

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

JAMMU & KASHMIR

(A Case Study of Udhampur District)



Old Building of SDH Ramnagar



Rented Building of HWC Jakhani



New building PHC-HWC Kud

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LIST OF ABBREVIATIONS

| | | | |
|-----------|---|----------|---|
| AD | Allopathic Dispensary | IPHS | Indian Public Health Standards |
| AH | Associated Hospital | 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 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 6th phase, the team visited Udhampur district in Jammu and Kashmir and thus the present report reveals the Challenges, Issues and findings of monitoring exercise for Udhampur 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 thanks 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 Udhampur, Medical Superintendent Associated Hospital Udhampur, BMO SDH in Charge Ramnagar, BMO incharge CHC Chenani, MO PHC Kud, MO UPHC Sambal and SC-HWC Jakhani, for sharing their experiences. We would like to appreciate the cooperation rendered by the officials of the District Programme Management Unit (DPMU) Udhampur and Block Programme Management Units (BPMUs) Chenani and Ramnagar, for helping us in the collection of information.

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**

**Dr. Showkat Anwar Bhat,
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1. EXECUTIVE SUMMARY

In the six medical blocks of district Udhampur, there are 198 public health facilities that include one Associated Hospital, two CHCs, 47 PHCs, two UPHCs and 146 sub-centers. Also in the district, there is one SNCU, one NRC, one DEIC, three FRUs, one blood bank, and two blood storage units. During our PIP monitoring visit, we visited six selected health facilities of district which include Associated Hospital Udhampur, SDH Ramnagar, CHC-Chenani, PHC/HWC Kud, UPHC Sambal and HWC/SC Jakhani. The summary of the findings of which are presented below:

- Under Comprehensive Abortion Care Services, 32 facilities are designated for 1st trimester services and eight facilities were providing for 1st and 2nd trimester services.
- An acute shortage of different specialists was found in the district that include; 80 percent of surgeons and physicians, one half of the paediatricians, anaesthetist, ophthalmologist, radiologists and orthopaedic positions. Also one half of the MBBS MOs were found vacant.
- From NHM side, it was found that almost 90 percent of NHM approved positions was in-position. In SDH Ramnagar, the anaesthetist remained on leave for three months, as result not a single C-section delivery was performed during this period.
- CHC Chenani and PHC Kud have spacious new buildings but are under-utilized due to non-availability of various services and both medical and para-medical staff.
- SDH Ramnagar have severe space problem and few blocks in this facility are unsafe for use while as visited SC-HWC Jakhani and UPHC Sambal are housed in rented buildings and lack space.
- Implementation of free drug policy for both general patients as well as for ANC patients was reported to be satisfactory by officials of the visited health facilities but during our interaction with the patients, attendants and community as whole, there were some contradictions in this regard as only few drugs were given to the patients from these facilities.
- None of the PHCs is conducting more than 10 deliveries per month while as three SC-HWCs conduct three or more deliveries per month in the district. Both the CHCs conduct more than 20 deliveries per month. The rate of C-section deliveries was found to be between 15-20 percent in the district at various health facilities.
- In SDH Ramnagar and CHC Chenani about 90 percent of the ANC patients reported that they had done USGs from the private labs due to one or the other reason. Further, a significant number of women had not received the services of ambulance at the time of delivery to hospital or at the time of drop back.
- Both at AH and SDH, it was found that there was not any privacy in the maternity ward and labour rooms as huge rush of male attendants was found at both visited facilities inside these wards.
- There are 12 RBSK teams, but only seven have full sanctioned human resource. Also 12 vehicles were allotted to them and each block has teams also. During last six months, 4338 children were screened at various delivery points for different defects at birth by these teams.

- During 2022-23, a total of 513 children were admitted in the SNCU of district with the distribution of 391 (75 percent) as in-born and 194 (25 percent) out-born. A total of 20 percent of in-born and 24 percent of out-born were referred for advanced treatment to GMC Jammu.
- DEIC, NCD Clinics, AFHCs and IYFCs at AH and CHCs were found functional but lack proper monitoring. The dialysis centre at the AH was functioning smoothly.
- Overall, the immunization coverage of the district has increased substantially during the last few years as reported by the CMO.
- Overall, 482 HBNC kits and 554 drug kits were available with ASHAs in the district. During the year 2022-23, a total of 6340 visits were made by ASHAs to new-born children under HBNC but during our interaction with the community, it was found that HBNC visits by ASHAs are very rare.
- Though the assured payments under rule are done in time to ASHAs but there was a lot of pendency for other incentives to ASHAs due to the fact that the district has not yet received the same from the SHS.
- Almost all the other/communicable diseases programmes were found running smoothly in the district and reporting for these programmes was also found up-to the mark at each level.
- During the last three years, Dengue cases are on rise but are treated within the district successfully.
- The district has 12 (8 ALS+4 BLS) ambulances with BSL and ALS and they are operational on a need-basis for 24X7. On an average, 100 calls are received by ASL and 60 calls by BSL per day. Also on an average ASL ambulance travelled 473 Kms per day and BSL travelled 629 Kms per day.
- There was one MMU in the district (presently non-functional). On an average 17 trips are conducted by the MMU, and 927 villages were covered by the MMU. On an average, 908 OPD and 116 lab investigations were conducted by the MMU per month.
- Under CPHC, the district has enumerated about 465381 individuals so far, and 184509 CBAC forms have been filled. District Udhampur has not yet met the 100 percent target 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.
- Under UHS, out of the total number of screened individuals in the district, four percent were found hypertensive while as a small percentage of around two percent were found diabetic in the district. Further, six patients with oral cancer and one with cervical cancer were also found in the district.
- Grievance redressal was found to in place at various health facilities and overall, 97 percent grievances were resolved during the current year at the district level. However, grievance redressal at health facilities was not so robust.
- In the district, as on date, 38 health facilities have the status of Kayakalp and Swasth Sarvatra assurance (SSS) with more than 70 percentage points score. SDH Ramnagar has been assessed for internal assessment of Kayakalp and LaQshya and have scored 86.29 percent points for Kayakalp, while for LaQshya 56 percent points for labour room and OT.
- In all the visited health facilities of district Udhampur, it was found they are uploading the data on regular basis and also they had the information regarding the new data elements of HMIS format, but no records or registers were found maintained for these new data elements.

