

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

JAMMU & KASHMIR

(A Case Study of Rajouri District)



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LIST OF ABBREVIATIONS

AD	Allopathic Dispensary	IPHS	Indian Public Health Standards
AEFI	Adverse Effect of Immunization	ISM	Indian System of Medicine
ALS	Advanced Life Support System	IUD	Intra Uterine Device
AMC	Annual Maintenance Contract	IYCF	Infant and Young Child Feeding
AMG	Annual Maintenance Grant	JSY	Janani Suraksha Yojana
ANC	Ante Natal Care	JSSK	Janani Sishu Suraksha Karyakram
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 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 1st phase (2006-12) of it. However, the 2nd 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 5th phase, the team visited Rajouri district in Jammu and Kashmir and thus the present report reveals the Challenges, Issues and findings of monitoring exercise for Rajouri 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 Rajouri, BMOs of Sunderbani and Nowshera, incharge MO PHC Siot, for sharing their experiences. We would like to appreciate the cooperation rendered by the officials of the District Programme Management Unit (DPMU) Rajouri and Block Programme Management Units (BPMUs) Nowshera and Sunder Bani, for helping us in the collection of information. Special thanks are also to staff at PHC Siot, and HWC Marcholla 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
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1. EXECUTIVE SUMMARY

In district Rajouri, the health services in the public sector are delivered through a network of various levels of health facilities (excluding tertiary and private hospitals) in six medical blocks which include one Associated Hospital, four SDHs, three CHCs, 55 PHCs and 202 SCs. Rajouri district has also established one DEIC under RBSK, one NCD Clinic, IYFC unit, AFHC, dialysis unit and two SNCUs at the DH and SDH Sunder Bani. For this study we selected four health facilities that include SDH Sunder Bani, CHC Nowshera, PHC Siot and HWC Marcholla. The summary of the findings of which are presented below:

- There is an acute shortage of space/infrastructure at SDH Sunderbani and CHC Nowshera as both the buildings have been declared unsafe. The new buildings for both the health facilities are under construction since long and in the process, both the staff of these health facilities and public faces extreme difficulties.
- An acute shortage of different specialists was found across the district, with deficiency of 58 percent among gynaecologists, 90 percent deficiency among surgeons and anaesthetists, and one-third among physicians. In the district there was not a single in-position radiologist either.
- In case of paramedical staff large number of vacancies were found vacant among staff nurses, X-ray technicians and CHOs with the deficiency of more than one-third in all the three categories.
- Free drug and diagnostic policy is fully operational for the JSSK patients, while for other general patients, free drugs were provided to them from the available list of drugs as reported by CMO/DPMU. However, both IPD and OPD patients at the visited revealed that its implementation at the ground level is not satisfactory.
- Three PHCs are conducting more than 10 deliveries, all the six CHCs are conducting more than 20 deliveries and the AH is conducting more than 50 deliveries per month.
- Both normal and C-section deliveries are performed at SDH Sunderbani and CHC Nowshera, but in CHC Nowshera, C-sections are performed only in day time and on the selected days of the week, while in visited SDH, C-sections are performed during night hours also when emergency arises.
- In SDH Sunderbani and CHC Nowshera, the rate of C-section deliveries was found to be less than 15 percent, clearly indicates that district has achieved the target of minimizing the C-section rate.
- Protocol regarding the discharging of women after delivery was not followed in the selected health facilities, thus putting both the mother and the new-born at a risk by discharging them before the due time against the given guidelines.

- Overall record keeping and line listing of high risk pregnancies was very poor but it is important to mention that in PHC Siot, out of 58 ANC registrations during last eight months, none was found anaemic.
- In CHC Nowshera, RMC is not followed as there was complete openness in both labour room and maternity ward for all. It was found that maternity ward; labour room and OT are at a distance to each other, where the privacy of the mother was not maintained properly after the delivery.
- Out of 12 RBSK teams in the district, 11 RBSK teams had the full sanctioned human resources, with 11 vehicles allotted to them and each medical block has two dedicated teams in place. The screening rate of these teams was found to be low.
- Overall, the district has two approved SNCUs located at AH Rajouri and SDH Sunderbani. During 2022-23, a total of 895 in-born and 870 out-born children were admitted in the district. Out of total in-born and out-born, 80 percent and 63 percent of neonates were discharged after getting treatment.
- Not a single HBNC kit is available with ASHAs in the district. During the year 2022-23, a total of 10712 HBNC visits were made by ASHAs to new-born children under HBNC.
- The district has one MMU on road and on an average, 18-20 trips and camps were conducted per month; also 20 villages were covered under MMU. In case of referral transport, the district has 11 (7 ALS+5 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS).
- Performance and services by toll free 108 ambulances was satisfactory, as it was 2nd in position in Jammu division of making large number of trips to shift the patients from Rajouri to Jammu. Overall, 72 deliveries had taken place in ambulances during their transportation during 2022-23 in the district.
- Under universal health screening, large population has been screened for various type of NCDs, and out of these 2 percent were detected as hypertensive, and less than one percent as diabetic.
- Out of a total of 1000 ASHAs approved for the district, 990 ASHAs were in place. Among the total ASHAs, no ASHAs cover more than 1500 rural population.
- The spacing methods, like condoms and oral pills, were found available at all the visited facilities in the district. In SDH Sunderbani two female sterilizations were performed during last six months and there is trained provider of IUCD. In the SDH counselling for family planning services were provided by health provider.
- SDH Sunderbani has been assessed for Kayakalp and for internal assessment of NQAS and have scored 66.86 points in Kayakalp and 55.20 points in NQAS. CHC Nowshera has initiated for internal assessment of Kayakalp and NQAS and scored 60.4 percent points in Kayakalp and 49.2 percent points in NQAS.

