

MONITORING OF PROGRAMME IMPLEMENTATION PLAN UNDER NATIONAL HEALTH MISSION OF DISTRICT SAMBA, J&K, INDIA



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**Report Submitted to the Ministry of Health and Family
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Dec., 2023



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Acknowledgement

Since the dawn of independence, various nationally designed Health and Family Welfare Programs have been implemented in all states of India to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the States in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, which started recently, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. In order to assess the performance of the flagship initiative the Ministry of Health and Family Welfare undertakes the Monitoring and Evaluation activities of the NHM. The Ministry of Health and Family Welfare has established a network of 18 PRCs for quality monitoring of State PIP components, such as the core elements like HR strengthening, infrastructure development, drugs and financial implications, etc. During 2023-24, Ministry has identified 18 districts in Jammu & Kashmir for PIP monitoring in consultation with PRC Srinagar. The staff of the PRC, Srinagar is visiting these districts in a phased manner. The present report is drafted to showcase the monitoring of the programs and activities under National Health Mission in context of district **SAMBA** of Jammu and Kashmir for the financial year 2023-24. In this report we have attempted to explore the status of health infrastructure and human resource of the district. Insights related to service availability, referral transport, role of ASHAs and perception of community has also been elaborated. The strength and weaknesses observed during the field visit along with the opinion of the beneficiaries are discussed in this PIP report.

Our special thanks goes to, Mission Director, Ms Ayush Sudan, NHM for her cooperation and timely support rendered to us while PIP monitoring in J&K. Special thanks are due to CMO of district Kathua, Medical Superintendent of District Hospital (DH) **Samba**, Incharge as well as the Medical Officers of CHC **Ramgarh**, MO of **Nandpur** and MLHP/CHO of SH&WC **Chhataka Chak** for sharing their experiences and timely support. We would like to appreciate the cooperation rendered by the officials of District Monitoring & Evaluation Officer (DMEO) of **Ms. Prachi Sharma**, Block Monitoring & Evaluation Officer (BMEO) of **Ms. Priti Sharma**, Data Entry operators of DH Samba and CHC **Ramgarh**, for helping us in the collection of information. Special thanks are also to the staff at DH, CHC, PHC and SH&WC for sharing their inputs.

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

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Dated: 11/12/2023

Executive Summary:

In four health blocks of district **SAMBA**, a total of 97 established public health facilities including 01 DH, 03 Community Health Centres, 11 primary health centres and 82 sub health & wellness centres are providing service delivery. The district has upgraded almost all the sub-centres and primary health centres into health and wellness centres. During the PIP monitoring and evaluation exercise, the PRC team has visited four health facilities including **DH Samba, CHC Ramgarh, PHC Nandpur, SH&WC Chhataka Chak** and had a comprehensive community visit also in order to understand the behaviour of service providers and status of service delivery at all levels in the district. The team has also interviewed most of the front line workers like ASHS workers, Panches and Sarpanches of the community for making a wide range of understanding regarding the implementation of NHM programmes and schemes and to understand the issues in implementing these programmes. The summary of the report are summarized below:

The National Health Mission has played a critical role in terms of manpower and equipments in justifying the needs of health care services in the district because most of the existing staff at all the levels especially at the lower level health facilities like Sub-centres, primary health centres and even at CHC level are performing well in providing services delivery and community people as well as the service seekers are highly satisfied with the nature, behaviour and service delivery of staff posted at these centres.

The current District Health Action Plan (DHAP) has been formulated for the two financial years namely 2022-2023 to 2023-2024 and accordingly the Chief Medical Officer of district Samba has prepared the budget allocation and first installment of fund was released on 18/05/2023 through the Single Nodal Account on the basis of the demand. The district Samba has received the approved DHAP on 23-06-2022 for two consecutive financial years i.e., 2022-23 to 2023-24. Moreover, the CMO Office has also prepared the PIP for the financial year 2024-25 and has submitted the same on 30-09-2023.

Most of the patients complained that though the UT Govt. and the health department are claiming that all is well unfortunately the fact remains that government run district hospital including community health centres, Primary Health Centers, and Sub-centres established in various towns of Samba district are facing dearth of doctors' especially specialist like Surgeons, Physicians, Radiologists, Ophthalmologist and Dermatologist due to which patients are facing tremendous problems. The patients have no choice other than to move either to GMC Jammu or to GMC Kathua.

District Samba is one of those districts where there is acute shortage of doctors. Due to the terrain topography, remoteness and adverse climatic conditions, doctors generally are not willing to serve in this district. Although, under public pressure, orders for posting of doctors in the health institutions in district Samba are issued by the government and some doctors do join their duties but they also either manage to get themselves transferred from the district or prefer to get

leave and consequently most of the health institutions including the District Hospital and CHCs especially Ramgarh remain without doctors for most part of the year.

DH Samba, CHC Ramgarh and PHC Nandpur have acute shortage of specialists in general and Surgeons, Gynecologists and Pediatrician in particular. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to move to other hospitals located in districts of Jammu and Srinagar or visit a private clinic for treatment. Therefore, there is an immediate need to address the shortage of specialist doctors in the DH and CHC Ramgarh and PHC Nandpur on priority basis.

The overall position of doctors in district Samba is good and patients in general visits to their respective health facilities and they do not need to visit other health facilities for the treatment, however, due to the non availability of specialists the patients have no choice other than to visit either to GMC Jammu or GMC Kathua or private institutes for advanced treatment. During the interaction, the local public demanded that their concerned SCs and PHCs need to be strengthen with all the diagnostic services with trained lab technicians and Pharmacists so that their ailments could be diagnosed at the early stage.

Although, the district has 61.5 percent of specialists in place from regular side but overall the district is performing well in providing service delivery while as in case of paramedical staff, the district has around 67.54 percent of staff in place. In case of NHM, the district has around 66.67 percent of specialists and 98.53 percent of paramedical staff in place. It can be concluded that, district Samba have most of the specialists in place but still the public demanded that the district need to be strengthen with the specialists otherwise at times the patients have no choice other than to visit GMC Jammu or GMC Kathua which is a challenging task for them.

District Samba has some vacant positions of specialists including 02 Pediatricians, 01 Anesthetist, 04 Surgeons, 05 Physicians, 01 Radiologist, 01 Ophthalmologist, 01 Orthopedics, 01 ENT, 01 Other Specialist and 45 MBBS MOs while as the district has also some vacant positions of around 87 posts including 06 Dental technician, 10 x-ray technician, 03 Lab technician, 04 OT technician, 03 CHOs, 06 ANMs/FMPHWs, 02 MPWs, 14 Staff nurses and 39 Allopathic Pharmacists. The CMO viewed that these vacant positions need to be filled on priority because most of the health facilities are functional without the required manpower.

Since the establishment of Jammu & Kashmir Medical Supplies Corporation limited (JKMSCL) in the Union Territory of Jammu & Kashmir procures and distributes the drugs and equipments under Drug and Vaccine Distribution Management System (DVDMS) and overall the supply chain to the public health facilities has improved to some extent. However, at times delay in supply of some essential drugs at the visited health facilities are from JKMSCL and these drugs were found to substantiated through the purchase from the market by tender system using GeM Portal.

During an interaction, at times the machines supplied and installed by the JKMSCL at various health facilities in district Samba have not been taken care off for servicing/maintenance whenever required. During an interaction, the patients as well as the staff posted complained against the efficiency about the medicines and machines supplied by the JKMSCL and the doctors viewed that they should have given some discretionary powers for writing some standard drugs which have good efficiency.

The Union Territory of Jammu & Kashmir had announced the policy of providing free drugs to all irrespective of economic status, and all the visited health facilities of the district are practicing the free drug policy under JSSK, Ashman Bharat, elderly people, children and Golden card holders while for the general patients, around 69 percent of medicines are being provided free of cost to all the patients irrespective of economic status at all levels of health facilities.

State government has made it mandatory for doctors to write only generic names of drugs in capital letters on prescriptions, but all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. Therefore, there is a need that free generic drugs, as promised by government are made available in all hospitals so that doctors can write generic names of the drugs.

The hospital staff as well as the ASHA workers complained that the hospital is unable to provide home to facility referral transport services to expectant mothers but at times the hospital manages to provide drop back from facility to home referral transport services only to those who are extremely poor delivered mothers. Further, the hospital management complained that they are unable to provide the referral transport to pick and drop back of pregnant mothers, free diet, free medicine and diagnostics to pregnant women because of non availability of funds said, the Medical Superintendent Dr. Mohinder Kumar.

The district is practicing with letter and spirit, all the entitlements under JSSK including diet, medicine, diagnostics, respect, care and transport. During an interaction at the visited health facilities, delivered mothers reported that they have purchased some of the drugs or diagnostic services from the market during their nine months of pregnancy. Although, after the delivery, the delivered mothers were given a proper maternity care but they complained that they have not been provided, diet and referral transport of 102 for pick-n-drop.

During the visit, it was observed that the maternal mothers as well as the community people are highly satisfied with the dedication, nature, behaviour and service delivery of almost all the visited health facilities especially, DH Samba, SC Chhataka Chak, CHC Ramgarh, PHC Nandpur and are also satisfied with the available services like free medicine, advices and diagnostic checkups and etc. This clearly indicates that people of the district have hope on the public health facilities of the district.

Information about JSSK and JSY entitlements, user charges, HIV/AIDS, family planning, immunization, breastfeeding, etc is displayed prominently in all health facilities. The updated

Essential Drug Lists (EDLs), Citizen's Charter, timings of the facility, availability of services, protocol posters are also displayed in all the visited health facilities except PHC Dinga Amb. There is also a need to display IEC material emphasizing the importance of staying in the facility for at least 48 hours after delivery as it has been observed that no woman stayed more than 10 hours after the normal or C-section delivery.

Most of the NHM programme suffers especially JSSK, JSY, ASHA incentives, referrals, HBNC due to the non availability and timely release of funds said the CMO and Management of the district administration.

Skill of ASHA workers was assessed at the sub-centre and primary health centre and most of the ASHA workers performing well and have good knowledge of various components like filling-up of CBAC forms, HBNC visits, immunization, family planning and reporting about various other schemes. The delivered women as well as the ANCs patients and community people at large are highly satisfied with the ASHA workers and their work culture. Further, the staff posted at the visited health facilities is also satisfied with the dedication and work culture of ASHA workers in the district.

The ASHA workers of the district are getting their assured incentives on the regular basis but at times their incentives delays subject to the availability funds. Most of the ASHA workers in the district complained of less incentive and more workload. They added that HBNC kits have not been provided to them since the couple of years and they purchased some instruments for HBNC kits but they have not been provided any compensation till date.

The performance of ASHA workers is extremely good especially of the visited health facilities but they are currently on strike since August 2023 due to some service issues and their claim is to provide them minimum wage as they urged that they have n-number of works to do throughout the year but they are not being provided full compensation.

The MMU, Peer Education Programme is not operational in district Samba as such no activity has been reported by the district management because the district management has not received approval for the establishment.

The CMO added by saying that they have initiated to establish a '*Nursing Home*' and all the expectant mothers will be taken in advance before few days of their delivery and all the logistics will be provided to them free of cost. The step was taken keeping in view the topography and hard to reach areas as well as traffic jam of the district. The CMO viewed that they have also initiated for the Air Ambulance service for emergency cases like accidents because district Samba is accidental prone area.

The CMO of the district urged that the management staff needs some kind of vibration because they either remain absent or not interested to work in the field. He added by saying that a field tour plan shall be arranged to visit all the sub-centres and primary health centres of the district to identify the gaps so that the primary health care system shall be strengthen.

Home to facility and drop back facility is not ensured in all the cases. This supports the need for operationalization of a fully functional patient transport system that is easily accessible so that pregnant women and emergency patients could avail of transport facilities from home to facility and also drop back home for JSSK beneficiaries.

Though JSSK for pregnant women is in vogue but it was found that pregnant women get some food, drugs, referral transport and partly to-and-fro transportation. It was also observed that the monitoring mechanism for its implementation is poor. The records pertaining to tests conducted in different labs, transport facility (from home and back, referral), diet given during stay at the health facility, medicines being provided under JSSK need to be kept in proper shape and ready for any public scrutiny.

The facilities of normal deliveries as well as C-section deliveries are conducted on 24x7 bases C- at DH Samba but C-section are conducted on need basis subject to the availability of anesthetist and gynecologist at CHC Ramgarh but at times the CHC is unable to perform the high risk deliveries due to the lack of NICU, Pediatrician and designated blood storage facility. The local people demanded that at SC Chhataka Chak and PHC Nandpur should have at least a female medical officer during night so that a normal delivery could be done.

The imaging services like USG, CT Scan, x-ray and dialysis services are available at the associated district hospital Samba but the services such as imaging services like USG as well as x-ray services are not available at the PHC Nandpur, although the PHC has the availability of USG machine.

The RBSK teams in district Samba are performing well and on an average around 30 children are being screened per day by each RBSK team against the given guidelines of 100 children per day. During an interaction, the RBSK team have complained that referral patients are not been taken care off in the territory hospitals and they urged that whenever a patient is being referred from the RBSK team, a timely intervention is required by the territory care. They added that when any RBSK team member visits territory care hospitals for the referral case, they should be given a priority and welcome at the territory care otherwise they said that they have to wait hours in the waiting line.

Although the DEIC and NCD Clinics are partially operational at the DH Samba with the required human resource and infrastructure but the staff complained that the designated staff of DEIC, and NCD clinic have been involved in other sections of the hospital due to which their actual purposed is not fulfilled. They added by saying that a designated space may be provided to NCD clinic as well as DEIC in the hospital premises.

District Samba is progressing well in terms of quality assurance as a good number of health facilities have initiated the process to get certified under NQAS or LaQshya during 2023-24. The DH Samba, CHC Ramgarh and HWC Chhataka Chak has initiated the external assessment for the certification of Kayakalp and NQAS but PHC Nandpur has not yet initiated any process

in case of Kayakalp or NQAS due to the lack of required infrastructure, paramedical staff, specialists as well as the basis diagnostic services like USG and facilities like labour room and minor OT etc.

Institutionalized mechanism for grievance redressal was evident in all the visited health facilities and complaint boxes are also displayed at the entrance of every visited health facility. The complaints are being received through 104 toll free number which has been established by the State Health Society of Jammu & Kashmir. Most of the service seekers have knowledge and awareness about the grievance redressal mechanism. In case of 'Mara Aspatal' portal, almost all the visited health facilities are operationalizing it fully and this app is now being taken care through e-sehaj portal.

Most of the visited health facilities of the district have received the new HMIS formats and the DPMU had also provided them online training about the capturing of data on these new elements. The data entry operator/BMEO Ms Priti Sharma posted at CHC Ramgarh have started the process of uploading data on the new data elements and have also opened the page on the registers for the same. She added that she has recently received the training through virtual mode about the new data elements from the block but she said that she requires one more training through offline mode for the same. However, the staff of various sections insisted that a training session may be arranged for them so that they understand the new data elements fully.

Almost all the visited health facilities in the district have uploaded and updated the HMIS portal regarding the delivery services, infrastructure & human resource. However, during our visit to these health facilities, a few on-the-spot instructions were given to all the data entry operators and the incharge of the facility as to how the recording and reporting of data can be improved.

District Samba is functioning without the District Programme Manager (DPM) and this post has been left vacant since couple of years back due to which the District Monitoring & Evaluation Officer (DMEO) complained that she has to monitor all the activities under NHM single handedly which is a challenging task for her and therefore she viewed that that the post of DPM may be recruited on priority so that the workload may be streamlined.

1: INTRODUCTION

All States in the country submit Programme Implementation Plan (PIP) under National Health Mission (NHM) every year covering programs, activities and interventions to be implemented during the forthcoming year, along with budget requirement to achieve the targeted goals. The Ministry of Health & Family Welfare (MoHFW), Govt., of India, initiated monitoring of PIP activities at district level throughout the country during 2012-13, by deploying 18 Population Research Centres (PRCs). Accordingly, MoHFW assigns districts (focusing on high priority/Aspirational districts) every year to all the PRCs to monitor the implementation of PIP activities. During the year 2023-24, 18 districts located in Jammu & Kashmir are assigned to PRC, Srinagar and this report pertains to district **SAMBA** of Union Territory of Jammu & Kashmir.

1.1: Main Objectives of the Study

In consonance with the Program Implementation Plan (2023-24), the objective of this monitoring exercise is to examine whether the State/district is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State/district.