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 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 6th phase, our team in PRC Srinagar undertook this exercise in District Udhampur for the year 2023-24.

2.1 Objective of the Study

In consonance with the Programme Implementation Plan (2023-24), the main objective of this study has been to monitor whether the UT in general and district Udhampur 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 state PIP has been worked out by the MOHFW in consultation with PRCs in workshop organized by the Ministry at NIHFW on 12-14 August, 2013. On the recommendations of the NHSRC, the Ministry decided to include information from the local AWCs, schools, and also the opinions of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs, and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2023–24, this PRC has been asked to cover 18 districts in the Union Territory (UT) of Jammu and Kashmir. The present study pertains to the district of Udhampur. A schedule of visit was made by the PRC, and two officials consisting of one Assistant Professor and one Research fellow visited Udhampur District and collected information from the Office of Chief Medical Officer (CMO), *Associated Hospital (AH), SDH Ramnagar, CHC Chenani, PHC*

Kud, UPHC Sambal and Health and Wellness Centre (HWC) Jakhani. We also interviewed some IPD and OPD patients who had come to avail the different services at various health facilities during our visit. A community interaction was also held at the PHC and HWC levels to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation as mentioned in the roadmap.

3. OVERVIEW OF JAMMU AND KASHMIR

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).

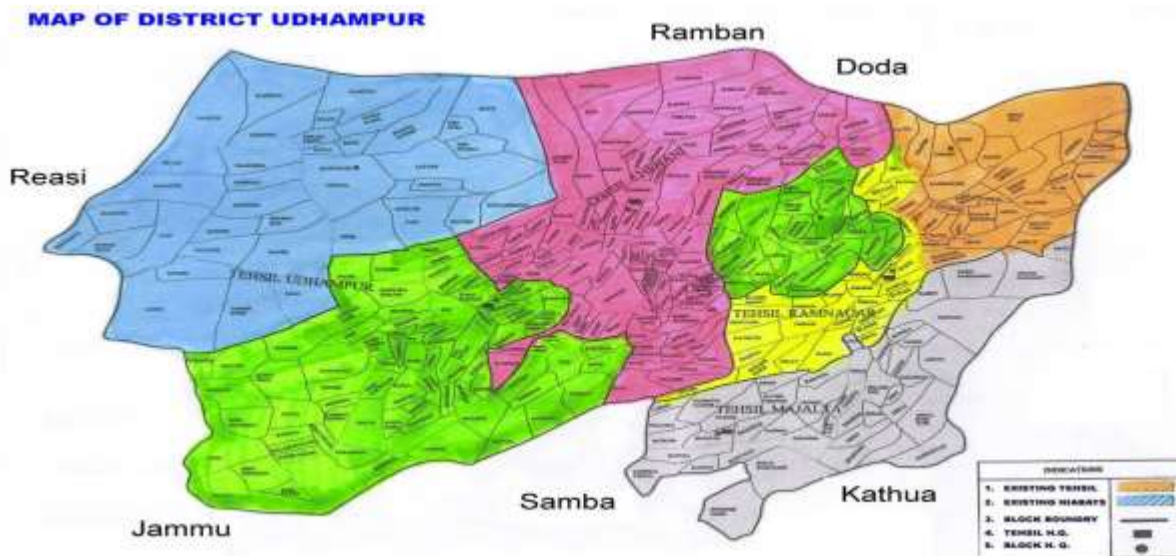
The UT of Jammu and Kashmir has a crude birth rate (CBR) of 11.60 percent and a crude death rate (CDR) of 2.81 percent (Census-2011). The infant mortality rate (IMR) has come down to 16 (NFHS-5) as compared to 32 (NFHS-4). The under-5 mortality rate has dropped to 19 (NFHS-5) as compared to 38 (NFHS-4). 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 Udhampur

The district is situated in the southern part of the Jammu and Kashmir State and is bounded on the West by Reasi District, in the North by Ramban, in North-East by Doda District, in South-East by Samba & Kathua Districts and in the South-West by Jammu District. In 2011, Udhampur had population of 554,985 of which male and female were 296,784 and 258,201 respectively. There was change of 20.78 percent in the population compared to population as per 2001. The average literacy rate of Udhampur was 68.49 percent. In case of sex ratio, it stood at 863 per 1000 male compared to 2001 census figure of 846 and

the child sex ratio was 886. In the district 25 percent of population was SC population and 10 percent was while ST population. The health services in the public sector are delivered through a network of about 198 health facilities in 6 medical blocks which include, 1 District Hospital, 2 CHCs, 58 PHCs (11 24X7 PHCs+47 PHCs/ADS), 145 SCs/MACs and one DTC.