2. INTRODUCTION

On yearly basis, the Ministry of Health and Family Welfare, Government of India, approves the State Programme Implementation Plans (PIPs) under National Health Mission (NHM), and the State PIP for 2023-24 has been approved. While approving the PIPs, states have been the assigned agreed goals and targets and are expected to achieve them, adhere to critical conditions, and implement the road map provided in each of the sections of the approved PIP. 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 were implemented. However, in 2013-14, the Ministry of Health and Family Welfare decided to monitor the implementation of State PIPs by involving all of the Population Research Centres (PRCs) in the country to undertake this monitoring exercise. It was decided that all PRCs will continue to conduct qualitative monitoring of PIPs in the states/districts assigned to them on a monthly basis. In the 5th phase, our team in PRC Srinagar undertook this exercise in District Rajouri for the year 2023-24.

2.1 Objective of the Study

In consonance with the Program Implementation Plan (2023-24), the main objective of this study is to monitor whether the UT in general and district Rajouri in particular is adhering to the key conditionalities while implementing the plan and to what extent the crucial strategies identified in the PIP are implemented and to what extent the road map for priority action and various commitments are adhered.

2.2 Data Collection and Methodology

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 NIHFWS 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 Rajouri. A schedule of visits was prepared by the PRC and one senior faculty member and research fellow visited Rajouri district and collected information from the Office of Chief Medical Officer (CMO) of district Rajouri, **SDH Sunderbani, CHC Nowshera, PHC Siot and SC-HWC Marcholla**. 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. OVERVIEW OF JAMMU AND KASHMIR AND RAJOURI DISTRICT

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).

3.1 District Rajouri

Rajouri 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 Rajouri district as per district estimates is 642415, which constitutes 5 percent of the total population of the UT of Jammu and Kashmir. The district has a huge concentration of ST population. One third of the population in the district is still illiterate as per the NIC portal. HMIS data of the district shows that the sex ratio has increased over a period of time. The recently concluded NFHS-5 shows that the overall sex ratio of the district has come down to 901 and sex ratio at birth during the last five years has come down to 968 as compared to 1074 during NFHS-4.

abortion services are provided by 6 health facilities while as 1st trimester abortion services are provided at DH and CHCs in the district.

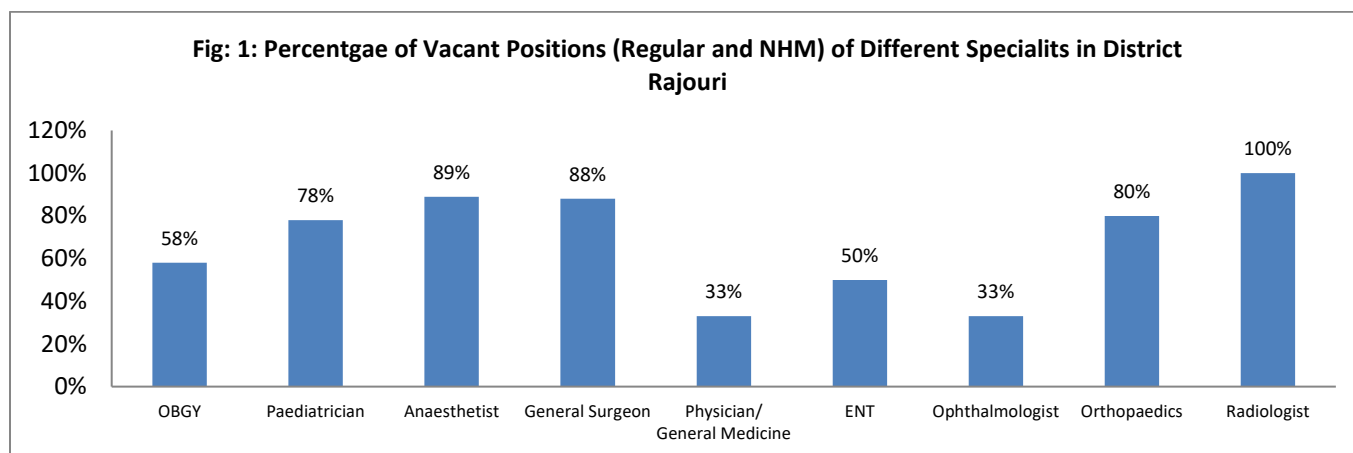
5. DISTRICT HEALTH ACTION PLAN (DHAP)

DHAP is a principle instrument for planning, implementing, evaluating, and monitoring the health sector in the district. Normally, DHAPs are framed for one year only, but for the first time in 2022, the DHAP was formulated for two years (2022-23 and 2023-24). The DHAP is mainly prepared on the basis of the previous year's performance and achievements of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Overall, a total of 8–10 percent increase is being made for the previous year's indicators in terms of allocation for deliveries, like: JSSK, JSY, and other relevant indicators. The major flaw in the preparation of DHAP observed by our visiting team was that the district has not taken into account the latest figures on various health indicators released by the NITI Aayog and Ministry from time to time. The district has received the approved DHAP for the years 2023-2024 in July 2023, also the 1st installment of funds was released in July 2023. As per information collected from the CMO office, there was not any construction work of health department pending in the district.

6. STATUS OF HUMAN RESOURCE

In the health sector of Jammu and Kashmir, there are two categories of human resources: regular staff and NHM staff. The selection of regular staff is based on a centralized mechanism at the UT level, while the selection of NHM staff is made through a centralized mechanism as well as at the district level. Information revealed by the CMO/DPMU office of district Rajouri, regarding human resource availability in the district, it was found that among the different specialist a huge chunk of the positions were found vacant particularly from the regular side. Overall, in case of gynaecologists there was a deficiency of 58 percent of position, while in case of general surgery, anaesthetists and physicians, 88 percent, 89 percent and 33 percent positions were found vacant in the district respectively. Also in the district, 80 percent of orthopaedics, 33 percent of ophthalmologists and 50 percent of ENT specialists were found unfilled. Among the MBBS MOs, 60 percent from regular side and 57 percent from the NHM side were found vacant. In the district also there was not a single in-position radiologist. Among the paramedical 28 percent of pharmacists from regular side, 22 percent of staff nurses from regular side and also 38 percent positions from NHM side were found unfilled, while as 37 percent of X-ray technicians from regular side,

16 percent of MPW (Male), 36 percent of CHO/MLHP were found vacant in the district. Furthermore, there was a deficiency of 15 percent among ANM/FMPHW and CHO technician from the NHM side.



