unit, NCD, and emergency care are available at the hospital. Functional blood bank is available in the district hospital.

The hospital has regular power supply. In addition, power backup is available in the OT, labour room, OPD, Labs, SNCU and wards. Regular water supply is available in different units of the hospital. The hospital also has facility for drinking water in the form of 2 water coolers fitted with electronic water purifiers. Toilet facilities in adequate numbers are available in the wards and OPD and were found to be clean. Citizen's charter, timings of the facility, list of services available, protocol posters, JSY and JSSK entitlements are displayed properly. Complaint box is also available for registration of complaints and grievances.

All the necessary equipment is available in the DH. All the sections of the hospital were found well equipped but the hospital is without a MRI facility. None of the essential equipment was found nonfunctional of had any shortage. The central lab of the hospital remains open for 24X7 and all the requisite diagnostics are being done in the hospital on 24X7 basis. Thyroid profile is not being done in the hospital and imaging service (USG) is done during the day time only as the hospital don't have any radiologist Supply of drugs was reported to be in sufficient in and the Essential Drug List is displayed in the store and at the entrance also. There was shortage of some drugs from last one month in EDL during our visit. Management of the inventory of drugs is manual. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at DH. The DH has no mechanism in place for online consultation for patients.

DH has initiated Kayakalp in 2019-20 and LaQshya in 2020-21 for the labour room while as OT has been upgraded under LaQshya. 364 newborns have been immunized for the birth dose during the last three months while as all the 364 newborns were breastfed within one hour during the same time. Thirty eight female sterilization was performed at the DH during the last one month. As per the records of the NCD at DH, a total of 7865 patients have been screened for hypertension, and7865 for

Diabetes and out of these, 1145 patients have been confirmed as hypertensive and 410 patients were confirmed for diabetes by the DH during last 6 months prior to our visit.

Cleanliness of the facility was found satisfactory at all levels in the hospital. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in each section of the DH for waste segregation. The DH has out-sourced disposal of biomedical waste which is collected on daily basis.

Key Challenge

1. Lack of specialists and technical staff in district hospital.
2. District hospital has Parking problem.
3. District hospital needs more 108 ambulances as it is accident prone area.

24.2 CHC Gagwal is located at National high way in between Samba and Kathua. It was basically working as a Trauma Centre and has recently been upgraded as a CHC. It comprises of 4 small buildings. The main building is a two storey building, which houses IPD, Store, TB Centre and laboratory. OPD and ANC, immunization is in a separate building. The CHC faces shortage of space. Currently the CHC has a total bed capacity of 25. Separate wards for male and female are available. There are 10 beds in gynaecology ward. The facility provides round the clock emergency and trauma care services, emergency obstetric care, RTI/STI services, AYUSH/ISM services. Obstetrics and gynaecology, paediatrics, orthopaedics, ENT, Ophthalmology are available during day time only. But doctors on call are available for emergency purposes during night hours. Cardiology, dermatology, psychiatry, Blood bank or blood storage services are not available in the CHC currently. Four staff quarters have been constructed for doctors but staff quarters for Staff Nurses and other paramedical staff is not yet available at CHC. Adequate drinking water PHE supply and water in the toilets is available. Back up in the form of a generator and for electric supply is available.

CHC has initiated Kayakalp and had achieved a score of 57 points during the last external assessment while as NQAS has not been initiated at CHC. LaQshya has initiated at CHC. DVDMS has not been initiated at the CHC for supply chain management system. One maternal death has reported during the current year but no child death has been reported from the facility during the last two years. A total of 2 newborns have been immunized for the birth dose during the last three months.

Cleanliness of the facility was found satisfactory at all levels in the hospital. Citizen's charter, timings of the facility and list of services essential drug list protocol posters JSSK entitlements immunization schedule and JSY entitlements and Colour coded waste bags are available are displayed properly. CHC has arrangement with Anmol Health Care Services Jammu for the disposal of bio medical waste Complaint box was found to be available at CHC.

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Key Challenge

1. The facility has non availability of surgeon and prediation.
2. CHC has lack of Ultrasound and digital X-ray.
3. Residential quarters are used for office due to lack of space.