According to estimates of NFHS-5, 69 percent of pregnant women completed four ANC checkups, 80 percent pregnant women visited for ANC during 1st trimester, 89 percent pregnant received two or more TT injection during the pregnancy and 67 percent received IFA tablets during the pregnancy. In the district 86 percent of births delivered in public health facilities, only 1.3 percent births in private hospitals. There was 37 percent C-section rate in the district. Also 68 percent of any method of contraceptive, 63 percent used modern methods of contraceptive methods and 29 used female sterilization methods. In the district also 21 percent births were of birth order of three or more and 67 percent of women received JSY benefits.



4. HEALTH INFRASTRUCTURE

In the six medical blocks of district Udhampur, there are 198 public health facilities that include one Associated Hospital, two CHCs, 47 PHCs, two UPHCs and 146 sub-centers. Also in the district, there is one SNCU, one NRC, one DEIC, three FRUs, one blood bank, and two blood storage units. Furthermore, there are four tuberculosis units, one CBNAAT/TruNat site, one drug resistant TB centre and three NCD clinics.

In the district, all 47 PHCs, two UPHCs and 118 sub-centers have been converted into health and wellness centers as on date. Under Comprehensive Abortion Care Services, 32 facilities were designated for 1st trimester services and eight facilities were providing for 1st and 2nd trimester services. All the visited facilities have round-the-clock availability of electricity and portable drinking water.

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 district has received the approved DHAP for the years 2023-2024 but the 1st installment of funds was released in May 2023.

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. From CMO/DPMU Udhampur, from regular side it was found that from the sanctioned positions of different specialists, 80 percent of surgeons and physicians, one half of the paediatricians, anaesthetists, ophthalmologists, radiologists and orthopaedic positions were found vacant in the district. Also one half of the MBBS MOs were found vacant there. There was not any specialist from the NHM side also. In case of paramedical staff, one half of the positions of X-ray technicians and one fourth of pharmacist from the regular side were found vacant in the district. From NHM side, it was found that almost 90 percent of NHM approved positions are filled/in-position both in case of paramedical staff.

In SDH Ramnagar, it was found that, there were 10 MBBS MOs, (six from regular side and four from NHM side), one O&G, one paediatrician, one anaesthetist and one surgeon. There was one dentist, seven staff nurses, four LTs, three dental technicians, and three pharmacists also. In SDH also, the anaesthetist was on leave for three months, as result not a single C-section delivery was performed during this period. In CHC Chenani, there were two MBBS MOs, one ANM, one pharmacist, and two others. PHC Kud has one

MBBS MO, one ANM, one pharmacist and two others. UPHC Sambal has the total staff strength of one MBBS MO, one staff nurse, five ANMs, one pharmacist and one other. In HWC Jakhani, there were two ANMs, one CHO, four ASHAs and one other.

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. In the district, there were number vacancies both from the regular and NHM side.

7. TRAININGS

The information collected from CMO Udhampur 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, more than seven training programmes for both medical and paramedical staff were organized that include: Skill Lab, SBA training for SNs, Dakshata training, NSSK training for MOs, Musqan Capacity Building training, MHS training and HMIS training. For 2023-24, one training program has been conducted yet and it is in progress.

8. STATUS OF SERVICE DELIVERY

In district Udhampur, it was reported by the CMO office/DPMU that free drug policy has been fully implemented for the JSSK patients, while for other general patients from the available list of drugs all are provided. It was also expressed by the visited health facility officials, that *“we have streamlined the distribution of free drugs to some extent, but there are some bottlenecks still”*. Also different concerned officials of the visited health facilities revealed that implementation of free drug policy was satisfactory. During our interaction with the patients, attendants and community as whole, there were some contradictions with regard to free drug policy. In SDH Ramnagar, it was found from the different

stakeholders that free drugs were not provided to the patients. It was also reported from the ANC patients that only few limited drugs were provided, and maximum drugs they purchase from the open market. Drugs were found available at the health facility, but these drugs are not usually prescribed by the doctors. In CHC Chenani also, free drugs were not provided to any patient. Similarly, trend was seen in case of PHC Kud where only few drugs were provided to the patients out of the available drugs. In UPHC it was found that most of the prescribed drugs were provided to the patients. Out of few available drugs in HWC Jakhani, few drugs were provided to the patients also.