In SDH Sunder Bani, it was found there that out of 14 sanctioned positions MBBS MOs, there was only one vacant position, also out of two sanction positions each for medicine, OBGY, and paediatrician, there was a vacancy of one position of OBGY and one paediatrician, while as there was not any specialist anaesthetist in the SDH. In the SDH there was not any dental assistant, facility manager, LSAS trained doctor. In CHC Nowshera, from the regular side, there was the vacancy of 30 percent MBBS MOs, also there was not any paediatrician and anaesthetist in the CHC. In case of paramedical staff from regular side, there was the vacancy of 66 percent staff nurses, and 33 percent of pharmacists in the CHC. Also there was not any in-position post of hospital manager, EmoC trained doctor, LSAS trained doctor in the CHC. From the NHM side, there was deficiency 50 percent of MBBS MOs, 66 percent of the staff nurses. Maximum position from the NHM sided were found filled like as there was not any vacancy of ISM doctors, OT technician, RBSK doctors, etc. In PHC Siot, there was one MBBS MO, one AYUSH MO, one ANM, two LTs, and one pharmacist. Furthermore, it was found that in PHC there was not any staff nurse from the regular side. In HWC-Marcholla, there are two MPWs, female, one MPW male, one CHO, two ASHA and one more as sweeper.

6.1 Recruitment of various posts

There is well established procedure for recruitment of regular staff through a centralized process and all regular positions are advertised in all national and local newspaper. The positions of specialists and doctors are filled through State Public Service Commission and the positions of paramedical and other

staff is recruited by the State Services Recruitment Board (SSRB). 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 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

In district Rajouri, only few training programmes were organized for various categories of health staff at District level. The information collected from CMO Rajouri about various training programmes conducted for the staff during the year 2022-23 shows that all the training programmes approved under ROP were conducted in the district. Overall, three training programmes for paramedical staff were organized as per ROP that include: For 2023-24, till date no training programme has been conducted yet.

8. STATUS OF SERVICE DELIVERY

In district Rajouri, it was reported by the CMO office/DPMU that free drug and diagnostic policy is fully operational for the JSSK patients, while for other general patients' free drugs were provided to them from the available list of drugs. Though different concerned administrators of the visited health facilities revealed that implementation of free drug policy was satisfactory but during our interaction with the patients, attendants and community as whole, there were some contradictions with regard to supply of free drugs. In SDH Sunder Bani, it was reported by different stakeholders that free drugs were not provided to the patients. Some ANC patients also reported that drugs were not provided at all to them. It was observed that the available drugs at the selected facilities are not usually prescribed by the doctors and thus compelling the patients to get the prescribed drugs from the market. In CHC Nowshera, free drugs were provided partially to the patients. Under Anaemia Mukath Bharat (AMB), distribution of IFA tablets among the women and children was found satisfactory. Similarly, in case of PHC Siot, all the ANC patients were provided the drugs from the facility.

As far as the delivery points of the district are taken into account, the information collected from the DPMU/CMO office shows that one SC is conducting more than three deliveries a month; three PHCs are conducting more than 10 deliveries per month in the district. Further, it was reported that all the six

CHCs in the district conduct more than 20 deliveries per month and AH conduct more than 50 deliveries per month. C-section deliveries are conducted at DH/AH Rajouri, SDH Sunderbani and CHC Nowshera. In case of any emergency, SDH is conducting C-section deliveries during the night hours as well. In both SDH Sunderbani and CHC Nowshera, normal deliveries are performed on 24X7 basis, but C-sections deliveries are not conducted at CHC Nowshera during the night hours. Furthermore, it was reported by the CMO office that 72 deliveries took place in ambulances in the district during 2022-23.

It was reported by the CMO/DPMU office that they have a target of only 20 percent of C-section deliveries (out of total deliveries in the district), but it was found from the records of SDH and CHC Nowshera that C-section deliveries were found less than 15 percent, clearly indicates that district has achieved the target of minimizing the C-section rate up to SDH/CHC level. In PHC Siot and HWC no normal delivery was conducted there and at the time of delivery ANC patients were referred to SDH Sunder Bani.

JSSK was launched with an aim to reduce the out-of-pocket expenditure for the families of pregnant women and sick new-born and so far this scheme has played a vital role among these families. In this regard, it was revealed by the pregnant women of the selected health facilities that they availed the JSSK benefits partially, during their pregnancy period from their respective health facilities. In SDH Sunder Bani, it was informed by the pregnant women and the women who available at time of delivery that they had received the some JSSK benefits like free IFA tablets, free diagnostic facility but ambulance at time of delivery was not available, they hired their own vehicle. It was reported by ASHA coordinator, that since March 2023, payments of 7491 beneficiaries were found pending due to non-availability of funds. In CHC Nowshera, some ANC patients had received free drugs and diagnostic services there, but it was found in the CHC that few ANC patients had conducted USG from the private lab. In CHC four ANC patients interviewed randomly from OPD section, and among them, 50 percent revealed that they conducted USG from the private lab. In both SDH Sunderbani and CHC Nowshera, protocols regarding the discharging of patients after delivery were not followed properly, thus putting both the mother and the new-born at risk by discharging them from the health facilities before the due time as per guidelines.