1.2: Data Collection & Methodology

The methodology for monitoring of State PIP has been worked out by the Ministry of Health & Family Welfare (MOHFW) in consultation with PRCs in workshop organized by the Ministry at NIHFV on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2022-23, this PRC has been asked to cover 18 districts of the Union Territory of Jammu & Kashmir. The present study pertains to district **SAMBA**. A schedule of visits was prepared by the PRC and two officials visited the district and collected information from the Office of Chief Medical Officer (CMO), DH **Samba**, CHC **Ramgarh**, PHC **Nandpur** and Sub-Health & Wellness Centre (SH&WC) **Chhataka Chak**. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during the visit. A community interaction was also held at the PHC and SH&WC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

1.3: Overview of Jammu & Kashmir

The Union Territory of Jammu and Kashmir came into existence on 31-10-2019 in terms of Jammu and Kashmir Reorganization Act 2019. The Union Territory of Jammu & Kashmir has been carved out of the erstwhile State of Jammu and Kashmir that came into being as a single political and geographical entity following the Treaty of Amritsar between the British

Government and Maharaja Gulab Singh signed on March 16, 1846. The Treaty handed over the control of the Kashmir to the Dogra rulers of Jammu who were already controlling the Ladakh region. Thus, the new region comprising three distinct regions of Jammu, Kashmir and Ladakh was formed with Maharaja Gulab Singh as its founder ruler.

The UT is bounded by Ladakh in the East and North and Pakistan in the West. The Southern boundary is contiguous with Himachal Pradesh and Gurdaspur District of Punjab. The UT of Jammu & Kashmir with its summer and winter capitals at Srinagar and Jammu, respectively, consists of 20 districts, 10 in Kashmir valley and 10 in Jammu Division. It has three geographical zones of i) Sub-mountain and semi-mountain plain known as kandi or dry belt, ii) the Shivalik ranges, iii) the high mountain zone constituting the Kashmir valley, Pir Panchal range and its offshoots including Doda, Poonch and Rajouri districts and part of Kathua and Udhampur districts.

The climate varies from tropical in the Jammu plains to semi-arctic cold in Kashmir and Jammu mountainous tracts having temperate climate conditions. The annual rainfall also varies from region to region with 650.5 mm in Srinagar and 1115.9 mm in Jammu. The J&K is geologically constituted of rocks varying from the oldest period of the earth's history to the youngest present day river and lake deposits.

The total geographical area of erstwhile Jammu & Kashmir State has 1, 01, 387 sq km as per the 2011 census but aftermath of 5th August 2019 reorganization act, the erstwhile Jammu & Kashmir has been divided into two union territories i.e., the union territory of Ladakh of 59,146 square kilometers and the union territory of Jammu & Kashmir of 42,241 square kilometers.

Before 5th August, 2019



After 5th August, 2019



The Union territory of Jammu and Kashmir has a total population of 1,42,67,013 and the sex ratio is around 889 female population per one thousand of male population. Around 924,485 (7.54 percent) of the population is scheduled caste and 1,275,106 (10.39 percent) belong to the scheduled tribes, mainly Gujjar, Bakerwal, and Gaddi. The Scheduled Casts are mostly concentrated in the Jammu region (Census-2011).

The infant mortality rate (IMR) has come down to 16 as per the NFHS – 5 data compared to 32 (NFHS – 4) and in case of under 5, the mortality rate has declined from 19 as per the NFHS – 5

results as compared to 38 (NFHS – 4) while in case of neonatal, the mortality rate has turned down to 10 as per the NFHS – 5 data compared to 23 during the NFHS-4.

The family planning methods in the union territory of J&K have shown an increasing trend from 57 percent (NFHS – 4) to 60 percent (NFHS – 5) and the unmet need for family planning has decreased from 12 percent to 8 percent. The institutional deliveries in the union territory of J&K have increased from around 86 percent during NFHS – 4 to 92 percent as per the results of NFHS – 5 and the fully immunized children have increased from 86 percent from NFHS – 4 to 96 percent during NFHS – 5.

1.4: Overview of District Samba

District Samba came into existence vide Government order No. 1345 GAD of 2006, dated 27-10-2006 with only one Tehsil and 382 villages but as per the latest SRO No. 444, dated 21-10-2014, district Samba comprises around 381 villages and these villages have been organized into 6 Tehsils, 55 Patwar Halqas and 101 Panchayats.

Due to its strategic geographical location, district Samba is a significant region because it connects the Union Territory of Jammu and Kashmir with the international border of Pakistan on its southern side. This way, the district Samba is surrounded by district Udhampur in the North, district Kathua in the East and district Jammu in the west while on the southern side; it has around 55.5 kms long international border with Pakistan. District Samba consists of around nine blocks including Samba, Vijay Pur, Purmandal, Bari Brahmana, Nud, Rajpura, Sumb, Ghagwal and Ramgarh.

The total population of district Samba is around 3.19 lakhs individuals including 1.69 lakh of male population and around 1.50 lakh of female population (Census, 2011) while as, a total of around 0.42 (13.16 percent) lakh individuals are living in urban areas and around 2.77 (86.83 percent) lakh individuals are living in rural areas. Out of the total population, district Samba has 0.092 lakh of Scheduled Caste (SC) population and around 0.18 lakh of Scheduled tribes. As per the estimates of Unique Identification Authority of India, the total population of district Samba in 2023 is **443,269** souls.

The Sex Ratio of district Samba is 886 females per one thousand (1000) of males and the child sex ratio is 779 girls per one thousand (1000) of boys. The average literacy rate of district Samba is 81.41 including 88.41 percent of male and 73.64 percent of female.

The district has estimated 6,088 deliveries including 5,294 (86.95 percent) normal and 794 (13.04 percent) C-sections while as the district has also estimated around 48,949 eligible couples and around 5,210 live births during the financial year 2023-24.

1.5: Health Infrastructure of District Samba:

District Samba comprises around **383** villages and these villages have been organized into **03** medical blocks of Ramgarh, Nud and Purmandal. Without the private health facilities, the health services are being provided through a network of around 97 established health institutions

including 01 District Hospital (DH), 03 Community Health Centres (CHC), 11 Primary Health Centers (PHCs), 82 Sub-Health & Wellness Centers (SH&WCs) but the district has not established any Urban Primary Health Centre (UPHC) or Urban Community Health Centre (Source: CMO).

Besides these established health facilities, the district Samba has 01 Sick Newborn Care Unit (SNCU), 01 District Early intervention Centre (DEIC), 04 First Referral Units (FRUs), 03 Designated Microscopy Centers (DMCs), 02 Tuberculosis units, 01 CBNAAT/TruNat Sites, 01 Drug Resistant TB Centre and 01 Blood Centre which are functional with the required facilities. The district has converted/upgraded around 79 Sub-Centres and 11 Primary Health Centres into Health & Wellness Centres (HWCs) till date.

The district has 03 non-communicable disease clinics in which one (01) is functional at District Hospital Samba and the other two (02) are functional at the respective CHCs of district Samba. Further, district Samba has 04 health facilities which are providing comprehensive first as well as second trimester abortion care services in which one is available at District Hospital Samba and the rest are available at the respective CHCs of the district while as the district has 06 health facilities which are providing comprehensive first trimester abortion care services.

1.6: District Health Action Plan (DHAP):

District Health Action plan (DHAP) is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process. It is a document that depicts the need at sub-district level units for programme implementation in terms of infrastructure, Human Resource, procurement, trainings and various schemes running and provides an overall budget required to execute those activities. The CMO of the district said that the Govt., of J&K exclusively prepares a District Health Action Plan (SHAP) itself on the basis of performance of various health indicators and accordingly prepares the budget for the same. However, the State administration constitutes an executive body including the CMO, Dy. CMOs, Medical Superintendents and some other essential persons of the district for the preparation of the District Health Action Plan (DHAP). As such the district has no direct role in the process and preparation of DHAP. However, the CMO office submitted their DHAP on January 2022 for two financial years 2022 – 23 & 2023 – 24. The district has received the approved DHAP on 23 – 06 – 2023 for two consecutive financial years i.e., 2022-23 to 2023-24 and the first installment of budget was released on 18 – 05 – 2023 in the account of CMO through the Single Nodal Account. Moreover, the District Samba has prepared and submitted the DHAP on 27 – 08 – 2023 for the financial year 2024 – 25. No construction work is pending in district Samba till date but the new district hospital building which was constructed couple of years back has not been handed over to the concerned authorities for the usage because of some technical faults in the building.

1.7: Recruitment Policy in District Samba

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

through J&K Public Service Commission (JKPSC) and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB) of Jammu & Kashmir. Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled up by the office of the Mission Director (DM) at the Central level while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Development Commissioner. 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 district Samba, despite the various rounds of recruitment as well as the announcements for the vacant seats, a total of around 16 posts remained vacant from NHM side during the financial year 2022-23. However, out of these vacant positions, around 10 medical officers (MOs) have been recruited by the Union Territory of J&K during the 2023-24 but they have not joined their service till date while as the district Samba planned to recruit the 06 positions of paramedical staff during the financial year 2023-24 (Source: CMOH).

District Samba is functioning without the District Programme Manager (DPM) and this post has been left vacant since couple of years back due to which the District Monitoring & Evaluation Officer (DMEO) Ms. Prachi Sharma complained that She has to monitor all the activities under NHM single handedly which is a challenging task for her and therefore she viewed that that the post of DPM may be recruited on priority so that the workload may be streamlined.

1.8: Status of Human Resource of District Samba

On the regular side, district Samba has sanctioned strength of around 161 specialists including 05 Gynecologists/Obstetricians, 04 Pediatricians, 06 Anesthetist, 07 Surgeons, 07 Physicians, 02 Radiologists, 02 Pathologists, 03 Ophthalmologists, 04 Orthopedics, 02 ENTs, 16 Dental Surgeons, 02 Other specialists, 100 Medical Officers (MOs) and 01 AYUSH MOs but presently only 99 (61.49 percent) positions of specialists are in place including 05 Gynecologists/Obstetrician, 02 Pediatricians, 05 Anesthetists, 03 Surgeons, 02 Physicians, 01 Radiologist, 02 Pathologists, 02 Ophthalmologists, 03 Orthopedic, 01 ENT, 16 Dental Surgeon, 01 Other Specialist, 55 Medical Offices (MBBS MOs) and 01 AYUSH MO which simply indicates that around 62 (38.50 percent) positions of specialists are vacant (table 1) including 02 Pediatricians, 01 Anesthetist, 04 Surgeons, 05 Physicians, 01 Radiologist, 01 Ophthalmologist, 01 Orthopedics, 01 ENT, 01 Other Specialist and 45 MBBS MOs.

On the other hand, District Samba has sanctioned strength of **268** paramedical staff including 22 Dental technicians, 20 x-ray technicians, 20 Lab technicians, 05 OT technicians, 14 CHO/MLHP, 35 ANMs/FMPHWs, 13 MPWs (Male), 39 Staff Nurses/JSNs, 100 Allopathic Pharmacist but presently around 181 (67.53 percent) positions are in place including 16 Dental technicians, 10 x-ray technicians, 17 Lab technicians, 01 OT technician, 11 CHO/MLHP, 29 ANM/FMPHWs, 11 MPW(Male), 25 Staff Nurses/JSN, 61 Allopathic Pharmacist which simply indicates that around 87 (32.46 percent) positions of paramedical staff are vacant (table 1)

including 06 Dental technician, 10 x-ray technician, 03 Lab technician, 04 OT technician, 03 CHOs, 06 ANMs/FMPHWs, 02 MPWs, 14 Staff nurses and 39 Allopathic Pharmacists.

On the NHM side, district Samba has sanctioned strength of 43 specialists including 02 Gynecologists/Obstetricians, 0 Pediatrician, 0 Anesthetist, 0 Surgeon, 0 Physician, 0 Radiologist, 0 Pathologist, 01 Ophthalmologist, 0 Orthopedic, 0 ENT, 0 Dental Surgeon, 15 Medical Officers (MBBS MOs), 23 AYUSH MOs and 01 Dental MO but presently around 36 (83.72 percent) positions of specialists are in place including 0 Gynecologist, 0 Pediatrician, 01 Ophthalmologist, 0 Medical Officers, 25 AYUSH MOs and 01 Dental MO which simply indicates that only 06 (14.28 percent) positions of specialists are vacant including 02 Gynecologists, 0 Pediatricians, 0 Anesthetist, 0 Ophthalmologist, 0 Dental Surgeon and 7 MBBS MOs. Further, district Samba has recruited around all the sanctioned MBBS medical officers during the 2022-23 but due to one or the other reason some of them have not joined their services till date therefore the district has scope for recruitment of MBBS MOs. Further 02 AYUSH MOs are in place in addition to the sanctioned strength.

Further, district Samba has sanctioned strength of around 272 paramedical staff including 0 Dental technician, 08 x-ray technicians, 11 Lab technicians, 08 OT technicians, 79 CHOs/MLHPs, 10 AYUSH Pharmacists, 101 ANMs/FMPHWs, 03 MPW (Male), 46 Staff nurses/JSNs and 06 Allopathic Pharmacists but currently around 268(98.52 percent) positions of these posts are in place including 0 Dental technician, 08 x-ray technicians, 12 Lab technicians, 08 OT technicians, 78 CHOs/MLHPs, 10 AYUSH Pharmacists, 101 ANMs/FMPHWs, 03 MPWs(Male), 42 staff nurses and 06 Allopathic Pharmacists which simply indicates that only 04 (1.47 percent) positions of Paramedical staff are vacant including 01 CHO/MLHP and 04 Staff nurses. However, 01 post of Lab technician is in place in addition to the sanctioned positions of Paramedical staff.

Further, the DMEO of district Samba failed to provide information regarding the trained LSCS and EmOC specialists as she viewed that the said information was left with the than DPM of the district who have resigned recently.

Although, the district has only 61.5 percent of specialists in place from regular side but overall the district is performing well in providing service delivery while as in case of paramedical staff, the district has around 67.54 percent of staff in place. In case of NHM, the district has around 85.71 percent of specialists and 98.53 percent of paramedical staff in place. It can be concluded that, district Samba have most of the specialists in place but still the public demanded that the district need to be strengthen with the specialists otherwise at times the patients have no choice other than to visit GMC Jammu or GMC Kathua which is a challenging task for them.

Table 1: Details of Healthcare staff – Medical in District Samba during 2023-24

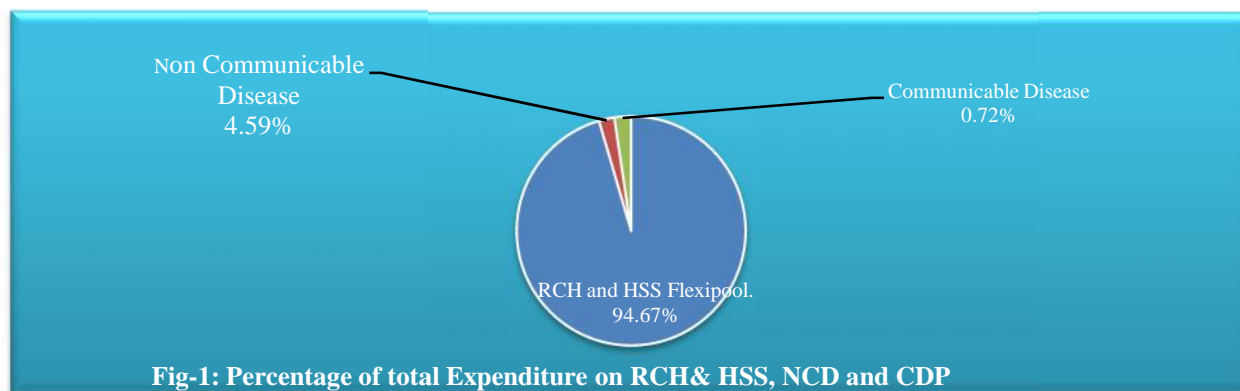
Human Resource	Regular			NHM		
	Sanctioned [A]	In place [B]	% Vacant [B-A/A]*100	Sanctioned [A]	In-place [B]	% Vacant [B-A/A]*100
Specialists	161	99	38.50%	42	36	14.28%
Gynecologist	5	5	0	2	1	50
Pediatrician	4	2	50	0	0	0
Anesthetist	6	5	16.67	0	0	0
Surgeon	7	3	57.14	0	0	0
Physician	7	2	71.42	0	0	0
Radiologist	2	1	50	0	0	0
Pathologist	2	2	0	0	0	0
Ophthalmologist	3	2	33.34	1	1	0
Orthopedic	4	3	25	0	0	0
ENT	2	1	50	0	0	0
Dental Surgeon	16	16	0	0	0	0
Other Specialist	2	1	50	0	0	0
MBBS MOs	100	55	45	15	08	46.67
AYUSH MOs	1	1	0	23	25	+8.69
Dental MOs	0	0	0	1	1	000
Paramedical Staff	268	181	32.46%	272	268	1.47%
Dental technician	22	16	27.27	0	0	0
x-ray technician	20	10	50	8	8	0
Lab Technician	20	17	15	11	12	9.09
OT Technician	5	1	80	8	8	0
CHO/MLHP	14	11	21.42	79	78	1.26
AYUSH Pharmacist	0	0	0	10	10	0
ANM/FMPHW	35	29	17.14	101	101	0
MPW(Male)	13	11	15.38	3	3	0
Staff Nurse/JSN	39	25	35.89	46	42	8.69
Pharmacist(Allopathic)	100	61	39	6	6	0

Source: The district CMO office, Samba during 2023-24.

