

**MONITORING OF NHM STATE PROGRAMME
IMPLEMENTATION PLAN 2021-22: Haryana**
(A Case Study of Kurukshetra District)



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CONTENTS		
	LIST OF ABBREVIATIONS	4
	PREFACE	6
1	EXECUTIVE SUMMARY	7
2	INTRODUCTION	11
2.1	Objectives	11
2.2	Methodology and Data Collection	11
3	PROFILE OF UNION TERRITORY OF JAMMU AND KASHMIR	12
3.1	Overview of the Kurukshetra District	12
4	HEALTH INFRASTRUCTURE	13
4.1	Up gradation of SCs/ PHC/U-PHC to SCs.	14
5	DISTRICT HEALTH ACTION PLAN (DHAP)	15
6	STATUS OF HUMAN RESOURCE	15
6.1	Availability of Human Resource at selected Health Facilities	17
6.2	Recruitment of staff	18
6.3	Trainings	19
7	STATUS OF SERVICE DELIVERY	19
7.1	Free drugs and diagnostics services	19
7.2	Dialysis Services	20
7.3	Rashtriya Bal SwasthyaKaryakaram (RBSK)	20
7.4	Mobile Medical Unit (MMU)	21
7.5	Referral Transport	21
7.5.1	<i>Key observation and challenges related to referral transport mechanism</i>	21
7.6	Special New-born Care Unit/New-born Stabilization Unit	21
7.7	Home-Based New-born Care (HBNC)	22
7.8	Maternal and Infant Death Review	22
7.9	Peer Education (PE) Programme	22
7.10.	Reproductive Health Services	22
7.11	Immunization	24
7.12	Family Planning	24
7.13	Adolescent Friendly Health Clinic (AFHC)	25
8	ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAS)	25
9	SERVICE AVAILABILITY PERCEIVED BY THE COMMUNITY	26
9.1	Lifestyle and living conditions	26
9.2	Awareness about the services available, and accessibility	26
9.3	Availability of HR and behavior of staff	26
9.4	ASHAs visits to the households for consultation/ services	26
9.5	Health seeking behavior and utilization of services	27
9.6	Key challenges pertaining to utilization of health services from public facilities	27
9.7	Suggestive changes in the current programme	28
10	SERVICE AVAILABILITY AT THE PUBLIC FACILITIES	28
10.1	Health and Wellness Centre (H&WC) Jakhani	28
10.2	Primary Health Centre (PHC Kirmech	29
103	Community Health Centre (CHC) Chennai	30
10.4	District Hospital Kurukshetra	32

11	COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)	33
11.1	Universal Health Screening (UHS)	34
11.2	National Programme for the Health Care of Elderly	35
12	COMMUNICABLE DISEASES PROGRAMME	36
13	QUALITY ASSURANCE	36
13.1	Grievance Redressal	36
13.2	Payment Status	37
14	QUALITY IN HEALTH SERVICES	37
14.1	Infection Control	37
14.2	Biomedical Waste Management	37
14.3	Information Education and Communication (IEC)	37
15	STATUS OF FUNDS RECEIVED AND UTILIZED	37
16	CONCLUSION	40
17	PHOTO GALLERY	44

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

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

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in Jammu and Kashmir to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the States in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, which started recently, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. The State Programme Implementation Plan (PIP) of Jammu and Kashmir, 2021-22 has been approved and the UT has been assigned mutually agreed goals and targets. The UT is expected to achieve them, adhere to the key conditionalities and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre (PRC), Srinagar on a monthly basis. During 2021-22, Ministry has identified 20 Districts for PIP monitoring in consultation with PRC in Jammu and Kashmir and Haryana. The staff of the PRC is visiting these districts in a phased manner and in the 1st phase we visited districts located in Jammu and Kashmir and in the second phase districts located in Haryana are being covered. The present report presents findings of the monitoring exercise conducted during 18-22 February, 2022 in Kurukshetra District of Haryana.

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 Haryana for his cooperation and support rendered to our monitoring team. Special thanks are due to Civil Surgeon Kurukshetra, Haryana, Principal Medical Officer Civil Hospital Kurukshetra and Senior Medical Officer CHC Barna for sparing their time and sharing with us their experiences. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit Kurukshetra and Block Programme Management Unit Barna for their cooperation and help in the collection of information. Special thanks are also to staff at Primary Health Centre /H&WCKirmach, and SHC-H&WC Masana for sharing their inputs.

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

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EXECUTIVE SUMMARY

The objectives of the exercise is to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by various districts and the State. The present study was conducted in Kurukshetra district of Jammu and Kashmir and information was collected from the office of Civil Surgeon, Kurukshetra, Principal Medical Officer, Civil Hospital Kurukshetra, CHC Barna, PHC Kirmech, Urban Family Welfare Centre Raj Nagar and H&WC Masana during 17-21 February, 2022. We also conducted some exit interviews with some service seekers for ANC/PNC, child immunization and delivery care at the selected facilities. Main findings of the study are as follows:

- a) The overall infrastructure in terms of buildings and equipment is good. However, the district faces shortages of manpower in general and specialist doctors in particular. There is a need to put in place all the sanctioned positions of Gynaecologist/Obstetrician, Paediatrician, Anaesthetist, Surgeon, Radiologists, Pathologist, Ophthalmologist, Orthopaedic, ENT, Dermatologist and Urologist.
- b) The Civil Hospital building has acute shortage of space to house various facilities. There is almost no space for OPD .
- c) The supply of drugs and equipment in the health institutions has improved with the establishment of State Medical Supplies Corporation limited. Most of the facilities mentioned that EDL drugs are generally available but on very few occasions they experience Stock outs.
- d) The drugs supplied to the health facilities meet 90 percent of their demand of drugs; in case there are shortages, the facilities procure these essential drugs locally through tendering.
- e) The doctors generally prescribe generic drugs which are available at the facilities. Almost all the OPD and IPD patients interviewed by us had received free drugs from the facilities.
- f) Despite irregular/late release of funding, facilities are in a position to provide free drugs, diagnostics and diet under JSSK. So far as free transport is concerned, all pregnant women do not take call 102/108 for visiting a health facility for delivery. But free referral transport for deliveries and neonats is ensured in all facilities visited by us. Drop Back facility is ensured in all cases who want to avail it.
- g) JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs.
- h) The ASHAs have started filling CBAC forms and some of the ASHAs have completed this exercise. We verified some of the filled in CBAC forms maintained at H&WCMasana and PHC Kirmech and found that only few have been filled because all were engaged with Covid-19 vaccination.
- i) Screening for hypertension and diabetes at, PHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for appropriate confirmation of diagnosis, treatment & follow-up. Besides, there is a need to provide various combinations of NCD drugs at PHC, CHC and SC.

- j) It was also found that health facilities across district are not properly maintaining information about NCD screening, resulting in a smaller number of cases screened.
- k) Staff Nurses have been not been trained in screening of cancer; therefore, screening of cancers is not taking place as per the NCD guidelines at CHC and PHCs.
- l) RBSK Teams have been deployed on COVID duty and have played an important role in the vaccination of population. During COVID duty they have also screened infants for any birth defects at delivery points during first 6 months of 2021-22. Further, RBSK vehicles have been vigorously used in COVID-19 related activities. Civil Surgeon informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for COVID duty by the department since the outbreak. Community members are satisfied with the overall working of the RBSK teams during COVID Pandemic.
- m) NTEP is running successfully in the district. Currently, ASHAs are engaged in the survey and detection of symptomatic cases by visiting households and are collecting sputum samples from the suspected patients. A total of 4600 have been notified under NTEP in Kurukshetra district. TB drugs are available at CH, CHCs, PHC free of cost. Ninety Eight percent of detected patients are taking anti-TB medicines in the district. Universal Drug Resistance Testing has been initiated and all the TB patients are tested for the HIV and diabetes. The district authorities reported that all the patients of TB have been brought under NikshayPoshan Yojana (NPY) and First instalment of incentives has been transferred through DBT in case of all the patients.
- n) Two MMUs have been allotted to Kurukshetra district two months back. The State is in the process to arrange the Drivers and other staff for these vehicles. Once the staff is put in place, these MMUs will have a lot of potential to meet the health care demand of the district particularly in far flung areas.
- o) It was mentioned by the PHC and CHC staff that drinking of alcohol and drugs is common in the area but the health facilities are not fully geared to reverse the trend and save the young generation from this menace.
- p) The post of DEIC Manager in Kurukshetra is vacant for the last three years. This has impacted the service delivery of DEIC.
- q) Facility of ANC is available at all the facilities. Normal Delivery facility is also available at PHC, CHC and CH. The facility of C-section delivery is available at CS only. Consequently, a substantial number of women needing C-Section are compelled to have it from private health facilities.
- r) PMSSA activities are regularly organized at various health facilities and this has improved the quality of ANC services.
- s) The facility of spacing methods of family planning are available at all the facilities in the district. Most of the Staff Nurses/ANMs are trained in IUCD insertion. None of the facilities reported any supply issue with family planning consumables. Facility of female sterilization and NSV is available at CS.
- t) Routine Child Immunization facility is available at all the health facilities, but birth doze is available at delivery points only. By and large immunization programme is working properly.
- u) The CH does not have a registered blood bank of its own. The CHC also does not have a blood storage facility.

- v) Data recording and Data Reporting for various ANC, delivery, PNC, Family Planning, Immunization, TB is excellent. There are few data recording issue so far as NCDs are concerned at each facility visited by us.

Facility Wise Challenges

H&WC Masana

- a) The facility is located in an old government building which lacks space to deliver various services.
- b) The H&WC is only MLHP and one FMPHW from NHM and it hampers the efficiency of the centre.
- c) The facility has few any drugs for the management of NCDs.
- d) Blood sugar testing strips are out of stock.
- e) The HBNC kits provided to the ASHAs need to be replaced.

