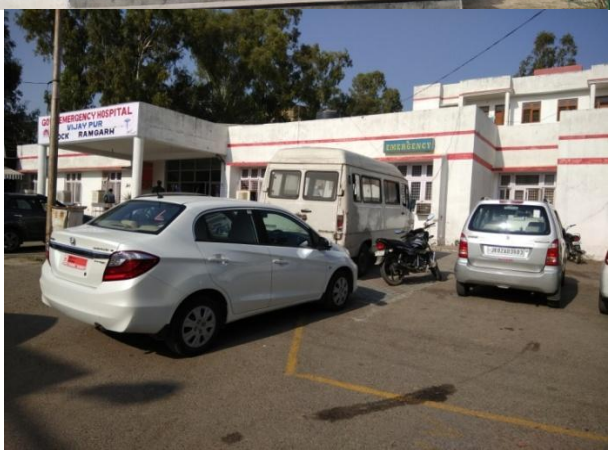
MONITORING OF NATIONAL HEALTH MISSION STATE PROGRAMME IMPLEMENTATION PLAN-2019-20:JAMMU & KASHMIR

(A Case Study of Samba District)



Submitted to

Ministry of Health and Family Welfare
Government of India
New Delhi-110008

Bashir Ahmad Bhat
Farida Qadri

Population Research Centre
Department of Economics
University of Kashmir, Srinagar-190 006
January-2020

ABBREVIATIONS

ANC	Ante-Natal Care	LHV	Lady Health Visitor
ANM	Auxiliary Nurse Midwife	MIS	Management Information System
ASHA	Accredited Social Health Activist	MMHW	Male Multipurpose Health Worker
AWC	Anganwadi Centre	MMR	Maternal Mortality Ratio
AWW	Anganwadi Worker	MMU	Mobile Medical Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha, Homeopathy	MO	Medical officer
BemoNC	Basic emergency obstetric & Neonatal Care	MoHFW	Ministry of Health & Family Welfare
BMO	Block Medical officer	MMPHW	Male Multi-purpose Health Worker
BMWM	Bio-Medical Waste Management	MTP	Medical Termination of Pregnancy
BPM	Block Programme Manager	NFHS	National Family Health Survey
BPMU	Block Programme Management Unit	NGO	Non-Government organization
BPL	Below Poverty Line	NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
CemoNC	Comprehensive emergency obstetric & Neonatal Care	NLEP	National Leprosy Eradication Programme
CHC	Community Health Centre	NRC	Nutritional Rehabilitation Centre
CMO	Chief Medical Officer	NHM	National Health Mission
DH	District Hospital	NSSK	Navjat Shishu Suraksha Karyakram
DEO	Data Entry Operator	NSV	Non-scalpel vasectomy
DLHS	District Level Household Survey	NUHM	National Urban Health Mission
DOTS	Direct observation Therapy - Short- course	NVBDCP	National Vector Borne Disease Control Programme
DPM	District Programme Manager	OPD	Out Patient Department
DPMU	District Programme Manager Unit	PHC	Primary Health Centre
EDL	Essential Drug List	PHN	Public Health Nurse
EmocNC	Emergency obstetric & Neonatal Care	PIP	Programme Implementation Plan
FMPHW	Female Multipurpose Health Worker	PMU	Programme Management Unit
FP	Family Planning	PMJAY	Pradhan Mantri Jan Arogya Yojana
FRU	First Referral Unit	PPIUCD	Post Partum Intra-uterine Contraceptive Device
GNM	General Nursing Midwife	PPP	Public Private Partnership
HMIS	Health Management Information System	PRC	Population Research Centre
HR	Human Resource	PRI	Panchayati Raj Institutions
H&WC	Health and Wellness Centre	PWD	Public Works Department
SC	Sub Centre	RCH	Reproductive and Child Health
ICDS	Integrated Child Development Scheme	RDK	Rapid Diagnostic Kit
ICTC	Integrated Counselling and Testing Centre	RHFWTC	Regional Health & Family Welfare Training Centre
IDSP	Integrated Disease Surveillance Project	RKS	Rogi Kalyan Samiti
IEC	Information education Communication	JKMSCL	Jammu and Kashmir Medical Services Corporation Ltd
IMNCI	Integrated Management of Neonatal and Childhood Illnesses	RNTCP	Revised National Tuberculosis Control Programme
IMR	Infant Mortality Rate	RSBY	Rashtriya Swasthya Bima Yojana
IPD	In Patient Department	SBA	Skilled Birth Attendant
IPHS	Indian Public Health Standards	SDH	Sub District Hospital
IUCD	Intra-uterine Contraceptive Device	SC	Sub Centre
JPHN	Junior Public Health Nurse	SNCU	Special Newborn Care Unit
JSSK	Janani Shishu Suraksha Karyakram	SPMU	State Programme Management Unit
JSY	Janani Suraksha Yojana	TB	Tuberculosis
MCTS	Mother and Child Tracking System	VHND	Village Health and Nutrition Day
MDR	Multi-drug Resistant (TB)	VHSNC	Village Health Sanitation and Nutrition Committee

