

# MONITORING OF NATIONAL HEALTH MISSION (NHM) STATE PROGRAMME IMPLEMENTATION PLAN 2023-24:

## JAMMU & KASHMIR

*(A Case Study of Poonch District)*



Dialysis Unit of DH



Diet Plan under JSSK



DEIC of DH

Submitted to  
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Government of India  
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## LIST OF ABBREVIATIONS

AD	Allopathic Dispensary	IPHS	Indian Public Health Standards
AEFI	Adverse Effect of Immunization	ISM	Indian System of Medicine
ALS	Advanced Life Support System	IUD	Intra Uterine Device
AMC	Annual Maintenance Contract	IYCF	Infant and Young Child Feeding
AMG	Annual Maintenance Grant	JSY	Janani Suraksha Yojana
ANC	Ante Natal Care	JSSK	Janani Sishu Suraksha Karyakram
ANM	Auxiliary Nurse Midwife	LHV	Lady Health Visitor
ANMT	Auxiliary Nursing Midwifery Training	LMP	Last Menstrual Period
ASHA	Accredited Social Health Activist	MAC	
ARSH	Adolescent Reproductive and Sexual Health	MCH	Maternal and Child Health
AWC	Anganwadi Centre	MCTS	Mother and Child Tracking System
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Sidha and 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 Program 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 Organization
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 and Family Welfare
DDO	District Data Officer	NLEP	National Leprosy Eradication Program
DH/AH	District Hospital	NRC	National Resource Centre
DH/AHO	District Health Officer	NHM	National Health Mission

DOTS	Directly Observed Treatment Strategy	NVBDCP	National Vector Borne Disease Control Program
DPMU	District Program Management Unit	OCP	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	Program Management Unit
FBNC	Facility Based New-born Care	PNC	Post Natal Care
FMPHW	Female Multi-Purpose Health Worker	PPP	Public Private Partnership
FRU	First Referral Unit	PRC	Population Research Centre
GNM	General Nursing and Midwife	QAC	Quality Assurance Cells
HBNC	Home Based New Born Care	RBSK	Rashtriya Bal Swasthya Karyakram
HDF	Hospital Development Fund	RCH	Reproductive and Child Health
HFDs	High Focus Districts	RKS	Rogi Kalyan Samiti
HFWTC	Health and Family Welfare Training Centres	RNTCP	Revised National Tuberculosis Control Program
HIV	Human Immunodeficiency Virus	SBA	Skilled Birth Attendant
HMIS	Health Management Information System	SC /SHC	Sub Centre/Sub Health Centre
HR	Human Resource	SN	Staff Nurse
ICDS	Integrated Child Development Scheme	SNCU	Sick New-born Care Unit
IDSP	Integrated Disease Surveillance program	SRS	Sample Registration System
IEC	Information Education and Communication	ST	Scheduled Tribe
IFA	Iron and Folic Acid	STI	Sexually Transmitted Infection
IDR	Infant Death Review	STLS	Senior T.B Laboratory Supervisor
IMNCI	Integrated Management of Neonatal and Child Infections	STS	Senior Treatment Supervisor
IMR	Infant Mortality Rate	TBA	Traditional Birth Attendant
IPD	In-Patient Department	USG	Ultra Sonography

## PRELUDE

*In order to restructure and recognize the economics of health since the dawn of 1947, various nationally designed Health and Family Welfare Programs and Policies have been launched and implemented in the country in general and particularly in the Union territory of Jammu and Kashmir. Since, the National Rural Health Mission (NRHM), which was initiated in 2005-06, has proved to be a valuable intervention to support in improving the health care by addressing the critical issues of, availability, accessibility, viability of services given the 1<sup>st</sup> phase (2006-12) of it. However, the 2<sup>nd</sup> phase of National Health Mission (NHM) focused on the health system reforms so that critical gaps in the health care could be plugged-in. State Programme Implementation Plan (PIP) of the Union Territory of Jammu and Kashmir (2023-24) has been approved and the UT has been assigned, the agreed goals and targets. 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 the monthly basis. Significantly, the Ministry has identified eighteen (18) districts in Jammu and Kashmir, for PIP monitoring for 2023-24. The staff of the PRC, Srinagar has decided to visit these districts in a phased manner and in the 4<sup>th</sup> phase, the team visited Poonch district in Jammu and Kashmir and thus the present report reveals the Challenges, Issues and findings of monitoring exercise for Poonch district in Jammu and Kashmir.*

*This study was successfully completed with the efforts, involvement, cooperation, support and guidance of visible and invisible hands. In which 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 goes to Mission Director, NHM of UT Jammu and Kashmir for his cooperation and support rendered to our monitoring team. We would like to thank our coordinator Mr. Bashir Ahmad Bhat for his support and encouragement at all stages of this study. Special thanks are due to Chief Medical Officer Poonch, MS DH Poonch, BMO and CHC in Charge Mandi, incharge MO PHC Chandakh, for sharing their experiences. We would like to appreciate the cooperation rendered by the officials of the District Programme Management Unit (DPMU) Poonch and Block Programme Management Unit (BPMU) Mandi, for helping us in the collection of information. Special thanks are also to staff at PHC Chandakh, and HWC Kuniyian for sharing their inputs.*

*Last but not the least credit goes to all respondents including community leaders and all those persons who spent their valuable time and responded with tremendous patience to our questions. It is expected that the findings of this study will be helpful to both the Union Ministry of Health and Family Welfare and the UT Government in modifying the health scenario of the district.*

**Srinagar**  
**October, 2023**

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## 1. EXECUTIVE SUMMARY

In three medical blocks of district Poonch, there are 185 public health facilities, which include 1 DH, 3 CHCs, 44 PHCs and 137 SCs. The district has converted 17 PHCs and 48 SCs into HWCs during the past few years. Poonch district has also established one DEIC under RBSK, one NRC, NCD Clinics, an AFHC, IYFC unit, and 2 SNCUs in the district. The summary of the findings of the PIP monitoring for the year 2023-24 are presented below:

- Overall in the district, more than half of the positions among gynaecologists, obstetricians, paediatricians, anaesthetists, surgeons, and physicians were found vacant from the regular side.
- In the case of the paramedical staff, more than 85 percent of sanctioned positions of dental technician, radiographer/X-ray technician, ANM/FMPHW, and MPW (male) were filled-in from the regular side. On the other hand, there was a deficiency of one-fourth of laboratory technicians and two-thirds of OT technicians. From NHM side, most of the approved positions were found in-place.
- In DH Poonch, two-thirds of MBBS MOs and more than half of the positions of gynaecologists and obstetricians were found vacant. CHC Mandi is without a gynaecologist and an anaesthetist and is run by four MOs and one paediatrician only.
- No PHC or SHC-HWC were conducting more than 10 or three normal deliveries respectively, while all three CHCs are conducting more than 10 deliveries a month. In CHC Mandi, only very few normal deliveries are conducted. C-section deliveries are conducted at DH, and during emergencies, C-sections are performed at night as well.
- In the month of September, out of 686 total deliveries performed at DH, more than half were C-section deliveries, and with the rising rate of C-section deliveries in the district, the MS conducted the random audit for C-section deliveries.
- Overall, the drug and diagnostic prescription audit was found to be missing at DH. However, concerned MS reported that it's a regular feature but could not substantiate the statement.
- Protocols regarding the discharging of the women after delivery was not followed as per the guidelines, which puts both the mother and her child at risk.
- In DH Poonch and CHC-Mandi, RMC rules were properly followed, with complete restrictions in the labour rooms but such arrangement was found missing in post-operative and maternity wards.
- Records showed that all the JSSK patients have availed the benefits of JSSK that include free medicine, free diagnostic services, free diet, and free transport, but during our interaction with patients and their relatives at post-operative and maternity wards such information was partially

approved by them and reported that the strict implementation of JSSK was very poor in terms of transport and few medicines and diagnostics during the 9 month of pregnancy period.