PHC Kirmech

- a) The post of Lab Technician, Pharmacist and LHV is vacant. This has affected the service delivery at the PHC particularly delivery of ANC services.
- b) Shortage of NCD drugs is severely impacting the delivery of NCD services.
- c) The facility is Kayaklap once and NQAS thrice certified. The facility is having some issue in facility mapping which have not yet been resolved.
- d) The facility does not get adequate family planning services due to the facility mapping issue. The FPLMIS is not functional due to area mapping issues in the block.

CHC Barna

- a) There is lack of space as CHC is in old PHC building.
- b) HR positioned in the CHC is not as per IPHS. Lack of all Specialists is a major limitation.
- c) Blood Storage facility is not available at CHC.
- d) HR positioned in the CHC is not as per IPHS. Lack of Specialists is a major limitation. Further, there is no manpower for cleaning and sanitation of the facility.
- e) X-ray and Blood Storage facility is not available at the facility.
- f) Supply of EDL medicines and other consumables supplied are not as per the demand.
- g) The CHC complex needs some maintenance but the PWD contractor is not providing services on time.
- h) The lab needs an automatic bio chemistry analyser.
- i) Lab technician is vacant.
- j) The CHC does not have a New Born Stabilization Unit.

Civil Hospital Kurukshetra

- a) Although CH has does not adequate space to house DEIC, NRC, and IPD and OPD.

- b) New block must be constructed as soon as possible to tackle the space shortage problem.
- c) Shortage of specialist doctors particularly Gynaecologist, Physician specialist, Pathologist and Radiologist and other paramedical staff is impacting the service delivery.
- d) The Blood Bank is functional but fulltime Blood Bank MO is needed of staff.
- e) Irregular supply of anti-D injection and iron sucrose injections.

2. INTRODUCTION

Ministry of Health and Family Welfare, Government of India approves the state Programme Implementation Plans (PIPs) under National Health Mission (NHM) every year and the state PIP for year 2021-22 has been also approved. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalities and implement the road map provided in each of the sections of the approved PIP document. Though, States were implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to know how far these PIPs are implemented. However, from 2013-14, Ministry decided to continuously monitor the implementation of State PIP and has roped in Population Research Centres (PRCs) to undertake this monitoring exercise. During the last virtual meeting organised by the MoHFW in March 2021, it was decided that all the PRCs will continue to undertake qualitative monitoring of PIPs in country. During 2021-22, Ministry has identified 5 Districts of Haryana for PIP monitoring by PRC, University of Kashmir, Srinagar. The staff of the PRC is visiting these districts in a phased manner. The present report presents findings of the monitoring exercise pertaining to Kurukshetra District of Haryana.

2.1 Objectives

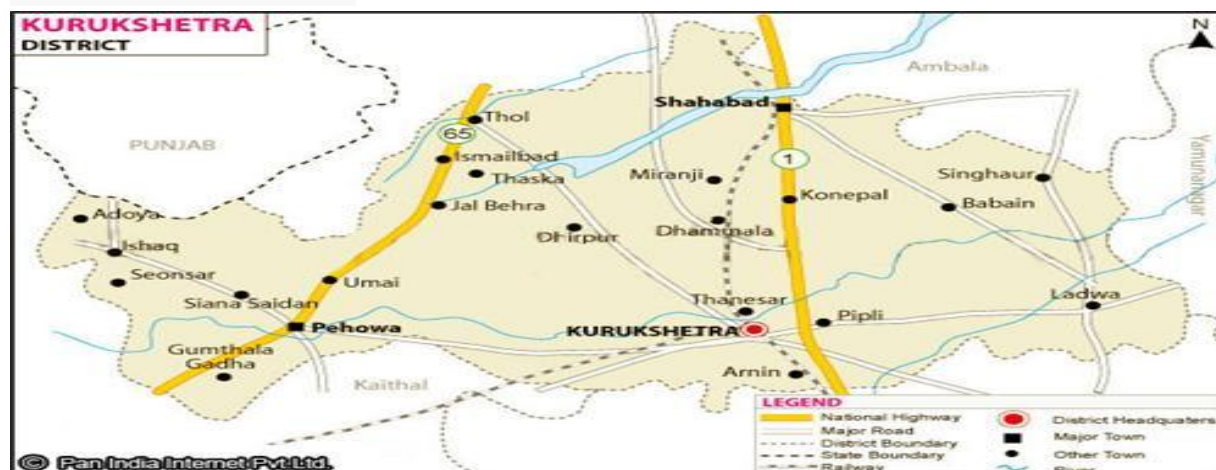
The objective of this monitoring exercise is to examine whether the State/district is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments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

2.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in workshop organized by the Ministry at NIHFW on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2021-22, this PRC has been asked to cover five districts of Haryana. The present study pertains to Kurukshetra district. A schedule of visits was prepared by the PRC and two officials consisting of one Associate Professor and one Research Assistants visited Kurukshetra District during 18-21 February, 2022 and collected information from the Office of Civil Surgeon Kurukshetra, Principal Medical Officer Civil Hospital (CH) Kurukshetra, CHC Barna, PHC Kirmech, H&WCMasana. 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 H&WClevel 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. Overview of the Kurukshetra District

The area forming the part of Kurukshetra remained a part of Karnal District at the time of formation of Haryana State. Up to 1947, 5 districts viz. Hissar, Rohtak, Karnal, Ambala and Gurgaon existed in Haryana were the part of Punjab. In 1948 with the creation of PEPSU Mahendragarh district became one of the 19 districts of the then Punjab, and 6th district in the Haryana Territory. With the creation of Haryana State, Jind district come into existence on 1st Nov. 1966. There after Bhiwani and Sonipat districts were created on Dec 22,1972. Karnal District was bifurcated on January 23,1973 and another district Kurukshetra was carved out.



An official Census 2011 detail of Kurukshetra, a district of Haryana has been released by Directorate of Census Operations in Haryana. Enumeration of key persons was also done by census officials in Kurukshetra District of Haryana. In 2011, Kurukshetra had population of 964,655 of which male and female were 510,976 and 453,679 respectively. Kurukshetra is one of districts of Haryana in India, Kurukshetra District population in 2022 is 1,036,329 (estimates as per aadhar uidai.gov.in Dec 2020 data). As per 2011 census of India, Kurukshetra District has a population of 964,655 in 2011 out of which 510,976 are male and 453,679 are female. Literate people are 646,893 out of 370,828 are male and 276,065 are female. People living in Kurukshetra District depend on multiple skills, total workers are 336,780 out of which men are 268,556 and women are 68,224. Total 64,853 Cultivators are depended on agriculture farming out of 61,557 are cultivated by men and 3,296 are women. 61,286 people works in agricultural land as labour, men are 49,612 and 11,674 are women. Kurukshetra District sex ratio is 888 females per 1000 of males. Next Kurukshetra District Census will be in 2022-2023. The district is predominately inhabited by Hindus who account for about 83 percent of the total population. Muslims account for 1.66 percent and Sikh accounts for 14.66 percent of the population. Twenty five percent of the population of the district is illiterate. Literacy rate is higher among men (84 percent) than among women (67 percent). The population growth rate is 24 percent and the sex ratio is 864 per thousand males which is much lower than the sex ratio of the State (921). Kurukshetra is located at Latitude 29°-52 to 30°- 12 & Longitude 76°-26 to 77°-

04 in the North Eastern part of Haryana State. It is surrounded by four districts of Haryana (Ambala, Yamuna Nagar, Karnal & Kaithal) in the East, South, North and Patiala district of Punjab in the North West.

Table 1: Demographic Profile of District Kurukshetra-Haryana	
Indicator	Remarks/ Observation
Total number of Blocks	7
Total number of Villages	420
Total Population	1046935
Rural population	837036
Urban population	209899
Literacy rate	76.31
Sex Ratio	888
Sex ratio at birth	921
Population Density	630 per KM ²
Estimated number of deliveries	12955
Estimated number of C-section	3722
Estimated numbers of live births	11778
Estimated number of eligible couples	133484
Target for public & private sector TB notification for 2021-22	4
Estimated number of cataract surgeries to be conducted	

4. HEALTH INFRASTRUCTURE

The district consists of 7 medical blocks namely Ahar, Bapoli, Dadlana, Khotpura, Barna, and Naultha. Further Kurukshetra is not an urban health bloc. The district has 420 revenue villages and Village Health Nutrition and Sanitation Committees (VHSNC) have been formed in all these villages. Rogi Kalyan Samitis (RKS) have also been constituted in case of District Hospital, through a network of 1 District Hospital, 1 Sub District Hospital, 6 Community Health Centres (CHC), 14 Primary Health Centres (PHC), 3 Urban Primary Health Centres (UPHC) and 117 Sub Centres (SC). Kurukshetra district has also established one SNCU, and No National Rehabilitation Centre at District Hospital. DEIC under RBSK AFHC, and SNCU has also been established at the CH. Instead of New Born Stabilization Units (NBSU), New Born Care Corners are available at CHCs. The Blood Bank in the District Hospital is operating well but with internal arrangement. NCD clinic has been established at Civil Hospital and NCD services are available at CHCs, PHCs and SCs. Comprehensive Abortion Care (CAC) services are provided at Civil Hospital Kurukshetra. There are 10 Designated Microscopy Centres (DMC), 6 Tuberculosis Units and 1 functional CBNAAT site in the district.

On an average a CHC covers 1.00 lakh population, a PHC serves about 40-50 thousand rural population and a Sub Centre covers 6000 rural population. Comparing these figures with the IPHS norms, district has adequate number of primary secondary and Tertiary health care facilities.

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

The district is in the process to convert all the existing SCs and PHCs into Health and Wellness Centres. Till date the district has already converted all the 14 PHCs and 3 UPHC

into H&WCs (Table 2). Similarly of the 25 SCs, have already been upgraded to H&WCs and remaining SCs are planned to be converted into H&WCs in a phased manner. Initially, few facilities from each medical block which had good infrastructure in terms of accommodation and staff were prioritized for up gradation to H&WCs. In the second phase, those SCs were upgraded to H&WCs which were housed in Government buildings. Subsequently, SCs located in rented building which had 2 ANMs in place and had some basic infrastructure available were planned for conversion into H&WCs. All the remaining SCs are being planned now to be converted into H&WCs in a phased manner. Continuum of care has not been kept in mind while upgrading the facilities into H&WCs.