As far as the delivery points of the district are taken into account, the information collected from the DPMU/CMO office shows that not a single PHC is conducting more than 10 deliveries per month, and three SC-HWCs is conducting three or more deliveries per month in the district. Also two CHCs in the district conducted more than 20 deliveries per month and one district hospital conducted more than 50 deliveries per month. C-section deliveries are conducted at AH Udhampur and at one CHC. In case of any emergency, SDH Ramnagar is conducting C-section deliveries during the night hours as well, but due to the non-availability of anaesthetist during last three months, C-section was not performed there. In both SDH Ramnagar and CHC Chenani, normal deliveries were performed on 24X7 basis.

It was found from the CMO/DPMU office that they have the target of only 10 percent of C-section deliveries, but it was found from Associated Hospital that the out of 446 total deliveries, only 91 (20 percent) were found as C-section deliveries. In SDH Ramnagar, out of 66 total deliveries during last month, 8 (12 percent) were found as C-section deliveries. It was found that district Udhampur has achieved the target of minimising the C-section up to 20 percent. CHC Chenani is conducting only normal deliveries and during last month (September), 54 deliveries were performed there. In PHC Kud, UPHC Sambal and HWC Jakhani ANC services are provided there on regular basis.

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 least of the JSSK benefits, during their pregnancy period from their respective health facilities. In SDH Ramnagar, it was found in the ANC OPD, that 90 percent of the ANC patients had done their USG tests from the private clinics, for which they made payment from their own pocket. Same was found in the CHC Chenani as the ANC patients were advised to conduct the USG from the private lab, despite the fact that this

facility was available there. Also it was found that only few limited drugs were provided to the ANC patients, and maximum drugs they purchased from the open market. Furthermore, it was found that ambulance at the time of delivery was not provided to them. In SDH Ramnagar, it was found that the diet was provided to the patients after the delivery from the facility.

In all the visited health facilities, protocols regarding the discharging of patients after delivery were not followed at all, thus putting both the mother and the new-born at a risk by discharging them from the health facilities before the due time as per the given guidelines.

PMSMA services on 9th of every month is a routine feature at all the designated health facilities. This service is available at SDH Ramnagar and at CHC Chenani. 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. Except for RCH register, no other records were found available at any visited health facility. A separate list of high risk pregnant women was not available at visited health facilities. Overall, the record keeping was found to be very poor in the district among the visited health facilities.

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 AH Udhampur and SDH Ramnagar, in the maternity wards, there was a complete mess, where any one can enter into the ward, without taking any care of privacy. It was found in SDH Ramnagar, that there were some patients with other ailments admitted in the maternity ward. In the maternity ward of the visited SDH, cleanliness was not up to the mark, the bathrooms of the maternity ward were found damaged and non-functional, and were found unsafe for patients and their new-born babies. In CHC Chenani, there was complete privacy in the maternity wards without violation of any RMC rule.

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 Udhampur, a total of 32 health facilities were providing CAC for both 1st trimester and eight were providing 1st and 2nd trimester abortions. The availability of CAC services is provided both at CHC Chenani and SDH Ramnagar (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 16 health facilities are providing USG facilities and all these facilities are registered under PC&PNDT act.

10. SERVICES UNDER NHM

10.1 Free 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 at various levels, it was found that such facility was not provided to all the patients, and as such most of the patients purchase drugs from the open market. It was disclosed by the patients as well as their attendants at the visited health facilities that they purchased all the drugs from the market.

Further, it was also found that at most of the health facilities, the rate list for various diagnostic tests was displayed, and according to this rate list, people (except JSSK beneficiaries) were being charged for any diagnostic test. However, it was reported by the concerned administrators of the health facilities that a free drug policy has been implemented for BPL families.

10.2 Dialysis Services

The dialysis unit is fully functional at DH having six beds including separate Heb positive bed. On each day two dialysis sessions are conducted and 17 patients avail dialysis services on daily basis. The total

staff strength of the dialysis centre consists of three staff nurses, one pharmacist, two dialysis technicians, and one in-charge doctor. During 2022-23, a total of 837 patients have availed the benefits there, while 2023-24, as on date 547 patients have got the services from dialysis centre. The services at the dialysis centre are provided free of cost to BPL and golden card holders only. 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)

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 Udhampur is in vogue. There is one District Early Intervention Centre (DEIC) which was established earlier in the DH. 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; seven teams have full sanctioned human resources. In the district none of the blocks was found without an RBSK team. The district has hired 12 vehicles for these RBSK teams, and for each block, there are two teams in place. In the district, on an average 80 children were screened per day by per team and during last six months 4338 children were screened at various delivery points for different defects at birth. The screening rate by RBSK teams was found to below the recommend rate.

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

Overall, the district has one approved SNCUs located Associated Hospital (AH) Udhampur. The SNCU at the AH was established in the first phase and has a bed capacity of 11 beds. The SNCU at AH have 10 radiant warmers, four step-down cares and three mother care units. The SNCU of AH Udhampur, has the staff strength of two staff nurses, and one MO. The SNCU has enough space, with clean flour and good ventilation.