1.9: Status of Budget Utilization/Expenditure:

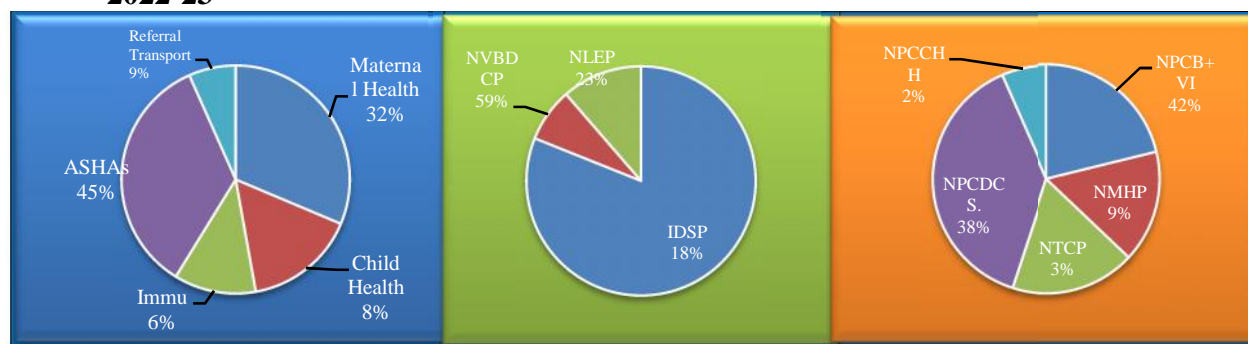
District Kathua has received Rs. 583.6 LAKHS from NHM under different heads including Rs 552.52 (94.67 percent) LAKHS under RCH and HSS Flexipool while as only Rs. 4.24 (0.72

percent) LAKHS under Communicable disease flexipool and Rs. 26.8 (4.59 percent) LAKHS under Non-communicable disease flexipool during the financial year 2022-23 (fig-1).



The maximum expenditure under RCH Flexipool was observed in ASHA workers (45 percent) followed by maternal health (32 percent), followed by Referral transport (9 percent) followed by child health (8 percent) followed by Immunization (6 percent). Under the communicable disease flexipool, the maximum expenditure was done on NVBDCP (59 percent) followed by IDSP (18 percent) and followed by NLEP (23 percent) while as the maximum expenditure under the Non-communicable disease flex-pool was done on NPCB-VI (42 percent), followed by NPCDCS (38 percent) followed by NMHP (9 percent) followed by NTCP (3 percent) and followed by NPCCHH (2 percent) shown in Fig – 2.

Fig-2: Expenditure on different components under RCH & HSS, CDP and NCD during 2022-23



1.10: Status of Trainings

With regard to the trainings, the CMO Office Samba, organized around 04 training courses including 01 NSSK in which around 35 persons (including staff nurses and ANMs etc.,) have participated and 01 NCD training course in which around 85 Paramedical staff (including staff nurses, ASHA workers, ANMs, Data Entry operators etc.,) have participated while 01 training course were organized on NPCCHH in which around 90 persons have participated and 01 training course on HMIS in which around 20 persons have participated during 2022-23. Further, the CMO office has also conducted around 02 training courses including 01 courses on NPCCHH in which 98 Paramedical staff have participated and around 01 training courses on

HMIS in which around 25 Data entry operators have participated during the financial year 2023-24 prior to our PIP monitoring visit.

During the field visit, we interact with many front line workers like ASHA workers, ANMs, CHOs and paramedical staff. Some of the ASHA workers agreed that they received the training on NSSK and NCDs during 2022-23. However, the data entry operators viewed that training for new data elements of HMIS is meant for them and a training course may be organized for them on priority. Further, the CHOs, ANMs and paramedical staff of the visited health facilities insisted that they need a training on various components related to RCH, Immunizations, NCD screening and other varied types of trainings related to their job profile and said that trainings increases their efficiency of work.

2: STATUS OF DELIVERY SERVICES IN DISTRICT SAMBA

The status of services delivery under different NHM programmes and schemes of District Samba are discussed herewith:

2.1: Free Drugs & Diagnostic Services:

In order to improve the quality of health care services and to address the out of pocket expenditure on drug-n-diagnostics services, the government of Jammu & Kashmir under the National Health Mission launched the free drug and diagnostic initiatives since the couple of years back. The essential drug lists (EDLs) have been prepared for all types of health facilities and drugs are centrally procured by the UT Govt., of Jammu & Kashmir. The Govt of Jammu & Kashmir has notified (221 at DHs, 72 at CHCs, 32 at PHCs, 11 at UPHCs and 32 at SC) drugs in EDLs and all the drugs in the EDLs were not found available during the day of our visit at all the visited health facilities. It was found that all the drugs prescribed by the doctors at CHC and DH were provided free of cost under JSSK patients, children and old aged persons only and all other patients have to purchase around 59 percent of medicines from the market. However, during the exit interviews it was observed that the visited health facilities especially PHC as well as H&WC are providing hypertension, diabetes and some other medicines free of cost to all the patients irrespective of their economic status.

So far as diagnostics services are concerned, the district has notified 731 diagnostics tests in general but DH has notified around 149 diagnostics tests, CHCs has 13 notified diagnostic tests and PHC has 19 notified lab tests while SCs perform only 9 rapid tests because they do not have any instruments like Analyzer for lab tests. However, whatever diagnostic facilities are available at the visited health facilities, the diagnostics services are provided free of cost under JSSK, elderly people as well as children and in addition these services (at all the public health facilities) are provided free of cost to Golden card holders, BPL patients, NCDs patients, Hypertension, ANC and maternal mothers too. During the interaction, the local public demanded that their concerned SCs and PHCs need to be strengthen with all the diagnostic services with trained lab technicians and Pharmacists so that their ailments could be diagnosed at the early stage.

2.2: Reproductive Health Care (RHC) Services:

In line with the record of delivery points, district SAMBA has 02 CHCs conducting more than 20 deliveries and 01 District Hospital conducting more than 50 normal as well as C-section deliveries on 24x7 bases per month. Besides, the district has 20 institutes including 06 public and 14 private with Ultrasound facilities and all these 20 health facilities are registered under PC-PNDT Act. Further, in order to identify the high risk pregnancies and provide them comprehensive and quality antenatal care, free of cost to all the pregnant women on the 9th of every month. District Samba has 03 designated health facilities for PMSMA activities in which all these facilities provides the quality services to Pregnant Women on 9th of every month as per the given procedure and protocol since their inception and all the identified high-risk women are taken care as per their obstructed and medical history. The district has done around 108

PMSSMA activities during the financial year 2022-23 and investigated around 1389 pregnant women, of these; around 287 (20.66 percent) pregnant women have been diagnosed high risk during 2022-23. Most of these high risk women are anemic and weak due to their economic status and poor nutrition because they are living in far flung areas of hard to reach areas of district SAMBA.

2.3: Rashtriya Bal Swasthya Karyakaram (RBSK)

District Samba has been demarcated among 03 medical blocks. The district has 06 sanctioned RBSK teams and is functional with the required human resources as well as the infrastructure. Each block has two dedicated RBSK teams and each team has a dedicated vehicle. In order to screen and identify the defects of children at birth, each RBSK team is being provided a vehicle for visiting various schools and Anganwadi Centres and on an average, each team screens around 30 children per day, a total of 1058 children have been screened for defects at birth during 2022-23. The society, Anganwadi centres and schools are highly satisfied with the dedication, hard work and nature of RBSK teams. During an interaction, RBSK teams have complained regarding the referral cases. They said that whenever they referred any patient to the territory care hospital for the special and advanced treatment, the patients are not been taken care of and they demanded, a 'timely intervention' from the concerned authorities especially CMO of the district.

2.4: Sick New-born Care Unit (SNCU)

District Samba has a 13 bedded approved Sick New-born Care Unit (SNCUs) and all these beds are fully established with the required infrastructure and instruments like radiant warmers, Kangaroo Mother Care, phototherapy and step-down care. The SNCU is manned by only 03 staff nurses but the hospital management has internally engaged 01 MMBS MOs and 01 Pediatrician for the normal functioning of SNCU and the staff nurses viewed that at times due to the non availability of a Pediatrician, the staff has no option other than to refer the babies either to GMC Jammu or to GMC Kathua. During the field visit, it was observed that the staff posted (staff nurses etc.,) are following the protocol and overall cleanliness of the SNCU is good in all respects. A total of around 629 inborn babies have been admitted in this SNCU during 2022-23, of which 548 babies have been discharged after the proper treatment and 75 babies have been referred to SMGS Hospital Shalimar Jammu for the special treatment while as 02 babies has been left at LAMA and 04 babies died due to some serious ailments. Further, 89 outborn babies have also been admitted during 2022-23, of which 83 have been discharged after the treatment and 06 babies have been referred for the advanced treatment to SMGS HOSPITAL SHALIMAR JAMMU. The referral transport of 102 was arranged for all these referral babies/patients.

2.5: Newborn Stabilization Unit (NBSU)

District Samba has 05 established Newborn Stabilization Units (NBSUs) which are functional with the required infrastructure and manpower and these NBSU are established at CHC Ramgarh, CHC Nud and CHC Purmandal of the district. A total of 188 inborn babies were admitted during 2022-23 and out of these around 178 babies have been discharged after the proper treatment while as only 10 babies have been referred to the territory care hospital SMGS

HOSPITAL SHALIMAR JAMMU for the advanced treatment. Further, as a total of around 05 outborn babies were admitted during the financial year 2022-23 and all these 05 babies were discharged after the treatment and no baby have been referred to territory care to SMGS HOSPITAL SHALIMAR JAMMU for the special treatment. The referral transport of 102 was given to all these referral babies/patients.

2.6: Nutrition Rehabilitation Centre (NRC)

Nutritional Rehabilitation Centre (NRCs) is not functional at the district hospital as the district has not got any approval for the same. However, during an interaction, the CMO of the district viewed that during the financial year 2024-25 they will get the approval and shall identified the land near the hospital premises for the establishment of NRC and accordingly will construction a dedicated building for the same.

2.7: Home-Based New-born Care (HBNC)

In line with the record, around **1366** home based newborn babies have been visited by the ASHA workers during 2023-24. There was 319 HBNC and 578 DRUG KITS available with the ASHA workers during the financial year 2023-24. During an interaction, the newly recruited ASHA workers complained that they have not been given HBNC kits since they have been employed and it was also reported by them that at times they purchased some required equipments for HBNC visits but they have not been given any compensation till date. Further, ASHA workers said that HBNC drug kits are being refilled at their respective health facilities on need basis. During the PIP monitoring, we tried to contact the ASHA workers at various visited health facilities but it was not possible because all ASHA workers were found on strike due to some service issues and they were of the opinion that they need to be provided minimum wage than the assured incentives. However, based on the feedback, society seemed to be satisfied with the dedication, knowledge, conduct, work culture and nature of visits of ASHA workers as it appears that ASHA workers are well versed with the knowledge and objectives of activities associated to home based newborn babies (HBNC).

2.8: Review of Maternal and Infant Deaths

As per the record, received from the Chief Medical Officer (CMO), shows that around 60 deaths were reported including 05 maternal death, 52 infant deaths and around 04 still births during the financial year 2022-23 while as 21 deaths were also reported including 01 maternal death, 01 Child death, 18 infant deaths and only 01 still births during the financial year 2023-24 prior to this monitoring exercise. During the day of the visit, it was found that 05 maternal and 52 child deaths have been reviewed during 2022-23 while as 0 maternal and 13 child deaths were also reviewed during 2023-24. On the day of our visit, minutes of the review meetings were found available with regard to the cause of deaths. Further, during the visit, it was found that data was maintained regarding the maternal as well as child deaths. However, during the visit, it was found that all the health facilities of the district, updates the data on the HMIS portal and same has been reported to the concerned CMO Office of the district.

2.9: Peer Education Program (PEP)

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

2.10: Mobile Medical Unit (MMU)

District Samba doesn't have any established mobile medical unit (MMU) and therefore, no activity has been reported by the district management. However, during the interaction, the CMO viewed that the management has wrote a letter to the Mission Director for the approval and it is being hoped by the district management that the sanction letter for the approval of MMU shall be received.

2.11: Status of Referral Transport

Given the load of health services, District Samba has **29** ambulances available on road for referral transport that are GPS fitted and handled through a centralized call centre of toll free number of 108 and 102. Of these 29 ambulances, 21/108 are Basic Life Support (BLS) while as **08/102** are Advanced Life Support (ALS) ambulances and all these ambulances are available 24x7 on need based but due to some mechanical faults 10 BLS ambulances are not functional which simply indicates that only 11 BLS ambulances are fully functional on the road. On an average each Basic Life Support (BLS) ambulance are supposed to have at least 02 trips with 95 kms while as ALS has 03 trips with 116 kms per day and each ambulance are supposed to receive approximately 36 to 36 calls per day respectively.

During an interaction with the CMO, the referral transport is being provided to expectant mothers for pick and drop subject to the availability of funds. However, at times, 102 ambulances are being provided only to those expectant mothers who are extremely poor and belong to far off places of district Samba. The CMO added by saying that they have initiated to establish a 'NURSING HOME' and all the expectant mothers will taken in advance before few days of their delivery and all the logistics will be provided to them free of cost. The step was taken keeping in view the topography, hard to reach and boarder areas of the district. The CMO viewed that they have also initiated for the AIR AMBULANCES emergency cases like accidents injuries due to the cross boarder firing as district Samba has 55.5 kms of border with Pakistan.

2.12: Comprehensive Primary Health Care (CPHP)

Under the Ayushman Bharat, district Samba has converted/upgraded a sizeable number of Sub-centres and Primary health centres into Health & Wellness Centres (H&WC) and have initiated the process of screening for various non-communicable diseases in the first phase. In district Samba, different Health & Wellness Centres (H&WC) have planned to enumerate 3,18,898 lakh of individuals for various non-communicable diseases, of these around 2,89,238 (90.69 percent) target were completed so far while as these Wellness Centres have also targeted to fill up around 1,17,886 CBAC forms but these H&WCs have completed more than the target and filled around 1,41,485 (120.01 percent) CBAC forms during 2022-23.

In this regard, around 88 Health & Wellness Centres of the district including 77 Sub-Health & Wellness Centres (SHC-HWCs) and 11 Primary Health & Wellness Centres (PHC-HWCs) have started the process of screening for various non communicable diseases and all these Health and Wellness Centres have completed the target of around 93.17 percent in hypertension, diabetes and oral cancers while as 39.20 percent in Breast and Cervical cancers of their target in the process of screening during the financial year 2023-24.

District Samba has around 92 Health & Wellness Centres which are providing tele-consultation services and almost all these Health & Wellness Centres are also organizes the wellness activities like Yoga in the district but most of the HWCs have do not internet facility due to which these Centre are not capable to organize the wellness activities as opined by the DMEO of the district.

2.13: Universal Health Screening (UHS)

In case of Universal Health Screening Programme (UHSP), district Samba has planned to enumerate around 1,17,586 individuals for various non communicable diseases and out of these, the district has completed to fill around 1,41,485 (120.32 percent) CBAC forms. The district has screened around 1,23,206 suspected individuals for hypertension, diabetes as well as oral Cancers. Of these around 8011(6.50 percent) individuals have been diagnosed hypertension, 3370 (2.78 percent) have been diagnosed diabetes and around 89 (0.07 percent) patients have both hypertension as well as diabetes while as no patient have been diagnosed Oral cancers. In the case of hypertension and diabetes around 97 percents patients were treated and rest were referred to the territory care hospital Jammu for the special treatment.