4.2 Status of delivery points

Facility Details	Planned	Sanctioned	Operational
District Hospitals	1	1	1
Sub District Hospital	1	1	1
Community Health Centers (CHC)	6	6	6
Primary Health Centers (PHC)	14	14	14
Sub Centers (SC)	117	117	117
Urban Primary Health Centers (U-PHC)	3	3	3
Urban Community Health Centers (U-CHC)	0	0	0
Special Newborn Care Units (SNCU)	1	1	1
Nutritional Rehabilitation Centres (NRC)	0	0	0
District Early intervention Center (DEIC)	1	1	1
First Referral Units (FRU)	1	1	1
Blood Bank	1	1	1
Blood Storage Unit (BSU)	1	1	1
No. of PHC converted to SC	14	14	14
No. of U-PHC converted to SC	3	3	3
Number of Sub Centre converted to H&WC	25	25	25
Designated Microscopy Center (DMC)			10
Tuberculosis Units (TUs)			6
CBNAAT/TruNat Sites			1
1. Functional Non-Communicable Diseases (NCD) clinic			
At DH			
AtSDH	1	1	1
AtCHC	1	1	1
	6	6	6
Institutions providing Comprehensive Abortion Care (CAC) services		CAC Service both 1st & 2nd Trimester at Civil Hospital Kurukshetra	
Total no. of facilities			
Providing 1st trimester services			
Providing both 1st & 2nd trimester services			

Delivery services in Kurukshetra district are provided at District Hospital, Sub District Hospital, CHCs and PHCs. Sub Centres/ H&WCs are not conducting deliveries in Kurukshetra.

C-section facility is available at District Hospital only. Four of the PHCs are conducting more than 10 deliveries in a month and 6 of the CHCs are conducting more than 20 deliveries in a month. The Civil Hospital Kurukshetra is conducting more than 194 deliveries per month. All Antenatal Care Services (ANC), delivery and post-natal care services including diagnostics are free of cost under JSSK. The policy of providing free drugs and free diagnostics services is being implemented in all the public health facilities in the district. ANC camps are conducted on 9th of every month for PMSMA activities. Free consultation by specialist/LMO and diagnostic services are given to pregnant women under this initiative.

5. DISTRICT HEALTH ACTION PLAN

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 H&WC 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. Kurukshetra district has prepared the PIP for the current year 2021-22. The district received the approved DHAP on 30th July, 2021. The first release of fund against DHAP was made on 1st April, 2021 and there is no delay in release of funds. There has been no delay in release of payments for JSY, ASHA incentives, NikshayPoshan and release of salary.

6. STATUS OF HUMAN RESOURCE

Appointment of human resource on regular basis is a centralized process and almost none of the facilities visited by us in Kurukshetra have a clear idea about the sanctioned staff making it difficult for the monitoring teams to ascertain the actual availability/deficiencies of regular human resource at various levels in the district. However, whatever limited information was provided to us and on the basis of the verbal discussions held with the Civil Surgeon and Principal Medical Officer reveals that all the health facilities including the Civil Hospital and CHCs have acute shortage of doctors from the regular side.

Table 3: Status of Human Resource (Regular side) in Selected Health Facilities in Kurukshetra as on 31.1.2022								
Specialists	CH Kurukshetra		CHC Barna		PHCKirmech		H&WC Masana	
	S	IP	S	IP	S	IP	S	IP
Gynecologist/Obstetrician		2						
Pediatrician		2						
Anesthetist		3						
Surgeon		2						
Physician		3						
Radiologists		1						
Pathologist		2						
Ophthalmologist		4						
Orthopedic		4						
ENT		1						
Dermatologist		0						
Dental Surgeon		1	1	1				
Other Specialists		0	0	0				
Medical Officers MBBS		5	5	4	2	2		
AYUSH MO		0						
Dental MO		2			1	0		
Paramedical staff								
Dental technician	0	0	1	0				
Dental Hygienist								
Radiographer/X-ray technician	6	1	1	0				
Laboratory Technician	15	5	1	0	1	1		
OT Technician	5	3	1	1				
X-Ray Technician	1	1						
CHO/ MLHP	-	-						
AYUSH Pharmacist	--	--						
ANM/FMPHW	3	3	7	4	1	0		
MPW (Male)	3	3	7	2	1	0		
Staff Nurse/JSN	90	36	4	1	1	0		
Pharmacist (Allopathic)	11	8	2	2	1	1		
Other Paramedic	13	9	2	2	1	1		

S=Sanctioned IP=In position * 1 on deputation to DH and another one at CHC Samalkha

So far, the position of Staff Nurses, Multipurpose Worker (MPW), Pharmacist and various types of Technicians from regular side are concerned, most of the facilities do not have

required manpower. The facilities have shortage of Staff Nurses, Lab Technicians, Pharmacists, and other paramedical staff.

	Total		CH		CHC		PHC		UPHC		H&WC	
	S	IP	S	IP	S	IP	S	IP	S	IP	S	IP
Specialists												
Gynaecologist/Obstetrician	0	0										
Paediatrician	1	1	1	1								
Medical Officers MBBS	6	4	3	2								
AYUSH MO	8	8					1	1				
Dental MO	0	0										
Paramedical staff												
Dental technician	0	0										
Dental Hygienist	0	0										
Radiographer/ X-ray technician	0	0										
Laboratory Technician	8	7										
OT Technician			2	2								
X-Ray Technician												
CHO/ MLHP	85	25									1	1
AYUSH Pharmacist	6	6										
ANM/FMPHW	141	138			7	7	1	1			1	1
MPW (Male)	0	0										
Staff Nurse/JSN	106	102	22	21	3	2	3	3				
Pharmacist (Allopathic)	12	12										
Other Paramedic												
Information Assistant					1	1	1	1				
Others					5	0						

So far as the availability of NHM staff is concerned, information provided by the DPMU shows that the district has a sanctioned strength of 373 positions of various categories of staff including RBSK and Programme Management and DEIC Staff. Of these 303 (81 percent) are already posted at various health institutions (Table 4). The vacancies are generally in case of Specialists, Gynaecologists, Paediatrician and MBBS doctors. Few positions of AYUSH doctors are also vacant. Almost 71 percent positions of Mid-Level Health Professionals (MLHP) are vacant in the district. Out of 106 of SN/JSN 103 positions of SN, and out of 141 positions of FMPHW/ANM 97 percent are in position.

6.1 Availability of Human Resource at selected Health Facilities

Civil Hospital Kurukshetra has presently strength of 32 doctors. These include 2 Surgeons, 2 Gynaecologist, 3 Anaesthetist, 3 Physicians, 4 Ophthalmologist, 4 Orthopaedic, 2 Pathologists and 2 Paediatricians. There is also a Radiologist, and an ENT posted at CH. Besides, 5 Medical Officers and 3 Dental Surgeons are also working in the CH. The hospital does not have any Dermatologist

and Cardiologist in place. Thus, the Civil Hospital Kurukshetra has acute shortage of Specialist in general and Medical Officers in particular.

The District Hospital has a sanctioned strength of 147 technical (paramedical) staff and of these 69 positions (46%) are in position. These include 5 Laboratory Technicians, 8 Pharmacists, 3 X-ray Technicians, 36 Staff Nurses. The hospital has a permissibility of 90 Staff Nurses/JSN but only 37 are presently posted in different units of the hospital.

District hospital has a sanctioned strength of 3 positions of doctors under NHM other than DEIC staff and only 2 of them are working in the hospital. Almost All paramedic positions and Technical positions like LTs, OTT, X-Ray, ARSH Counsellor and HMIS DEO are in place at CH.

CHC Barna has sanctioned strength of 6 doctors from regular side which include 1 SMO, 4 Medical Officers and 1 Dental Surgeon. Of these posts, only 1 Medical Officer is presently vacant at the CHC. Of the 26 sanctioned positions of paramedical staff, only 12 (46 percent) are in place. The vacancies are mainly in case of Pharmacist and Lab Technicians.

The details regarding the engagement of NHM staff at CHC Barna shows that both the positions of AYUSH Medical Officers are vacant. Besides, 7 FMPHW, 2 Staff Nurses and 1 Assistant Information Officer is working at the CHC under NHM while 8 posts of various categories are vacant at CHC.

PHC Kirmech has been converted into a H&WC and has 2 sanctioned positions of MOs (MBBS) and 1 position of MO (AYUSH) from regular side. Of these all the 3 positions, are in place. It also has 6 positions of paramedical staff and all are in position. One SN, 1 ANM is working at the PHC. The positions of LT and dental technician are vacant. From NHM side, 3 Staff Nurses are working at the PHC. Besides, three contractual positions (1 MO-AYUSH, 1 DEO and 1 ANM) have been engaged at the PHC under NHM.

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

Sub-Centre Masana has been converted into a SC. There are a total of 2 posts from regular side. These are 1 FMPHW and 1 MMPHW. Both are currently posted at the H&WC. From the NHM side, the facility has 2 sanctioned positions. These include 1 MLHP and 1 FMPHW. FMPHW is posted at the facility but the post of MLHP is currently vacant.

Thus, almost all the health facilities in the district have acute shortage of staff particularly Gynaecologists and paediatricians.

6.2 Recruitment of staff

Since recruitment of regular staff is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level. The positions of

doctors are filled through State Public Service Commission and the positions of paramedical and other staff is recruited by the State Services Recruitment Board. 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. The information collected from the office of DPM shows that 197(112Regular+15 NHM) positions were vacant during 2020-21 and 18 (15 Regular+3NHM) have been filled up at the district level As there is shortage of staff in most of the health facilities, therefore, there is a need to fill up the vacant positions at the earliest.