PMSMA services on 9th of every month is a routine feature at all the designated health facilities, this facility is available at SDH Sunderbani and at CHC Nowshera also. Under PMSMA, all the health facilities make a list of pregnant women with different co-morbidities, high-risk pregnant women and are treated and taken care at these FRUs on every 9th date of the month. It was found in the SDH Sunder Bani, that

there was a list of high risk pregnancies, while in CHC Nowshera line listing of high risk pregnancies was not maintained. In PHC Siot, it was found that list of high risk pregnancies was not found there, but it is important to mention that out of 58 ANC registrations during last eight months, none was found as anaemic in the PHC.

Respectful Maternity Care (RMC) ensures the protection of the basic human rights of every child-bearing woman. It is a protection from verbal and physical abuse, disrespect, and discrimination during care. It also aims to provide care to childbearing women with dignity, privacy, and confidentiality. Under LaQshya, the Government of India adopted RMC 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 not being taken by the concerned health officials for all the women with regard to RMC. In SDH Sunder Bani, maternity wards were found clean with enough space. There was a complete openness, where anyone can easily enter into the ward, without taking any care. In CHC Nowshera also there was not complete privacy in the maternity ward that violates RMC. In CHC Nowshera it was found that maternity ward, labour room and OT are at a distance from each other, where the privacy of the mother was not maintained after the delivery. In visited SDH it was found that weight of new-borns was not properly measured and also counselling for breast feeding is not done there.

Comprehensive abortion care (CAC) is an integral component of maternal health under NHM. Its aim is to reduce deaths and injury from either incomplete or unsafe abortions 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 Rajouri, a total of six health facilities were providing CAC for both 1st trimester and 2nd trimester abortions. The availability of CAC services is provided both at CHC Nowshera and SDH Sunderbani (visited health facilities).

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 and nursing homes. The data by these clinics is regularly received by the district. In the district, a total of 35 health facilities were providing USG facilities and all these facilities are registered under PC&PNDT act.

10. SERVICES UNDER NHM

10.1 Drug Policy

In all Indian states/UTs essential quality drugs are provided with support of NHM to all public health facilities for distribution among the patients. Previously the administration of UT had announced a free drug policy to all but recently, the UT administration constituted a high level committee to look into the implications of free drug policy. Though, the concerned CMO office reported that they provide free drugs to various categories of people as part of the free drug policy, but during our visits to selected health facilities and our interaction with the community, it was found that such facility was not provided to patients, and as such most of the patients purchase drugs from the open market or from the generic drug shops co-located within the hospital. It was disclosed by the patients as well as by their attendants at the visited health facilities that they had purchased all the drugs from the market. In CHC-Nowshera and SDH Sunder Bani, ANC patients were purchasing few drugs from open market and few drugs including IFA tablets were getting from the facility. At visited SDH, CHC, PHC and HWC, essential drug list was not found visible.

Further, it was also found that at most of the health facilities, the rate list for various diagnostic tests was displayed on the printed page, and according to this rate list, people were being charged for any diagnostic test. However, it was reported by the concerned administrators of the health facilities that a free drug and diagnostic policy has been implemented for BPL families but our interaction with the community, found that people are being charged for various services, including diagnostics.

10.2 Dialysis Services

The Dialysis unit has been established at the AH and is fully functional. The Dialysis Centre has been given the requisite staff under NHM and some internal arrangement from the available human resource of different units of the hospital is also used for the smooth functioning of the dialysis centre. The unit has a bed capacity of 5 beds and during the current year, all the requisite tests were conducted at the facility. On an average 3-5 patients are provided with the service on daily basis. The services at the Dialysis Centre are provided free of cost to BPL and golden card holders only. The incharge of the centre reported that at present there is no shortage of any major equipment or any instrument. The performance of the centre was found to be satisfactory and during our interaction with the patients and their relatives on the day of our visit to the dialysis centre, it was reported by all the patients/relatives that they were

highly satisfied with the centre and said that their out-of-pocket expenses have come down drastically due to the opening-up of such facility in their area.

10.3 Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is an important NHM initiative aimed at early identification and early intervention for children from birth to 18 years, and this concept in Rajouri is in vogue. There is one District Early Intervention Centre (DEIC) which was established earlier in the DH/AH. Most of the staff sanctioned under the scheme, both for the field teams and DEIC, were found in positions. There are 12 sanctioned RBSK teams in the district and, out of these; 11 teams have full sanctioned human resources. The DEIC has 90 percent of its approved staff in place. None of the blocks was found without a dedicated RBSK team. The district has hired 11 vehicles for these teams, and for each block, there are two teams in place. The screening rate by RBSK teams was found to be below the recommended rate but has improved as various ways of monitoring have been introduced to check their performance.

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

Overall, the district has two approved SNCUs located at DH Rajouri and SDH Sunder Bani. The SNCU at the DH/AH was established in the first phase and has a bed capacity of eight beds. The SNCU at DH has 25 radiant warmers, four step-down cares and two mother care units. The SNCU has good space, with clean floor and good ventilation. During 2022-23, a total of 895 in-born and 870 out-born children were admitted in the district. Out of total in-born, 80 percent were discharged while as 63 percent of out-born neonates were discharged after getting proper treatment. Also remaining 20 percent of in-born and 37 percent of out-born were referred for advanced treatment to GMC Jammu. In SNCU Sunder Bani, it has three functional beds and has the sanctioned staff strength of one paediatrician and two staff nurses, but none of them was in-position, while it is run by two ANMs. In SDH Sunderbani 106 new-born were admitted in the SNCU with the distribution of 64 of in-born and 42 of out-born. Among them 15 percent of in-born and 30 percent of out-born were referred for advanced treatment.