- The district has implemented the free drug policy at all levels for various categories of population, but during our visits to selected health facilities and our interactions with the community, it was found that such facilities were available to a very limited extent.
- During 2022–23, all the approved training programmes under ROP were conducted by the district in different batches. In all the visited health facilities, it was found that due to the non-availability of funds, JSY payments are pending since March 2023.
- The dialysis unit at the DH and is fully functional, with seven beds, including a separate Heb-positive. On each day, two dialysis sessions are conducted, and 14 patients avail of the dialysis facility on daily basis. The DEIC is functional at DH, with more than 50 percent of approved staff in position. There are six RBSK teams; among them, five had full human resources.
- Two functional SNCUs were found in district, one in at DH, and another in CHC Mendhar. SNCU DH has 12 sanctioned beds, but they have made 20 beds functional with 20 radiant warmers.
- In the district, 4 percent of in-born and 7 percent of out-born infants died in the SNCU. At SNCU DH 7 percent of infant deaths were reported there during the last month.
- In CHC Mandi, despite having the requisite staff of two staff nurses for the last seven years, the NBSU was found non-functional, and there was not any record-keeping available.
- The district has one sanctioned NRC at DH, but due to the non-availability of funds it was found to be non-functional.
- Overall, 324 HBNC kits were issued ASHAs few years back and these kits have exhausted now and ASHAs need new kits. HBNC visits were found to be the routine exercise of ASHAs because the majority of women stay with their in-laws after delivery, making it easy for ASHAs to visit.
- The district has one functional MMU, and on an average, 177 trips are made by MMU per month. MMU has also conducted 111 camps in various villages during the last year.
- In terms of referral transport, the district has a limited number of vehicles, with only 10 (6 ALS+4 BLS) attached to various health facilities for JSSK and other referral patients.
- In the district, under CPHC, 17 PHCs and 53 SCs-HWCs had started NCD screening, 476419 individuals had been enumerated, and only 176419 CBAC forms had been filled.
- The record-keeping mechanism of different HMIS elements was found to be very poor. In few health visited facilities visited, drug consumption registers and line-listing registers of high-risk pregnancies were found missing.



## 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 2023-24 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 the states/districts assigned to them on monthly bases. Our team in PRC Srinagar undertook this exercise in district Poonch for this month.

### 2.1 Objectives

The objective of this monitoring exercise is to examine whether the State/district in general and district Poonch in particular 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 NIHF 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 NHSRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2023-24, this PRC has been asked to cover 18 districts of Jammu and Kashmir. The present study pertains to district Poonch. A schedule of visits was prepared by the PRC and one senior faculty member and one research fellow visited Poonch and collected information from the Office of Chief Medical Officer (CMO), **District Hospital (DH), CHC Mandi, PHC-HWC Chandakh and Health and Wellness Centre (HWC) Kuniyan**. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during our visit. An interaction with community and ASHAs was also held at the PHC and HWC



level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures, strategic areas of planning and implementation process as mentioned in the road map.

### **3. UNION TERRITORY AND DISTRICT PROFILE**

With the given landmass of UT of Jammu and Kashmir (42241 sq. km), UT of Jammu and Kashmir, is situated in the extreme north of India and occupies a strategic importance with its borders touching the neighbouring country of Pakistan. Given the population pyramid, with 20 districts, the UT has 15,732,671(15.74 Million) population with the overall sex ratio of 889 and Child Sex Ratio of 946 (0-6 years) and Sex Ratio at Birth 976 (NFHS – 5). The UT has around eight percent of scheduled caste and 11 percent scheduled tribe population. The overall literacy rate of Jammu and Kashmir is 68 percent while as male literacy rate is 77 percent and female literacy rate was 57 percent (Census – 2011).

The UT of Jammu and Kashmir has a crude birth rate (CBR) of 11.60 percent and a crude death rate (CDR) of 2.81 percent (Census-2011). The infant mortality rate (IMR) has come down to 16 (NFHS-5) as compared to 32 (NFHS-4). The under-5 mortality rate has dropped to 19 (NFHS-5) as compared to 38 (NFHS-4). Moreover, the neonatal mortality rate has come down to 10 (NFHS-5) as compared to 23 (NFHS-4). Use of family planning methods have shown an increasing trend from 57 percent (NFHS-4) to 60 percent (NFHS-5), while the unmet need for family planning has decreased from 12 percent to 8 percent during the same period. The number of institutional deliveries rose from 86.6 percent (NFHS-4) to 92.6 percent (NFHS-5), while the number of fully immunised children increased from 86 percent (NFHS-4) to 96.6 percent (NFHS-5).

**Poonch** is one of the remote and border district of Jammu and Kashmir situated at the Line of Control (LOC) between India and Pakistan. The total population of Poonch district as per district estimates is 476835, which constitutes 4 percent of the total population of the UT of Jammu and Kashmir. The district has a huge concentration of ST population (37 percent). One third of the population in the district is still illiterate as per the NIC portal. As per Census 2011, the population growth rate was about 28 percent and the sex ratio was 940. HMIS data of the district shows that the sex ratio has increased over a period of time and currently the sex ratio at birth as well as the overall sex ratio is 958 while as NFHS-5 shows that the overall sex ratio of the district has come down to 946 and sex ratio at birth during the last five years has gone up to 1175. The NFHS-5 data further shows that there has been an improvement in most of the MCH indicators over the last five years as ANC check-up among the

pregnant women in the first trimester has increased from 70 percent during NFHS-4 to 80 percent during NFHS-5 while as four ANC check-ups among the pregnant women has also increased from 74 percent to 86 percent during NFHS-5. Similarly, PNC care within two days after delivery by a health professional has also increased significantly as shown by the results of NFHS-5. There has been an increase in institutional deliveries during NFHS-5 and such deliveries have gone-up to 86 percent during NFHS-5 as compared to 80 percent during NFHS-4 and major chunk (84 percent) of these deliveries have taken place in public health facilities in the district. The information provided by the MS of the DH (only health facility in the district where C-section deliveries take place) shows that about 55 percent delivers conducted in the facility during the last three months were through C-section and such alarming increase has also been shown by the NFHS results as the caesarean section deliveries have gone-up from 25 percent during NFHS-4 to 31 percent during NFHS-5 in this district during the last five years prior to the survey. The full immunization for children aged between 12-23 months has also increased from 84 percent during the NFHS-4 to 91 percent during the 5<sup>th</sup> round of NFHS in the district. The use of any method of family planning among the married couples has gone-up from 49 percent during NFHS-4 to 59 percent during the NFHS-5 while as the total unmet need for family planning has also come-down from 14 percent during NFHS-4 to 8 percent during the 5<sup>th</sup> round of NFHS.

The district consists of three medical blocks namely Mandi, Mendhar and Mandi. The health services in the public sector are delivered through a network of 186 health facilities which include one District Hospital, 3 CHCs, 17 PHCs, 15 ADs, 102 SCs, 07 MACs, 01 TB Centre, 03 MMACs and 01 DFWC.



#### **4. HEALTH INFRASTRUCTURE**

The health services in the public sector are delivered through a network of various levels of health facilities (excluding tertiary and private hospitals) in 3 medical blocks which include 1 DH, 3 CHCs, 44 PHCs and 137 SCs. The district has converted 17 PHCs and 48 SCs into HWCs during the past two years. Poonch district has also established one dialysis centre, one DEIC under RBSK, one NRC, NCD Clinics, an AFHC, IYFC unit, and 2 SNCUs in the district. The district has a dedicated Blood Centre at DH while as blood storage is available at one FRU in the district only. Comprehensive 1<sup>st</sup> and 2<sup>nd</sup> trimester abortion services are provided by 4 health facilities while as 1<sup>st</sup> trimester abortion services are provided at DH and CHCs in the district. Also two CBNAAT/TruNat sites are available in the district.