6.3 Trainings

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies and CMO office maintains information about the trainings imparted to its workers from time to time. The information provided by the CMO office informed that almost every year various training courses are held at the district headquarter approved under the PIP in which different categories of health personnel participate. Due to COVID-19, most of the proposed training courses could not be conducted during 2020-21. During 2021-22, the district had planned 11 batches of training pertaining to SN and MOs, SBA, BEmOC, PPIUCD, NSSK, IMEPContraceptives, RI, and cold chain. but only 9 have been conducted so far.

7 STATUS OF SERVICE DELIVERY

7.1 Free drugs and diagnostics services

As per the information received from the CMO office, free drug policy has been implemented in the district at all health facilities. The doctors generally prescribe generic drugs. Adequate drugs have been made available at various health facilities. In case the facilities have shortage of drugs, they are allowed to purchase drugs from open market following codas formalities. It was found that free drugs are provided during ANC, delivery and PNC. Most of the patients visiting various OPDs, IPDs, SNCU, LR in the public health facilities are receiving free drugs. NCD patients also are provided diabetes and hypertension drugs free of cost.

Similarly diagnostic facilities are generally free for JSSK, BPL, senior citizens, employees, Haryana domiciles, road accident patients and patients covered under Ayushman Bharat. Less than 10 percent of the patients have to pay for diagnostics. It was found that the rates for various diagnostic investigations have been fixed by the State Government but are not prominently displayed in the CH, CHC and PHCs. People in general have to pay for various investigations as per the rate list. Now the whole UT has been covered under Ayushman

7.2 Dialysis Services

No dialysis services are provided at DH only space has been identified but no equipment has been installed .

7.3 Rashtriya Bal SwasthyaKaryakaram (RBSK)

Like other districts of the State, RBSK has been launched in Kurukshetra district in March 2014. The activities of the RBSK are coordinated by RBSK Coordinator. There are 9 RBSK teams (2 teams in each block) in the district and each team consists of 2 Ayurveda Medical Officers (1 Male, 1 Female) 1 ANM and 1 Pharmacist. Almost all positions of AYUSH Medical Officers Pharmacists and ANMs have been put in place (Table 5). The district has established fully functional District Early Intervention Centre (DEIC) at the District Hospital. The posts of DEIC Manager Psychiatrist, Physiotherapist, Audiologist, Optometrist and Early Intervention cum Special Educator are in place. Due to the shortage of space in the Hospital, DEIC has not been provided enough space. Although various equipment have been procured for the DEIC but due to the space constraint, these equipment have not yet been put into use.

Child health screening cards have also been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. Due to the COVID-19, during 2020-21 and 2021-22, schools and AWCs remained closed for most of the time and consequently, RBSK teams could not undertake screening of children in any of the schools or AWCs. The team has screened almost all the infants at delivery points for defects at birth during the first 10 months of current year. However, they have been deployed on COVID duty and have played an important role in the COVID vaccination of population. Further, RBSK vehicles have been vigorously used in COVID-19 related activities. Civil Surgeon informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for COVID duty by the department since the outbreak. Community members are satisfied with the overall working of the RBSK teams during COVID Pandemic.

S.No	Name of the Category	Sanctioned	IP
1	RBSK Coordinator	1	1
2	Medical Officer (Ayurveda)	18	18
3	ANM	9	9
4	Pharmacists	9	8
5	DEIC Manager	1	1
6	Physiotherapist	1	1
7	Audiologist / Speech Therapist	1	1
8	Psychologist	1	1
9	Optometrist	1	1
10	Early interventionist cum special educator	1	1
11	DEO	1	1
	Total		

The RBSK teams have screened 895 new-borns for defects at birth.

7.4 Mobile Medical Unit (MMU)

The State has procured recently procured MMUs for various districts of Haryana and two of the MMUS have been allotted to Kurukshetra. However, these MMUS have not yet been put into use as they do not have the drivers. The State is in the process to arrange drivers for these vehicles.

7.5 Referral Transport

The district has 6 ambulances 5 with Basic Life Support (BLS) and there is one ambulance with Advanced Life Support. All these ambulances are operational on 24X7 basis. They are fitted with GPS and handled through centralized call centre at CH Kurukshetra. Average calls received per day are 30 & a vehicle pays 3 trips a day and covers a distance of 500 kms per day

The district has 31 vehicles under 102 on road and are GPS fitted and handled through centralized call centre. These vehicles are generally used for patient transport from various health facilities and for transportation of women under JSSK. On an average an ambulance makes two trips and covers a distance of almost 300 Kms per day.

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

The SNCU at CH has been established in the year 2018. It has a bed capacity of 18 beds but only 12 are functional. 12 of the Radiant Warmers are non-functional for last 3 months. There is also a 5beded Step Down Care and 6 beded Kangaroo Mother Care (KMC) unit. The SNCU is located in the vicinity of labour room. The post of Child specialists and three MOs (Contractual) sanctioned for SNCU are in place.

Table 6: Performance of SNCU CH Kurukshetra 2021-22

	Inborn	Out born	Total
Admission	345	355	700
Defects at birth	13	15	28
Discharged	283	283	566
Referral	29	32	61
LAMA	26	30	56
Died	10	7	17

All the sanctioned positions of SNs and are in place. The SNCU does not have a separate laboratory facility and it uses the general lab for any lab investigations. The SNCU is neat and clean and the infants admitted have name tags. The patients are provided all drugs free of cost and the mother is provided free diet. The performance of SNCU during the April-November, 2021 is presented in Table 6.

CHC Barna does not have a New Born Stabilization Unit (NBSU), instead one bed New Born Care Corner (NBCC) has been set up at the CHC. NBCC is also available at the PHC. All new borns are

screened at the CHC and PHC and in case of any problem/complications/defects; they are referred to CH Kurukshetra for further treatment.

7.7 Nutrition Rehabilitation Centre (NRC)

NRC hasnot been established at the Civil Hospital Kurukshetra

7.8 Home-Based New-born Care (HBNC)

There are 760 ASHAs in Kurukshetra district. All the ASHAs in the district have participated in HBNC training and all have been provided HBNC kits and 864 have been equipped with drugs kit. It was reported that these HBNC kits were partially filled as some of the items from the kits have become non-functional. During the current financial year (April-November, 2021) new-borns received 7 Home Based New-born Care (HBNC) visits in case of home delivery and 672new-borns received 6 HBNC visits after Institutional Delivery. Presently all the ASHAs are involved with the vaccination drive for Covid-19 which has somewhat affected the working of HBNC and other related service being provided by the ASHAs. District ASHA Coordinator and ASHA facilitators were also contacted during the PIP visit and various issues related to HBNC were discussed with them. On the basis of the feedback from the ASHA Coordinators and community, it was felt that ASHA are not fully trained to conduct HBNC visits, identify the childhood diseases and fill up the forms. They need further orientation and continuous monitoring and supervision to improve their working.

7.9 Maternal and Infant Death Review

Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district is taking place. During 2020-21, 15 maternal deaths was reported and reviewed and during current year also 11 maternal deaths have been recorded and reviewed in the district. A total of 437infant death has been reported by the ASHAs during the last two years in the district.

7.10 Peer Education (PE) Programme

Peer Education Programme has not been implemented in the district .

7.11. Reproductive Health Services

ANC services are available at all health facilities in the district and each facility registers women belonging to its catchment area. Facility of ANC registration, ANC check-ups, measurement of height, weight, BP and HB, is available even at the H&WClevel. USG facility is available at CH and CHCs but it is available in PPP mode. Labour Rooms with all requisite infrastructure have been established at all PHCs but deliveries are taking place only at 4 PHCs. Delivery facilities are not available at SC-H&WCs. There are 3 CHCs where more than 20 deliveries take place in a month and CH is conducting more than 100 deliveries per month. C-section facility is available at CH only. Due

to the non-availability of Operation Theatre, Gynaecologists and Anaesthetists at CHCs, C-section delivery facility is not available at CHCs.

Most of the Staff Nurses and ANMs are trained in ANC and delivery care and most of them have attended SBA trained. More and more women are now utilizing maternal and child health services. Almost, 87% of pregnant women are registered for ANC services in the first trimester and of these 89% have visited a health facility for 4 or more times for ANC visits. 95 percent have received TT, 102 percent have received calcium but this figure is over reported same is in case of IFA which is, 104 percent have received iron folic and 74 percent have received Albendazole tablets. Institutional deliveries in the district are rising and currently 98 percent of births are delivered in a health facility. Public health facilities account for about 28 percent of C-Section deliveries. More and more women are using now a public health facility for delivery as compared to few years back. Normal deliveries account for 90 percent of the deliveries in public health facilities. Large majority of the normal deliveries are conducted by SN/ANMs.

JSY payments are disbursed at the block level. The JSY incentive is directly transferred into the bank accounts of beneficiaries and ASHAs. Information collected from the office of CMOs shows that generally there are no delays in release of JSY payments to beneficiaries and ASHAs. But in cases where there are documentation issues, JSY payments get delayed. So far as the JSY payments at CHC Barna are concerned, it was observed that Barna Health Block has been resolved there is no pendency of JSY payments .ASHAs are concerned assured amount of Rs. 2000 has been paid to all the ASHAs till January.

As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery. Our interaction with the women who were present at the CH and CHC Barna only 9 beds because it is in old PHC building hence have space shortage. Free transportation from home to facility, referral transport and facility to home transport is available through 108. Most of the women had used free transport services to reach CH and CHC for delivery.

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

Comprehensive abortion care (CAC) is an integral component of maternal health interventions as part of the NHM. Comprehensive post-abortion care aims to reduce deaths and injury from either incomplete or unsafe abortion by: evacuating the uterus; treating infection; addressing physical, psychological and family planning needs; and referring to other sexual health services as appropriate. It was however found that CAC services are provided at CH Kurukshetra and CHC Barna.

7.12 PMSMA

PMSMA activities to ensure comprehensive and quality check-ups to pregnant women on 9th of every month are performed at CH and CHC Barna and PHC Kirmech. District has prepared a IEC plan for PMSMA. Pregnant women are counselled for birth preparedness, birth complications, post-partum family planning and nutrition. Further consultation services are provided by specialists and diagnostic services are also provided during PMSMA activities.