24.3 PHC Rattanpur is a 24X7 PHC and is located at a distance of 10 kilometres from CHC Gagwal. The PHC caters to the health care needs of 6 villages/ hamlets with a population of around 1379.There are 02 SCs in the PHC area. The PHC is housed in a government building. The services available at the PHC include general medicine, dental, ANC, minor surgery, immunization and temporary methods of family planning. Although, it was identified as a delivery point but deliveries do not take place at the PHC. The hospital has a total bed capacity of 04. The PHC also has a small lab where basic blood and urine investigations are conducted. The PHC has regular water supply both for drinking as well as in wash rooms. Electric back up is available but normal electric supply is irregular and erratic. Colour coded waste bins for segregation of waste are available in the PHC. Sharpeners, needles and syringes could not be seen in the premises of the facility. The general cleanliness of the PHC is very good. PHC has arrangement with Anmol health care services Jammu for the disposal of bio medical waste. Citizen's charter, timings of the facility, list of services available, essential drug list, protocol posters, immunization schedule, JSY entitlements and partograph are displayed properly.

The PHC has sanctioned strength of 2 MOs but out of these, only one MBBS MO is in position. One MO is attached at CHC Gagwal. 1 MPHW, 1 Lab technician, 1 X-ray technician1 dental technician and 1 pharmacist are sanctioned from regular side and all the positions are in place. The 2 posts of SNs are sanctioned and are in place under NHM. .

Services like as OPD, IPD, Ayuash, Dental ANC/PNC, child immunization, general medicine are provided by the PHC. Drugs for NCDs are also available at the PHC but multi-drug therapy for NCDs was found missing at the health facility. Supply of drugs was reported to be insufficient in PHC. Management of the inventory of drugs is manual. The list of essential drugs was not displayed in the PHC. The PHC suffers a lot for drugs and consumbles as it is now under GMC Kathua. PHC has a AYUASH unit managed by a AYUASH pharmacist and having adequate supply of drugs available there.

As per the records of the NCD at PHC, a total of 150 patients have been screened for hypertension 20 for Diabetes, and out of these, 20 patients have been confirmed as hypertensive and 5 as diabetic by the PHC during last six months.

The general cleanliness of the PHC is good. PHC has arrangement with Anmol health care services Jammu for the disposal of bio medical waste. Citizen's charter, timings of the facility, list of services available, essential drug list, protocol posters, immunization schedule, JSY entitlements and partograph are displayed properly. PHC Rattanpur has initiated Kayakalp in 2020-21 and has done score of 94% during an assessment in 2021-22 and got awarded two times..

Key Challenge

1. PHC requires staff for running the facility 24X7.
2. PHC needs semi- auto analyser for running the lab services.
3. The facility needs X-ray technician.
4. Facility has shortage of drugs like iron and calcium.

24.4 Health and Wellness Centre Odh

This SHC-Health and Wellness Centre (HWC) is located at a distance of 12 kms from CHC having direct road connectivity. This H&WC is 4 Km from PHC Rattanpur. This SC was converted into H&WC. The H&WC caters to 4 villages with a catchment population of around 1024. The H&WC is housed in a govt building, with 3 rooms and four wash rooms. It is not in good physical condition. Power supply connection is not available The centre has no water facility available

H&WC Odh has a sanctioned strength of 2 ANM/MPW one from regular side and other from NHM side, besides, the centre has 1 position of MPW Male sanctioned and in position.

The H&WC provides OPD /NCD screening /ANC checkup, Minor ailments, IFA, TT injections, routine immunization once a week, Covid vaccination, and temporary methods of family planning services (condoms and oral pills). It does not serve as a DOTs Centre for TB patients but ANM and ASHA work in area to identify TB patients. The centre has conducted 18 village health and sanitation days during last six months.

EDL was displayed in H&WC. So far as contraceptives are concerned, oral pills, emergency contraceptive pills (ECPs) and condoms were found available at the centre. Few drugs for hypertensive and diabetic patients were also found available at the centre.

Testing kits for checking hemoglobin, pregnancy status and blood sugar have been provided to the HWC in sufficient numbers. Thermometer and BP apparatus were also found at the HWC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc. rest of all the equipment is available at the centre. No CBAC forms has been filled in the H&WC. The records verified in the visited health facilities shows that the documentation and records regarding the line-listing of severely anemic, and filling of MCP cards was satisfactory.

Screening camps are conducted by the centre and under this programme, 72 individuals were screened as hypertensive. Out of these, 4 cases were diagnosed for hypertension, 61 were diagnosed with diabetes. Out of these 6 cases were diagnosed for diabetes

The general cleanliness of the H&WC was satisfactory. The H&WC does not have a proper mechanism for management of bio-medical waste as deep burial pit for waste management is not available.

Key Challenge

1. HWC-SC has shortage of glucometer strips.
2. HWC-SC has no direct water supply.
3. CBAC forms has not been filled at H&WC.