#### **5. DISTRICT HEALTH ACTION PLAN (DHAP)**

The PIP is mainly prepared on the basis of previous year performance and achievements of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Various sources of data which include HMIS data, data from the district authorities, Family Welfare data, Census projections and other relevant sources are being taken into account to prepare the annual PIP for the district. Overall, a total of 7-10 percent increase is being made for the previous year indicators in terms of allocation for deliveries, JSSK, JSY and other relevant indicators. Preparation of Health Action Plan for the district involves all the stakeholders right from the SC level up to the district level functionaries as such action plan is sought by the district authorities from all the BMO/MSs of the district. The PIP is then submitted to the SHS for further discussions and approval. After approval of the district PIP, the SHS prepares a State level PIP and submit the same to the Ministry. The district had prepared the PIP for the current year and was submitted to the Mission Director (MD) NHM of the UT. The district has also received the approved DHAP as a two-year PIP for 2022-23 and 2023-24 was already approved last year for all the districts of the country.

#### **6. STATUS OF HUMAN RESOURCE**

Appointment of human resource on regular basis is a centralized process and even a large number of districts don't have the idea about the sanctioned strength of various regular posts for the district thus makes it difficult for the monitoring teams to ascertain the actual deficiencies of human resource at various levels in the district. In Poonch district as a whole, from regular side more than half of the positions were found vacant among gynaecologists/obstetricians, paediatricians, anaesthetist, surgeon, and physicians. Also in the district, there was not any in-position radiologist, ophthalmologist,

AYUSH MO and dermatologist. From NHM side, three positions for each (gynaecologists, paediatricians and anaesthetist) were approved, but only one gynaecologist was in-position while as the remaining were found unfilled. Also one third of MOs from the regular side as well as from NHM were found unfilled in the district. In case of the paramedical staff, from the regular side, more than 85 percent of sanctioned positions were found in filled in case of dental technician, radiographer/X-ray technician, ANM/FMPHW, MPW (male), while as there was a deficiency of one-fourth of laboratory technicians, and two-third of OT technicians. From the NHM side, maximum approved positions were in place.

In DH Poonch, two-third of MBBS MOs, and more than half of the positions of gynaecologists were found vacant from the regular side. Also in the district, there are two physicians, two paediatricians, two anaesthetists, three surgeons and two orthopaedic specialists from the regular side. Furthermore, it was found that 80 percent of staff nurses, 40 percent of LTs and 46 percent of the pharmacists were found vacant from the regular side, while from NHM side maximum position were found filled.

In CHC Mandi there are four MBBS MOs, and a paediatrician. There is not any specialist in-position except one paediatrician. Also one dentist, four staff nurses (2 regular + NHM), four pharmacists and five LTs (2 regular +3 NHM) were there. PHC Chandakh, two MBBS MOs, one AYUSH MO, two staff Nurses from regular side and one from NHM side and one pharmacist were found in-place.

### **6.1 Recruitment of various posts**

Since recruitment of regular staff is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level. The positions of doctors are filled through State Public Service Commission and the positions of paramedical and other staff recruited by the State Services Recruitment Board (SSRB). Thus, district authorities do not have any role in the recruitment of regular staff and hence no information was found available with the district. Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled by the office of the Mission Director (DM) at the central level while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Magistrate (DM). The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances.

## **7. TRAININGS**

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information about the staff deputed for these trainings is

maintained by different deputing agencies and CMO office maintains information about the trainings imparted to its workers from time to time. The information provided by the CMO office shows that almost every year various training courses are held at the district headquarters approved under the PIP in which different categories of health personnel participate. During 2022-23, five types of training courses were approved under ROP for medical and Para medical staff and all the training programmes were conducted by the district in different batches. The trainings imparted to the health workers during the same time included DAKSH skill lab training NSSK, training for MLHP, ASHA NIOS training and Dakshata training. Further, the district planned some approved trainings during 2023-24 under ROP and are expected to complete them as per schedule.

## **8. STATUS OF SERVICE DELIVERY**

The district has officially implemented the free drug policy for various categories of population but it was found that it is not being implemented by all the health facilities that we visited during our monitoring exercise. Free diagnostic facilities are provided to only JSSK beneficiaries in the district.

As far as the delivery points is taken into account, the information collected from the DPMU/CMO office shows that none of the SCs are conducting more than three deliveries per month and none of the 24X7 PHC is conducting 10 or more deliveries per month in the district. All the three CHCs in the district conduct more than 20 deliveries per month in the district. The C-section deliveries are conducted only at DH Poonch. In case of any emergency, DH conducts C-section deliveries during the night hours also. DH Poonch is designated as FRU and both normal and C-section deliveries are performed in this health facility on 24X7 basis.

During the last month, out of the total of 686 deliveries in DH, more than one half (362 deliveries) were C-section deliveries, which is very alarming in the district. On the day of our visit to the DH there was meeting regarding the rising rate of C-section deliveries. CMO Poonch in consultation with MS of the DH have conducted an overall audit of C-section deliveries recently and insisted to minimise the C-section rate in the district. At CHC Mandi a total of 23 normal deliveries were performed at the facility during the last two months and due to vacant post of a gynaecologist, no C-section deliveries were performed at this facility. Further, the information collected shows that 24X7 PHC-HWC Chandakh has performed seven deliveries at the facility during the last three months. The condition of labour room and OT was found satisfactory at all the visited health facilities. Protocols regarding the discharging of

patients after delivery are not followed at all thus putting both the mother and the new-born at risk by discharging them from the health facilities before the requisite time.

The SNCU at DH was found in good condition but overburdened due to the fact that a large number of deliveries at this facility are done through C-section and a sizable number of neonates are either under-weight or are born with other at-birth health issues and need special care in SNCU. The NBSU at CHC Mandi was found non-functional.

An official at DH on the condition of anonymity suggested that a strict prescription audit and causes for high C-section deliveries must be done by some independent source as there is a very high rate of neo-natal deaths due to high C-section rate at the DH. During our interaction, this issue was brought into the notice of MS of the DH and the CMO of the district also.

The information about the JSY payments at health facilities shows that at DH and CHC level, there is pendency for the beneficiaries since March, 2023 due to non-availability of funds. As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery and during the pregnancy period but it was found that there are some deviations in this regard and during our interaction with such patients at various levels (maternity wards, post-operative wards, labour rooms, OPD, and relatives of these patients) it was found that all the benefits under JSSK are not given to the beneficiaries in-full. It was found that various services like free medicines, free diet, free transport are being given partially.

**PMSMA services** on 9th of every month is a routine feature at all the designated health facilities (FRUs) in the district since its inception and all the identified high-risk women are taken care-off as per their obstructed and medical history. Various services are being given these pregnant women during PMSMA and identification of women with different co-morbidities are treated and taken care at these FRUs. It was reported by all the selected health facilities that line listing of all the high-risk pregnancies was maintained and pursued accordingly but during our record checking exercise at health facilities, it was found that such records have not been maintained properly at any visited health facility.

**Respectful Maternity Care (RMC)** is not only the marker of quality maternity care but also ensures the protection of basic human rights of every child-bearing woman. RMC is protection from verbal and physical abuse, disrespect, and discrimination during care. It also aims to provide care to child-bearing

women with dignity, privacy, and confidentiality. The Government of India has adapted RMC under LaQshya to provide dignified care to pregnant women while in the health facility. During our visit to the selected health facilities, it was found that care is being taken by the concerned health officials for all the women with regard to RMC and none of the women could inform/complain us about any problem/deviation with regard to RMC, as LaQshya has been implemented in DH in the district. Registers for births and deaths were found well maintained at all the visited health facilities and were found updated.