7.13 Immunization

District Immunization Officer is in place in the district and is looking after the immunization. The information collected from various sources in the district regarding immunization shows that the routine immunization facility is available at all health facilities upto Sub Centre level. The facility of birth dose is provided at CH and CHCs and PHCs. CH Kurukshetra had administered birth dose to 2329 infants during the last three months. Facility of routine immunization is available at all facilities on every Wednesday. CH, CHC and PHC administer routine immunization on 2nd and 4th Saturday also. Outreach sessions are conducted at H&WC and PHC level to net in drop-out cases/left out cases. Most of the SCs in the district have 2nd MPW/ANMs in place. Micro plans for institutional immunization services are prepared at sub centre level in the district.

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

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

7.14 Family Planning

Facilities for female sterilization, NSV, Post-Partum Sterilization, Post Abortion services are available at CH Kurukshetra. These services are generally provided on designated days. Camps for female sterilizations are organised at CHC level and trained doctors from CH attended these camps to conduct female sterilizations. A total of 483 female

sterilizations and 129 NSVs have been conducted at the district Hospital during April, 2021-January, 2022, 2022. Quality Assurance Cells (QAC) for monitoring of family planning activities have been constituted at district level.

Most of the Staff Nurses and ANMs have received IUD insertion training. IUCD services are available at CH, CHCs few PHCs and SCs in the district. PPIUCD services have been introduced at all CHCs and CHs. A total number of 1225 Interval IUCD Insertions have been reported in the district. Similarly, district reported a total number of 2274 PPIUDs and 179 Post Abortion (within 12 days of spontaneous or surgical abortion) IUCD insertions have been reported in the district.

Condoms and Oral Pills (OPs) were available in all the 3 facilities visited by us. Weekly Oral Pills and Emergency Contraceptive Pills (ECP), Antara injections are also available at these facilities. But at H&Wc only IUCD was available. ASHAs have been given the responsibility of delivering contraceptives at the homes of beneficiaries in the district. The information regarding various methods of family planning is also provided through VHND sessions at the H&WC level. Further AFHCs clinics also provide information about condoms and OPs. Family Planning Logistic Management and Information System (FPLMIS) is yet been integrated with the HMIS Portal.

7.15 Adolescent Friendly Health Clinic (AFHC)

Adolescent Friendly Health Clinic has been established at CH Kurukshetra and 1 ARSH Counsellor and 1 Data Entry Operator is posted in both these. Space for ARSH clinic at CH is inadequate. ARSH Counsellor provides ARSH related services and also provides information about various contraceptive methods. Oral pills, condoms, sanitary napkins are distributed through ARSH clinic. Weekly Iron Folic Strips are not available in the ARSH clinic, although ARSH clinics have a lot of potential to distribute it among adolescents. There is no system of follow up of the adolescents attending the clinic. Due to COVID-19, AFHS staff is involved in COVID related activities and very few adolescent boys and girls received counselling. However, about 206484 girls have received IFA from Anganwadi Centres and 100421 have received sanitary napkins from ASHAs.

8. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Kurukshetra district has a requirement of 760 ASHAs as per the population of the district and out of these, 760 (100%) ASHAs are currently working in the district. None of the ASHA covers 1500 or more population for rural and 3000 or more population in urban areas. The information further reveals that all village in the district have an ASHA.

A sizable number of ASHAs have been brought under various social benefit schemes in the district. Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) has been extended to 7285 of ASHAS in the district. Overall, a total of 714 of the in-position) ASHAs have been enrolled under Pradhan Mantri Suraksha Bima Yojana (PMSBY) and 603 under Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) in the district. The number of ASHA Facilitators who have been covered under the 3 social benefit schemes of PMJJBY, PMSBY and PMSYMY are 23, 23 and 16 respectively.

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.

Kurukshetra has a sizeable proportion of slum population and 3 Urban Primary Health Centres have been sanctioned to cater to the health needs of slum dwellers but Mahila Arogya Samitits (MAS) have not been formed in the district. On the other hand, 392 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed in the district.

9. SERVICE AVAILABILITY AS PERCEIVED BY COMMUNITY

9.1 Lifestyle and living conditions

Kurukshetra District is fast emerging as an industrial city and almost 40 percent population of the district lives in urban areas. Although agriculture is the main occupation in the rural areas but in urban areas most of the work force is engaged in business or service sector. In urban areas lifestyle is sedentary in nature and this sedentary lifestyle is fast spreading to rural areas as well. The living conditions and the overall infrastructure have improved much during the last few years. People are well aware about various health programmes. The major health issues as perceived by the community are: diabetes, hypertension, heart problems, lungs infection, tuberculosis, thyroid disorders, malaria and water borne diseases and viral infections.

9.2 Awareness about the services available and accessibility

The local people are generally well aware about the location of health facilities and the services available there. The most commonly services availed are Child immunization, Antenatal care, delivery care, dental care, treatment of hypertension, diabetes, diarrhoea, cataract, IPD services, and treatment of minor diseases. The services are available free of cost to all irrespective of economic status. However, the community perceives shortage of doctors at the CH, CHCs and PHCs as the main key challenge in accessing health care at the public health facilities.

9.3 Availability of HR and behaviour of staff

Interactions with the community leaders reveal that health facilities in the district particularly CH, CHCs and PHCs have acute shortage of doctors. Specialized services in CH and CHCs are not available. Reproductive and Child Health services are generally delivered by Staff Nurses, as there are only 2Gynaecologists working in the public health facilities in the district. Due to the non-availability of Gynaecologist on 24X7 basis at public health facilities, most women prefer to deliver at private health facilities. Overall, the public is satisfied with the behaviour of the staff posted at the public health facilities

9.4 ASHAs visits to the households for consultation/ services

ASHA are visiting the households particularly those households which have young infants and pregnant women. They motivate the women for ANC and child immunization. They

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

9.5 Health seeking behaviour and utilization of services

People generally use public health facilities in case of minor ailments and a sizeable population also visit private health care services. Utilization of antenatal care services is very high. More than 90 percent of the pregnant women receive antenatal services from a public health care facility. But due to the non-availability of Gynaecologists, almost one-half of the women prefer to deliver in a private health facility. ASHAs play an important role in educating women about the importance of ANC. Women generally receive TT, IFA and anaemia testing facility from SCs and PHCs and USG from PHC/CHC or CH. Immunization facilities are available at all public health facilities and almost 97% of children receive various doses of immunization from a public health facility. So far as childhood diseases are concerned, people generally visit a private service provider for consultation.

NCD clinics have been established at CH and CHCs. Facility for the screening of hypertension and diabetes is now available at all PHCs and H&WCs also. However, screening of oral cancers, breast cancer is in infancy as the staff posted at the H&WCs is not yet fully trained to screen patients for these cancers.

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

It was mentioned by the staff that drinking of alcohol is common in the area. Smoking is also wide spread and some youths are now resorting to consumption of drugs. Suicide cases are increasing. But the health system is not fully geared to control the use of alcohol, smoking and drugs and save these precious lives.

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

As per the community perception, shortage of doctors is a major challenge in the district and particularly during night hours. Although some doctors are available at the CH and CHCs but keeping in view the demand of health care services, the facilities have acute shortage of both doctors and paramedical staff. Further, there is a need to open few dialysis centre at CHC level as the one operating in PPP mode at CH Kurukshetra has limited bed capacity. Lab Technicians are not available at some facilities and facility of X-Ray is also available at very few facilities.

10. SERVICE AVAILABILITY AT THE PUBLIC HEALTH FACILITIES

10.1 Health and Wellness Centre (H&WC) Masana

Availability of Services

Health and Wellness H&WC center Masana has been converted into H&WC in 2020-21. It covers a population of 5594 persons and covers 4 village. Five ASHAs are attached with this facility. The facility is located at a distance of 15 Kms from PHC Kolian and 12 Kms from CHC Barna and 25 Kms from CH Kurukshetra. The H&WCs is housed in a single storey old building 45 years old Government building consisting of three rooms. A residential quarter is also attached with the facility but it is not used for residential purposes. Branding of the facility as per the H&WCs specifications have been undertaken. However, the facility has shortage of space for various activities. The facility has 24*7 running water facility and drinking water facility is also available. One small wash room with water is available. OPD waiting areas does not have sufficient space. Space for drugs with a rack is available. The facility does not have space for yoga/wellness activities. Inverter for power back up is installed.

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

Availability of drugs and diagnostics

As per the Essential Drug List, H&WCs should have 23 drugs available Updated EDL was not found displayed at the facility. NCD drugs are not currently available at the facility. Testing kits and equipment for checking haemoglobin, pregnancy status and blood sugar have been provided to the H&WC but strips for blood sugar have stocked out. Thermometer and BP apparatus were also found at the SC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc.

Service utilization

Looking at the utilization of services from the H&WC, it was found that services are not optimally utilized because only one FMPHWs and 1 MLHP is working at the centre, but on an average less than 10 persons visit the facility for treatment of minor ailments. The public generally prefers to visit CH Kurukshetra. However, immunization services and to

some extent ANC services are fully utilized at the SC. On average in a month, the facility provides various ANC services to 10 women and immunization to 12 children. Very few women visit for contraception services. NCD screening is taking place. No CBAC forms have been filled so far. A total of 511 persons have been screened for hypertension and diabetes. Of the screened persons, 14 have been identified with Hypertension and 7 with Diabetes. All the confirmed cases of HT and DM have been referred to CHC Barna for treatment. All the confirmed cases of hypertension and diabetes and persons have been advised for life style management. Screening for various cancers has not yet been initiated at the H&WCs. The records pertaining to delivery of various services are properly documented. An amount of Rs. 30,000 has been provided to the facility under untied funds and since the facility does not have a post of sweeper and the facility has engaged a sweeper and his charges have been covered from untied funds.

Key challenges

- a) The facility is located in a 45 years old government building which lacks space to deliver various services mandated as per H&WC protocol.
- b) The post of FMPHW regular is vacant therefore, the facility is unable to perform the activities as mandated under H&WC.
- c) The facility does not have any FP items except IUCD for the management of spacing methods.
- d) Blood sugar testing strips are out of stock.
- e) The HBNC kits provided to the ASHAs need to be replaced.