In case of various types of cancers, the district has randomly screened around 884 suspected individuals including 72 suspected patients for Oral, 133 suspected patients for breast, 254 suspected patients for Cervical, 114 for stomach and around 311 suspected patients for others. Of these suspected patients who have been screened for various types of cancers, no patient has diagnosed Oral, breast cancer and cervical cancers.

2.14: Grievance Redressal

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the entrance of each facility and these boxes are opened on regular basis by the officials of concerned health facilities to resolve the complaints if any. During the current financial year 2023-24, the district has received around 137 complaints through 104 toll free numbers and almost 100 percent of them have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far. However, a 104 toll free number was established by the district which is functional at the State Health Society (SHS), Jammu & Kashmir and grievances are received through this toll free number. All most all the visited health facility is serious about the grievance redressal set-up and it was also observed during the visit that “*Mera-Aspatal Aap*” has also been initiated at all the visited health facilities of the district especially at CHC Ramgarh, DH and CHC Nud. The Mera-Aspatal Aap is now being taken care through **e-*Sehaj*** portal at all the levels.

2.15: Status of Payments of JSY and ASHA workers

In line with the record of JSY payments, the district has 1973 JSY beneficiaries during the financial year 2023-24 and of these beneficiaries around 1345 (68.17 percent) beneficiaries have received their benefits through the DBT system and only 628 (31.82 percent) beneficiaries have not received their benefits due to the non-availability of funds and are in backlog. In case of payments and incentives of different categories such as incentives and payments of ASHA workers, pregnant women, children and eligible couples, all is being recorded and is being directly transferred in their accounts through DBT system by the UT Govt., and therefore, the *DPMU* does not have any information available related to the ASHA worker's payments. However, around 05 months recurring incentives ASHA workers have issued and last 02 months prior to our visit around 314 ASHA workers have not received their recurring and assured payments through DBT due to the non availability of funds said the CMO of the district.

Nothing have been shown backlog in case of beneficiaries who are receiving routine and recurring amount of Rs. 2000 per month and also nothing has been shown backlog in case of ASHA facilitators payments as per the revised norms (of a minimum of Rs 300 per visit). In case of incentives under different health programmes, out of 19 beneficiaries and all beneficiaries have received their incentives under National Tuberculosis Eradication Programme (NTEP) and nothing is backlog in this case till date.

In case of patient incentives under National Leprosy Eradication Program (NTEP) and the all beneficiaries have received their incentives where as in case of provider's incentive under NTEP programme, of 32 beneficiaries and all beneficiaries received the incentives and in case of treatment supporters under NTEP programme, out of 13 beneficiaries, of which all these received the incentives. Further, around 17 individuals have received the family panning compensation and all the above cases; nothing has been left in backlog till 12/12/2023.

3: STATUS OF COMMUNICABLE DISEASES PROGRAMMES

In order to identify and examine the eventuality of diseases, district Samba has implemented various surveillance programmes under the National Health Mission (NHM) in which some of the programmes have been reviewed as:

3.1: Integrated Disease Surveillance Programme (IDSP):

District Samba has constituted a Rapid Response Team (RRT) under the Integrated Disease Surveillance Programme (IDSP) both at district as well as at the block level. The Rapid Response Team has been constituted under the supervision of CMO including different specialists such as DHO, Physician, Pediatrician, District Epidemiologist, Microbiologist, Health Educator, Lab Technician, Specialized doctors (Medicine), Assistant Veterinary Surgeon Pharmacist and 07 members from block under the supervision of CMO of the district. In district Samba, around 05 outbreaks were reported including 04 outbreaks during the financial year 2023-24 and 01 outbreak during the financial year 2022-23.

In district Samba, all the designated health facilities are regularly uploading the weekly data under the IDSP on the portal. The data is continuously monitored, and early signs of epidemics are being detected in time. The visited health facilities of the district shows that SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet that they have been provided by the SHS while as, at the PHC level of HWC, the data on IDSP has been uploaded on weekly basis as reported by the concerned MOs. Further, the information collected from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis and it was found that the DH is also providing such information on the portal for IDSP.

The online data of IDSP is utilized for planning and implementation of health programs and to detect the various health related issues or major outbreaks in the areas which are proven to diseases. In district Kathua, the IDSP data has been utilized for disease surveillances mainly fever (including Dengue & Malaria) as well as diarrhea investigations and preventions. With regard to the proportions of private health facilities reporting weekly data of IDSP, around 03 percent of private health facilities are providing weekly data under IDSP in the district.

3.2: National Vector Borne Disease Control Programme (NVBDCP):

Even though, the district Kathua is not prone to any Vector Borne Disease but National Vector Borne Disease Control Programme found functional in the district with the letter and spirit as the district monitors the epidemiological and entomological situations on weekly basis and the micro plans are also found available at the visited health facilities of the district. The district has done around 35760 blood examinations during 2023-24 while as the district has also done the spray/fogging for the anti-larval.

3.3: National Tuberculosis Elimination Programme (NTEP):

District Samba has implemented the national tuberculosis elimination program and the district has notified a target to screen around 643 persons from the given load of population but due to

one or the other reason, the district has completed the screening of around 295 (48.59 percent) persons and all these individuals are known with HIV status but only 242 individuals are eligible for UDST testing as per the notification of dated 31-08-2023. The drugs for both such as drug sensitive and drug resistant TB patients are partially available in the district.

Out of the notified 643 TB patients, around 295 (45.87 percent) patients have been notified by the public sector while as 348 (54.12 percent) patients have been notified by the private sector. So far as the notified 295 TB patients of public sector is concerned, around 04 are MDR patients while as no patient is MDR in case of private sector. Of the notified TB patients, the success rate for the treatment of TB in the public sector was around 85 percent while as in the case of private sector is concerned, the treatment rate was also 85 percent.

In case of payments of beneficiaries, cumulatively around 243 beneficiaries have been brought under the Nikshay Poshan Yojana (NPY) by district Samba and DBT installments have also been initiated in their favour prior to our monitoring visit while as around 400 beneficiaries are pending due to the non availability of funds.

3.4: National Leprosy Eradication Programme (NLEP):

National Leprosy Eradication Programme (NLEP) is in vogue in the district and under this programme, around 05 new cases of leprosy but no G2D case has been reported in the district during the current financial year 2023-24. The district has not yet conducted any reconstructive surgeries for G2D cases. The MCR footwear or self-care kits are available in the district. The district has 01 Model Treatment Centre (MTC) for viral hepatitis in the CMO office which is functional with the required infrastructure and human resources. The health workers in the district are fully vaccinated against hepatitis “B” such as in first dose around 42 percent, in second dose 31 percent and in third dose 27 per cent have been completed till date.

Under National Tobacco Control Programme, the district has conducted 389 awareness programs under the IEC component of the ROP at facility as well as at Panchayat level. Out of these 389 awareness programmers, in which 102 training of health Professionals, 37 Orientation of Law Enforcers, 107 Coverage of Public Schools, 32 Coverage of Private Schools, 18 Sensitization campaign for college students, 11 DLCC, 13 DLMC meeting, 17 Enforcement Squads, 52 Sensitization Programme for FGD, and 03 Monthly meeting with the hospital staff.

3.5: Accredited Social Health Activists (ASHAs)

The District Samba requires 349 Accredited Social Health Activist (ASHA) workers as per the given load of population but presently 314 ASHA workers are in position which simply indicates that around 35 posts of ASHA workers are vacant due to the non availability of ASHA workers, some urban areas are without ASHA workers. However, during the interaction, the DMEO of the district have written an application to the concerned authorities for the reallocation of ASHA workers whom have been engaged in some rural areas where there is no need of them. Out of the selected ASHA workers, a total of around 274 (78.51 percent) ASHA workers are trained in Module 6 and Module 7. Around 22 ASHA workers covers the 1500 rural population while as no

ASHA workers covers around 3000 urban population and therefore, urban wards are without any ASHA workers. During an interaction, the ASHA workers complained that more ASHA workers need to be employed because most of the population is living in urban wards and urban slums where there is need of around 01 ASHA worker per 700 households.

A sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district such as, a total of around 270 ASHA workers have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and 13 ASHA Facilitators have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) while as around 269 ASHA workers have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY) and 13 ASHA Facilitators have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY). Further, around 11 ASHA workers have been enrolled for Pradhan Mantri Shram Yogi Maandhan (PMSYMY) but no ASHA Facilitators have been enrolled for Pradhan Mantri Shram Yogi Maandhan (PMSYMY).

The role of ASHA workers is also highlighted in the Mahila Arogya Samiti's (MAS) where they are expected to create awareness regarding the health facilities and services in the communities where they have been placed in. The district has formed around 36 MAS and all these Mahila Arogya Samiti's (MAS) are trained and accounts have also been opened in their favour.

3.6: Village Health Sanitation and Nutrition Committee (VHSNC):

The role of identifying the children in the early malnutrition stage and attaching them to the NRC alongside assuring regular follow up, is one of the key responsibilities of the village health sanitation and nutrition committee (VHSNC). In this regard, a total of 363 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and all 363 VHSNCs were trained but their accounts have been freezed due to the unknown cause and no direct benefit transfers (DBT) till date.

3.7: Quality Assurance

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 hold meetings on regular basis 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 as well as complications in maternal, neonatal and child health. In order to address the issues of low-quality of services in the healthcare premises, the Govt., of India has introduced a set of quality-oriented programs under the National Health Mission. Quality care improvement initiatives i.e., Indian Public Health Standard, NQAS, Kayakalp, Mera Aspatal, LaQshya, have revolutionized the pathways of public healthcare service delivery in the country. As such it was found that the district has progressed in case of Kayakalp as well as in NQAS program implementation across the visited health facilities. In this regard, the district has proposed some health facilities such as DH Samba, CHC Ramgarh, SH&WC Chhataka Chak and H&WC

Nandpur for the certification of NQAS and the management of the district is working on these health facilities with the letter and spirit for the accreditation.

The district has CHC Vijaypur (88.71), CHC Ramgrah (82.43), CHC Ghagwal (74), PHC Purmandal (85.83), PHC Sumb (75.56), HWC Sangwali Mnadi (78.33), HWC Birpur (93.33), HWC Sangwal (78.33), HWC Chhataka Chak (76.67) and HWC Rangoor (74.17) during the financial year 2022-23. However, the district has notified some health institutions for the external assessment for accreditation of NQAS and Kayakalp during 2023-24. Keeping in view the performance under various quality assurance initiatives, recently the UT govt., has also started a mission “**Ayushman Bhav-2023-24**”, under which all the downtime instruments, labour rooms, operation theatres & etc., have started to fill in the gaps in infrastructure so that all the facilities are in a position to apply for NQAS and Kayakalp.

3.8: Biomedical Waste Management (BMW):

The Government of Jammu & Kashmir has outsourced the disposal of Biomedical Waste to various private agencies that usually collect the waste from health facilities, transport it and dispose it. Bio medical waste is segregated in colour coded bins which were found available in all most all the visited health facilities. The awareness amongst the staff regarding segregation of waste was found satisfactory and practice of segregation by staff was being done properly at the DH and CHC but it was found that patients and their attendants have not full knowledge about the proper segregation of waste and they are not following the guidelines for dumping waste material in these dust bins. All the visited health facilities have outsourced the biomedical waste management to private agencies namely **ANMOL** Health Care System (AHCS) Samba of district Jammu.

3.9: Information Education and Communication (IEC):

By and large, the display of appropriate IEC material in all the visited health facilities is satisfactory at all the levels. Most of the health facilities have not increased their visibility in terms of IEC by displaying citizen’s charter at entrance and banners for various services they are providing. However, the IEC material related to NCDs, MCH, FP services available, clinical protocols, etc., were displayed at the DH Samba, CHC Ramgarh and PHC Chhataka Chak while the IEC material has not been displayed at PHC Nandpur.

3.10: Health Management Information System (HMIS):

HMIS is a Government-to-Government (G2G) web-based Monitoring Information System that has been put in place by the Ministry of Health & Family Welfare (MoHFW). Data on this website is regularly uploaded by all the health facilities of the district. Though, the data quality in the district has improved to a great extent, but there is still a lot of scope for improvement in all the facilities, particularly at SC, PHC and CHCs in the district.

The CMO has issued an order to the health facilities of the district regarding the uploading of information on HMIS portal with all new variables included in it, and also all have been asked to maintain the registers to record information on all the new data elements that have been included

in the HMIS formats recently. In all the visited health facilities, it was found that they have not started to capture the data on the new data elements introduced in the new HMIS formats from April 2023. Also no physical training was given to the health officials regarding the data capturing on new data elements till date. However, a virtual training has been provided to the data entry operators and few other staff members but the concerned viewed that the training was not effective due to which they have lots of confusions about the new data elements of HMIS. Therefore, there is a need to provide further training to all the stakeholders in this regard so that misconceptions regarding, reporting and recording can be corrected. However, during our field visit to various health facilities, a few on-the-spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved.

3.11: Reproductive and Child Health (RCH)

Integrated Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women, and children at village and field level. The data on “ANMOL AAP” is uploaded by all the visited facilities on regular basis as every health facility has been provided with a tablet to ensure timely updating of data on all the indicators.

3.12: Adolescent Friendly Clinic (AFC)

District Samba is non RKSK district and as such the district has no established adolescent friendly clinic (AFC) and therefore no Peer Educators were formed till date.

3.13: Pradhan Mantri National Dialysis Programme (PMNDP)

The Dialysis unit was established at the District Hospital on Oct 11, 2018, and has been made functional. Since its establishment, 16 patients have received dialysis services. The dialysis centre has 06 functional beds with internal adjustment staff to run the centre smoothly. During the current financial year 2023-24, 06 patients have availed the dialysis services and during 2022-23, a total of 10 patients have availed the dialysis services prior to our visit. A total of around 379 sessions were done during the financial year 2022-23 among 10 patients and around 186 sessions were also done during the financial year 2023-24 among 06 patients. The Dialysis Centre is manned by only 04 Staff nurses but however, the hospital management has internally arranged 01 MPW and 01 MBBS MOs for the normal functioning of the dialysis centre. During an interaction, the in charge viewed that most of the times the staff nurses have been engaged on roaster in the other sections of the hospital due to which the service delivery of the centre was disturbed and more importantly the posted staff urged that the centre may be provided full strength of manpower like dialysis technicians and medical officers so that they could do their job properly.

4: STATUS OF SERVICES AT THE VISITED HEALTH FACILITIES

Keeping in view the program implementation plan visits to the mentioned health facilities, following health centres have been taken for the case studies in district Samba of Jammu & Kashmir:

4.1: DISTRICT HOSPITAL, SAMBA

District Hospital, SAMBA is first referral unit standalone institute accessible from the nearest road connectivity with the capacity of 100 functional beds including 11 Intensive Care Unit (ICU) beds (04 PICU & 07 NICU). The Hospital is situated at the centre of SAMBA town and is housed in an old constructed building with a compound boundary wall. The hospital complex consists of three buildings of three stories. However, the new hospital building has been constructed since couple of years back but the building has some construction faults and the building has not been handed over to the management due to which most of the sections of the DH has space constraint especially DEIC and NCD Clinic. The first referral point for District Hospital Samba is GMC Jammu which is located around 35 kms away from Jammu town. The hospital operates from 10:00 AM – 4:30 PM for OPD patients whereas it remains 24x7 for IPD patients. Although the premises of the hospital is not maintained well but it has the basic amenities such as 24x7 running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area, drug store room and a complete power back up is maintained through a generator. The hospital is getting electricity and water supply on 24x7 bases and has a dedicated back-up for both electricity and water supply. The hospital has colour coded bins for segregation of waste and the biomedical waste management is outsourced to a private agency namely ANMOL Health Care System (AHCS) Samba.