10.5 Adolescent Friendly Health Clinic (AFHC)/Infant and Young Child Feeding (IYCF) Centre

The AFHC at DH Rajouri is functioning properly and 72 AFHC meetings were conducted. The AFHC Counsellors (both male and female) and the DEO are in-position in the clinic. The district doesn't have any Nutrition and Rehabilitation Centre (NRC), Infant and Young Child Feeding (IYCF) Centre has been established and activities under both the schemes are being done on daily basis at the DH.

10.6 Home-Based New-born Care (HBNC)

There was not a single HBNC kit available with ASHAs in the district as reported by the CMO/DPMU. During the year 2022-23, a total of 10712 visits were made by ASHAs to new-born children under HBNC. During our interaction with the community regarding the HBNC visits by ASHAs, it was found that HBNC visits by ASHAs are very rare, and they were not conducting the HBNC visits as per the given guidelines. But ASHAs reported that women stay with their in-laws after the delivery, which became easy for them to conduct HBNC visit frequently. The knowledge of HBNC/HBYC was satisfactory among ASHAs.

10.7 Maternal and Infant Death Review

In district Rajouri, during the last year (2022-23), four maternal deaths, and 136 child deaths, were reported, while as in current year (2023-24), 43 child deaths have been reported so far. The review of maternal and infant deaths is done on regular basis by duly constituted committees both at facility and district level. It was found that all the four maternal deaths and 136 child deaths were reviewed by constituted committee during last year. It was also found that all the visited health facilities maintain the data regarding the maternal and child deaths and report the same to the CMO and also upload this information on HMIS portal on monthly basis.

11. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT

MMU is the key strategy to facilitate access to public health care for people living in remote, difficult, under-served, and unreached areas. In district Rajouri, there was one operational MMU. On an average, 18-20 trips and camps were conducted per month; also 20 villages were covered under MMU. On an average 1500 OPD and 300 lab investigations were conducted per month. There was not any facility of X-ray, rapid testing for malaria and TB detection in the MMU. From MMU 100 patients were referred to the higher facilities for advanced treatment. 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 a functional 102 and 108 toll-free number under the centralised system of transportation, but only the available ambulances in the district are used for the same, which are fitted with GPS. The district has 11 (7 ALS+5 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and they are operational on a need-basis for 24X7. These ambulances with BLS and ALS are fitted with GPS and handled through a centralised call centre. The 108 ambulance in Rajouri district is 2nd in position of Jammu division, in shifting the patients to higher level facilities.

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 Rajouri has converted all the 55 rural PHCs into HWCs while out of 202 SHCs, 110 SCs have been converted into HWCs and have been made operational. In the district, 55 PHC-HWC and 118 SCs-HWCs have started NCD screening. Under CPHC, the district has enumerated about 2,28,129 individuals so far, and 12,28,129 CBAC forms have been filled in the district. District Rajouri 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, only 23 HWCs were providing tele-consultation services and organising wellness activities. Also 118 HWCs are organising wellness activities.

12.1 Universal Health Screening (UHS)

The district Rajouri was actively involved in universal health screening of individuals for different types of NCDs, under different components of NHM. During last six months a total of 202401 individuals had been screened for hypertension, 194906 for diabetes, 185054 for oral cancer, and while as 81045 were screened for breast cancer and 28885 for cervical cancer in the district. Out of them 2 percent were detected as hypertensive, and less than one percent as diabetic. The prevalence of different types of cancers was found to be very rare, though huge number of patients had been screened.

During last months in SDH Sunderbani a total 14400 patients had been screened for hypertension, diabetes, oral cancer and 5930 for breast cancer, out of them nine percent were detected as hypertensive, and six percent as diabetic, while no case of any cancer was detected there. In CHC Nowshera, a total 15210 patients had been screened for hypertension, diabetes and oral cancer and 4071 for breast cancer, out of them eight percent were detected as hypertensive, and seven percent as diabetic, again no case of any cancer was detected there. PHC Siot has screened 485 individuals for hypertension, diabetes and oral cancer, and four percent were diagnosed with hypertension and two percent as diabetic. In HWC Marcholla a total of 291 individuals were screened hypertension, diabetes, oral cancer and 125 were screened for breast cancer and only five percent were detected as

hypertensive and three percent as diabetic, no case of cancer was detected. 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 found to be very poor. Further, it was also found that the monitoring mechanism regarding HWC services was missing at the ground.

13. GRIEVANCE REDRESSAL

The grievance redressal mechanism was found in place at most of the 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. No Toll Free 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 on-board for settling such issues with maximum transparency. Mera-Aspatal has been established under JK HMIS E-SAHAJ in the district with good excess.

14. PAYMENT STATUS

The information provided by the CMO office shows that overall, the district has some 7491 backlog of JSY beneficiaries since March 2023. Similarly, in case of ASHAs, all 990 ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date while as 15 percent ASHAs have not yet received it. All the ASHAs have received their dues under NLEP. The delay in disbursement of incentives to ASHAs and beneficiaries has been due to the delay in release of funds by SHS to the district.

15. COMMUNICABLE DISEASES PROGRAMME

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Teams (RRTs) have been constituted both at the district level as well as at the block level. The RRT has the composition of one DHO, one DFO, CAHO, AP, BMO, LTs and ANM. During the previous year, not a single outbreak was investigated in the district. All the designated health facilities in the district are regularly uploading the weekly data under IDSP on the portal. The data is properly monitored, and early signs of epidemics are detected. The information collected from the visited facility shows that the SC-HWC is reporting the data on a daily basis in Form-S under IDSP in the online mode on the tablet that

has been provided by the SHS, while at PHC level, the data on IDSP is uploaded on a weekly basis as reported by the concerned MO. Furthermore, the information collected from the CHC and SDH indicates that the data on the P, S, and L forms under IDSP is being updated on a weekly basis. The data of IDSP is utilised for planning and implementation of health programmes.

Under the National Tobacco Control Programme and the National Iron Deficiency Disorders Control Programme, the district has conducted a few awareness programmes under the IEC component of the ROP at Schools, colleges and panchayat level. Also under National Tobacco Control Programme district task force meeting was conducted by District Magistrate with all the concerned departments.