10.2 Primary Health Centre Kirmech

PHC Kirmech has been upgraded to H&WC and is working on 24*7 basis. It is located at a distance of 13 Kms from CHC Barna and 26 Kms from CH Kurukshetra. It covers a population of about 35052. Six Sub Centres/H&WCs are attached with this PHC. The PHC caters to the basic health needs of 6 villages. The PHC is located in a single storey government building. The building is neat and clean and has adequate space to house OPD, IPD, laboratory, store, laboratory, labour room, immunization room etc. The facility has been branded as per the H&WCs protocols. The building has 24X7 running water, separate toilets for male and female patients and adequate OPD waiting area. The facility does not have assured 24*7 power supply and power back up is also not available. The PHC has a sanctioned capacity of 6 beds and the required beds are available in the IPD ward. Besides, a fully equipped neat and clean labour room is also available at the facility. NBCC with required infrastructure is available at the facility. Two MBBS MOs, 1 pharmacist, 1LHV and 1 Information assistant is currently posted at the PHC from the regular side. Three SNs, 1 MO (Ayurveda) and 1 DEO and one FMPHW from NHM side are also working at the PHC. The post of Lab Technician, Dental technician FMPHW and Staff nurse from regular side are vacant. LT has been attached at CH from last four years. The PHC has received Kayaklap awards 4 times Ist prize three times and third award 3 times. The facility was certified by NQAS in February, 2018 with 94.3 score.

Availability of Services

Most of the services as per IPHS standards are not available at the PHC. The services available at the PHC are medical and essential OPD services like treatment for minor

ailments, dental services, screening and treatment of hypertension and diabetes, antenatal care, immunization, spacing methods of family planning, PMSMA and normal delivery. Periodic Health check-ups and health education activities, awareness generation and Co-curricular activities are also undertaken at the PHC. Day care IPD services are available at the PHC but very few patients have been admitted in the facility during the last three months. A delivery room with a delivery table and a functional new born care corner is available at PHC-H&WCKirmech and 2 MO and a trained 4 SN/FMPHW are available at the facility and during the last three months 37 deliveries have taken place at the PHC.

Availability of drugs and diagnostics

Essential Drug List is displayed at the facility and most of the drugs required in a PHC are available at the facility. But the facility had faced stock out of few drugs like Tab Metformin, Tab. Glimepiride, Tab Telmisartan and Tab. Nifedipine. The drugs available at the facility for the management of Hypertension and diabetes are Tab. Atenolol, Tab Amlodipine, and Tab Metformin. The facility has experienced shortage of Tab. Atenolol, Metformin and Telmisartan. However, an interaction with the patients revealed that hospital is in a position to meet only 80 percent of the demand of drugs and other consumables.

The facility has a laboratory but the post of Lab Technician is vacant. A lab Technician from a neighbouring facility visits PHC once a week for conducting routine investigations. X-Ray facility is not available at the PHC. USG facility is outsourced and pregnant women are allowed to have maximum of 2 USGS free of cost. Lab services are free for ANC cases, BPL families and senior citizens.

Service utilization

Keeping in view the availability of 2 MOs and 3 staff nurses one FMPHW and infrastructure, the health care delivery services at PHC Kirmech are optimally utilized. Most of the patients from the PHC area generally visit the PHC for consultation. ANC, delivery, immunization, family planning and NCD services are optimally utilized.

Key Challenge

- a) The post of Lab Technician, Staff Nurse, FMPHW, MMPHW and Dental Technician are vacant . This has affected the service delivery at the PHC particularly delivery of ANC services.
- b) Shortage of NCD drugs is severely impacting the delivery of NCD services.
- c) The facility does not get adequate family planning services due to the facility mapping issue.

10.4 Community Health Centre (CHC) Barna

CHC Barna is located at a distance of 12 Kms from Civil Hospital Kurukshetra. It caters to a population of about 136179souls. The health facility is easily accessible from the main road and is functioning in in an old PHC one-story government building. The hospital has

a bed capacity of 9 with no separate wards for male and female patients. Adequate drinking water supply and water in the toilets is available. Separate toilets are available for both males and females. Back up for electric supply is available in LR and wards. The cleanliness of the whole hospital complex including the OPD, IPD, toilets, and lab, is of high standard. Citizen's charter, timings of the facility and list of services available, directions to various units are displayed properly. Complaint box is also available. Colour coded waste bins for segregation of waste are available at the CHC. Disposal of Bio medical waste has been contracted to a private company. The CHC has received twice prize under Kayaklap during 2019-20 and 2021-22. The Labour Room of the CHC is not LaQshya Certified because of space shortage.

Availability of Services

Apart from general OPD, ANC, delivery, PNC, immunization, ICTC, AFHC, family planning and laboratory services, this health facility provides services like general medicine. Normal deliveries are conducted at the facility. Child immunization services are provided twice a week. Apart from these services, the CHC also is involved in the screening and treatment of NCDs. All the patients are screened for diabetes and hypertension during routine medical consultation. Labour room is available but is having space problem but still CHC has conducted 148 normal deliveries during current year 2021-22. NBCC and Blood Storage Facility is not available at CHC. Sanitary pads under Menstrual Hygiene Scheme are also provided but currently, the facility has shortage of sanitary napkins. CHC is also participating in various national health programmes like HIV/AIDS, control of water borne diseases, jaundice, control of blindness, elimination of Tuberculosis, leprosy, RBSK, PMJA, PMSMA etc.

Availability of drugs and diagnostics

CHC has a lab with 1 lab technicians. A semi automatic analyzer and a microscope is available at the CHC. The facility is providing various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, VDRL, LFT, KFT and malaria testing. Imaging services like X-ray and USG are also not available at the facility. The USG facility is available to patients through outsourcing. The facility is also working as a Dots Microscopic Centre (DMC). Most of the necessary equipment for OTs, Labs, labour room and other sections are available in the CHC.

Essential Drug List is available but is not displayed anywhere in the facility. Management of the inventory of drugs is through DVDMS. All the essential drugs including drugs required during labour or delivery, essential obstetric and emergency obstetric care and NCD drugs are adequately available at facility. However, the facility has experienced stock out of PCM, Rantac, Omeprazole, ear drops and MDI. Family planning services like condoms, OCPs and EC pills, Antara injections and IUDs are also available at CHC.

Service Utilization

The services at the CHC are optimally utilized keeping in view the staff available at the CHC. OPD, IPD, ANC, PNC, delivery, immunization, laboratory services, DOTS, malaria and distribution of contraceptive services are optimally utilized. NCD services are also optimally utilized. JSY payments is pending for the last two years due to area mapping issues.

Key challenges

- a. HR positioned in the CHC is not as per IPHS. Lack of Specialists is a major limitation. Further, there is no manpower for cleaning and sanitation of the facility.
- b. X-ray and Blood Storage facility is not available at the facility.
- c. Supply of EDL medicines and other consumables supplied are not as per the demand.
- d. The CHC complex needs new building as it is functioning from an old PHC building.
- e. The lab needs an automatic bio chemistry analyser.

10.5 Civil Hospital Kurukshetra

Civil Hospital Kurukshetra is located 3 kms away from Delhi-Karnal Grand Trunk Road. The hospital complex consists of a threestory building. A new IPD complex has been constructed. The present building does not have adequate space to house various services which a District hospital is supposed to provide as per the IPHS standards. The total bed capacity of the hospital is 100. The hospital has separate wards for male and female and there is also a separate maternity ward. In addition, the DH has 12 ICU beds. Staff quarters are not adequately available for medical and Para medical staff. The hospital has 24X7 electric supplies, and backup in the form of generator is also available for various sections of the hospital. Water is available in the wards, labour room, OTs, and labs. Toilet facilities in the hospital complex and in the IPD particularly for female visitors/patients are adequate. Water in the toilets is available. Citizen's charter, timings of the facility, list of services available at the facility is properly displayed. Complaint box for registration of complaints and grievances is available in the hospital. The physical condition of the hospital is very good. The bio medical waste management, sanitation/cleaning and security of the hospital have been outsourced to private agencies. Kitchen is not functional as some NGOs provide diet to the IPD patients. The peer assessment of the hospital has been done under KAYAKLAP. The hospital is NQAS certified. The process for LaQshya has not yet been initiated due to space constraint.

Availability of Services

Apart from Emergency and general OPD, IP, ANC, delivery, PNC, immunization, family planning and laboratory services; Civil Hospital Kurukshetra provides services in the areas of general medicine, O&G, 1st and 2nd trimester abortion, pediatric, general surgery, anesthesiology, ophthalmology, orthopedic and radiology. Dental services are also available at the facility. The C-section deliveries are conducted once a week and child immunization services are provided twice a week. Apart from these services, the CH is involved in the screening and treatment of NCDs. SNCU, DEIC and Dialysis Unit (PPP mode), Blood Bank and Geriatric Care Unit is also functioning in the hospital. The CH has separate OTs for Obstetrics and Gynecology, General Surgeries and Emergencies. Services are generally provided through its OPD and IPD during day time (9.A.M to 3 PM), however, in case of emergencies doctors on call are available during night hours. PMSMA services are provided on 9th of every month to identify high risk mothers. ARSH services and RTI/STI are available during day time only

Availability of drugs and diagnostics

The hospital is implementing DVDMS for inventory of drugs. Almost all EDL drugs and essential consumables as per EDL are currently available. However, the hospital had faced shortage of Ranitidine, Omeprazole, Diclofenac PCM, inj. Cefotaxime. It was mentioned by the MS of CH that they are in a position to provide 95 percent of the prescribed drugs free of cost to the OPD patients and almost 98 percent of drugs to IPD patients. Our interaction with the OPD and IPD patients revealed that all the patients had received drugs free of cost from CH. CH also provides all drugs and consumables free of charge in case of JSSK, NCDs. EDL was found available in the CH but updated availability of drugs is not displayed in the OPD, OT and labour room.