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in J&K to improve the health care delivery system. National Health Mission is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the state 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 National Health Mission (NHM) launched during 2013, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. The State Programme Implementation Plan of Jammu and Kashmir, 2019-20 has been approved and State has been assigned mutually agreed goals and targets. The State is expected to achieve them, adhere to the key conditionalities and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre, Srinagar on a monthly basis. During 2019-20, Ministry has identified 12 districts in Jammu and Kashmir for monitoring of PIP in consultation with PRCs. These districts are Srinagar, Shopian, Kulgam, Anantnag, Kupwara, Bandipora, Kargil, Jammu, Samba and Reasi. The staff of the PRC is visiting these districts in a phased manner and the reports of Anantnag, Srinagar, Kulgam, Kargil and Bandipora have already been submitted to the Ministry. The present report is the 9^{th} in the series and presents findings of the monitoring exercise pertaining to Samba district.

The study was successfully accomplished due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks to Dr. Bhupinder Kumar, Mission Director NHM Jammu & Kashmir for his cooperation and support rendered to the PRC in conducting this monitoring exercise. Special thanks are due to the Dr. Rajinder Samiyal Chief Medical Officer Samba and Dr. Indra Medical Superintendent, District Hospital Samba for sparing their time and sharing with us their experiences. We also place on record our thanks to Dr. Sewa Singh, Block Medical Officer Samba for his cooperation in data collection. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit Samba, Block Programme Management Unit Samba, DEIC Manager and NCD Programme Management Unit Samba for their cooperation and help in the collection of information. Special thanks are also to staff of Primary Health Centre Rattanpur and Sub Centre Birpur for sharing their inputs.

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

Srinagar
15-01-2020

Bashir Ahmad Bhat

Farida Qadri

CONTENTS

1. EXECUTIVE SUMMARY

The objectives of the exercise is to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by various districts and the State. The present study was conducted in Samba district of Jammu and Kashmir and information was collected from the office of CMO, District Hospital Samba, CHC Gagwal, PHC Rattanpur and SC Birpur in the last week of December, 2019. We also conducted some exit interviews with some service seekers for ANC/PNC, child immunization and delivery care at the selected facilities. Main findings of the study are as follows:

a) NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. In fact most of the health institutions in the district are run by NHM staff. This has resulted in an increase in OPD services. But since there is a lot of disparity between in service conditions and salaries between the NHM staff and regular staff and this has started to discourage the NHM staff to take full interest in their duties. There is a need to look into the grievances of the NHM staff and redress their genuine demands.

b) Although Samba has a district hospital, but it has acute shortage of specialists in general and Gynaecologists, Paediatrician and Anaesthetists in particular. CHCs and PHCs also have shortage of doctors. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to utilize the services from other districts or visit a private clinic for treatment. Therefore, there is an immediate need to address the shortage of Specialist doctors in the district hospital and other CHCs/EHs on priority basis.

c) The State Government has drafted a comprehensive HR Policy for attraction, recruitment and retention of skilled professionals in rural and remote areas but there is also a need to implement a transparent policy with regard to transfer of doctors their trainings and detachments.

d) The performance of the ASHAs on HBNC was found to be poor. They seem to be generally interested in claiming their incentives rather than facilitating in providing quality services. ASHAs also are not fully trained to conduct HBNC visits and fill up various HBNC formats. Incomplete HBNC kits have been provided to ASHAs and they have started conducting HBNC visits. But use of HBNC skills is an issue including filling up of HBNC forms. They need to be further reoriented on HBNC and filling up of HBNC forms. The ASHA Coordinators and Facilitators need to closely monitor the HBNC visits and provide on spot feedback to ASHAs.