During 2022-23, a total of 513 children had been admitted in the SNCU of district with the distribution of 391 (75 percent) as in-born and 194 (25 percent) out-born; out of them three fourth in-born as well as out-born were discharged. Also 20 percent of in-born and 24 percent of out-born were referred for advanced treatment to GMC Jammu. Also the 4 percent of in-born and 6 percent out-born patients left the SNCU against the medical advice (LAMA). During the month of September alone, 44 in-born and 17 out-born were admitted there, among them 10 in-born and 4 out-born were referred for advanced treatment. Overall, there are three functional NBSUs in the district. A total of 165 in-born children and

7 out-born were admitted in functional NBSUs of the district and all the new-borns were discharged after getting the full treatment. The NBSU at SDH Ramnagar was non-functional due to unknown reasons.

10.5 Home-Based New-born Care (HBNC)

Overall, 482 HBNC kits were available with ASHAs in the district of Udhampur. During the year 2022-23, a total of 6340 visits were made by ASHAs to new-born children under HBNC. The information collected, from ASHAs at different visited health facilities shows that HBNC kits were available, but only few items were available in these kits. It was further found that 554 drug kits were available with them, but ASHAs refused that they have not the drug kit as they reported that such kits were given once long back and since then these kits have not been refilled. During our interaction with the community, it was found that HBNC visits by ASHAs are very rare, and they were not conducting the HBNC visits.

10.6 Maternal and Infant Death Review

In district Udhampur, during the last year (2022-23), six maternal deaths and 52 child deaths, were reported, while as in current year (2023-24), two maternal and 19 child deaths, were reported. 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 from the DPMU office that four maternal deaths and 29 child deaths were reviewed by constituted committee. 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 office 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 Udhampur, there is one MMU (presently non-operational). It was informed by the CMO/DPMU office that on an average 17 trips are conducted by the MMU, 17 and 927 villages were covered. On an average, 908 OPD and 116 lab investigations were conducted by the MMU per month. Also two X-rays and one blood smear and sputum test was done by MMU. Further, 33 patients were referred to different health facilities of the district for further treatment.

In terms of referral transport, the district has a 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 12 (8 ALS+4 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 BSL and ASL are fitted with GPS and handled through a centralised call centre. On an average, ALS ambulance makes two trips per day and BLS ambulance makes one trip per day. Also 100 calls were received for ALS and 60 calls for BLS ambulance received per day. On an average ALS ambulance travelled 473 Kms per day and BSL ambulance travelled 629 Kms per day. The available vehicles in the district were found to be insufficient, and district was forced to outsource the hiring of vehicles, particularly for JSSK beneficiaries. There are also 18 other ambulances in the district and these ambulances travelled one trip per day with 150 Kms distance.

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 Udhampur has converted all the 47 rural PHCs into HWCs while out of a total of 146 SHCs, 118 have been converted into HWCs and have been made operational. In the district, 47 PHC-HWC and 118 SCs-HWCs have done NCD screening. Under CPHC, the district has enumerated about 465381 individuals so far, and 184509 CBAC forms have been filled in the district. District Udhampur 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, a total of 103 HWCs were providing tele-consultation services and 145 HWCs are organising wellness activities on regular basis.

12.1 Universal Health Screening (UHS)

Under Universal Health Screening (UHS) programme, in district Udhampur a total of 95956 individuals have been screened for hypertension, 95084 for diabetes, 92360 for oral cancer, 40798 women for breast cancer and 4911 for cervical cancer during the last six months. In SDH Ramnagar and CHC Chenani 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. The information collected in this regard shows that

during last six months SDH Ramnagar has screened 7544 individuals for hypertension, 6671 diabetes, 821 for oral cancer, and 484 for breast cancer and cervical cancer. Among them, 4 percent were detected as hypertensive and 2 percent as diabetic. Further, in CHC Chenani, 2750 individuals were screened for hypertension and diabetes and among them 7 percent were detected as hypertensive and 6 percent as diabetic. In PHC Kud, 174 individuals were screened, and only one case of hypertension and one case of diabetes was found there. In HWC Jakhani, 300 individuals, were screened for hypertension, diabetes, oral cancer and breast cancer and among them 6 percent were detected as hypertensive and 4 percent as diabetic. Further, in UPHC Sambal, only 31 cases were screened for hypertension and 35 for diabetes, and among them eight were hypertensive and nine cases were found as diabetic. 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

During our monitoring exercise in the selected health facilities, it was found in all visited health facilities complaint boxes were found there. There is a toll-free call centre established in the district for registering the grievances. Most of the visited health facilities were found least concerned about the grievance redressal system and were of the opinion that all such issues are resolved when brought to 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 resolving such issues with maximum transparency. Mera-Aspatal has been established under JK HMIS E-SAHAJ in the district at AH Udhampur with very good excess. Overall, at district headquarter level, the grievance redressal mechanism was found to be robust as reported by the CMO office. The district has established a call centre (104 toll free) in this regard and about 97 percent (out of the total grievances received) grievances have been resolved till date.

14. 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 Rapid Response Teams (RRTs) in Udhampur are composed of DHO, General Physician, Paediatrician CHO, Pharmacist, Lab Technician and Microbiologist. In the previous year, four outbreaks were investigated.

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 facilities 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. Further, the information collected from the CMO office reveals that the district is covered under the National Vector Borne Diseases Control Programme (NVBDCP), annually 0.001 percent examinations were conducted. In the district, there were the increasing cases of dengue during last three years. In the district, under NVBDCP, *Goklhtis spray and Temophois* were distributed among the people. Some awareness programmes were also conducted for epidemic preparedness. Also weekly epidemiological monitoring is done on regular basis in the district.