The CH is providing various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, testing for Malaria, TB, HIV, VDRL, LFT, and KFT. X-Ray, USG and ECG facility is also available. Thyroid testing facility, culture sensitivity and histopathology is not available at CH. CT scan facility is also available. The hospital has sufficient supply of Rapid Testing Kits/Rapid diagnostic kits. But presently the hospital has shortage of X-ray films, silk suture, 5 mg syringes, polyglactin suture and inj gentamycin. Principal Medical Officer mentioned that almost all the essential equipment/instruments and other laboratory equipment required in the OPD, OT, labour room, and laboratory are available and functional.

Service utilization

The services available at CH Kurukshetra are optimally utilized. Despite COVID-19, CH witnesses a huge rush of patients every day. More than 844624 patients have visited the OPDs of CH during the first 10 months of 2021-22. A total of around 26485 admissions have been made in the IPD of CH during the last 8 months. Around 194 institutional deliveries and 45 C-section deliveries have been performed in the last month of January, 2022 at the CH. C-section deliveries account for about 23 percent of the deliveries at CH. Information collected from the Laboratory shows that a total of 1350 lab investigations were performed at the facility in the last month. About 239 newborn have received birth doze from the hospital last month. 13 women have been sterilized and 12 NSV operations have been performed at the hospital in the last month. Besides, 109 women have accepted PPIUCD at the facility in the last month.

Key challenges

- a) Although CH has shifted to a new building but it does not adequate space to house DEIC, NRC, and IPD.
- b) Shortage of specialist doctors particularly Gynaecologist, Physician specialist, Nephrology, Dermatology, and cardiology.
- c) The post of Blood bank office is vacant is vacant.

11 COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (SCs) 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, district has already converted all the 4 PHCs and 3 UPHC into H&WCs. Similarly, of the 117 SCs, 25 have already been upgraded to H&WCs and remaining SCs are planned to be converted into H&WCs in a phased manner. ASHAs in all the H&WCs have initiated the filling up of Community Based Assessment Check Lists (CBAC). NCD drugs are generally available at all the health facilities free of cost.

11.1 Universal Health Screening (UHS)

The district has started universal health screening under different components of NHM. ASHAs have received training regarding filling up of CBAC forms. ASHAs have completed CBAC forms in case of 70 percent of the target population, but since MLHPs have not yet been posted at a few H&WCs therefore screening of NCDs has not yet been undertaken initiated in most of the cases. Further, the pace of enumeration and screening of NCD has suffered due to COVID-19. DPMU did not provide us the information about the target population, population enumerated and population screened despite repeated requests. It was also found that H&WCs have not maintained information about NCD screening properly, resulting in mismatch between the target population, enumerated population and population screened for NCDs. It was also found that facilities have reported that they have screened women for cervical and breast cancers but not a single case of cervical and breast cancer has been detected during the last one year, therefore, it appears either the screening is done properly or the information is not maintained properly.

Civil Hospital Kurukshetra and CHC Barna have NCD clinics and OPD services are available on all working days. Table 8 presents facility wise status of NCD screening. The clinic at CH generally screens the suspected individuals who are referred from other OPD units of the hospital. A total of 11151 individuals have been screened for hypertension and 985 for diabetes at CH during the last 6 months and of these 640 (58%) were diagnose with HT and 768 (77%) with DM. NCD screening is regularly undertaken at CHC Barna once a week. The CHC has diagnosed 160 persons for diabetes and hypertension during the last 6 months and out of these 50 have been detected to have hypertension and 30 have been detected with diabetes. All the persons detected with these morbidities at CH and CHC have been provided free drugs from the CH and CHC.

PHC Kirmech has a target population of 3182 to be covered under NCDS screening. CBAC forms have been filled for few persons. NCD screening is conducted twice a week. During the last 6 months PHC has screened 1121 persons for Hypertension and 2061 for diabetes and out of these 42 had hypertension and 111 had diabetes. The persons with diabetes and hypertension are provided free NCD medicines. They are also encouraged to change their living behaviour and undertake physical activities. Camps for detection of oral, breast and cervical cancers was arranged but no one was detected with cancers. MO at the PHC mentioned that they aware mess camps regarding NCDs and cancers were also arranged at the facility.

SC-H&WC Masana has a target population of 5549 and CBAC forms have been completed for few persons. We checked the CBAC forms but the quality of information contained in these forms is not very good. Some of the questions particularly those related to drinking were blank and therefore scores had not been calculated for incomplete forms. Screening for NCD at H&WC is also carried. However, ANM is also trained in screening of hypertension and diabetes and equipment and blood sugar strips are available at the H&WC and currently the ANM has started screening of population for hypertension and diabetes. The information provided by the ANM shows that of the 436 individuals, whose CBAC forms were filled in, screening for hypertension and diabetes was undertaken in case of 390 individuals. Of the screened persons, 15 (4%) persons had been diagnosed with hypertension and 8 (2%) with diabetes. Further, all the persons with a score of 4 and above have been advised for life style management, and provided free medicines. The facility has started using teleconsultation services. Wellness/Yoga activities are not performed at the H&WC due to space constraint.

12. COMMUNICABLE DISEASES PROGRAMME

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Team (RRT) has been constituted under the supervision of District Health Officer (DHO) in the district. There have been no major outbreaks in the district during the current and previous financial year in the district. The information collected from the visited facility shows that the SC-H&WC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet they have been provided by the SHS while at PHC level H&WC the data on IDSP has is uploaded on weekly basis as reported by the concerned MO. Further the information collected from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis but it was found that the CH is not providing such information on the portal for IDSP. Five percent of the private health facilities are reporting weekly data of IDSP.

Further, the information collected from the Civil Surgeon office shows that the district is prone to malaria and therefore National Vector Borne Diseases Control Programme (NVBDCP) has much importance for the district. The district has a macro plan for the implementation of NVBDCP and weekly epidemiological and entomological situations are monitored by RRT. The facility of malaria screening is available at PHC, CHC and CH. Collection of both active and passive smear is done. Due to the COVID-19, there was a decline in annual blood examination rate in 2020. Drugs for the treatment of malaria are at PHC, CHC and CH. LLIN distribution was undertaken and only 9 LLIN are now available with the district. The district is following only focal spray for IRS. The district is also using temephose and releasing gambusia fishes in the ponds as anti-larval methods.

National Leprosy Eradication Programme (NLEP) is in vogue in the district and 9 new case of leprosy has been reported in the district during the current year. MDT is available without interruption. MCR footwear and self-care kits are available in the district.

Under National Tobacco Control Programme, the district has conducted virtual training under Tobacco Free Educational Institutions. Besides, virtual Training of Trainers under NTCP was undertaken in the district.

National Tuberculosis Elimination Programme (NTEP) is looked after by the District Tuberculosis Officer (DTO). The sanctioned positions of MOs are in position. Besides, paramedical staff from regular side, some positions of para-medical staff have also been engaged under NHM on contractual basis to implement the programme. Almost all CHCs and PHCs are Designated Microscopic Centres (DMC). During our visits to selected health facilities in the district, it was found that all the health facilities are actively involved in the eradication of TB and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs by the identified patients. Currently, ASHAs are engaged in *Har GharDastak Programme* and are collecting sputum samples from the suspected patients.

The information collected from the office of the DTO Kurukshetra shows that that the district has notified 1130 patients from public sector and has thus achieved the target under NTEP. The HIV status of all TB patients is known. The drugs for both drug sensitive and drug resistance TB patients are available in the district. The treatment success rate is 90% both at private and public facilities. There is a total of 18 MDR TB patients and treatment has been initiated in case of all the 18 patients. Universal Drug Resistance Testing has been initiated in case of all 18 percent. The percentage of patients tested through Tru-Nat in the district is 100%. All the TB patients are tested for the HIV and diabetes. The district authorities reported that all the patients of TB have been brought under NikshayPoshan Yojana (NPY) and incentive is transferred through DBT.

13. QUALITY ASSURANCE

As per the information, District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. The CH has not yet initiated any process to get its labour room LaQshya certified as the hospital has a plan to shift to the new complex when it gets ready. CHC Barna bagged the twice prize under Kayaklap during 2019-20 and 2020-21. The Labour room of the CHC Barna is not LaQshya certified. NQAS assessment for CHC has not yet been undertaken. PHC Kirmech is NQAS certified and is continuously received the awards under Kayaklap since last four years. H&WC Masana could not undertake any assessment under Kayaklap as the building in which it is functioning does not have adequate space and infrastructure.

13.1 Grievance Redressal

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the entrance of each facility and these boxes are opened on regular basis by the officials of concerned health facilities to resolve the complaints if any. During the current financial year, all the complaints received have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far. None of the visited health facility was found much serious about the grievance

redressal set-up and were of the opinion that all such issues are settled when brought in the notice of these health facilities but the community was not satisfied with this argument at any level and were of the opinion that community members need to be taken onboard for settling such issues with maximum transparency.

13.2 Payment Status

The district is using the EAT module of PFMS for all types of payments. It was reported by the District Accounts Manager (DAM) that financial limits for various heads of accounts have been fixed by the State. The district has released the salaries of NHM staff for the month of January, 2022 and also the assured incentive of Rs. 2000 to ASHAs upto January, 2022. ASHAs have not yet fully received other incentives. JSY incentive to women is transferred by concerned BPMUs. So far as the incentive under NikshayPoshan Yojana in the district is concerned, it was found that all TB patients are receiving payment.

14. QUALITY IN HEALTH SERVICES

14.1 Infection Control

The general cleanliness of all visited facilities particularly CH, CHC, PHC was good. Infection control practices are followed properly. Fumigation takes place regularly. Needles, sharpeners were not seen in any of the facilities. Proper procedures are followed to control infection in LR, SNCU and OTs.

14.2 Biomedical Waste Management

Colour coded bins for segregation of waste are available in various units of CH, CHC, PHC and H&WC. 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. The awareness amongst the staff regarding segregation of waste was found satisfactory. Disposal of bio-medical waste at CH, CHC, UPHC and PHC has been outsourced to a private agency and is lifted regularly from the health facilities.