Community

During our interaction with the community, it was found that HWC provides health care services for minor ailments only. They mentioned that HWC has essential drugs and diagnostics as per the protocol but still the services are not provided to the locals on daily basis. Overall, the community was found satisfied with the services being provided by the HWC for ANC, PNC, Contraceptive services, AH counselling, nutrition counselling for every individual. They also reported that most of the time people have to purchase medicines from their own pockets.

25. RECOMMENDATIONS AND ACTION POINTS

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

- Human resource is amongst the basic pillars to run any programme and its rational use makes success stories. Though, Samba district has some shortage of human resource from the regular side but the human resource provided under different schemes of NHM to the district has been a milestone in itself. The judicious use of this human resource can prove more effective. There is a need for audit and rationalization of human resource (both from the regular as well as NHM side) on the basis of workload and work done by different health facilities. This can also be done on the basis of performance of each individual health professional (from top to bottom) so that facilities with high workload can get some additional staff on need basis. Further, there is an urgent need to look into unnecessary "attachments" of doctors or paramedical staff which have been made in the district for unknown reasons. There is an urgent need to appoint a specialist in radiology at DH and CHC for performing USGs and other related investigations as the district does not have a radiologist.
- Availability of infrastructure is also an important component of service delivery and in this regard, the district has received very good support from the NHM as well as from other agencies and the district has been able to upgrade their health infrastructure as per IPHS standards but there are still some gaps which needs to bridged on priority basis.
- Another issue which needs to be addressed at the earliest is the non-availability of some equipment at various health facilities and in this regard, DH and CHC needs MRI. Similarly, at PHC level (especially those which have been converted into HWCs), old type X-ray machines should be replaced by the digital machines and few old type analyzer can also be replaced be new multi-tasking analysers for better efficacy and output. Further, it is also suggested to provide (Thyroid Analyser) to DH and CHC as almost all the pregnant women under JSSK need to go for thyroid profile and in the absence of such facility at these health facilities, these women have to get it done outside and thus put more burden on their pockets. The district is without a MMU and as such it is suggested to provide a MMU to the district to net-in the hard-to-reach areas for various facilities through MMU.
- Though officially the district has implemented the free drug policy but at ground level, this

argument was not substantiated either by the concerned health facility officials or by the community members and in fact, our interaction with the patients both at OPD and IPD proved it to be a virtual non-starter.

It is suggested that a special team at the district level should be formed to look into the matter and come out with the facts and implement the free drug policy of the district in a better way so that the population can get benefited. There is also a need to provide sufficient and multi-salt drugs to the HWCs for NCDs as they have become the primary source for providing drugs to such patients at the grass root level.

- Though JSSK for pregnant women is in vogue but it was found that pregnant women get some food, drugs, referral transport and partly to-and-fro transportation. It was also observed that the monitoring mechanism for its implementation is poor. The records pertaining to tests conducted in different labs, transport facility (from home and back, referral), diet given during stay at the health facility, medicines being provided under JSSK need to be kept in proper shape and ready for any public scrutiny. There is a need to constitute a team of some external agency to audit the performance of various components of JSSK and pay surprise visits to the health facilities and get on spot feedback from the patients regarding the implementation of JSSK .
- The institution of ASHA has proved to be an asset to the RCH as it has proved a vital role in immunization, ANC, PNC, institutional deliveries, and other related issues of RCH. Since these ASHAs are not highly qualified but still they have been performing better but need continuous monitoring and supportive supervision. Though the district has ASHA Coordinator and Facilitators to monitor them but it was found that the monitoring was not effective and result oriented. It is therefore, suggested to make these coordinators and facilitators answerable to a core group at the district level for better results in terms of regular orientation/trainings of ASHAs, effective implementation of HBNC/HBYC and other related work of ASHAs.
- Various schemes like RBSK, NCD Clinic, NMHP, AFHC, IYCFC, NCD, Dialysis Centres and other programme under NHM have brought revolution in the health care system by providing variety of services to the population but in order to make them much more effective, it is suggested to create a common platform for all these schemes (as the manpower under these schemes have diverse expertise) for mandatory field visits to reach to the needy population at their door-step and provide them the required services.
- Though District Level Quality Assurance Committee (DQAC) is functional in the district but there is a need to use its expertise in a much efficient way so that various level health facilities can get accredited /certified for Kayakalp, NQAS, and other national level accreditations as till date none of the health facility in the district is quality certified. LaQshya has been implemented partly in DH and CHC Gagwal, it is therefore, suggested to impress upon the concerned health facilities to implement all quality assurance indicators to make their facilities visible and at par with the standards of IPHS.