Under the National Leprosy Eradication Programme (NLEP), eight new cases of leprosy have been reported in the district during the current year, while there are no cases of G2D. In the district, 5 MCR footwear or self-care kits are available there and also one treatment site and model treatment centre for viral hepatitis was there. Under the National Tobacco Control Programme and the National Iron Deficiency Disorders Control Programme, the district has conducted various awareness programmes under the IEC component of the ROP at Schools, colleges and panchayat level. Also on every Wednesday enforcement drive against the use of Tabaco was made.

Under the National Tuberculosis Elimination Programme (NTEP), a target of 119 percentage points (726/609) of TB patients' notification has been achieved in the public hospitals, while as 57 percent TB notifications were achieved in the private hospitals. All the visited health facilities are actively involved in NTEP. 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. It was found that in the public sector facilities, the success rate of treatment was 88 percent at the public health facilities and in the private facilities, it was 40 percent. Also in the public health facilities, there were 21 MDR patients and under Nikshay Poshan Yojana, 911 beneficiaries were paid

incentives. The plan for finding active cases is done as per the protocol set by the district. SDH Ramnagar has been designated as Designated Microscopic Centre (DMC) and during last six months 550 TB tests were conducted. CHC Chenani is also designated as Designated Microscopic Centre (DMC) and 1290 sample was collected out of total OPD patients. In this CHC 70 patients were tested through CBNAAT/TruNat for drug resistance during last six months.

15. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

In district Udhampur, out of 648 required ASHAs, 639 ASHAs were found to be in-position in the district. A total of 19 ASHAs were covering more than 1500 rural population. Furthermore, there were four MAS for urban areas and four MAS accounts were opened. overall, 592 ASHAs were enrolled for PMJJBY, 627 for PMSBY, and 408 ASHAs 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 pregnant women at various visited health facilities, it was found that all ASHAs do not take essentials HBNC visits to these women.

16. IMMUNIZATION

The information collected regarding the immunization shows that the birth dose of BCG immunization is provided at DH, SDH, CHC, and PHC level only. None of the SC-HWCs in the district provide BCG doses of immunization to infants. Information collected from the selected health facilities shows that at SDH Ramnagar, 243 infants were provided BCG, 249 were provided OPVO, and vitamin K and other doses during the last three months (June-August) while as in CHC-Chenani, 193 new-borns were immunized with first birth dose including peripheral deliveries. Outreach sessions have been held to net the drop-out or left-out 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 level in the district. 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 Jakhani, have hub cutters available and the vaccine is usually available there. Overall, the

immunization status for children and pregnant women was found to satisfactory at all levels. It was also observed from the records that the overall coverage of immunization among children has increased during the past three years.

17. 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. Besides, at PHC Kud, both the SDH Ramnagar as well as the CHC- Chenani has 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. During the month of August 23 female sterilizations and five laparoscopy surgeries were performed in SDH Ramnagar. In CHC Chenani, four female sterilizations were performed.

18. 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 38 health facilities had the status of Kayakalp and Swasth Sarvatra Assurance (SSS) with more than 70 percent point score.

SDH Ramnagar has been assessed for internal assessment of Kayakalp and for internal assessment of LaQshya and have scored 86.29 percent points in Kayakalp, while for LaQshya, they have scored only 56 percentage points for both labour room and OT, while NQAS has not yet been initiated by the district for

this facility. CHC Chenani has initiated for internal assessment of Kayakalp and LaQshya and scored 78 percent points in Kayakalp, while in case of LaQshya, the facility has scored 81 percent for labour room and 64 percent points for OT. The district officials are presently preparing two SC-HWCs from each block for NQAS and in this regard the DPMU and other officials are making frequent visits to these facilities to update them for NQAS assessment.

18.1. 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.

19. 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 Udhampur 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. 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 six health facilities in Udhampur 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 has not received yet.

In SDH Ramnagar, 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 have not maintained the registers for the new data elements, while they report the individual cases on daily basis and at the end of the month they give a cumulative figure to the DEO for uploading on the HMIS. As such except RCH registers, there was not any other well maintained 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. In different sections of SDH including maternity ward both of normal and C-section deliveries, ANC register, etc., it was found that these sections have received information regarding the new HMIS formats.

In CHC Chenani, the record keeping was found to be good and they have started capturing data on new HMIS elements in their registers. 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 have started to record the data on different new data elements for HMIS. In each section of the CHC, staff has the information with regard to new data elements for HMIS, but few sections have not maintained the registers yet. 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 Kud** has not maintained the data properly, but for the new data elements, information was found available there on the new 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. In the **UPHC Sambal**, there was not any proper mechanism for data capturing of new data elements, though new formats were available there, but registers for these new elements were found missing. At **HWC-Jakhani**, most of the registers including RCH register, screening of NCDs registers were found available and data on new items is also being captured though they have not yet received any training regarding the maintenance of records and reporting of new data elements. All the visited health facilities had good information regarding the new data elements and they tried to explain it very clearly.