**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. In the district there are four health facilities providing the comprehensive abortion care services during 1<sup>st</sup> and 2<sup>nd</sup> trimester.

## **9. CLINICAL ESTABLISHMENT ACT**

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

## **10. SERVICES UNDER NHM**

### **10.1 Drug Policy**

As already mentioned, the district has implemented the free drug policy for various categories of population at all levels but during our visits to selected health facilities and our interaction with the community, it was found that such facility was available to a very limited extent. It was found that very few drugs (out of the total medicines prescribed by the doctor) are being provided to the patients when they visit to any health facility for treatment. Further, it was also found that at most of the health facilities the rate list for diagnostics was not displayed. However, it was reported by the concerned MSs and MOs incharge that free drug policy has been implemented to the Golden Card Holders which have been issued under the Ayushman Bharat PM-JAY Scheme while as JSSK beneficiaries get drugs and diagnostics free of cost at all levels in the district. During our interaction with the community the same observation of ours was vindicated as most of the community members reported that people are being charged for various services including diagnostics and drugs by the health facilities.



## **10.2 Dialysis Services**

The dialysis unit is fully functional at DH having seven beds including separate Heb positive bed. On each day two dialysis sessions are conducted and 14 patients avail dialysis services on daily basis. The total staff strength of the dialysis centre consists of four staff nurses, two dialysis technicians, one dialysis trainer and one in-charge doctor. The services at the dialysis centre are provided free of cost to BPL and golden card holders only. It was informed by MS of the DH that every patient who come for dialysis services has to borne a sum of Rs 850 per week from out of their own pockets to get two injections from the market while as all other services are provided free of cost. The incharge MO of the centre reported that there was no shortage of any major equipment or instrument.

## **10.3 Rashtriya Bal Swasthya Karyakram (RBSK)**

The RBSK is in vogue in the district and District Early Intervention Centre (DEIC) has been established at DH with more than approved staff found in-position. There are six RBSK teams in the district and of them, five teams have full human resource. For each block two dedicated teams are allotted. The performance of RBSK has shown a marginal improvement as all the teams are covering the schools in their respective blocks as per the roaster and report the work done on the portal from the field itself. The concerned CMO also informed that a proper mechanism at block level is in place to monitor the activities of RBSK teams and vehicles hired for the purpose. The screening of children at delivery points by RBSK teams was found missing as no information was provided to the visiting team in this regard by the authorities. The district has hired six vehicles for these RBSK teams to carry-out activities smoothly.

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

There are two functional SNCUs in the district and one SNCU is situated at the DH and another one is functional at CHC Mendhar. The SNCU at DH was established in the first phase and has a sanctioned bed capacity of 12 beds, but on the day of our visit it was found that they had made 20 SNCU beds (due to heavy load) functional with increase of eight more beds. The SNCUs in the district has 20 radiant warmers and a Kangaroo Mother Care (KMC) units, but don't have any step-down care. The total staff strength of SNCU at DH has 10 staff nurses, three MBBS MOs, and a paediatrician. There is a separate phototherapy unit and sepsis unit. In district Poonch as whole during 2022-23, a total of 1375 in-born and 222 out-born children were admitted, out of these, 1152 in-born and 49 out-born were discharged after getting proper treatment. Both from in-born as well as out-born patients, 10 percent were referred for the advanced treatment to the Jammu super speciality hospital. It is

important to mention here that huge chunk of patients with 4 percent of in-born and seven percent of out-born had died in the SNCU. At SNCU in DH Poonch, during the of month August alone, 7 percent of infant deaths were reported there. The condition of the SNCU was good with enough space as well as the ventilation. NBSU in CHC Mandi despite having requisite staff with two staff nurses from last seven years, the NBSU was found non- functional as the equipment acquired for the NBSU was still in the store of the CHC. Our visiting team insisted the concerned BMO, to make it operational, so that patients cannot suffer more. The NBCC at Chandakh PHC is functional and co-located with delivery unit but lack space and a clean washroom.

The district has one sanctioned Nutrition Rehabilitation Centre (NRC) but due to non-availability of funds, the NRC was converted into maternity ward temporarily.

### **10.5 Home-Based New-born Care (HBNC)**

Overall, 324 HBNC kits as well as drug kits were distributed to ASHAs in the beginning of the implementation of HBNC but since then the district has not received any new HBNC kits and as such the availability of these kits is almost zero and most the kits given earlier have exhausted. It was revealed by the ASHAs that they were conducting HBNC visit, because all these pregnant women stay in their in-laws after the delivery. Furthermore, it was found that ASHAs usually accompany pregnant women at the time of delivery to health facility. As per the information received by the DPMU, ASHAs have been asked not to accompany the pregnant women to DH at the time of delivery, due to some complaints reported against some ASHAs in the district. During our interaction with ASHAs at various health facilities, it was found that they had a fair knowledge about HBNC, HBYC and other duties they perform. On the basis of our interaction with ASHAs and feedback from the community and health staff at various levels, it was found that the ASHAs need further orientation and continuous monitoring and supervision to improve their working.

### **10.6 Maternal and Infant Death Review**

In the district during 2022-23, eight maternal deaths, 79 child deaths and 218 still births were reported in the district. Out of 79 child and infant deaths, 74 deaths and all the eight maternal deaths were reviewed by the committee established for it by the district. During the current year (2023-24), the district has so far reported two maternal and 21 child/infant deaths from various health facilities of the district.

## **10.7 Peer Education (PE) Programme**

Peer Education Programme has been implemented in the district and all the three blocks have been covered under this programme. Further, the information collected shows that so far 179 villages have been selected and covered under PE programme in the district. Also 36 Peer educators were selected and have been trained in the district.

## **11. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT**

In district Poonch one functional MMU was there and it was found that on an average 177 trips were made by MMU per months. Also 111 camps were organised and 111 villages were covered by MMU in the district during 2022-23. Furthermore, it was found that on an average 6349 OPDs and 79 lab tests were done by MMU and three sputum samples were also collected for TB detection per month.

In terms of referral transport, the district has limited number of vehicles with various health facilities for JSSK and other referral patients. The district has the rugged topography, which is very prone to deadly accidents and also the habitations of the district are scattered, that needs large number of ambulances. The district has functional 102 and 108 toll free numbers under centralized system of transportation but only few available ambulances in the district are used for the same which are fitted with GPS. The district has 10 (6 ALS+4 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and are operational on need basis for 24X7. These ambulances with BLS and ALS are fitted with GPS and handled through centralized call centre. The average number of calls received for these ambulances varies from 5 to 10 calls per day. The district officials reported that the performance of 102 toll free ambulance service was reported to be not up to the mark, in terms of its service delivery, while as toll free 108 is providing ambulance services up to the mark.

## **12. COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)**

In order to ensure delivery of Comprehensive Primary Health Care (CPHC) services, Sub Health Centres covering a population of 3000-5000 have been converted to Health and Wellness Centres (HWC), with the principle being "time to care" to be no more than 30 minutes. Primary health centers in rural and urban areas have also been converted into HWCs under Ayushman Bharat. In this background, district Poonch has converted all the 17 rural PHCs into HWCs while out of a total of 137 SHCs, 48 (35 percent) SCs have been converted into HWCs and have been made operational. In the district, 17 PHC-HWC and 48 SCs-HWCs had started NCD screening and most of them have covered a large population from their respective areas. Under CPHC, the district has enumerated about 476419 individuals so far, and

176419 CBAC forms have been filled in the district. District Poonch has not yet met the 100 percent target of the total population for filling-up CBAC forms, but a large population has been screened for various types of NCDs such as hypertension, diabetes, oral cancer, breast cancer, and cervical cancer. In the district, 48 HWCs were providing tele-consultation services and organising wellness activities. In HWC Kuniyian, 205 individuals, were screened for hypertension, diabetes, oral cancer and 110 for breast cancer and cervical cancer.