On the regular side, District hospital Samba has the sanctioned strength of 33 specialists including 02 Gynecologist/Obstetrician, 01 Pediatrician, 02 Anesthetist, 03 Surgeon, 03 Physicians, 0 Radiologist, 0 Pathologist, 01 Ophthalmologists, 01 Orthopedic, 0 ENTs, 0 Dermatologist, 02 Dental Surgeons and 18 Medical Officers but presently 21 (63.64 percent) posts of specialists are in place including 02 Gynecologist/Obstetricians, 01 Pediatrician, 02 Anesthetist, 01 Surgeon, 02 Physician, 0 Radiologist, 0 Pathologist, 01 Ophthalmologist, 01 Orthopedic, 0 ENT, 0 Dermatologist, 02 Dental Surgeons and 09 Medical Officers which simply indicates that district hospital has 12 (36.36 percent) vacant positions of specialists including 02 Surgeons, 01 Physician and 09 MBBS MOs. The District hospital has sanctioned strength of 30 Paramedical staff including 05 Dental technicians, 04 Lab technicians, 03 OT technician, 04 x-ray technicians, 07 ANMs/FMPHWs, 07 Staff Nurses/JSNs and 07 Allopathic Pharmacists but presently around 19 (63.34 percent) positions of Paramedical staff are in place including 03 Dental technicians, 04 Lab technicians, 02 OT technicians, 03 x-ray technician, 04 ANMs/FMPHWs, 03 Staff nurses and 05 Allopathic Pharmacists which simply indicates that district hospital has around 11 (36.67 percent) vacant positions of Paramedical staff. Thus, the overall position of doctors in district Samba is good and patients receive the quality services in general and in particular the patients receive the advanced services too.

On the NHM side, district hospital Samba has sanctioned strength of 06 specialists including 02 Pediatricians, 03 Medical Officers and 01 Dental MO but presently only 04 (66.67 percent) positions are in place including 03 MBBS MOs and 01 Dental MO which simply indicates that only 02 (33.34 percent) positions of Pediatricians are vacant priori to our PIP Monitoring exercise while the district hospital has sanctioned strength of 30 Paramedical staff including 01 Dental technician, 04 Lab technicians, 02 OT technicians, 02 x-ray technicians, 02 ANMs/FMPHWs, 19 Staff nurses, 05 Allopathic Pharmacists and all almost all these positions of paramedical staff are in place except 01 post of staff nurse.

The hospital has dedicated desktops for data entry and internet connectivity. The hospital has done the peer assessment for the certification of Kayakalp and has obtained a score of around 76 percent points. The hospital has done internal assessment in case of NQAS and scored around 57 percent points while as the hospital has also done external assessment in case of LaQshya and scored 70 percent points in case of labour room and 69 percent points in case of OT. The hospital has initiated of external assessment for the certification of NQAS, Kayakalp during 2023-24 which is still under process. The hospital has also initiated the external assessment for LaQshya in case of labour room as well as Operation theatre which is also under process. However, recently first meeting of NQAS was held at the DH for assessment of infrastructure and service delivery gaps, so that the same can be plugged to get the DH, NQAS as well as Kayakalp certified.

Status of Services:

Apart from emergency services, the DH provides services like ANC, General OPD, IPD, Delivery, PNC, Immunization, Family Planning and laboratory services. The hospital provides services for general medicine, O&G, pediatrics, general surgery, Anesthesiology, x-ray, ECG, USG, CT, ENT, Orthopedics, Ophthalmology, Radiology, dental, imaging services, labour room complex, ICU, Emergency care OTs and AYUSH services, DEIC, SNCU, MICE, dialysis unit, PICU, NICU, are available at DH except some of the few services such as NRC, CLMC, Dermatology and Brunt unit and Skill Lab, teaching block for medical, nursing as well as paramedical staff services are not available at DH. Therefore, without these facilities, the hospital is facing a challenge. However, the hospital administration has initiated the process for the same and shall be functional these units in the next financial year 2024-25. The hospital is functioning and following the essential and emergency services like Triage, Resuscitation and Stabilization. The labour room as well as the OT is operational and functional with the required infrastructure and manpower. District Hospital of Samba has done around 418 normal deliveries and 289 C-section (LSCS) deliveries from April 2023 to Oct., 2023 prior to our visit. A total of around 696 newborns have been immunized for the birth dose but around 789 babies were breastfed within one hour during the same period.

The District Hospital, Samba has a registered Blood Centre and is functional with the required infrastructure like storage facility and the Centre is manned by 02 Lab technicians, 01 JSN and 01 MBBS Mo. On the day of our visit around 15 blood units (11 tested and 04 untested blood

units) were available on the day of visit and around 46 blood transfusions were done during the last 06 months in the hospital prior to our visit. The blood is not free for all irrespective of any category but it being provided free under JSSK, Golden card holders, accidental cases, and children irrespective of economic status. OTs for general, Anesthesiology, orthopedic, ophthalmology and ENT were found available at District Hospital Samba. The hospital is providing tele-radiology services to the patients and a very efficient team of doctors have been put on the panel for tele-radiology and on an average attend around 17-23 cases per month. However, consultation services are also available at district hospital Samba but due to the non availability of trained staff, the tele-consultation services are useless.

Although, the District Early Intervention Centre (DEIC) and NCD Clinic is operational at district hospital Samba with the required human resource and infrastructure but the staff complained that the DEIC have not been provided any specific space in the hospital premises and all the staff has been engaged in other sections of the hospital. They viewed that DEIC be provided a particular space in the hospital premises so that they will perform their work properly. The SNCU, an Adolescent Friendly Health Clinic (AFHC) and DNB programmes are also running at the District Hospital Samba. The screening for non-communicable diseases such as diabetes, hypertension and their treatment is also available at the DH. The NCD clinic has an optimal workload and is performing well in terms of screening, treatment, referrals and follows-up patients. The DH is also organizing various national health programs such as HIV/AIDS, control of water borne disease, jaundice, control of blindness, elimination of tuberculosis, leprosy, RBSK, PMJA and PMSMA.

All the JSSK entitlements including free delivery services, diet, drugs and diagnostics, transport, PMSMA services are provided free of cost irrespective of economic status. Registers for entering births and deaths have been maintained. The hospital has not reported any maternal death but has reported 02 child deaths during 2022-23 while as 07 child deaths has been reported by DH Samba during 2023-24. It has been reported that vaccines, hub cutters are available and staff is aware about the open vial policy.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 7.89% of the OPD cases are tested for the same. The anti tuberculosis drugs are available in adequate quantity and the confirmed tuberculosis patients are taking anti-tuberculosis drugs from the hospital. The hospital does not have any instrument of CBNAAT/TruNat Machine for drug resistance but around 3.91 percent of patients have been tested through CBNAAT/TruNat since the last six months through outsourced contract. The transport mechanism is not in place for investigations within the public sector for tuberculosis testing and for others too. All the tuberculosis patients are tested for HIV and diabetes Mellitus. The facility had disbursement of Nikshay Poshan installment through DBT and around 179 (79 percent) beneficiaries received installments till date. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy. The DH Samba had done a

field survey and had identified around 05 Leprosy case through the RBSK teams during 2022-23 and 2023-24 but the hospital has not diagnosed 02 HIV patients during 2023-24 through lab testing.

The District Hospital received an amount of around Rs. 1.85 crores (untied fund) under NHM during 2022-23 and hospital has utilized around 100 percent of the received budget. The hospital has utilized this amount in the salary of the employees, buying the emergency medicine, equipments, campus cleaning and buying contingency items and printing various forms and IEC etc. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available and complaints have been also received through 104 toll free number which has been established by the J&K State Health Society. The complaints are also received through e-Sehaj. Mostly the complaints are reported verbally and solved on spot.

Status of Drug and Diagnostics:

The District hospital DODA has a designed laboratory manned by 07 lab technicians and remains functional from 10:00 AM – 4:30 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides almost 89 test services like blood chemistry, Platelet, PCV, MCV, MCH, MCHC, BT, CT, CBC, Blood sugar, Urine albumin and sugar, TB, HIV, VDRL, Malaria, LFT and KFT, Creatinine, Uric Acid, TSH, RA, ASO, CRP, HPLC, TG, HDL, LDL, VDRL, HBsAg, and VBG..... etc. It was observed that DH has adequate supplies of reagents and consumables for conducting these investigations. The imaging service such as x-ray, CT Scan and USG are available on daily basis and is functional with the required infrastructure but the hospital does not have the availability of important services like **MRI**, Vitamin D3, Biopsy, Pus Culture, LDH, FSH, LH, Anti AMP, P&L, Coaglogram, Torch but have been outsourced to a private company. However, most of the necessary and advanced instruments of OT, Labs, Labour room and other sections equipments were found available up to date.

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of around 221 drugs was displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of the visit, around 189 (85.52 percent) drugs were available out of the EDL drug list. As such some shortage of essential drugs has been found since last six months. Management of the inventory of drugs is manual and all drugs are provided free of cost to all JSSK patients irrespective of economic status. All the essential drugs including drugs required during labour or delivery and essential obstetric and emergency obstetric care were found available at the hospital under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 06 IUCDs and 08 PPIUCDs were available at the DH. The staff complained that family planning items like injectable, IUCD, Antra and Chaya is availability in adequacy. A total of around 07 female sterilizations were reported by the District Hospital Samba during the financial year 2023-24.

Workload and Utilization of Services:

The services which are available at the district hospital have been optimally utilized as the hospital has huge rush of patients especially OPD as well as IPD. On an average, more than 8900 patients' visits the OPDs and around 1581 admissions have been reported in the IPD at district hospital SAMBA during the financial year 2024-24 prior to our PIP Monitoring visit. The surgical facilities are optimally utilized because most of the specialists are in place. Around 707 institutional deliveries including 418 (59.12 percent) normal and 289 (40.87 percent) C-section deliveries have been reported at the DH during the financial year 2022-23. As per the record, around 71,743 in-house lab investigations including 9781 Serology, 9579 Biochemistry, 8593 Hematology and around 8179 outsourced lab investigations were done during the financial years 2023-24. However, CT is available on call during the night hours and MRI has been outsourced to a private company. During the last one month prior to this monitoring activity, District Hospital Samba has referred around 72 patients to various higher level health facilities for treatment of various severe ailments such as surgical, accidental, Medical, delivery related issues and other emergencies whereas only 34 cases were referred from various health facilities including Neurosurgical cases, very sick new born babies, complicated delivery and accidental cases. However, all these patients were given referral transport by the concerned hospital. District Hospital has 10 dedicated ambulances for referral services under toll free numbers of 102/03 and 108/07. These services are available free of cost to JSSK and children only. However, the hospital as well as the ASHA workers complained that the hospital is unable to provide home to facility referral transport services to expectant mothers due to the cause of hilly terrain, hard to reach areas and far off places which is difficult to capture the mothers from their residence but at times the hospital manages to provide drop back from facility to home services only to those who are extremely poor delivered mothers. The expectant mothers viewed that special service or the SCs, block PHCs or CHCs need to be strengthening with the specialized services including the well trained staff so that during the night hour the risky deliveries can be managed easily.

As per the NCD screening records of DH, a total of 9081 suspected patients have been screened for hypertension and 876 patients for diabetes, of these, a total of 1186 patients have been diagnosed hypertension and 606 patients have been diagnosed diabetes during 2022-23 and 2023-24 prior to this monitoring exercise while as 179 patients have been diagnosed both hypertension as well as diabetes.

In case of various types of cancers, the district has randomly screened around 884 suspected individuals including 72 suspected patients for Oral, 133 suspected patients for Breast, 254 suspected patients for Cervical, 114 for stomach and around 311 suspected patients for others. Of these suspected patients who have been screened for various types of cancers, no patient have diagnosed Oral cancer and cervical cancer but 02 patients have been diagnosed breast cancer and 02 patients have diagnosed other type of cancers especially Lung cancers due to smoking and indoor pollution.

The district hospital has 06 bedded functional PM National Dialysis ward with the required infrastructure and a total of 379 sessions was done during 2022-23 among 10 patients while as 186 sessions were done during 2023-24 among 06 patients at DH.

Status of Health Information Management System (HIMS)

Although the district hospital has updated and uploaded the information regarding service delivery, infrastructure & human resources till date but the hospital has not yet started the reporting and recording of data on the new data elements. The Data entry operator has received the new formats from the PMU but the data entry operator has not distributed these new formats to the concerned section of the hospital. The data entry operator has also not informed the incharge for the reporting and recording of data on these new elements because the data entry operator has not received any training for the same. Therefore, not even a single section of the hospital has started or opened the page for reporting the data on the new data elements. The data entry operator/record session of district hospital Doda also complained that the section incharge are reluctant to provide him data (monthly workdone of delivery services) on monthly basis. The data entry operator as well as all the section incharge opined that a training course may be arranged for them as to how the data on new data elements can be captured. However, during, our PIP visit to DH, a few on-the-spot instructions were given to the data entry operator and the incharge of the facility as to how the recording and reporting of data can be improved.

Key Challenges of District Hospital SAMBA

Following are some of the key challenges which have been observed during our field visit to District Hospital Samba:

The Dialysis Centre is manned by only 04 Staff nurses but however, the hospital management has internally arranged 01 MPW and 01 MBBS MOs for the normal functioning of the dialysis centre. During an interaction, the incharge viewed that most of the times the staff nurses have been engaged on roaster in the other sections of the hospital due to which the service delivery of the centre was disturbed and more importantly the posted staff urged that the centre may be provided full strength of manpower like dialysis technicians and medical officers so that they could do their job properly.

The new hospital building has been constructed since couple of years back but the building has some construction faults and the building has not been handed over to the management due to which most of the sections of the District Hospital (DH) has space constraint especially DEIC and NCD Clinic as both of these sections are functional in a single room.

Although, the District Early Intervention Centre (DEIC) and NCD Clinic is operational at district hospital Samba with the required human resource and infrastructure but the staff complained that the DEIC have not been provided any specific space in the hospital premises and all the staff has been engaged in other sections of the hospital. They viewed that DEIC be provided a particular space in the hospital premises so that they will perform their work properly.

Although the district hospital Samba has an established non communicable disease clinic but the staff of the said clinic has been involved in other sections of the hospital due to which the actual work of non communicable disease clinic was disturbed and they added by saying that their measuring tools like dental machine have also been given to other sections. The staff viewed that all the staff and a specific space be given to them in the hospital premises so that the purpose of NCD be fulfilled.

The SNCU is manned by only 03 staff nurses but the hospital management has internally engaged 01 MMBS MOs and 01 Pediatrician for the normal functioning of SNCU and the staff nurses viewed that at times due to the non availability of a Pediatrician, the staff has no option other than to refer the babies either to GMC Jammu or to GMC Kathua.

The expectant mothers viewed that special service or the SCs, block PHCs or CHCs need to be strengthening with the specialized services including the well trained staff so that during the night hour the risky deliveries can be managed easily.

The district hospital has only 10 ambulances including 03 of 102 and 07 of 108 ambulances and all these ambulances are available on 24x7 on need based but due to some servicing issues, only three ambulances are functional. Of these ambulances, no one is ALC ambulance. Therefore, the drivers of the hospital viewed that at least three (03) ALC and three (03) of 108 ambulances may be provided to the hospital on priority.

The drivers of the Ambulances added by saying that the area is accidental proven and topography of the area is hard to reach and they said that it is difficult for them to reach at the destination where any untoward happens. They viewed that an '*Air-ambulance Service*' shall be provided to district Doda so that the emergency cases can be easily handled.

Some patients and specially their attendants make the hospital a centre of chaos in emergency cases as well as in examining of expectant mothers which leads to difficulty in fulfilling the duties. Some strict norms are needed for proper functioning of this health facility.

The security provided at the hospital required to be strengthened with the arms as at times they have to face challenges and pressure of local people which leads to fearful work environment in medico-legal cases. At times of critical medical situations, the hospital staff said that the response of the community is not good.

The hospital administrations viewed that, community health centres as well as primary health centres from all five health blocks of the district refer patients to District Hospital Samba but due to the dearth of specialists, patients are left in lurch and they have to be moved to Jammu or Srinagar for treatment.

District Samba area is proven to accidental cases and therefore, the Medical Officers viewed that consultants need to be KEPT in WAIT (means a room need to be kept for them within the hospital premises) rather than in CALL because at times doctors in causality have to face the

aggression and hostile environment from the public when they comes with an accidental case, risky expectant mothers and in other cases also. The doctors were seeking a timely intervention from the authorities for the same.

Most of the expectant mothers, their attendants, physically challenged and staff complaint that hospital does not have installed a 'Left or Ramp Service' from ground floor to the upstairs as most of the wards, OTs are upstairs. The patients have to go upstairs for the available services which are a challenging task for them.