20. STATUS OF FUNDS RECEIVED AND UTILIZED

As per the information received from the CMO office, it was found that during 2022-23, fund received under heads of accounts have been fully utilized. From district fund utilization data, it was found that

under the RCH and health system flexi pool maximum share of funds was received for human resources with Rs. 1539.58 lakhs, followed by Rs. 199.49 lakhs were received for maternal health, Rs. 179.11 lakhs for ASHAs, Rs. 107 lakhs for programme management, Rs. 70 lakhs for quality assurance and Rs. 14.88 lakhs were received for infrastructure. Under communicable diseases pool Rs. 86 lakhs were received for National TB Elimination Programme, but only Rs. 78 lakhs were utilised for this programme. Also Rs. 55.79 lakhs were received for NUHM. During 2023-24, funds are released as per demand from time to time, and the district has utilized all the funds of 1st quarter of 2023-24 under different account heads. It needs to be mentioned here that the funds allocation is done through Single Nodal Agency (SNA) to all the districts in Jammu and Kashmir and this has brought maximum transparency in allocation and expenditure of funds.

21. FACILITY-WISE BRIEF

21.1 Associated Hospital (AH) Udhampur is situated at the centre of the Udhampur town and is housed in a well-structured concrete, with multiple buildings with enough space. Being associated hospital, it is the 1st referral point for all the health facilities of the district. It has a bed capacity of 200 beds, with eight IUC beds there. In AH, the availability of good and sufficient infrastructure includes: 24X7 running water, clean functional toilets, drinking water facility, OPD waiting area, drug store etc. 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. The AH has the availability of OTs for general, orthopaedic, O&GY, and overall condition of these OTs was found satisfactory. In Associated Hospital we visited only the maternity section, SNCU, dialysis centre, DEIC, NCD clinic, immunization section and family planning section. Since this facility is an associated hospital of GMC Udhampur, and was accommodated only for visiting few units of the hospital that have been established under NHM.

21.2 Sub-District Hospital Ramnagar is situated at the distance of 41 Kms away from district head quarter Udhampur. It is housed in multiple old buildings and one new block with limited space. The 1st referral point for SDH Ramnagar is GMC Udhampur which is 41 Kms away from it. SDH has a bed capacity of 30 beds but due to space constraint only 23 beds were found functional. In SDH, the availability of infrastructure includes, 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. The washrooms of the facility were found in bad shape especially those attached to IPD wards. SDH has sanctioned staff of 10 MOs (6 from regular and 4 from NHM side) and all were found in-position. Among the different specialist, there is one physician from NHM side, one O&Gs, one paediatricians, one anaesthetists, one surgeon from NHM side and one dentist. Among the paramedical staff there are seven staff nurses, four lab technicians, three pharmacists, and three dental technicians, and all are from regular side, while three more pharmacists are from NHM side. All the necessary equipment was found available at 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 facilities for treatment were given referral transport by the SDH. In SDH Ramnagar, internal assessment for Kayakalp and LaQshya has been done and have scored 86.29 percent points for Kayakalp, while for LaQshya 56 percent points for the labour room and 59 percent points for OT, while assessment for NQAS has not been initiated yet. There is a list of 181 drugs in essential drug list. During last one month (August), a total of 123 deliveries were conducted at this facility and out of these; less than three percent were C-section deliveries. *Key Challenge: Acute shortage of space, have some blocks of the hospital unsafe, have few defunct washrooms, maternity ward extremely congested with no ventilation, and shortage of manpower.*

21.3 Community Health Centre (CHC) Chenani is located on the Jammu Srinagar National Highway. It has well-structured three storey concrete building with enough space. It is a dedicated FRU and its next referral point is GMC AH Udampur which is at a distance of 25 kms. It is functional on 24X7 basis. It has 24X7 running water, facility of ramp for disabled persons, clean toilets, drinking water facility, and electricity backup. The CHC has 30 functional beds, with enough space in the wards. The waiting area for the patients is also very good. The CHC is providing only few services that include; general medicine, O&G, ANC, tele-consultation, X-Ray, testing lab, and USG, but there was not any blood storage unit. The facility has two operation theatres. An outsourced mechanism of disposing of biomedical waste is in vogue through Anmol Jammu. The total staff strength of the CHC was six MOs, one O&G, one dentist, eight staff nurses (5 from regular and 3 from NHM), three lab technicians (one from regular and two from NHM), five pharmacists, three dental assistants from regular side. The facility has initiated for

Kayakalp, and LaQshya for both labour room and OT and have scored 78 percent points for Kayakalp, while in case of LaQshya, they have scored 81 percent points for labour room and 64 percent points for OT. Only few drugs were found available from the EDL of 68 drugs on the day of our visit. It was found limited ANC services were provided there. On an average 550 lab investigation are conducted every day, out of these tests for ANC patients are free. Only normal deliveries (on 24X7 basis) are performed in this health facility by trained staff. During the month of August alone, a total 54 normal deliveries were performed. All the JSY payments were found pending from March 2023. PMSMA services were provided to the pregnant women of the block at this facility. During last three months, 193 new born were immunized with 1st birth doses and four female sterilizations were performed during last one month. Under universal health screening 2750 individuals were screened for different NCDs, out of these, 7 percent each were detected as hypertensive and diabetic. **Key Challenge:** *The main challenge of the CHC Chenani was that there is an acute shortage of human resources both doctors and paramedical staff. Among the specialists, only O&G is there, there is not the availability of sweeper or security as well. Also record keeping was not properly maintained.*