### **12.1 Universal Health Screening (UHS)**

Universal Health Screening (UHS) is one of the milestones in the modern health system in the country wherein the population is being screened for various non-communicable diseases and detections for diabetes, hypertension and various cancers is being done and treatment is provided at the village level itself. During the last six months under UHS the district has screened 135368 individuals for hypertension, 133373 for diabetes, 131454 for oral cancers, while as 56614 were screened for breast cancer and 32772 for cervical cancers. In DH Poonch 4473 patients were screened for hypertension and diabetes, 22 for oral cancer, 32 for breast cancer, 40 for cervical cancer and 103 for other cancers and out of these, 18 percent were detected as hypertensive, 5 percent as diabetic and 12 percent were having different types of cancers. In CHC Mandi the screening rate of various types of NCDs like hypertension, diabetes, oral cancer was found to be very low as the screening is done in routine OPDs only. PHC Chandakh has also screened the less number of individuals for different types of NCD. In HWC Kuniyian, 205 individuals, were screened for hypertension, diabetes, oral cancer and 110 for breast cancer and cervical cancer. During our visit to the selected health facilities, it was observed that the link, coordination and referral activities between the lower and higher level health facilities was very poor. Further, it was also found that the monitoring mechanism regarding HWC activities was missing at the ground.

### **13. GRIEVANCE REDRESSAL**

The grievance redressal mechanism is in place at most of the visited health facilities as they have placed a complaint box on the main entrance of each facility and these boxes are opened on regular basis by the officials of concerned health facilities to resolve the complaints if any. In DH Poonch, 16 complaints boxes were found installed at different sections of the hospital. In DH a committee has been constituted by the MS for listening and resolving the different issues that are submitted and even verbal complaints were resolved immediately. At CHC Mandi and HWC Kuniyian complaint box were

installed there. No Toll Free call centre has been established by the district in this regard so far. Mera-Aspatal is functional at DH.

#### **14. PAYMENT STATUS**

The information provided by the CMO office shows that overall, the district has huge backlog of JSY beneficiaries since March of last financial year. Also some ASHA incentives were not yet released. In case of ASHAs, all the 575 ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date. Further, 356 ASHAs availed the benefit scheme of PMJJB, 255 availed the benefit scheme of PMSBY and 285 received the PMSYMY benefit scheme. It was found that all the 54 ASHA Facilitators have received their per visit incentive so far in the district. All the payments are being made through DBT in the district. No other incentive has been received by any ASHA in the district for other activities during the current financial year. The delay in disbursement of incentives to beneficiaries has been due to the delay in release of funds by SHS to the district.

#### **15. COMMUNICABLE DISEASES PROGRAMME**

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

Further, the information collected from the CMO office shows that the district has been covered under the National Vector Borne Diseases Control Programme (NVBDCP) and annually 6 percent of blood examination was made. Regarding the LLIN distribution, IRS and anti-viral methods, no activity has been carried-out by the district at any level so far. DDT awareness is being done as part of the contingency plan for epidemic preparedness by the district at various levels.

National Leprosy Eradication Programme (NLEP) is in vogue in the district and four new cases of leprosy have been reported in the district during the current year while as number of G2D cases in the district

was one. The district has not made any reconstructive surgery for any G2D case, but have MCR footwear or self-care kit available. The district is without any treatment site or model treatment centre for viral hepatitis. Under National Tobacco Control Programme and National Iron Deficiency Disorders Control Programme, the district has conducted few awareness programmes under IEC component of the ROP.

National Tuberculosis Elimination Programme (NTEP) is also working efficiently in the district. During our visits to selected health facilities, it was found that all the health facilities are actively involved in NTEP and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs to the identified patients. The information collected from the CMO/DPMU office indicates that the district has achieved 85 percent (600 in numbers) target TB notifications. All the TB patients are tested for the HIV. Universal Drug Susceptibility Testing (UDST) to achieve the elimination status is being done at the district and both drug sensitive and drug resistance tests are available in the district. The plan for finding the active cases is done as per the protocol set by the district. The district authorities reported that 302 patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT installments have been initiated. The information collected shows that up to 24X7 PHC level all the health facilities are having a Designated Microscopy Centre (DMC) and most of these facilities (DH, CHC, and PHC) have taken a sample of about 2-3 percent from the OPD for microscopy tests during the last 6 months. The drugs for TB patients were found available at all levels. Further, the information collected shows that the CBNAAT and TruNat facilities are available at the CHCs and DH in the district. The information collected further shows that none of the cases for TB were tested positive or was currently active at PHC or SC-HWC level. During the last 6 months, all the patients at various levels have been brought under the Nikshay Poshan Yojana (NPY). Maintenance of records of TB patients on treatment, drug resistance, and notification register was found updated and satisfactory at all levels.

## **16. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)**

Poonch district has a requirement of 715 ASHAs as per the population of the district and all the ASHAs were in place. The information further reveals that there is no village without an ASHA in the district. A sizable number of ASHAs have been brought under various social benefit schemes in the district. Overall, a total of 356 ASHAs have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), while as 255 ASHAs are enrolled PMSBY and 285 under Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) in the district. Since the district has a very limited urban/slum population

and NUHM has not been extended to the district and thus no MAS have been formed in the district. On the other hand, 165 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed but no training has been arranged for them till date.

## **17. IMMUNIZATION**

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH, CHC, and PHC only. None of SC-HWCs in the district provide BCG doses of immunization to infants. Outreach sessions are conducted to net in drop-out cases/left out cases. 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 Pentavalent-1 Booster and Measles-2. AEFI committees and Rapid Response Team have been formed in the district. The information collected from the selected health facilities shows that all the health facilities including SCs have hub cutters while as vaccine is not usually stored at SCs.

Further, the information provided by selected health facilities shows that 2131 new-born children were administered the birth dose (BCG, OPV and Hib0 doses) during the last three months at DH while as 70 infants were administered such doses at CHC Mandi during the same time. In CHC Mandi during the month of September, nine infants were boosted with first birth dose, while in August it was 14 infants. On each Wednesday of the week, on an average 20-25 children are given different vaccines. In PHC Chandakh, during last three months, seven normal deliveries were performed there and all the seven new-borns were given the birth dose. During the month of September, 24 children were given different due doses of vaccine at this PHC.

## **18. FAMILY PLANNING**

Beside DH, CHCs and some PHCs, few SCs have also been identified and are providing IUD insertion or removal services in the district. The district is currently providing IUCD services through a network of identified health institution of various categories in the district. The information regarding various methods of family planning is also provided through VHND sessions at the SC-HWC level. The spacing methods like condoms and oral pills are available at all levels in the district. During the month of September, 50 female sterilizations were performed at the DH. CHC Mandi, had organised two camps in April and July this year wherein 186 and 50 female sterilizations were performed respectively. Further, during the month of September four IUCDs were inserted at PHC Chandakh. DH as well as CHC have trained manpower for providing IUCD/PPIUCD. Counselling on FP is mainly provided by the



gynaecologists, SNs and CHOs at DH and CHC level while as such counselling is provided by the MOs and ANMs at SC and PHC level in the district. During the last one month, 16 case of female sterilization for FP were done at DH. Family Planning Logistic Management and Information System (FPLMIS) have been integrated with the HMIS Portal in the district, besides the family welfare department of the UT.