The Medical Superintendent of district hospital complained that most of the times, the consumables remains short in supply and therefore, the x-ray films, CT Scan films, ECG rolls, ECG Jelly, Lab Regents, tubes and test kits need to be procure on priority. He added by saying that some percent of discretionary powers need to be given to MS with regard to procurement of emergency items like medicines and consumable in order to manage the emergency cases.

Most of the nursing staff as well as senior staff of the hospital said that the causality ward remains a hub of patients most of the times on the one hand and on the other the hospital area is prone to accidental cases and at times it becomes difficult for them to handle the hostile environment during any untoward or any eventuality. So the causality ward may be augmented via an additional human resource (male nursing staff) and dedicated security personals with arms.

Most of the staff posted at DH especially Medical Superintendent complained that most of the times, drugs, surgical items and consumables remains in delayed due to the laxity of JKMSCL. They added by saying that the expiry date of the medicines supplied by the JKMSCL have short period of expiry compared to the drugs available in the market. The incharge of the drug store opined that, drugs are not being supplied as per the demand and most of the times the drugs remains short in supply due the laxity of JKMSCL.

Most of the staff posted at district hospital viewed that trainings or a refresher course shall be arranged in order to make the staff understand about the new schemes and programmes of national health mission (NHM). The record room of the district hospital complained that there is a lack of coordination and cooperation among the staff in consolidation of information especially about the deaths, births and RCH components. They were also of the opinion that the information has been misused in variety of ways such as while providing the birth and death certificates.

Most of the female staff complained that during their maternal leave, the staff has to apply leave without pay which according to them is injustice with them and therefore, they urged that they should be provided allowance or benefits or full salary during the maternal leave.

The CMO of the district urged that the management staff needs some kind of vibration because they either remain absent or not interested to work in the field. He added by saying that a field

tour plan shall be arranged to visit all the sub-centres and primary health centres of the district to identify the gaps so that the primary health care system shall be strengthened.

4.1: COMMUNITY HEALTH CENTRE (CHC), RAMGARH

Community Health Centre (CHC) of **Ramgarh** is first referral unit, standalone institute accessible from the nearest road connectivity with the capacity of 30 functional beds but has no Intensive Care Unit (ICU) bed. The Hospital is situated at the centre of Ramgarh town and is housed in old constructed buildings with compound boundary wall but most of the buildings are below the ground level and the rain water enters into the building due to which the interior design of the buildings has been damaged. The hospital complex consists of three main buildings of three stories. The first referral point for CHC Ramgarh is DH Samba which is located around 22 kms away from the Ramgarh town. The CHC covers around 11130 population of area and 02 PHCs, 04 NTPHCs and 19 HWCs are working under this CHC. The hospital operates from 10:0 AM – 4:30 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is maintained well and it has all the basic amenities such as 24x7 running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area, drug store room and a complete power back up which is maintained through a generator. The hospital is getting electricity and water supply on 24x7 bases but has not a dedicated back-up for both electricity and water supply. The hospital has the availability of color coded bins for segregation of waste and the biomedical waste management is outsourced to a private agency namely ANMOL Health Care System (AHCS) Samba.

This Community Health Centre (CHC) Ramgarh has 16 sanctioned strength of specialists from regular side including 1 Gynecologist, 1 Pediatrician, 1 Anesthetist, 1 Surgeon, 1 Physician, 1 Dental Surgeon and 10 Medical Officers but presently 13 (81.25 percent) positions are in place including 1 Gynecologist, 1 Anesthetist, 01 Surgeon, 1 Dental Surgeon and 9 Medical Officers which simply indicates that only 03(18.75 percent) positions of specialists are vacant including 01 Pediatrician, 01 Physician and 01 Medical officer. In case of paramedical staff, the CHC Ramgarh has 38 sanctioned strength of posts including 02 Dental technicians, 01 x-ray technician, 03 Lab technician, 01 OT technician, 0 AYUSH Pharmacist, 01 ANMs/FMPHWs, 07 Staff Nurses/JSNs, 06 Allopathic Pharmacists and 15 Other Paramedics but presently only 26 (68.42 percent) positions are in place and only 12 (31.57 percent) posts are vacant including 01 OT technician, 01 x-ray technician, 01 ANMs, 03 staff nurses, 03 Allopathic pharmacists and 03 Other paramedics due to which the hospital management viewed that the hospital need to be strengthened with the required manpower on priority otherwise they have no choice other than to refer to DH which add the pressure on the existed staff at DH.

On the NHM side, the CHC Ramgarh has sanctioned strength of 22 posts of varied categories including 01 Ophthalmologist, 02 Medical Officers, 02 Lab technicians, 02 OT technicians, 02 x-ray technicians, 02 ANMs, 11 Staff nurses and all these posts are in place.

The hospital has dedicated desktops for data entry and the internet connectivity (broadband) is good. The hospital have done the peer assessment of Kayakalp and has obtained the score of around 82.57 points during 2022-23 while the hospital has done internal assessment in case of NQAS and received the score of 71.45 percent points on conditional basis. The conditions are to improve the conditions of various sections in terms of infrastructure, record and hygiene management. The hospital has done internal assessment for LaQshya in case of labour room and Operation theatre and has obtained the score of 90 percent points but has not yet initiated for the external assessment due to the non-availability of **specialists like Pediatrician**, space constraint and other necessary surgical instruments like Laparoscope, Video Laparoscope, Multifunctional Ortho Drill, LMA (I-Gel) Assorted size, Sigmordscop, Gaffing knife(Ortho), Reduction Clamp(Ortho), Bone holding clamp/reduction holding clamp, Cutter and retreaters, Saw, T-handle. The labour room of the hospital has not been constructed in an organized manner due to the space constraint and therefore the conditions of the labour room needs to be improved. However, the hospital has started the process for the external assessments for the certification of Kayakalp and NQAS as well as LaQshya in case of Labour room and OT which is under process.

Status of Services:

Apart from emergency services, the CHC provides services like ANC, General OPD, Delivery, PNC, Immunization, Family Planning, laboratory services, general medicine, Ophthalmology, O&G, Anesthesiology, imaging services(x-ray, USG), Labour room complex, NBCU, dental and emergency care OTs but no other services like pediatrics, general surgery, Dermatology, Orthopedics, Radiology, DEIC, NRC, CLMC, NICU, PICU, ICU, Burnt Unit, dialysis unit, Skill Lab and teaching block for medical, nursing as well as paramedical staff are available at CHC Ramgarh. Due to the lack of these services, the local public suffers and they have no option other than to visit the DH Samba. However, the hospital administration has initiated the process for the same and shall be functional these units in the next financial year 2024-25. However, the hospital is functional with the emergency services like Triage, Resuscitation and Stabilization. As the conditions of labour room is good and is functional with the required infrastructure, the CHC Ramgarh has done around 63 normal deliveries during the financial year 2023-24 and 30 C-section deliveries during the same period. A total of 108 newborns (BCG = 57, OPVO = 51, HepBo = 51, Vitamin K = 51) have been immunized for the birth dose and around 93 babies have been breastfed within one hour during the financial year 2023-24. The facility for normal deliveries as well as C-section are available at CHC Ramgarh on 24x7 basis because CHC has the availability of Anesthetics as well as Gynecologists on 24x7 basis but at times the hospital have to refer the high risk expectant mothers to DH Samba due to the non availability of Pediatrician and PICU.

The hospital does have the facility of OTs for general, Anesthesiology, orthopedic and ophthalmology but it does not have a designed blood storage unit due to which the CHC has to refer the accidental cases as well as high risk pregnancy patients to DH Samba which is a challenging task for the patients especially during the night hours. However, the management has initiated for the registration for the blood storage unit but due the unknown cause, the CHC has

not received the registration for the same. Due to the non availability of Pediatrician and Physician, the hospital is unable to provide the tele-consultation services to the patients but the hospital has teli-radiology contract with a private company **KRSNAA DIAGNOSTICS LTD.**

The CHC, Ramgarh does not have functional Dialysis Unit, the District Early Intervention Centre (DEIC), the Adolescent Friendly Health Clinic (AFHC), CLMC programmes and NICU. However, the CHC Ramgarh has a functional NCD Clinic but due to the non availability of full strength as well as trained staff, the clinic is non functional. The Staff and the local public demanded that an NCD clinic may be fully established at this CHC because patients have to visit for the NCD screening either to GMC Kathua or to the private health facility which is a challenging task for the local public as the area is economically poor. The CHC Ramgarh is organizing various national health programs such as HIV/AIDS, control of water borne disease, jaundice, control of blindness, elimination of tuberculosis, leprosy, RBSK, PMJA and PMSMA activities.

All the JSSK entitlements including free delivery services, diet, drugs and diagnostics, transport, PMSMA services are provided free of cost irrespective of economic status of the patients. During the interaction, the delivered mothers and staff incharge complained that free medicine is also being provided mothers and they are not purchasing any medicines from the market most of the times. Registers for entering births and deaths have been maintained. The hospital has not reported either any maternal deaths or child deaths during 2022-23 and 2023-24. It has been reported that vaccines, hub cutters are available and the staff is aware about the open vial policy. In case of respectable maternity care, the hospital under takes the strict privacy measures and only birth attendant is allowed with patient. With regard to the FP services, the hospital has basket of choices and provides as per the choice of patient.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 65 percent of the OPD cases were tested for the same. The anti-tuberculosis drugs are available at the facility and currently 48 confirmed tuberculosis patients are taking anti-tuberculosis drugs from the hospital. The hospital does not have any instruments of CBNAAT/TruNat for drug resistance but 100 percent of patients have been tested through CBNAAT/TruNat since the last six months through PPP mode. The transport mechanism is not in place for investigations within the public sector for tuberculosis testing and for others too. All the tuberculosis patients are tested for HIV and diabetes. The facility had done the disbursement of Nikshay Poshan installments through DBT and nothing have been left backlog in this case since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy. The CHC Ramgarh had done a field survey and had identified 03 Leprosy case through the RBSK teams since the last 12 months. The CHC Ramgarh has also screened around 237 individuals but no case has been identified HIV positive during 2022-23. The CHC had received an amount of Rs. 531.07 lakhs (untied fund) under NHM during 2022-23 and has utilized almost 100 percent of received fund during the same year. The

hospital has utilized this amount in salary, buying the emergency medicine and equipments, hospital upkeep, sanitation, patient amenities, campus cleaning and buying contingency items and quality programmes etc. Citizen's charter, timings of the facility and list of services available are displayed properly at the entrance gate of the hospital. Complaint box is available and complaints are also received through the 104 toll free number, the number is functional at State Health Society Kashmir. Mostly the complaints are reported verbally and solved on spot. The Mara Aspatal Aap is also functional at this health facility and the Mara Aspatal is now being taken care through e-sehaj.

Status of Drug and Diagnostics:

The CHC Ramgarh has a designed laboratory manned by 05 Lab technicians and remains functional from 10:00 AM – 4:00 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides almost 49 test services like Hematology: HB, BT-CT, Blood Group, CBC, PBF, ESR), Bio-Chemistry: Blood Sugar, KFT, LFT, Amylase, Uric Acid, Lipid Profile, Serology: HbsAg, HIV, HCV, VDRL and Others: WIDAL Test, RF, CRP, ASO, TROP-T, Sputum for AFB, Urine Analogy, GT, Stool & etc. The imaging service such as x-ray (300 MA with CR system) and USG services are available on daily basis. The hospital does not have the availability of some important services like CT scan and MRI on daily basis and therefore, the hospital has outsourced this imaging service to a private agency. However, most of the necessary and advanced instruments of Labs, OT, Labour room and other sections equipments are up to date and are available in adequacy.

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of 72 drugs was also not displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of the visit, 67(93.05 percent) drugs were available out of the EDL drugs. As such no shortage of essential drugs has been found since last one month. Management of the inventory of drugs is manual and all drugs are provided free of cost to all the JSSK patients irrespective of economic status of the patients. The drugs are also being provided free under Golden Card, Ashman Bharat, BPL and elderly people. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were found available at the hospital under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 03 IUCDs and 13 PPIUCDs were available at the CHC Ramgarh. Around 11 female sterilizations (laparoscopic) were performed at the CHC Ramgarh during the financial year 2023-24.

Workload and Utilization of Services:

The services which are available at the CHC Ramgarh has been optimally utilized as the hospital has the rush of patients especially OPD as well as IPD. On an average, more than 2000 patients' visits the OPDs and around 300 admissions have been reported in the IPD at CHC Ramgarh on the monthly basis. As per the record, around 17467 lab investigations including 4670 JSSK investigations were done during the financial year 2023-24 prior to this monitoring activity. The CHC Ramgarh has referred around 20 severe patients to higher level health facilities like GMC

Jammu for special treatment such as Delivery cases, Accidental cases and hypertensive etc., due to the non availability of specialized services whereas 06 cases were referred from various sub-centres including high risk pregnancy and accidents etc. All these patients were given referral transport by the hospital. The CHC has 01 dedicated ambulance for referral services under toll free numbers of 108 but the hospital does not have 102 ambulances and at times the CHC has to arrange 102 ambulances from NUD block for JSSK, accidental cases and children only. However, the hospital as well as the ASHA workers complained that the hospital is unable to provide home to facility transport services to expectant mothers due the cause of hilly terrain which is difficult to capture the mothers from their residence but at times the hospital manages to provide drop back from facility to home referral transport services only to those who are extremely poor delivered mothers.

The CHC Ramgarh has dedicated functional NCD Clinic and as such the NCD clinic has the optimal load of screening. The hospital has initiated the process of screening for various types of non-communicable diseases and a total of around 4976 suspected individuals have been randomly taken for screened for hypertension, diabetes and oral cancer. A total of around 997 individuals have been diagnosed hypertension, 855 diabetes and 118 have both hypertension as well as diabetes. The CHC has also started the screening for various types of cancers on the request of BMO but no such patient has been reported Oral, breast or any other type of cancers till date. However, the facility has referred around 13 suspected patients of Oral, 03 suspected patients of breast and 01 suspected patients of cervical to GMC Jammu for further examination and 01 patient have been diagnosed breast cancer out of the screened chunk.

Status of Health Management Information System (HMIS):

The CHC has updated and uploaded the information regarding service delivery, infrastructure & human resources till date and the hospital has started the reporting and recording of data on the new data elements. The Data entry operator/DMEO has received the new formats from the PMU and the data entry operator has also distributed these new formats to the concerned sections of the hospital. The data entry operator has informed the incharge for the reporting and recording of data on these new elements and the data entry operator has also received the training for the same. Therefore, all the sections of the hospital have started and have also opened the page for reporting the data on these new data elements. During, our PIP visit to CHC, a few on-the-spot instructions were also given to the data entry operator and the incharge of the facility as to how the recording and reporting of data can be improved.

Key Challenges of CHC Ramgarh

Following are some of the key challenges which have been observed during our field visit to CHC Ramgarh:

Hospital is situated at the centre of Ramgarh town and is housed in old constructed buildings with compound boundary wall but most of the buildings are below the ground level and the rain water enters into the building due to which the interior design of the buildings was been damaged

and therefore, the hospital staff viewed that either the drainage system may be done on priority so that the rainy water may not harm the hospital buildings.

Even though the CHC Ramgarh is designated as first referral unit (FRU) but due to the non-availability of specialists especially Pediatrician, Physician, ENT/orthopedics and Ophthalmologist, patients have no choice other than to visit the DH Samba or the private company which increases the load of patients there and leads to over exertion in the existing staff. So, the human resource with the required infrastructure may be provided to the CHC Ramgarh.

The CHC Ramgarh has some vacant positions of specialists including 01 Pediatrician, 01 Physician and 01 Medical officer due to which patients have no choice other than to visit the DH Samba or GMC Jammu which increases the load of patients at DH and leads to over exertion in the existing staff.

The CHC Ramgarh has around 12 positions of paramedical staff vacant including 01 OT technician, 01 x-ray technician, 01 ANMs, 03 staff nurses, 03 Allopathic pharmacists and 03 Other paramedics and the existing staff viewed that the hospital need to be strengthen with the required manpower on priority otherwise they have no choice other than to refer the patients to DH which add the pressure on the existed staff at DH.

The labour room of the hospital has not been constructed in an organized manner due to the space constraint and therefore the conditions of the labour room needs to be improved. However, the hospital has started the process for the external assessments for the certification of Kayakalp and NQAS as well as LaQshya in case of Labour room and OT which is under process.