14.3 Information Education and Communication (IEC)

Display of appropriate IEC material in Health facilities was found by and large satisfactory at all the levels. Only at H&WC level not much attention has been paid in this regard. The IEC material related to MCH, FP related IEC, services available, clinical protocols, MCDs, breastfeeding etc., were displayed at all the facilities visited by us.

15. STATUS OF FUNDS RECEIVED AND UTILIZED

The information collected from the CMO office regarding the receipt and utilization of funds during 2020-21 and 2021-22 presented in Table 9 shows that the district has utilized 94 percent of funds received from various sources. The information collected further shows that the district has made more than 60 percent expenditure on all the major heads including RCH Flexipool, Mission Flexipool, and Immunization during the current financial year. Due to the COVID, the district is not in a position all the allocated funds to it under various components of NHM.

Table 9 Component Wise Funds Received and Expenditure During 1-4-2021 to 31-1-2022

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	% Utilized
RCH and Health Systems Flexipool			
Maternal Health	5557000	5515851	99.25
Child Health	5577000	5139265	92.15
RBSK	12784809	5229800	40.90
Family Planning	494000	203811	41.25
RKSK/ Adolescent health	3008000	2420783	80.48
PC-PNDT	317368	241368	76.05
Immunization	390000	102095	26.17
Untied Fund	24559000	16420451	66.86
Comprehensive Primary Healthcare (CPHC)	8180000	3709709	45.35
Blood Services and Disorders	432000	179000	41.43
Infrastructure	864048	102500	11.86
ASHAs	21926300	17144128	78.18
HR	2844000	775654	27.27
Programme Management	3704841	3120274	84.22
MMU	56025000	53487283	95.47
Referral Transport	701000	25420	3.62
Procurement	26796000	20097203	75.00
Quality Assurance	5523000	4548836	82.36
PPP	30000	0	0
NIDDCP	5557000	5515851	99.25
NUHM			
NUHM			
Communicable Diseases Pool			
Integrated Disease Surveillance Programme (IDSP)	890000	727508	81.74
National Vector Borne Disease Control Programme (NVBDCP)	950000	940906	99.04
National Leprosy Eradication Programme (NLEP)	543533	343533	63.20
National TB Elimination Programme (NTEP)	10219709	9045647	88.51
Non-Communicable Diseases Pool			
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	39.43	16.84	42.70
National Mental Health Program (NMHP)			
National Dialysis Programme	0	0	0
National Program for Climate Change and Human Health (NPCCHH)	1450000	0	0
National Oral health programme (NOHP)	20020	0	0
National Programme on palliative care (NPPC)	0	0	0

Table 9 Component Wise Funds Received and Expenditure During 1-4-2021 to 31-1-2022			
Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	% Utilized
National Programme for Prevention and Control of Fluorosis (NPPCF)	0	0	0
National Rabies Control Programme (NRCP)	40000	0	0
National Programme for Prevention and Control of Deafness (NPPCD)	75000	2466	3.28
National programme for Prevention and Management of Burn & Injuries	0	0	0
Programme for Prevention and Control of Leptospirosis (PPCL)	0	0	0
National Programme on palliative care (NPPC)	0.24	-	0

16. CONCLUSION

- w) The overall infrastructure in terms of buildings and equipment is good. However, the district faces shortages of manpower in general and specialist doctors in particular. There is a need to put in place all the sanctioned positions of Gynaecologist/Obstetrician, Paediatrician, Anaesthetist, Surgeon, Radiologists, ENT, Dermatology, Cardiology, Pathologist, Ophthalmologist, Orthopaedic, ENT, Dermatologist and Urologist mostly on CHC level.
- x) The Civil Hospital building has acute shortage of space to house various facilities. There is a need to demolish the Old CH Building and construct a new complex at the earliest.
- y) The supply of drugs and equipment in the health institutions has improved with the establishment of State Medical Supplies Corporation limited. Most of the facilities mentioned that EDL drugs are generally available but on very few occasions they experience Stock outs.
- z) The drugs supplied to the health facilities meet 90 percent of their demand of drugs; in case there are shortages, the facilities procure these essential drugs locally through tendering.
- aa) The doctors generally prescribe generic drugs which are available at the facilities. Almost all the OPD and IPD patients interviewed by us had received free drugs from the facilities.
- bb) Despite irregular/late release of funding, facilities are in a position to provide free drugs, diagnostics and diet under JSSK. So far as free transport is concerned, all pregnant women do not take call 102/108 for visiting a health facility for delivery. But free referral transport for deliveries and neonats is ensured in all facilities visited by us. Drop Back facility is ensured in all cases who want to avail it.
- cc) JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs. Barna CHC and Kirmech PHC facility mapping issue and is not in a position to disburse JSY payments.
- dd) The ASHAs have started filling CBAC forms and some of the ASHAs have completed this exercise. We verified some of the filled in CBAC forms maintained at H&WC Masana and PHC Kirmech and found that the quality of information contained in these forms is good. However, some of the questions particularly those related to drinking and smoking were blank and therefore scores had not been calculated for incomplete forms, making this important exercise somewhat redundant.
- ee) Screening for hypertension and diabetes at H&WCs, PHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for appropriate confirmation of diagnosis, treatment & follow-up. Besides, there is a need to provide various combinations of NCD drugs at PHC, , CHC and CH.
- ff) It was also found that health facilities across district are not properly maintaining information about NCD screening, resulting in less number of cases screened.

- gg) Staff Nurses have been not been trained in screening of cancer; therefore, screening of cancers is not taking place as per the NCD guidelines at CHC and PHCs.
- hh) RBSK Teams have been deployed on COVID duty and have played an important role in the vaccination of population. During COVID duty they have also screened infants for any birth defects at delivery points during first 6 months of 2021-22. Further, RBSK vehicles have been vigorously used in COVID-19 related activities. Civil Surgeon informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for COVID duty by the department since the outbreak. Community members are satisfied with the overall working of the RBSK teams during COVID Pandemic.
- ii) NTEP is running successfully in the district. Currently, ASHAs are engaged in the survey and detection of symptomatic cases by visiting households and are collecting sputum samples from the suspected patients. A total of 4600 have been notified under NTEP in Kurukshetra district. TB drugs are available at CH, CHCs, PHC free of cost. Ninety Eight percent of detected patients are taking anti-TB medicines in the district. Universal Drug Resistance Testing has been initiated and all the TB patients are tested for the HIV and diabetes. The district authorities reported that all the patients of TB have been brought under NikshayPoshan Yojana (NPY) and First installment of incentives has been transferred through DBT in case of all the patients.
- jj) Two MMUs have been allotted to Kurukshetra district two months back. The State is in the process to arrange the Drivers and other staff for these vehicles. Once the staff is put in place, these MMUs will have a lot of potential to meet the health care demand of the district particularly in far flung areas.
- kk) It was mentioned by the PHC and CHC staff that drinking of alcohol and drugs is common in the area but the health facilities are not fully geared to reverse the trend and save the young generation from this menace.
- ll) The post of DEIC Manager in Kurukshetra is vacant for the last three years. This has impacted the service delivery of DEIC.
- mm) Facility of ANC is available at all the facilities. Normal Delivery facility is also available at PHC, CHC and CH. The facility of C-section delivery is available at CS only. Consequently, a substantial number of women needing C-Section are compelled to have it from private health facilities.
- nn) PMSSA activities are regularly organized at various health facilities and this has improved the quality of ANC services.
- oo) The facility of spacing methods of family planning are available at all the facilities in the district. Most of the Staff Nurses/ANMs are trained in IUCD insertion. None of the facilities reported any supply issue with family planning consumables. Facility of female sterilization and NSV is available at CS.

- pp) Routine Child Immunization facility is available at all the health facilities, but birth dose is available at delivery points only. By and large immunization programme is working properly.
- qq) The CH does not have a registered blood bank of its own. The CHC also does not have a blood storage facility.
- rr) Data recording and Data Reporting for various ANC, delivery, PNC, Family Planning, Immunization, TB is excellent. There are few data recording issue so far as NCDs are concerned at each facility visited by us.

Facility Wise Challenges

H&WC Masana

- f) The facility is located in a government building which lacks space to deliver various services mandated as per H&WC protocol.
- g) The post of FMPHW is vacant therefore, the facility is unable to perform the activities as mandated under H&WC.
- h) The facility does not have any drugs for the management of NCDs.
- i) Blood sugar testing strips are out of stock.
- j) Oral pills, ECP, Condoms, Inj.Antra all are out of stock.
- k) The HBNC kits provided to the ASHAs need to be replaced.

PHC Kirmech

- e) The post of Lab Technician, FMPHW, SN, Dental technician and MMPHW is vacant. This has affected the service delivery at the PHC particularly delivery of ANC services.
- f) Shortage of NCD drugs is severely impacting the delivery of NCD services.
- g) The facility does not get adequate family planning services due to the facility mapping issue. The FPLMIS is not functional due to area mapping issues in the block.

CHC Barna

- k) HR positioned in the CHC is not as per IPHS. Lack of Specialists is a major limitation.
- l) No Blood Storage facility is available.
- m) X-ray and Blood Storage facility is not available at the facility.
- n) Operation Theatre and NBCC is not available
- o) Supply of EDL medicines and other consumables supplied are not as per the demand.
- p) The CHC complex needs some maintenance but the PWD contractor is not providing services on time.
- q) The lab needs an automatic bio chemistry analyser.
- r) The CHC does not have a New Born Stabilization Unit.

Civil Hospital Kurukshetra

- f) Although CH has shifted to a new building but it does not adequate space to house DEIC, NRC, and IPD.
- g) Shortage of specialist doctors particularly Gynaecologist, Physician specialist, Pathologist and Radiologist and other paramedical staff is impacting the service delivery.
- h) The Blood Bank needs requisite staff.
- i) Irregular supply of anti-D injection and iron sucrose injections at CH.

PHOTO GALLERY