## **19. AFHC/IYCF/NRC**

The AFHC at DH Poonch is functioning properly. The AFHC Counsellors and the DEO are in-position in the clinic. The district has a 10 bed Nutrition and Rehabilitation Centre (NRC) but the working of NRCs has got hampered due to non-availability of funds, as a result the NRC has been temporarily converted into maternity ward. Some positions of staff have been engaged for the district under NHM for NRC. Infant and Young Child Feeding (IYCF) Centre has been established at the DH in the district and activities under both the schemes are being done on daily basis at the DH.

## **20. QUALITY ASSURANCE**

As per the information, District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. DQAC held one meeting during this year and the members stressed upon to ensure the rollout of standard protocols for RMNCHC+A services, disseminate quality assurance guidelines and tools, monitor health facilities for improving quality measures by mentors, payment of family planning compensation, and compile and collate outcomes/complications in maternal, neonatal and child health. District Hospital Poonch is NQAS, Kayakalp and LaQshya certified with a score of 75 percent points, 72 percent and 94 percent points respectively, but the validity of NQAS has expired in April, 2023. CHC Mandi has initiated for NQAS and Kayakalp, but has scored less than 60 percent points and the facility is not Kayakalp or NQAS certified. PHC Chandakh has initiated for Kayakalp and NQAS assessment, while as HWC-Kuniyian has initiated the process for NQAS assessment.

## **21. QUALITY IN HEALTH SERVICES**

### **21.1 Infection Control**

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

## **21.2 Biomedical Waste Management**

The segregation of bio-medical waste was found satisfactory in all the visited health facilities and the awareness amongst the staff was found satisfactory and practice of segregation was being done properly in these health facilities. Lower level health facilities in the district have their own deep burial pits in their premises and the bio-medical waste is dumped in those burials while as DH and CHC have outsourced the biomedical waste.

## **21.3 Information Education and Communication (IEC)**

Display of appropriate IEC material in Health facilities was found by and large satisfactory at all the levels. SC-HWC and PHC level HWCs have not increased their visibility in terms of IEC by putting up hoardings and banners for various services they are providing at their health facility. The IEC material related to MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the DH and CHC level also.

## **22. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)**

The Health Management Information System (HMIS) is a Government-to-Government (G2G) web-based Monitoring Information System that has been put in place by the Ministry of Health and Family Welfare (MoHFW). Data on this website is regularly uploaded by all the mapped health facilities of the district Poonch. Though the data quality in the district has improved to a great extent, but there is still a lot of scope for improvement in all the health facilities. Recently the Ministry updated all the formats of HMIS and added a large number of new variables so as to make the HMIS a comprehensive and complete data set for all the stakeholders. The ministry conducted various training programmes for all the stakeholders after the new HMIS formats were prepared. These training programmes were conducted both physically as well as through on-line mode. Since we visited four health facilities in Poonch district and a thorough review of records available and incorporation of new data variables in the existing records was checked. Further, all the concerned officials at each of the visited health facility were asked about the training/instructions they have received from their programme management units for capturing, maintaining and reporting on the new data variables. Further, the availability of new HMIS formats was also checked at each health facility. It was found that most of visited health facilities have received the information regarding the new data elements, but training regarding the new data elements has not received yet and the concerned DPMU reported that they have already provided all the health facilities with new HMIS formats and training was conducted online for all.

**In DH Poonch**, during our visit we verified the HMIS data with the available records in various sections of the hospital and a wide variation was observed between the records available in the facility and data uploaded on the HMIS portal. It was found that they have not maintained the register for the new data elements, but reporting the individual cases on daily basis and at the end of the month they get a cumulative number and upload the same on portal. As such except RCH register, there was not any other register available. Furthermore, they have not captured any data on post-operative surgical site infection, in-patient head count at mid night, blood units issued and received. In different sections of DH including maternity ward both of normal and C-section deliveries, ANC register, blood bank etc. they have not received any information regarding the new HMIS formats.

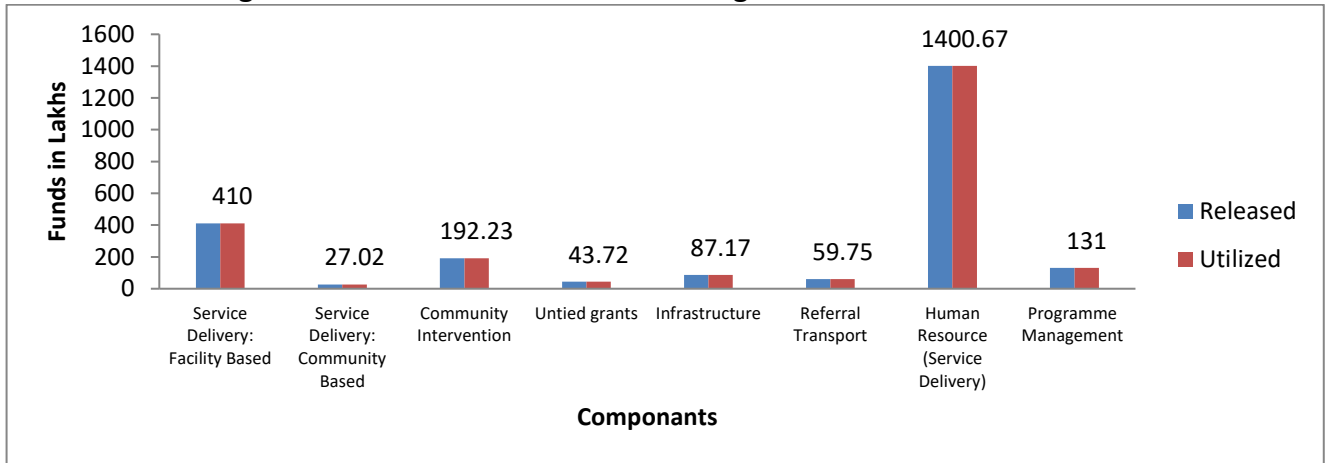
**In CHC Mandi**, the record keeping was found to be very poor. In the ANC section of CHC, it was found that they have received the information regarding the new data elements of HMIS format, and also have started to record the data on new data elements for HMIS. In any of the sections of the CHC, the concerned staff were unaware of new HMIS formats and new data elements incorporated in the HMIS formats. Further, it was also found that there was not any record keeping with regard to drug consumption register for ANC patients, line listing of high risk pregnancies, and number of free investigations for ANC patients under JSSK. **PHC Chandakh** failed to provide any information or record keeping regarding the new data elements of HMIS format. The record keeping system for ANC registration, line listing of high risk pregnancies, OPD, drug distribution etc. was found to be very poor. The new HMIS formats were found available at the facility as they are in the process of streamlining their record keeping for NQAS. Though the concerned MO reported that they have a sizable number of women with high risk pregnancies but such records was found unavailable at the facility. Similarly, records with regard to number of new and old ANC registrations, total ANC footfall, and number of new-borns received HBNC visits etc. was found missing at the PHC. **In HWC Kuniyan**, the information on few new HMIS data elements was found available and record keeping mechanism was also satisfactory especially for NCDs, HWC activities, tests conducted etc. but the staff has not received any training regarding the new data elements of HMIS format.