Due to the non availability of some important services like pediatrics, general surgery, Dermatology, Orthopedics, Radiology, DEIC, NRC, CLMC, NICU, PICU, ICU, Burnt Unit, dialysis unit, Skill Lab and teaching block for medical, nursing as well as paramedical staff, the patients have no choice other than to visit the DH Samba which ads the patients load at DH.

The facility for normal deliveries as well as C-section are available at CHC Ramgarh on 24x7 basis because CHC has the availability of Anesthetics as well as Gynecologists on 24x7 basis but at times the hospital have to refer the high risk expectant mothers to DH Samba due to the non availability of Pediatrician and PICU.

Due the non availability of Pediatrician and Physician, the hospital is unable to provide the tele-consultation services to the patients but the hospital has teli-radiology contract with a private company KRSNAA DIAGNOSTICS LTD.

However, the hospital as well as the ASHA workers complained that the hospital is unable to provide home to facility transport services to expectant mothers due the cause of hilly terrain which is difficult to capture the mothers from their residence but at times the hospital manages to

provide drop back from facility to home referral transport services only to those who are extremely poor delivered mothers.

Although the hospital is designated general surgeries but due to the non availability of most of the specialists and registered blood storage unit, patients have no choice other than to visit either to DH Samba or GMC Jammu. The authorities have insisted that the hospital should have its own blood storage unit because at times they have to face difficulty in arranging blood units during the emergency cases like accidental cases and most of the times they have to refer patients to DH Jammu.

Although the normal delivery services are available at CHC Ramgarh on 24x7 bases but at times during the night hours, the hospital has to refer the expectant mothers to DH Samba which is a herculean task for them due to the non availability of NICU facility. The incharge of the labour room insisted that a NICU facility and a Pedestrian need to be posted here at CHC Ramgarh so that the patients need not to be referred to the territory care hospital for the normal delivery during the night hours.

The facility for normal deliveries are available at CHC Ramgarh on 24x7 basis but the C-section facilities are not available on 24x7 basis due to non availability of Pediatrician and PICU and therefore most of the high risk delivery patients are referred to DH Samba which increases the exertion to the existing staff there at DH.

The staff viewed that CHC Ramgarh does have 24x7 power supply due to which the hospital staff as well as the patients have to face many challenges especially during the winter session and therefore, it is suggested that a power backup may be installed at CHC Ramgarh on priority.

The CHC Ramgarh is functional in a multiple buildings which have been constructed in an old structure and presently these building are below the ground level due to which rainy water directly enters into the OPD building which is a challenging task for the staff to manage during these rainy days winter. The staff viewed that a single complex may be constructed with the proper design so that all the pending issues may be resolved or a drainage system be done on priority.

4.3: PRIMARY HEALTH CENTRE (PHC), NANDPUR:

The Primary Health Centre is located at a distance of around 09 kms from its first referral point of CHC Ramgarh and around 30 kms from its second referral point of DH Samba. This Primary Health Centre covers almost 3440 population of the area including 04 villages. This PHC is 24x7 designated and 07 Sub-Centres and 04 ASHA workers are attached with this Primary Health Centre. The PHC is standalone and is housed in an old single storey government building and condition of the building is not good due its old structure. However, a new building has been constructed couple of years back but to its construction fault, the building has not been hand over to the concerned and presently the condition of the this building is also not good because of rainy

waters. Currently, this Primary Health Centre has 04 functional beds with no residential quarter for the doctors as well as for the nursing staff. The PHC has almost all the basic facilities like drinking water, functional toilets, drug store room but has no designated power backup. The PHC operates from 10:00 AM – 4:30 PM for OPD patients whereas it remains 24x7 for IPD patients. The premise of the PHC has maintained well and clean. The PHC has not good boundary fencing and the PHC has water lodging issue during the rainy season. The PHC have color coded bins for segregation of waste. The biomedical waste management has been outsourced to a private agency namely **ANMOL** Health Care System (KHCS) Samba of Jammu.

The PHC has a desktop which is functional with the required instruments and tablets have also been given to ANMs but smart phones are not available with the ASHA workers. Internet connection is available with 4G speed through mobile net. The PHC has initiated for the internal assessment and has obtained the score of 56.80 percent points but has not initiated for the external assessment for the certification of Kayakalp due to the lack of awareness about the quality assurance programmes and infrastructural issues like old structure and water lodging. The facility has not initiated for the internal assessment in case of NQAS due to the lack of infrastructure and maintenance of hospital upkeep.

From the regular side, PHC Nandpur has sanctioned strength of 15 posts including 02 Medical Officers, 01 Staff nurse, 01 ANM/FMPHW, 0 Lab technician, 0 x-ray technician, 01 Dental technician, 01 Allopathic Pharmacist, 09 others like Driver, sweeper etc., but presently 12() posts are in place including 01 MBBS MO, 01 Dental technician, 01 Pharmacist and 09 Others which simply indicates that only 01 Staff nurse and 01 FMPHW are vacant while as in case of NHM, the PHC has sanctioned strength of 06 posts including 01 MOs, 01 AYUSH MOs, 02 Staff nurses, 01 Lab technician, 01 AYUSH Pharmacist but presently only 04 (66.67 percent) posts are in place except 01 post of medical officer. However, 01 staff nurse has been attached at CHC Ramgarh since last few months.

Status of Services:

The basic services such as medical as well as essential OPD, IPD Gyne section, ECG, referral (108, 102), delivery, dental services, antenatal care, post natal care, immunization, basic laboratory services, treatment for minor ailments, screening as well as treatment of hypertension, diabetes, spacing methods of family planning, counseling for ANC and telemedicine/consultation and tele-radiology are available at this primary health centre. The PHC does not have some basic facilities such as x-ray machine due to the non availability of sanctioned x-ray plant and technician. The PHC has UGC machine which has been installed in the newly constructed building and the USG facility has been provided through an attached personal but after his detachment, the USG service is not available at PHC and the USG machine is not in working since his detachment.

The NCD services are being provided at PHC Nandpur and it has an optimal load of patients. The PHC has started the process of screening for various non commutable diseases and the PHC has screened around 963 suspected patients for hypertension, diabetes and oral cancer. A total od

164 patients have been diagnosed hypertension, 75 patients have been diagnosed diabetes but no patient has been diagnosed oral cancer. The PHC has started the screening for various types of cancers but the PHC didn't find any positive case of any type of cancers and therefore, no patient has been reported Oral, breast or any other type of Cancers at the PHC. The registers for different aspects have been maintained properly and the registers for follow-ups as well as referrals were maintained well. The PHC organizes wellness activities regularly on selected days in a week especially on Friday.

The PHC Nandpur is not a Microscopy Designated Centre (DMC) but somehow the percent of OPD whose samples were tested for tuberculosis was around 13 percent. Anti tuberculosis drugs are not available at the facility and currently no patient is taking drugs. Since the last six months 0.57 percent of patients were tested through TruNat and all the tuberculosis patients were tested for HIV and Diabetes. The PHC Nandpur had not identified any Leprosy cases through the RBSK teams since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy.

Under the Integrated Disease Surveillance Programme, the PHC uploads the weekly data through P & L forms and also updates the information on all portals such as HMIS, IHIP and HWC portals. The PHC organizes monthly JAS meetings and the minutes of the meetings were found available on the day of our visit. On an average, the PHC organizes 01 meeting quarterly. Since the last six months, there were 13 referred in cases like hypertension and accident while as around 51 referred out cases have been reported and all these cases are high risk expectant mothers and injuries due to cross boarder firings.

Status of Drugs and Diagnostics

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of around 32 drugs was displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of our visit, around 07 (21.87 percent) drugs were available out of the EDL drugs. As such no shortage of essential drugs has been reported since the last one month. Drugs for hypertension and diabetes are available in sufficient quantity. It was observed that PHC is in a position to meet around 37 percent of the demand of drugs and other consumables. Management of the inventory of drugs is DVDMS and all drugs are provided free of cost to all JSSK patients irrespective of economic status. However, the drugs are also being provided free of cost under Golden Card, Ashman Bharat, elderly and children and around 70 percent of drugs providing free to the general patients. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were found available at the PHC under JSSK. Family planning items like IUDs, condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 0 IUCDs and 0 PPIUCDs were available at the PHC. A total of zero female sterilization was performed at the PHC during the last six months.

The PHC is providing in house essential diagnostics and the timing of these tests is from 10:00 AM – 4:00 PM. The PHC does not the availability of imaging services such as x-ray and USG

services due to the non availability of trained staff and sanctioned x-ray plant. In total the facility has done around 2124 investigations and all these investigation are free of cost to all the JSSK patients irrespective of economic status. Further, these diagnostic services are free of cost under Ashman Bharat, Golden Card holder and elderly people. However, minimum charges have to be paid by the general patients as per the government order. During the day of visit, it was observed that the facility has shortage of various necessary instruments such as RVG, Dental Autoclave (Front Locker), CBC Analyzer, Hb Analyzer, Biochemistry Analyzer (Automatic). The PHC has received around Rs. 34500 (untied fund) from NHM and same amount were utilized for the upkeeping of the hospital.

Workload and Utilization of Services:

Looking at the utilization of services from the PHC, **Nandpur**, it was found that OPD, ANC, Delivery, NCD, and immunization services have been optimally utilized. The record for referrals as well as follow ups patients have been maintained well. The labour room of the PHC is partially functional but due to the non availability of MOs, trained staff and instruments like Labour bag, Gyne table, Baby warmer, O₂ Concentrator, O₂ Cylinder, radiant warmer with neo-natal ambu bag. Due to the bad and space constraint of the labour room and the reluctance of the posted staff, the PHC was not able to do even a single normal delivery since its establishment and all the ANC patients have to visit to CHC Ramgarh or DH Samba which is a challenging task for the ANC patients because most of the patients of this area are extremely poor. Therefore, it is suggested that this PHC need to be strengthened with the capable and trained staff so that the patients can be taken care of during emergency. However, by chance 01 delivery was performed at this PHC during the financial 2023-24. On an average, the facility provides ANC services to almost 11 expectant mothers.

Status of Health Management Information System (HMIS):

The PHC Nandpur has no mismatch in the data and has already updated the service delivery, infrastructure and human resource on the HMIS portal. The data entry operator has received the new formats regarding the new data elements and the facility has started the reporting and recording of information on the new data elements. The staff of the various sections as well as the data entry operator viewed that a training course may be arranged for them regarding the new data elements so that they can understand how to report and record the data on the new data elements. The data entry operator complained that staff of various sections is reluctant in reporting of data on monthly basis. However, during the PIP visit to PHC Nandpur, a few on-the-spot instructions were given to the data entry operator and the incharge of the facility as to how the recording and reporting of data can be improved.

Key Challenges of PHC NANDPUR

Following are some of the key challenges which have been observed during our field visit to PHC NANDPUR:

Due to the bad conditions of the labour room and the reluctance of the posted staff, the PHC was not able of do even a single normal delivery since its establishment and all the ANC patients

have to visit to DH Samba which is a challenging task for the ANC patients because most of the patients of this area are extremely poor. Therefore, it is suggested that this PHC need to be strengthened with the capable and trained staff so that the patients can be taken care of during emergency.

The staff posted at PHC Nandpur viewed that the PHC need to be strengthen with some more Pharmacists and other required staff for the normal functioning of the facility because most of the local people optioned that during night hours, the hospital has a deserted look as most of the staff are not available during the night hours.

The internet connectivity of PHC area is so weak that they could not even upload the monthly data of different portals due the security reasons because the PHC is located near the border area and the hospital staff has to move some other areas for the uploading and updating the portals. Therefore, an internet facility may be provided to the PHC so that the PHC may face any such issue.

The PHC is housed in a low laying area of road side due to which the rainy water percolates into the hospital ground which has damaged and de-shaped the hospital areas and therefore, the hospital staff urged that a drainage system may be constructed on either side of the hospital building on priority so that the rainy water may not damage the hospital areas in the future.

The PHC is standalone and is housed in an old single storey government building and conditions of the building are not good due its old structure and water lodging. However, a new building has been constructed couple of years back but to its construction fault, the building has not been handed over to the concerned and presently the condition of the this building is also not good because of black patches outside walls due to the rainy water which gave this building a bad look.

The PHC does not have some basic facilities such as x-ray machine due to the non availability of sanctioned x-ray plant and technician. The PHC has UGC machine which has been installed in the newly constructed building and the USG facility has been provided through an attached personal but after his detachment, the USG is has not available and the USG machine is not in working since then.

The labour room of the PHC is partially functional but due to the non availability of, trained staff and instruments like Labour bag, Gyne table, Baby warmer, O₂ Concentrator, O₂ Cylinder, radiant warmer with neo-natal ambu bag. Due to the bad and space constraint of the labour room and the reluctance of the posted staff, the PHC was not able to do even a single normal delivery since its establishment and all the ANC patients have to visit to CHC Ramgarh or DH Samba which is a challenging task for the ANC patients because most of the patients of this area are extremely poor.

The PHC is located in either side of the village without a compound boundary wall due to which the staff complained that stray animals like dogs, cows, and even wild animals like snacks enters

into the premises of hospital and damages the hospital property rather makes the hospital a mess and therefore, the staff viewed that a compound boundary wall need to be constructed on priority.

The staff viewed that a new building may be constructed with underground basement area so that at the times of bombardment the staff may rescue themselves as well as the injured patients in this basement. They added by saying that the PHC may be strengthening with the required manpower because at times they have to manage many injured patients which is a challenging task for them.

The PHC staff viewed that this hospital needs to provide at least 02 GPS fitted ambulances so that at the time of any untoward or eventuality the hospital may be able to refer injury patients to other health facility for the advanced treatment.

The hospital needs to provide a 24x7 electricity supply during the summer times because most of the staff viewed that during the summer times power supply remains disrupted most of the times which creates a problem for them to manage the vaccines and patients.

4.5: SUB-HEALTH & WELLNESS CENTRE (SH&WC), CHHATAK CHAK

This Sub-health and Wellness Centre is located at a distance of around 05 kms away from its first referral point of CHC Ramgarh and is around 02 kms from PHC Nandpur. The Sub-centre caters to the population of around 1982 including 04 villages and 03 ASHA workers are also associated with this Sub-Centre. This Sub-Centre is housed in a two storey of well branded in a Govt building, with 06 rooms, 01 wash rooms, 01 drug store, 01 kitchen and 01 lobby. One room is being utilized for OPD services, the other has been dedicated for meetings and yoga/other HWC activities while as 3rd room is utilized for other immunization, drug store, rapid tests and other activities. The condition of this single storey building is good in every respect. The branding of the facility has been done and the washroom has been made fully functional with the running water. The facility has 24x7 running water facility, electricity supply and colour coded dustbins. This Sub-centre has been converted into health and wellness centre in the year 2021. The sanctioned strength of this Sub-centre is 01 MMPHW, 01 ANM/FMPHW on regular side while as on the NHM side, the SC has sanctioned strength of 01 MLHP/CHO, 01 ANM and 03 ASHA workers and all these posts are in place. However, the ANM of the regular side has been attached at CHC Ramgarh on roster duty.

Status of Services

This sub-centre used to provide around 13 services including OPD for ANC and other ailments, NCD screening, ANC checkup, short stay of patients, tele-consultation, IFA, TT injections, routine immunization once a week, temporary methods of family planning services such as condoms, Anta, Mala and oral pills, treatment of minor ailments like cough and cold, fever, diaherra, worm infection and first aid are available at this Sub-centre. The facility helps in the control of local epidemics, diaherra, dysentery, jaundice. The Centre has started the screening of

adult population for hypertension as well as diabetes. The MLHP/CHO as well as the ANM of the Centre has given the functional tablets to upload the data of various schemes of NHM on regular basis.

There are around 740 individuals above 30 years of age in the population of HWC and out of these around 405 CBAC forms were filled during the last six months of 2023-24 prior to this monitoring exercise. However, of these 405 individuals whose CBAC forms have been filled, 233 (57.53 percent) individuals have score below 04 while as 172(42.46 percent) have score above 04. The facility has screened these 405 suspected patients for hypertension, diabetes and Oral Cancers. Of these screened cases around 40 (9.87 percent) were diagnosed with hypertension and 28(6.91 percent) were diagnosed diabetes while as no one has been diagnosed oral cancer. Further, the SC has screened around 61 (7.94 percent) individuals out of 405 individuals for both hypertensions as well as diabetes but of these; the facility has reported 03 (0.07 percent) patients who have been diagnosed both hypertension as well as diabetes. The facility has screened these 405 suspected individuals for oral cancer, 235 suspected patients for Breast and Cervical cancers but as such no one has been diagnosed any type of cancers. The centre has advised for lifestyle management to 405 patients while the centre is providing hypertension medicines to around 40 patients, medicines of diabetes to 28 patients only and other medicines to almost 153 patients since last six months. The record reveals that the facility has not received any amount under NHM. However, the CHO directly sends a requisition to the BMO and same is being provided immediately. The ambulance is not available at this Sub-centre but MLHP/CHO manages in case of emergency through transport referral system 108 services. No maternal as well as child death has been reported at this sub-centre. Line listing of all the eligible couples in the area is available. The ANM of the Sub-Centre is experienced and well trained for different activities such as family planning and other ANC activities.