Under the National Tuberculosis Elimination Programme (NTEP), a target of 746 of TB patients has been notified. All the visited health facilities are actively involved in NTEP. In district, Rajouri 873 TB notifications from public facilities and 82 from private facilities were achieved. Out of the total TB patients there was 92 treatment success rate in both at public facilities and private facilities. Also in the district, there are eight MDR patients. In the district 78 percent beneficiaries were paid under Nikshay Poshan Yojana.

In this regard, the services of ASHAs are also being utilised to ensure the detection of new cases, supply and consumption of drugs to the identified patients. Both drug susceptibility testing (UDST) to achieve the elimination status done at the district and both drug sensitive and drug resistance testing are available. In the district, there are 12 Designated Microscopic Centres (DMC), six tuberculosis units and, one drug resistance centre three CBNAAT/TruNat Sites. Both SDH Sunderbani and CHC Nowshera are designated as DMC. In CHC Nowshera, during last six months 1220 samples of TB were tested and all the patients were paid under Nikshay Poshan Yojana. In HWC Marcholla, 40 patients were tested for the TB during last year and only one patient was detected.

16. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

In district Rajouri, a total of 1000 ASHAs were required as per the population, but only 990 ASHAs were in place in the district. Among the total ASHAs, no ASHAs cover more than 1500 rural population and also there was not any ASHA for the slum area. Overall, in the district, 958 ASHAs were enrolled for PMJJBY, 854 for PMSBY and 22 ASHAs were paid for PMSYMY. It was reported by the ASHAs that there was not any payment pending till July, 2023 but for last two months they have not yet received the

monthly assured honorarium. All the contacted ASHAs reported that they make the required HBNC visits on regular basis to their clients but during our interaction with the delivered women at various visited health facilities, it was found that all ASHAs do not take essentials HBNC visits to these women.

17. IMMUNIZATION

The information collected regarding the immunization shows that the birth dose of dose (BCG, OPV and Hib0 doses) immunization are provided at DH, SDH, CHC, and PHC level only. None of the SC-HWCs in the district provide dose of (BCG, OPV and Hib0 doses) of immunization to infants. Information collected from the selected health facilities shows that at SDH Sunder Bani, 124 infants were provided BCG and other birth doses during the last three months (June-August) while as in CHC-Nowshera, 145 new-borns were immunized with first birth dose including peripheral deliveries. Also at PHC 14 new-born were immunized. Outreach sessions were held to net the drop-out or left-out (if any) cases. District Immunization Officer is in place in the district and is looking after the immunization. Micro plans for institutional immunization services are prepared at the sub-center/HWC level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for preparing micro plans. Cold Chain Mechanics for the maintenance of cold chain machines and paramedics trained in cold chain handling are in place in the district. At 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 Teams have been formed in the district. The information collected from the selected health facilities shows that all the health facilities, including SC Marcholla, have hub cutters available and the vaccine is not usually kept there. Overall, immunization status for children and PW was found to satisfactory at all levels.

18. FAMILY PLANNING

Besides SDH, CHCs and some PHCs, a 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 institutions of various categories in the district. 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. In SDH Sunderbani two female sterilizations were performed during last six months and there is trained provider of IUCD. In the SDH counselling for family planning services were provided by health provider.

Besides, at PHC Siot, both the SDH Sunderbani as well as the CHC- Nowshera have trained manpower to provide IUCD/PPIUCD. Counselling on FP is mainly provided by the LHVs, SNs, and CHOs at the SDH and CHC levels, while as such, counselling is also provided by the MOs and ANMs at the SC and PHC level in the district. Family Planning Logistic Management and Information System (FPLMIS) has been integrated with the HMIS Portal in the district, besides the family welfare department of the UT.

19. QUALITY ASSURANCE

Quality Assurance Committees (QACs) have been established for the purpose of improving safety and quality of health services. A District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs, etc. DQAC 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. In the district, as on date only three health facilities had the status of Kayakalp and SSS.

SDH Sunderbani has been assessed for Kayakalp and for internal assessment of NQAS and scored 66.86 points in Kayakalp and 55.20 points in NQAS, while for LaQshya no initiative was taken yet. CHC Nowshera has initiated for internal assessment of Kayakalp and NQAS and scored 60.4 percent points in Kayakalp and 49.2 percent points in Kayakalp, which is very low. PHC Siot has initiated for assessment of Kayakalp and NQAS, scored 82.22 percent points and 52.22 percent points respectively. The district officials are presently preparing two SC-HWCs from each block for NQAS and in this regard DPMU and other officials are making frequent visits to facilities to update them for NQAS assessment.

20. QUALITY IN HEALTH SERVICES

20.1 Infection Control

Overall, the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found satisfactory in the SDH, while CHC Nowshera cleanliness is not satisfactory and there was the bad smell in the wards. At other levels such issues are not taken seriously although SC-HWC has improved in this regard to a great extent.

20.2 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. All the higher level health facilities are using a common Bio-Medical Treatment Plant which is outsourced. Lower level health facilities bury their waste within the premises of their health facilities in the district as reported by the concerned authorities.

20.3 Information Education and Communication (IEC)

At all levels, the display of appropriate IEC material in health facilities was found satisfactory. All the health facilities (especially SC-HWCs) have 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 NCDs, MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the SDH, CHC, and PHC levels also.

21. 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 Rajouri with rest of the country. 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. In district Rajouri, it was found that all the visited health facilities have uploaded data on the HMIS portal till the month of April, 2023 and from month of May, 2023 the data has not been uploaded on the website by any of the visited health facility on the date of our visit. 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 Rajouri district and a thorough review of records available and incorporation of new data variables in the existing records was checked. Further, all the concerned 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 had not received yet and the concerned DPMU reported that they have already provided all the health facilities with new HMIS formats.