### **23. STATUS OF FUNDS RECEIVED AND UTILIZED**

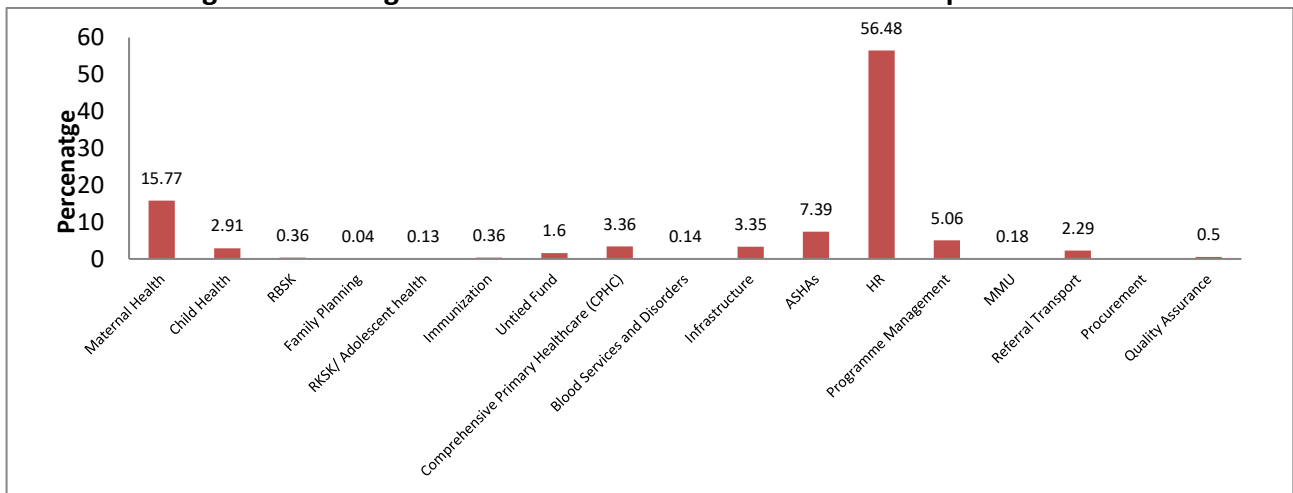
In case of fund utilization during 2022-23, under different budget components as per the ROP, it was found that out of the total released budget of Rs. 1400 lakhs were utilized on the human resources followed by an amount of Rs. 410 lakhs on service delivery facility base, Rs. 192 lakhs on community intervention, and 131 lakhs were spent on programme intervention. It is important to mention that

only Rs. 87 lakhs were utilized for infrastructure development. Furthermore, under different components of RCH, out of total allocated budget, 56 percent of funds were utilized on human resource services, 16 percent were utilized on maternal health, 7 percent on ASHAs, 5 percent on programme management, 3 percent on comprehensive health care and 3 percent on infrastructure.

**Fig 1: Funds released and utilized during 2022-23 for Poonch district**



**Fig 2: Percentage of Fund Utilization under different Components of RCH**



## 24. FACILITY-WISE BRIEF

**24.1 District Hospital Poonch** is situated at the centre of the Poonch town and is housed in a spacious building with enough space. The 1<sup>st</sup> referral point for DH is GMC Rajouri which is at a distance of around 90 kms from the district headquarters. It has a bed capacity of 200 beds only and has also 8 ICU beds available for any emergency situation. Almost all the necessary services which include general medicine, O&G, paediatric, surgery, anaesthesiology, dental, imaging services, labour room complex, ICU, dialysis unit, OTs, AYUSH and emergency care are available at the hospital. DH has a registered Blood Centre and is functional on 24X7 basis. On the day of our visit, 42 blood units were available

with the distribution of one “AB” negative, one “O” negative and one “B” negative. In the month of September alone, three blood donation camps were organised and 32 blood units were collected. Also in the month of September, 98 blood unit transfusions were done. The hospital is providing tele-consultation services to the patients on roster basis and a very efficient team of doctors has been put on the panel for tele-consultation and attend 8-10 cases on an average per day. The hospital is getting electricity and water supply on 24X7 basis and has a dedicated back-up for both electricity and water supply for the hospital.

The DH has sanctioned staff as per the IPHS standards which include a sanctioned strength of 37 MOs both from regular as well as NHM side, with more than two-third positions are vacant, and the specialists all from the regular side include two specialists each for medicine, paediatrics, anaesthesia, and orthopaedics, three each for O&G, and surgery were found in-position. Surprisingly, none of the specialists for radiology and ophthalmology were found in-position at this facility. Similarly, two dentists were found in position at DH. Among the paramedical staff, out of sanctioned strength of 137 SNs/GNMs, 27 regular side and 81 NHM side were found in position. Further, out of 15 lab technicians 12 were in position while as 5 dental technicians were also in position at the DH. Eight pharmacists from regular side were also found in-position. DH has NRC with sanctioned required staff, but it is not function due to non-availability of funds. A well-established SNCU, NCD Clinic, and DEIC was there, also a mental Health unit under National Mental Health Programme, an Adolescent Friendly Health Clinic, (AFHC) and DNB programmes are running smoothly at the DH. The DH has also established one Dialysis Centre also with sufficient staff from the NHM side.

All the necessary equipment is available in the DH. All the sections of the hospital were found well equipped and have CT-Scan facility also there. None of the essential equipment was found non-functional or had any shortage. The central lab of the hospital remains open for 24X7 and all the requisite diagnostics are being done in the hospital on 24X7 basis. Besides, Jan Aushadhi facility, hospital has a huge drug store and remains open for the services from 10-4 pm only. Supply of drugs was reported to be sufficient. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. All these patients were given referral transport by the DH. DH has eight dedicated ambulances for referral services under toll free numbers of 102 and 108, but 102 is not working on road with the given expectations. Other than these, there are five ambulances dedicated to DH. The DH has undergone external assessment of Kayakalp, and NQAS and scored 72 percent points and 75 percent points

respectively, but the validity of NQAS has expired in April 2023, while labour room and OT were LaQshya certified with score of 87 percent points for labour room and 94 percent for OT.

A total of 2131 newborns have been immunized for the birth dose during the last three months. Also during last three months 2051 had received OPV “O” dose, and 1996 received hepatitis is “B” dose. A total of 14 female sterilizations were performed at the DH during the last one month. As per the records of the NCD clinic at DH, a total of about 4473 suspected patients have been screened for hypertension, diabetes and out of these, 832 patients have been confirmed as hypertensive and 232 were confirmed for diabetes by the DH during last 6 months prior to our visit. Cleanliness of the facility was found satisfactory at all levels in the hospital. Citizen’s charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in each section of the DH for waste segregation.

**Key Challenge:** *Inadequate manpower and attachment of some staff members to other facilities, renovation of the old building not done, due to non-availability of funds NRC is non-functional.*

**Achievements:** *Got Kayakalp, NQAS and LaQshya certified in 2022, started laparoscopic surgery, increased the SNCU beds from 12 to 20.*

**24.2 Community Health Centre (CHC) Mandi** is situated at the extreme of the district Poonch on the bank of Mandi river and is a standalone facility and housed in a new under construction building. It has also one old building. It is a dedicated FRU and its next referral point is DH Poonch which is at a distance of 25 kms. The functional inpatient-bed capacity of the CHC is 30 beds with separate beds for males and females. As per IPHS standards only few necessary services which include general medicine, paediatric, surgery, anaesthesiology, and imaging services (X-ray and USG) are available at the CHC but important services like O&G, ophthalmology and dental were found unavailable at the facility due to non-availability of specialized doctors for these units. The total human resource strength in the CHC composed of four MOs, one paediatrician, four staff nurses ( two each from regular and NHM side), five lab technician (three regular side and two NHM side), four pharmacists from regular side, one dental assistant. An MO in the facility has designated for gynaecological section, otherwise there was not a single gynaecologist in the CHC. The CHC has initiated for Kayakalp and NQAS, but scored less than 60 percent points. There was not any EDL despatched anywhere. CHC has also an established drug store and remains open for the services from 10-4 pm only. Jan- Aushadhi store is also

operational in the facility premises. The hospital doesn't provide any tele-consultation services to the patients. The hospital is getting 24X7 electricity and water supply. The OT and washrooms of the facility were found in good condition. The health facility has vacant posts of physician, gynaecologist, anaesthetist and dental technician. All the necessary equipment for OT, Lab, labour room and other sections was found available in the CHC. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at CHC. Complaint box is available there, but mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue, red and yellow) are available in each section of the CHC for waste segregation.