Under the Integrated Disease Surveillance Programme, the SC uploads the weekly data through P & L forms and also updates the information on all portals such as HMIS, IHIP and HWC portals. The SC organizes monthly VHSNC/MAS meetings and the minutes of the last meeting were found available on the day of our visit. On an average, the SC organizes 01 meeting per month and the centre has conducted around 24 village health & sanitation (VHS) days since last six months. Since the last one month the Centre has reported 12 referred out cases related to eye, ENT and etc.

Status of Drugs and Diagnostics

The facility has displayed the essential drug list on the entrance as well as in the drug store which is visible and clear to all. The drug list which was displayed in the drug store contains 32 essential drugs as per the guidelines but on the day of the visit, only 25 (78.12 percent) drugs were found available. As such no shortage of drugs has been reported since the last one month. NCD drugs are available in adequacy but tuberculosis drugs are not available at this Sub-centre. However, on demand, the TB drugs are being provided to the patients. The SC has identified around 01 presumptive tuberculosis patients and same patients have been referred for testing

during the financial year 2022-23 while as around 03 presumptive TB patients have been identified and same number of patients has been referred for testing to territory care hospital. The facility has sufficient supply of testing kits for checking hemoglobin, pregnancy status and blood sugar. Digital Thermometer and manual BP apparatus is available at this Sub-centre. The sub-centre has other functional equipments such as examination table, screen, and digital weighing machine (infant as well as adult etc).

Workload and Utilization of Services

Looking at the utilization of services from the Sub-centre, it was found that the services are optimally utilized. MLHP/CHO as well as ANM is working at the Sub-centre and on an average more than 18 patients' visits the facility for minor treatment or minor ailments like fever, cough, diarrhoea, hypertension, diabetes & etc. The local public generally would like to visit this sub-centre because they are satisfied with the conduct and behaviour of the staff. The people are highly satisfied with immunization services as well as ANC services and on an average the facility provides ANC services to almost 11 expectant mothers and immunization to around 39 newborn children. The expectant mothers would love to visit this facility for ANC services which seems that the services are being fully utilized. It has been reported that large number of women are visiting this Sub-centre for spacing methods like condoms, contraceptives & others. The record of the visited health facility shows that the documentation and records regarding the line-listing of severely anemic and filling of MCP cards was satisfactory. The general cleanliness of the H&WC was satisfactory. This HWC has a proper mechanism for management of bio-medical waste as deep burial pit (sodium hypo-chloride) for waste management is available but has non-availability of color coded dust bins for the segregation of biomedical waste. The Complaint/suggestion box is found available at this HWC and complaints are also been received through 104 toll free number which is established at State Health System. ASHA workers are getting assured remuneration in time but incentives get delayed. The ASHA workers complained that at times they shall not be able to accompany the expectant mother during the night hours at the time of delivery due to which they have not been provided the assured incentives of Rs 300 although they have taken care of the lady since her conceive. They also added by saying that the population of Chhataka Chak is very large and are living in rural areas so how the expectant mothers call to ASHA workers during the night hours with labour pain. The ASHA workers demand a timely intervention from the concerned CMO of the district in this case.

Status of HMIS Data Quality

The health & wellness centre Chhataka Chak received the new HMIS formats but CHO complained that DPMU had not provide them any training about the capturing of data on these new data elements nor have received any information about the new data elements. The MLHP urged that a training course may be arranged for them regarding as to how the data for new data elements can be capture. The sub-centre has uploaded and updated the HMIS portal with regard to the service delivery, infrastructure & human resource and no data mismatch found. However, during our visit to the centre, a few on-the-spot instructions were given to ANM as well as MLHP as to how the recording and reporting of data can be improved.

Challenges of Sub-Health & Wellness Centre, CHHATAKA CHAK:

Following are some of the key challenges which have been observed during our field visit to Health & Wellness Centre CHHATAKA CHAK:

The ASHA workers complained that at times they shall not be able to escort the expectant mother during the night hours at the time of delivery due to which they have not been provided the assured incentives of Rs 300 although they have taken care of the lady since her conceive and therefore, the ASHA workers demand a timely intervention from the concerned CMO of the district in this case.

The local people demanded for the availability of diagnostics as well as the ambulance services at this health & wellness centre as they viewed that during any medical emergency, the locals first contact this sub-centre. Further, the MLHP/CHO demanded for a pharmacist and a laboratory technician and opinioned some training courses for making the full understanding of the NHM schemes and programmes.

The locals demanded that a female doctor or at least Medical Officer may be posted at this Sub-centre as they viewed that most of the times it becomes difficult for them to manage the delivery cases during the night hours. They added by saying that the female doctor need to be kept at night duty so that they will take a sigh of relief.

This Health and Wellness Centre has to provide the ANC as well as other services to the migrant population who are coming from the different parts of the country but at time it becomes difficult for the Centre to locate/trace them at the time of delivery in order to vaccinate their children and taking care of the delivered mothers.

5: Community and Patient Perceptions

During the course of facility visits, the Monitoring and Evaluation Team engaged with communities and patients to gauge their perceptions around common health service delivery domains in the district. The responses collected have been summarised below, disaggregated by domain specificity and respondent group:

Health seeking behaviour	:	Responses
Community perception:	:	Majorly tertiary health care facilities, specifically for specialized health care services for serious ailments.
Frontline worker's perception:	:	Sub-centres (SCs)/Health & Wellness Centres (HWCs) and PHCs are aiding in primary health care service delivery.
Access to health:	:	
Community perception:	:	Improved accessibility for primary care services, over-congested territory care facilities, improved delivery care accessibility needs to be prioritized.
Behaviour of health service providers:		
Patient's perception:	:	Overall, patients are well-satisfied with the health workers across the facilities.
Out of Pocket expenditure in public health facilities:		
Patient's perception:	:	OOPE incurred on Imaging and Diagnostics, specialized care-Oncology, Orthopaedics, Specialized Surgeries etc.
Coverage, Knowledge and Skills of ASHA as perceived by the community:		
Community perception:	:	Competent and Co-operative
Availability of services for Immunization, ANC, PNC, AH Counselling, Contraceptive services, Nutrition counselling and preferred facilities for each:		
Community perception:	:	Public health facilities like Sub-centres(SCs)/Health & Wellness Centres(HWCs), Primary Health Centres(PHCs)/UPHCs, Community Health Centres(CHCs)
Screening for common NCDs and preferred facilities for seeking treatment:		
Community perception:	:	Public health facilities like Sub-Centres, PHCs and preferred to seek treatment at CHCs/SDHs & ADH.

The collated community and patient perceptions call for strengthening delivery care services at lower health tiers, improving imaging diagnostics availability across the district, and developing ease of accessibility for specialized care as it accords for a major share of catastrophic OOPE. Rethinking referral transport availability in the district is undoubtedly required, along with strengthening referral linkages from lower tier health facilities to tertiary/specialized care health facilities in the district.

6: SUGGESTIONS

Keeping in view the observations, challenges of the visited health facilities, discussions with the concerned health authorities such as CMO, DPMUs, Dy. CMO, MOs, CHOs, data entry operators, NHM staff, local staff as well as the community perceptions including the school teachers, migrated population, shopkeepers, health seekers and front line workers including like ANM and ASHA workers, following observations were deduced:

District Samba is without DPM and this post has been left vacant since couple of years back due to which the DMEO Ms. Prachi Sharma complained that She has to monitor all the activities under NHM single handedly which is a challenging task for her and therefore it is suggested that the post of DPM may be recruited on priority so that the workload may be streamlined.

No construction work is pending in district Samba but the new district hospital building which was constructed couple of years back has not been handed over to the concerned authorities for the usage because the building has some construction and designed faults and therefore, the hospital administration viewed that the building may be handed over on priority after the necessary renovations as it has been opined by the medical engineers.

During the interaction, DMEO said that no ASHA worker is in place in some of the Urban Wards of district Samba due to which most of the expectant mothers complained that no one, not even the health officials provide them aware about the various schemes especially JSY/JSSK entitlements and the DMEO viewed that those ASHA workers need to reallocate whom have been allocated in some rural areas where there is no need of them.

The lab incharge complained that the machines which have been supplied by the JKMSCL needs repairing and maintenance at times but no one, not even the JKMSCL authorities received even a single call from the hospital authorities which seems that JKMSCL are not serious about their job due to which the machines are not in use since last six months. The hospital authorities viewed that a strict action needs to be taken against the JKMSCL with an immediate effect.

In district Samba, the paramedical staff as well as specialists have been attached/rationalized on the basis of workload in the different health facilities but during an interaction the MS said that after the detachment, the DH Samba suffers a lot because most of the staff in DH has been working in attachments and he also viewed that new staff has not been sent to DH till date.

*The MS viewed that although, the this health facility has been upgraded to district hospital(DH) but the medical as well as paramedical staff has not been upgraded to the level of DH because most of the sanctioned posts of specialists and paramedical have not been fulfilled due to unknown reasons said the MS of DH Samba **Dr. Mohinder Kumar**.*

During the PIP monitoring exercise it has been observed that there is an urgent need for the audit and rationalization of human resource (both from the regular as well as NHM side) on the basis

of workload and work done by different health facilities. This can also be done on the basis of performance of each individual health professional (from top to bottom) so that facilities with high workload can get some additional staff on need basis.

The availability of infrastructure is an important component of service delivery and in this regard, the district has received very good support from the NHM as well as from other agencies and the district has been able to upgrade their health infrastructure as per IPHS standards but there are still some gaps which needs to bridged on priority basis.

The CHC Ramgarh are functional without the basic instrument of ST scan and PHC Nandpur without the x-ray machine and most of the machinery installed at these two health facilities are CR based which needs to be replaced by the digital machines and few old type analyzers can also be replaced by new multi-tasking analyzers for better efficacy and output.

Most of the expectant mothers under JSSK need to go for thyroid profile and in the absence of such facility at CHC and PHC level health facilities, these women have to get it done outside and thus put more burden on their pockets. The staff posted viewed that at least a thyroid analyzer may be provided to all the SCs and PHCs so that the mothers may not face any problem in this regard.

District Samba is without mobile medical unit (MMU) as most of the population of the district is living in far flung areas that do not have access to the allopathic health facilities of the district and as such it is optioned to provide a mobile medical unit (MMU) to the district to net-in the hard-to-reach areas for various facilities through mobile medical unit (MMU).

There is a need to constitute a team of some external agency to audit the performance of various components of JSSK and pay surprise visits to the health facilities and get on spot feedback from the patients regarding the implementation of JSSK.

Though the district has ASHA coordinators and facilitators to monitor them but it was observed that the monitoring was not effective and result oriented. It is therefore, viewed to make these coordinators and facilitators answerable to a core group at the district level for better results in terms of regular orientation/trainings of ASHAs, effective implementation of HBNC/HBYC and other related work of ASHAs.

Various schemes of the Centre govt., such as RBSK, NCD Clinic, NMHP, AFHC, IYCFC, NCD, Dialysis Centres and other programme under NHM have brought revolution in the health care system by providing variety of services to the population but in order to make them much more effective, it is suggested to create a common platform for all these schemes (as the manpower under these schemes have diverse expertise) for mandatory field visits to reach to the needy population at their door-step and provide them the required services.

Even though, the facility has been upgraded to the CHC level since couple of years but the specialized services has not been upgraded up to the CHC level due to which the medical officers

posted urged that most of the patients have to be referred to DH Samba which leads to the load of patients' at DH. The labour room incharge also viewed that most of the high risk deliveries have to be referred to DH Samba due to the non availability of Pediatrician, NICU and designated blood storage unit.

The Staff and the local public demanded that an NCD clinic may be fully established at DH, CHC Ramgarh and PHC Nandpur as most of the patients have to visit for the NCD screening either to GMC Jammu or GMC Kathua or to the private health facility which is a challenging task for the local public because the people living in this area are economically poor.

The facility for normal deliveries are available at CHC Ramgarh on 24x7 basis but the C-section facilities are not available on 24x7 basis due to non availability of Pediatrician and PICU and therefore most of the high risk delivery patients are referred to the DH Samba which increases the exertion to the existing staff there at DH.

During the visit, it was observed that the maternal mothers as well as the community people are highly satisfied with the dedication, nature, behaviour and service delivery of almost all the visited health facilities especially, SC Chhataka Chak and CHC Ramgarh and are also satisfied with the available services like free medicine, advices and diagnostic checkups and etc. This clearly indicates that people of the district have hope on the public health facilities of the district. Therefore, the public health facilities need to be strengthened with more specialized human resources like Physicians, Radiologists, ENTs, and Ophthalmologists which have been kept vacant couple of years.

During an interaction, the CMO and other stakeholders of district Samba opined that all the block CHC and PHCs of the district need to be strengthened in respect of human resource, equipments plus trainings to all the paramedical staff so that load of district hospital can be reduced.

The CMO of the district viewed that the management is unable to provide the referral transport either to the expectant mother or the other referral patients due the non-availability of budget allocation. He also said that due to the non-availability of funds, the district administration is unable to provide training to the ASHA workers and other paramedical staff. It is therefore, suggested that funds need to be released on time so that the system may not suffer.

ASHA workers have to be seen in strike as it was observed that these ASHA workers have been used in n-number of activities by other departments also but are paying nothing in return or compensation. The ASHA workers viewed that they should be provided compensation or at least they need to be engaged with the minimum wage rate.

The paramedical staff, front line workers, CHOs and data entry operators of the visited health facilities require the trainings and refresher courses in line with their job profile. Although, the data entry operators are updating the data on various portals but they are confused about the new data elements as how to report and record the data on these new elements. The CHOs, ASHA

works and staff nurses also viewed that a training course be arranged for them so that they can easily understand the newly established programmes and schemes of NHM.

Most of the activity gets hampered and the district has problem in uploading the required information due to the non-availability of internet services in most of the security prone and hilly areas. The CMO of the district viewed that the district needs the timely budget for running the V-Set and providing the chopper and full time air ambulance services such a hilly district like Samba.

The community viewed that people have first contact either the Sub-centres or primary health centres in order to treat any minor ailments and they added that around 89% of NCDs especially cancers of different types are treatable if it can be diagnosed at the early stage. In this regard, they stressed that a trained staff with the advanced instruments need to be provided to all the Sub-centres as well as primary health centres of the district on priority.

The community also desired that advanced imaging services such as x-ray machine, USG machine, CT scan machine, MRI machine and CBC Analyzers etc., need to be kept available at all the Sub-Centres as well as Primary Health Centres of the district because most of the expectant mothers, ANC patients and NCD patients visits these primary health centres first and the sign and eventuality of any serious ailment could be diagnosed at the earliest stage.

During an interaction with some of the health seekers, they viewed that in most of the health facilities of district Kathua, the NCD clinics are functional only once or twice in a week that leads to the over burdening as well as overcrowding of the population at the health facility. In this regard, the NCD screening need to be made functional in all days and some awareness announcements should also be done from the health departments regarding the life style ailments.

Although, the free drug policy is not being practised fully, but the community people largely demanded that all the diagnostic services should be provided free of cost irrespective of economic status of the patients. At times the vulnerable section of the society has to sell their property for some advanced tests such MRI, CT scan and thyroid like tests etc. They added that these facilities need to keep available at minimum charges at the district hospital and at CHC level.

7. PHOTO GALLERY



The District Hospital Building Samba is not in a good condition



Newly constructed building for DH Samba but has not been handed over because of construction faults



Well maintained Labour Room with the SNCU beds at DH Samba and the staff following the protocols



Interaction with the delivered mother about the JSSK entitlement at DH Samba



Well branded SC Chhataka Chak



Well maintained building of CHC Ramgarh



Well maintained labour room at CHC Ramgarh



Low lying area of PHC's main building of Nandpur



Newly constructed building with construction faults