21.4 PHC Kud is a 24X7 PHC was converted into HWC. It is situated at a distance 08 Kms from CHC Chenani. It is housed in a double storey new building with multiple number of rooms there. The PHC has the facility of 24X7 running water, OPD waiting area, ASHA rest room, drug store, power backup etc. There are four functional beds and PHC Kud is providing a number of services that include OPD, immunization, ANC, NCD, and IPD. The PHC Kud has a staff strength of two MOs (one regular side and one NHM side) one ANM, one staff nurse, and one pharmacist. There was a list of 64 essential drug in the EDL, and all were found available on the day of visit. **Key Challenge:** *In the PHC there was not any lab technician as a result no lab investigations are done.*

21.5 Urban Primary Health Center Sambal is just 2 kms away from Associated Hospital Udhampur. It is single story concrete building with limited space. It is rented building. The facility has one bed and has facility of general OPD, day care, NCD services, ANC services, immunization, counselling and lab services. This UPHC is also providing tele-consultation services. This health facility has 24X7 drinking water, clean toilets, OPD hall, power backup etc. UPHC Sambal has the total staff strength of one MBBS MO, one staff nurse, five ANMs, one pharmacist and all are from NHM side. The facility has not initiated for Kayakalp and NQAS assessment. On the day of visit Majority of the drugs were found in the drug store and also all drugs for NCD are available there. Different types of diagnostics test (pregnancy testing, haemoglobin,

BT/CT, and blood sugar to pregnant women) are conducted there. NCD screening in the UPHC is at low pace. **Key challenges:** *space constraint.*

21.6 Health and Wellness Centre Jakhani is situated three km away from AH Udhampur. It is housed in a rented building with very limited space. It caters to a population of around 3500 people. The building has only two rooms, without any bathroom room. The total staff strength of HWC consists of two ANMs one each from regular and NHM side, one MLHP/CHO from NHM side, one pharmacist and four ASHAs are attached to this facility. The CHOs and ANMs were provided with the electronic tablets. There was not any essential drug list available at the facility. Sufficient quantity of rapid testing kits was found available there. The digital 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 so far 1314 CBAC forms were filled during last six months. In the HWC, 300 individuals have been screened during last six months for hypertension and diabetes and only one case each of hypertension and diabetic were found there. The HWC is engaged in number of activities that include awareness, Yoga etc. **Key Challenge:** *HWC is housed in a rented building without very limited space, there is no washroom or running water facility available with the facility.*

21.7 Community. Through a well-structured interview schedule, we made an interaction with the community at different visited health facilities, and different viewpoints and perceptions about the service utilization were captured. It was reported by the majority of respondents, that they know the location and staff strength of their respective health facilities. In SDH Ramnagar it was revealed by some community members that the services provided by their respective health facilities were not satisfactory. It was revealed by resident of Kella village of Ramnagar block that there was not a single doctor in their PHC and no medicines are provided there that compels people to move to higher level health facilities. In CHC Chenani at the time of our visit, it was reported by the community that they prefer to visit the public health facilities, because doctors were available there, also medicines were not provided in the facility. **Key challenge:** *Manpower to health facilities as per the requirement and workload, infrastructure upgradation of health facilities, implementation of strong mechanism of monitoring the activities of health facilities, 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.*

22. RECOMMENDATIONS AND ACTION POINTS

Based on the PIP monitoring of NHM exercise in Udhampur, following are the recommendations and action points for further improvement:

- ✚ Udhampur district has acute shortage of human resource from the regular side as out of two CHCs, only one CHC has a gynaecologist while as most of the PHCs in the district don't have even MOs from the regular side and some specialist positions of doctors are also vacant at higher level health facilities. 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. Rationalization of human resource as per the workload can also be explored by the authorities.*
- ✚ The infrastructure at SDH Ramnagar and SHC-HWC Jakhani was found to be very poor as few blocks of SDH Ramnagar and the HWC Jakhani were declared unsafe. *Therefore, there is an urgent need for construction of some new blocks for SDH Ramnagar and relocation of SHC-HWC Jakhani to some other place with enough space so that both the health facilities can work more efficiently.*
- ✚ 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.*
- ✚ The record keeping of various services provided was found to be poor in various sections of some visited 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.*
- ✚ Since March 2023, all the JSY and other payments are pending due to non-availability of funds to the district. *It is therefore suggested, that the release of funds may be expedited urgently.*

PHOTO GALLERY



Interaction with OPD Patients and



ANC Patient at SDH Ramnagar



Poor condition of Labour Room SDH Ramnagar



Building of SDH Ramnagar



Staff of HWC Jakhani



Two Room Rented Building



New Building of PHC Kud



Immunization Centre PHC Kud



Data verification CHC Chenani



Well Designed Building of CHC Chenani



Labour of AH Udhampur



SNCU AH Udhampur