In SDH Sunder Bani, during our visit we verified the HMIS data with the available records in various sections of the hospital and no variation was observed between the records available in the facility and data uploaded on the HMIS portal. It was found that they had not maintained the register for the new data elements, while they reporting the individual cases on daily bases and at the end of the month they are counted these figures and uploaded on the HMIS. As such except RCH registers, there was not any other register available. Furthermore, they have not captured any data on post-operative surgical site infection, inpatient head count at mid night, blood units issued and received etc. In different sections of SDH including maternity ward both of normal and C-section deliveries, ANC register, etc it was found that they have received any information regarding the new HMIS formats.

In CHC Nowshera, the record keeping was found to poor. In the ANC section of CHC, it was found there, that they have also received the information regarding the new elements of HMIS format, and also they started to record the data on different new data elements for HMIS. In each sections of the CHC staff has the information with regard to new data elements for HMIS, but new registers had not been maintained. 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 investigation for ANC patients. **PHC Siot** has maintained the data, but for the new element data is available there on the new HMIS format, but the registers had not maintained by them. 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. Though the concerned MO reported that they have a sizable number of women with high risk pregnancies but such records were 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.

22. STATUS OF FUNDS RECEIVED AND UTILIZED

In case of fund utilization during 2022-23, under the different budget components as per the ROP, it was found that out of the total released budget, Rs. 1840 lakhs were utilized on the human resources followed by Rs. 280 lakhs for untied grants, Rs. 263 lakhs on service delivery facility base, Rs. 261 lakhs on community intervention, and Rs. 94 lakhs were spent on programme intervention. It is important to mention that only Rs. 73 lakhs were utilized for infrastructure development that creates big problems under good service delivery. Furthermore, under the different components RCH total budget allocated of Rs. 263 lakhs were utilized on maternal health, Rs. 261 lakhs on ASHAs, Rs. 94 lakhs on programme management.

23. FACILITY-WISE BRIEF

23.1 Sub-District Hospital Sunderbani is situated at the centre of the town housed in multiple number of old buildings with acute shortage of space. The 1st referral point for SDH Sunderbani is GMC Jammu which is 75 Kms away from it. SDH has a bed capacity of 30 beds. In SDH, the availability of infrastructure includes 24X7 running water, clean functional toilets, drinking water facility, OPD waiting area, drug store etc. and all these facilities were found in good condition. Further, it was found that almost all the necessary services which include general medicine, O&G, paediatric, surgery, anaesthesiology, dental, imaging services, labour room complex, OTs, and emergency care are available at the hospital. SDH has sanctioned staff as per the IPHS standards which includes, 13 MOs (both from regular and from NHM side) and all were found in-position. Among the different specialist from regular side, there are two physicians, one O&Gs, one paediatricians, one anaesthetists, and one dentist.

All the necessary equipment was found available in SDH. All the sections of this health facility were found well equipped with requisite equipment. The central lab of the hospital remains open for 24X7 basis and all the requisite diagnostics are being done in the hospital. All diagnostic services (lab tests, X-Ray, USG) are free only to JSSK beneficiaries. Besides, Jan Aushadhi facility, hospital has a drug store and remains open for the services from 10-4 pm. Supply of drugs was reported to be sufficient and the Essential Drug List was displayed in the store and at the entrance also. All the patients who were referred to other higher facility for treatment were given transport by the SDH. In SDH Sunder Bani, internal assessment for Kayakalp and NQAS has been done and have scored 66.86 percent points for Kayakalp, and 55.20

percent points in NQAS, while LaQshya for labour room has not been initiated yet. During last one month (August), a total of 123 deliveries were conducted at this facility and out of these; less than 15 percent were C-section deliveries.

Key Challenge: *Due to space constraint, there was not the proper infection control mechanism, a huge congestion in the maternity ward, an acute shortage of manpower.*

23.2 Community Health Centre (CHC) Nowshera is located in in the heart of the town, with multiple number both old and new buildings. Also one new building is under construction. It is around 80 kms away from the GMC Rajouri. It is a dedicated FRU and its next referral point is GMC is Rajouri a distance of 80 kms. It is functional on 24X7 basis. It has 24X7 running water, facility of ramp for disabled persons, drinking water facility, and electricity backup. The CHC has 50 functional beds and all are functional. The CHC has also six residential quarters for both doctors and paramedical staff. For the OPD patients there was a scan and share system. CHC is providing different types of services that include; general medicine, general surgery, O&G, paediatrics, orthopaedics, ENT, ANC, tele-consultation, X-Ray, testing lab, and USG, but there was not any blood storage unit. The facility has two operation theatres. On regular one major surgery and 10-15 minor surgeries were daily. The biomedical waste was disposed in deep burial pit. More than 90 percent services were offered by the regular staff, and there are seven MOs, one O&G and two physicians, while as there was not any paediatrician and anaesthetist. From the paramedical staff there are three LTs, one staff nurse, four dental assistants and three pharmacists. The facility has initiated for Kayakalp, and NQAS and scored 60.4 percent points and 49.20 percent points respectively. There was an EDL of 137, but only 65 drugs were found available from the EDL on the day of our visit. During last one month 19197 lab investigations are conducted. Both C-section and normal deliveries are performed in this health facility by trained staff. During the month of August alone, a total 123 deliveries were performed and out of these, less than 15 percent deliveries were C-section deliveries. All the JSY payments were found were found pending there since March 2023. During last three months 145 birth doses and 115 new born were breast fed within one hour. Maximum numbers of JSSK entitlements were availed by the beneficiaries and also PMSMA services were provided to the pregnant women.

Key Challenge: *The main challenge of the CHC Nowshera was that there was an acute shortage of human resources both doctors and paramedical staff. There was not any parking space for the vehicles, whole*

area of CHC is open without any boundary wall, due to lack of sweeper, infection control mechanism was poor, and one old building of the CHC is not safe for use. Shortage of medicine was found there.