**Key Challenge:** An acute shortage of manpower *including vacant posts of O&G, Physician, Dentist and 4 MOs, Insufficient ambulances/transport, Maternity section in the CHC is non-functional, JSY payments pending due to non-availability of funds, NBSU is non-functional.*

**Achievements:** *During month of April and July female sterilization camps were conducted and 186 in April and 50 in July female sterilizations were performed. Car parking area of the CHC is very limited.*

**24.3 PHC Chandakh** was converted into a HWC in 2020. It is a single storey building located on the road side of Poonch Mandi road just 7 kms from district head quarter Poonch. The total population of the PHC is 7000. Its first referral is DH Poonch. The total bed capacity of the facility is 5 beds with no separate wards for male and female patients. The facility has 24X7 running water, clean functional toilets, drinking water facility, OPD waiting area, drug store, power backup and also branding has done, but there was not availability of ramps, and ASHA rest room.

The PHC has sanctioned strength of 2 MOs from the regular side and both are vacant while as MO from NHM was found to be in-position. Also out of two regular sided staff nurses none was in-position. The total staff strength of the facility is also one NHM staff nurse, one ANM, one LT, and one LHV. Services like OPD for ANC/PNC, child immunization, general medicine, and tele consultation are provided by the PHC on regular basis. PHC has not initiated for Kayakalp or NQAS yet.

The facility has filled about 40 percent of the CBAC forms of the targeted population and the performance in terms of NCD screening was found to be unsatisfactory. Most of the essential equipment required for a PHC are available and are functional. PHC is providing the diagnostic facilities like pregnancy testing, haemoglobin, CBC, serum bilirubin test, urine albumin and sugar, blood sugar,



HIV, RAT for Covid-19 and X-ray etc. Drugs for common ailments, ORS, Zinc, and de-worming were found available. Very few drugs for NCDs were also available at the PHC but multi-drug therapy for NCDs was found missing at the health facility. Supply of drugs was reported to be sufficient in PHC. Essential drug list is displayed in the Pharmacy. Family planning methods like OCPs and EC pills are also available at PHC.

**Challenges: PHC has not a single MO from regular side, No ANM, No Lab technician.**

**24.4 Health and Wellness Centre Kuniyian:** This SC was converted into H&WC in March 2020. The H&WC caters a population of around 5000 persons. The H&WC is housed in a single storey government building, with 3 rooms and one wash room. One room is being utilized for OPD services, the other is has been dedicated for meetings and yoga/other HWC activities while as 3<sup>rd</sup> room is utilized for other immunization, drug store, rapid tests and other activities. The condition of this single story building was found satisfactory. The branding of the facility has been completely done. The facility has 24X7 running water, electricity with power backup, drinking water facility, OPD waiting area, drug store and special area for Yoga. HWC is not on the road and patients have to move 60 metres up-stairs.

The H&WC provides OPD for ANC and other ailments, NCD screening, ANC check-up, short stay of patients, tele-consultation, IFA, TT injections, routine immunization once a week etc. ANM has been provided with a tablet to upload the data of various schemes of NHM on regular basis and in this regard the concerned MLHP was found very helpful for ANM. EDL was displayed in HWC which contains 23 essential drugs as per the guidelines, all the drugs were found available on the day of visit. So far as contraceptives are concerned, oral pills, emergency contraceptive pills (ECPs) and condoms were found available at the centre. Few drugs for hypertensive and diabetic patients were also found available at the centre which includes Amlodipine, Metoprolol, and Etonal. Testing kits for checking haemoglobin, pregnancy status and blood sugar have been provided to the HWC in sufficient numbers. Thermometer and BP apparatus were also found at the HWC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc. In addition to this, HWC received some equipment recently. The records verified in the visited health facilities shows that the documentation and records regarding the line-listing of severely anaemic and filling of MCP cards was satisfactory. Screening camps are conducted by the centre and under this programme, a total of 205 individuals were screened during the last six months for NCDs. The general cleanliness of the H&WC was satisfactory.

**Key Challenge:** *Hilly Topography and off-route from the road connectivity, as a result patients had to move at least 60 metres to upstairs, drainage issue.*

## **24.5 Community**

During our interaction with the community, it was found that majority of the population prefer public health facilities for all kinds of health care services as there are very limited private health facilities in the district. Majority of the people use iodized salt, safe drinking water, LPG for cooking and better sanitation in urban/town areas while as in rural areas all such facilities are not available to community and use firewood, non-filtered drinking water and don't have better ventilation in their kitchen. Community members reported that HWCs provide health care services for minor ailments, ANC services, immunization of children and NCD services in their area but they mentioned that very few essential drugs and diagnostics are being provided by the public health facilities to them free of cost as they have to pay for almost all the services they get from higher level health facilities. They further reported that their out of pocket expenditure for any visit at the public health facility ranges from 70-90 percent of the total cost of medicines and diagnostics (except for JSSK beneficiaries). Overall, the community was found to be satisfied with the working, knowledge, training and supervision support of ASHAs.

### **Key challenge**

- Manpower to health facilities
- Implementation of free drug policy as announced by the UT administration,
- Intensify NCD screening through camps at various places.
- Need to create strong coordination with various other likeminded departments for better coverage of various health and wellness issues of the population at the village level.

## 25. RECOMMENDATIONS AND ACTION POINTS

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

- ✚ Poonch district has acute shortage of human resource from the regular as out of three CHCs, only one CHC has a gynaecologist while as most of the PHCs in the district don't have any MO from the regular side and some specialist positions of doctors are also vacant at higher level health facilities but the human resource provided under different schemes of NHM to the district has been a milestone and has helped the district to run the show partly. *Therefore, it is suggested to impress upon the UT administration to fill-up the vacant posts both from the regular as well as from the NHM side at the earliest so that better services can be provided to people at all the health facilities.*
- ✚ C-section deliveries are being conducted at DH only and it has been observed that the proportion of C-section deliveries has increased alarmingly at this facility. On the other hand, it has also been found that the mortality rate among new-born babies has also been found high during the past two years in the district and in this regard community, some officials, and even administrators attribute these deaths to high C-section delivery rate. *It is therefore, suggested to impress upon the district administration and the concerned MS to have a regular audit of each of the C-section delivery and death as per the given protocols. There is also need to have prescription and diagnostic audit in place at all higher level health facilities to keep a check on all doctors.*
- ✚ Though JSSK for pregnant women is in vogue but it was found that pregnant women get some food, drugs, and transport only. It was also observed that the monitoring mechanism for implementation of JSSK is poor. *There is a need to constitute a team of some external agency to audit the performance of various components of JSSK and pay surprise visits to the health facilities and get on spot feedback from the patients regarding the implementation of JSSK as there are some serious issues related to benefits being provided to the women under JSSK.*
- ✚ The district has implemented the free drug policy for various sections of the society, but on ground level, it was not found implemented at all levels as most of the MS, BMO, and MOs reported that the facility is being given to BPL and Golden Card Holders only and as per the availability of drugs at these facilities. *It is therefore, suggested to extend the free drug policy for all and make sure that drugs prescribed by the doctors are always available in the drug stores of respective facilities.*
- ✚ The record keeping of service delivery was found poor in various sections of some health facilities and monitoring mechanism in this regard was found missing. *It is therefore, suggested to ensure monitoring of record keeping in all the sections of health facilities for the services they provide.*

## PHOTO GALLERY



**DEIC DH**



**HMIS Data verification at DH**



**Data verification at Maternity Ward**



**Maternity ward of DH**



**Interaction with ASHAs at CHC Mandi**



**Interaction with MS DH**



**Record keeping at PHC Chandakh**



**Labour Room at CHC**



**Interaction with BMO Mandi**



**Staff and ASHAs of HWC Kuniyan**



**HWC Kuniyan**