23.3 PHC Siot is was converted into a HWC and is just 18 KMs away SDH Sunderbani located on the national highway of Sunderbani-Rajouri road. It is housed in double-storey new building with enough space. The PHC has the facility of 24X7 running water, OPD waiting area, ASHA rest room, drug store, power backup etc. There are five functional beds and PHC is providing a number of services that include OPD, immunization, family planning, ANC, NCD, and day care IPD. This PHC has staff strength of one MBBS MO, one ANM, two lab technicians and one pharmacist. One AYUSH MO has been attached to PHC Muttin, also one FMPHW was attached to Rajouri. In the PHC on an average, the monthly OPD was 250, with 58 ANC registrations. In the month of September, 80 doses of immunization were not provided to the infants. Also 55 CCU, 200 antra and 20 Chaya had been received by different beneficiary. In 2023-24, PHC has initiated for Kayakalp and NQAS scored 82.22 percent points, while for NQAS, it scored 52.22 percent points. There was a list of 70 essential drugs in the EDL, but only few drugs were found available on the day of visit. In this PHC, it was found that different types of services were not provided up to the mark.

Key Challenge: *In the PHC there was not any staff nurse. PHC has no ambulance available.*

23.4 Health and Wellness Centre Marcholla is situated 10 km away from CHC-Sunder Bani. It is housed in a single-storey building with sufficient space. It caters to a population of around 3000 people. The building has four rooms, and has also a bathroom. One ANM from NHM side and one CHO/MLPH are posted there. There are two ASHAs attached to this HWC. There is a list of 21 essential drugs and on the day of our visit, half of the drugs were not found available there. insufficient quantity of rapid testing kits was found available there. The BP instrument, thermometer, glucometer, terminal methods of contraceptives, vaccine and hub cutter were found available there. Records related to line listing of high risk pregnancy was found properly maintained there. Eligible couple register was also maintained at this facility and there were a total of 664 eligible couples, but less than one-fifth of the CBAC forms were filled during last six months. In the HWC, 291 individuals have been screened during last six months for hypertension and diabetes, and 5 percent hypertensive and three percent of diabetic were detected. The HWC is engaged in number of activities that include awareness, Yoga etc.

23.5 Community. Through a well-structured interview schedule, we made an interaction with the community at the different visited health facilities, and different viewpoints and perceptions about the service utilization were captured. It was found from majority of the respondents, that they know the location and staff strength of respective health facilities. In CHC Nowshera at the time our visit, patients as well as their attended had reported that they are getting the services, but free medicine and diagnostics are available there. Most of committee members reported that they are preferring public health facilities than private health facilities. Because they revealed that no service with regard to diagnostic and drugs was provided to them. Even ANC patients disclosed that they had not received any free drug or free diagnostic service during their pregnancy. In PHC Siot, the community revealed that they don't get timely and quality services. Out of total available drugs, "we are getting the free drugs from the PHC". But they also reveal that PHC is at highway, there are road accidents, at that time required services are not available.

Key challenge:

- *Need manpower to health facilities as per the requirement and workload, Implementation of free drug policy for all as announced by the UT administration,*
- *Intensify NCD screening by HWCs through camps at various places in their respective areas,*
- *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.*

24. RECOMMENDATIONS AND ACTION POINTS

There is a visible improvement in the district in the implementation of different components of NHM and Rajouri, though officially it is low performing district in Jammu and Kashmir. There are still some issues in making few health related schemes to work efficiently. Based on the monitoring exercise in Rajouri, following are the recommendations and action points for further improvement:

- ✚ There is an acute shortage of space/infrastructure and both SDH Sunderbani (some portion) and CHC Nowshera are running from unsafe structures. *Therefore, there is an urgent need to complete the construction of new blocks (under construction since long) at the earliest.*
- ✚ It was found at the lower level visited health facilities that, due to the limited availability of drugs, basic diagnostic investigation facilities and doctors, patients get compelled to visit higher level health facilities for treatment for even minor ailments. *In order to make primary health care services effective and more visible, it is suggested to streamline the services (availability of at least drugs in sufficient quantity as per EDL, one dedicated MO, and lab investigations as per guidelines) at PHCs so that population can benefit from these health facilities with lesser or no burden on their pockets.*
- ✚ In district Rajouri, it was found that the habitation of different villages was very scattered, and referral points like DH, CHC, and SDH were found very far away. In addition, the condition of the road-connecting infrastructure was also poor, resulting in 72 deliveries in ambulances during travel in the district during 2022-23. *Therefore, it is suggested to at least increase the availability of all essentials requirements in terms of dedicated staff for normal delivery in PHCs and to identify a few more health facilities for conducting normal deliveries so that the referral rate will be minimized.*
- ✚ In district Rajouri district, not a single ENT specialist and radiologist was found in-position, also around 85 percent of anaesthetists, surgeon specialists and paediatrician positions were found vacant. *Therefore, is suggested to make the recruitment of the different specialist in the district on priority, so that district health system will run more smoothly.*
- ✚ Since March 2023, all the JSY and other bills are pending due to non-availability of funds. *It is therefore suggested, that the release of funds may be expedited urgently.*
- ✚ No training has been provided to the concerned staff for capturing the information on the new data elements of HMIS. *Therefore, there is need to arrange training for the staff of these higher level health facilities, so that their record keeping and reporting of data on new data items can improve and quality of data can be uploaded on different portals.*

PHOTO GALLERY



CMO Rajouri



PHC Siot



Map of Health Facilities of Sunderbani



Space Congestion in SDH Sunder Bani



Interaction in SDH



Interaction of With ASHA at SDH



OPD at CHC



Jan Aushadhi Medical Store



OT of CHC



Post-Operative Ward of SDH