e) The supply of drugs and equipments in the health institutions after the establishment of Medical Supplies Corporation has deteriorated. Further health facilities have received some supplies which are not required by them. JKSMC should address this issue of delay of equipments and consumables and only those drugs that are required by the facilities need to be supplied to them.

f) Essential Drug List has been prepared for various facilities but an updated list of drugs is not displayed in any of the facilities visited by us.

g) The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities just meet 30-40 percent of their demand of drugs; therefore, free drug policy is partly implemented in the district. There is a need to assess the actual demand of various drugs and provide them to the health facilities.

h) 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.

i) Computerized inventory management in the health facilities need to be prioritized. Complaint of medicines being out of stock, delay in supply etc could be addressed with this inventory management system.

j) Information about JSSK and JSY entitlements, user charges, HIV/AIDS, family planning, immunization, breastfeeding, etc is displayed prominently in all health facilities. Citizen's Charter, timings of the facility, availability of services, protocol posters are also displayed in various facilities. There is also a need to display IEC material emphasizing the importance of staying in the facility for at least 48 hours after delivery.

k) C-Section deliveries in the district are on the rise. There is a need to reverse this trend by proper counselling and explaining benefits of vaginal delivery. IEC material pertaining to benefits of vaginal delivery and ill effects of C-section delivery be displayed in labour room, OPD, IPD and other places in the health facilities.

l) Despite irregular/late release of funding, DH and H have been in a position to manage free drugs and diet under JSSK. But, only free referral transport for deliveries and neonats is ensured in all facilities visited by us. Home to facility and drop back facility is ensured in few 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.

m) JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs.

n) Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started improving. There is a need to appreciate those ANMs/ASHAs who are reporting such events.

o) Grievance redressal mechanism for registration of complaints and grievances is very poor. Medical Officers mentioned that they generally receive the complaints verbally and redress them on the spot but our interaction with the patients revealed that they hesitate to lodge the complaints as it may further complicate delivery of services. It is suggested that online system of registration of complaints is introduced in the district.

p) RBSK in the district has been started and it is still in the infancy as the DEIC has not yet been made fully functional due to non availability of doctors, other support staff and equipment. However, RBSK has been in a position to identify some children from poor families for specialized treatment and financial assistance has been released in favour of few children. But mechanism of cost estimation and approvals for specialized treatment under is somewhat complicated and lengthy and needs to be simplified

q) HMIS have improved in the district as the district has taken some steps to minimize the multiplicity of reporting. However, there is still a lot of scope for improving the quality of HMIS particularly lab testing, immunization, HB and BP. This can be ensured by proper monitoring by DMEO and BMEOs. CMOs and BMOS need to support them in undertaking monitoring visits.

2 INTRODUCTION

Ministry of Health and Family Welfare, Government of India has approved the State Programme Implementation Plans (PIPs) under National Health Mission (NHM) for the year 2014-15. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalities and implement the road map provided in each of the sections of the approved PIP document.

Though, States were implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to monitor the implementations of these PIPs. However, from the last financial year, Ministry decided to continuously monitor the implementation of State PIPs and has roped in Population Research Centres (PRCs) to undertake this monitoring exercise. It has been decided by the Ministry that all the PRCs will undertake qualitative monitoring of PIPs, in a phased manner, in various districts of the State in which they are located. During 2019-20, Ministry has identified 12 districts in Jammu and Kashmir for monitoring of PIP in consultation with PRCs. These districts are Srinagar, Shopian, Kulgam, Anantnag, Kupwara, Bandipora, Kargil, Jammu, Samba and Reasi. The staff of the PRC is visiting these districts in a phased manner and in the 1st phase 5 districts namely Anantnag, Srinagar, Shopian, Kulgam and Kargil were covered and the remaining 5 districts were covered in the second phase. The reports of Anantnag, Srinagar, Kulgam, Shopian, Kargil, Kupwara, Bandipora and Jammu have been submitted to the Ministry. The present report presents findings of the monitoring exercise pertaining to Samba district. The reports of other districts will also be submitted in a phased manner.

2.1 Objectives

The objectives of the study is to examine whether the State 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.

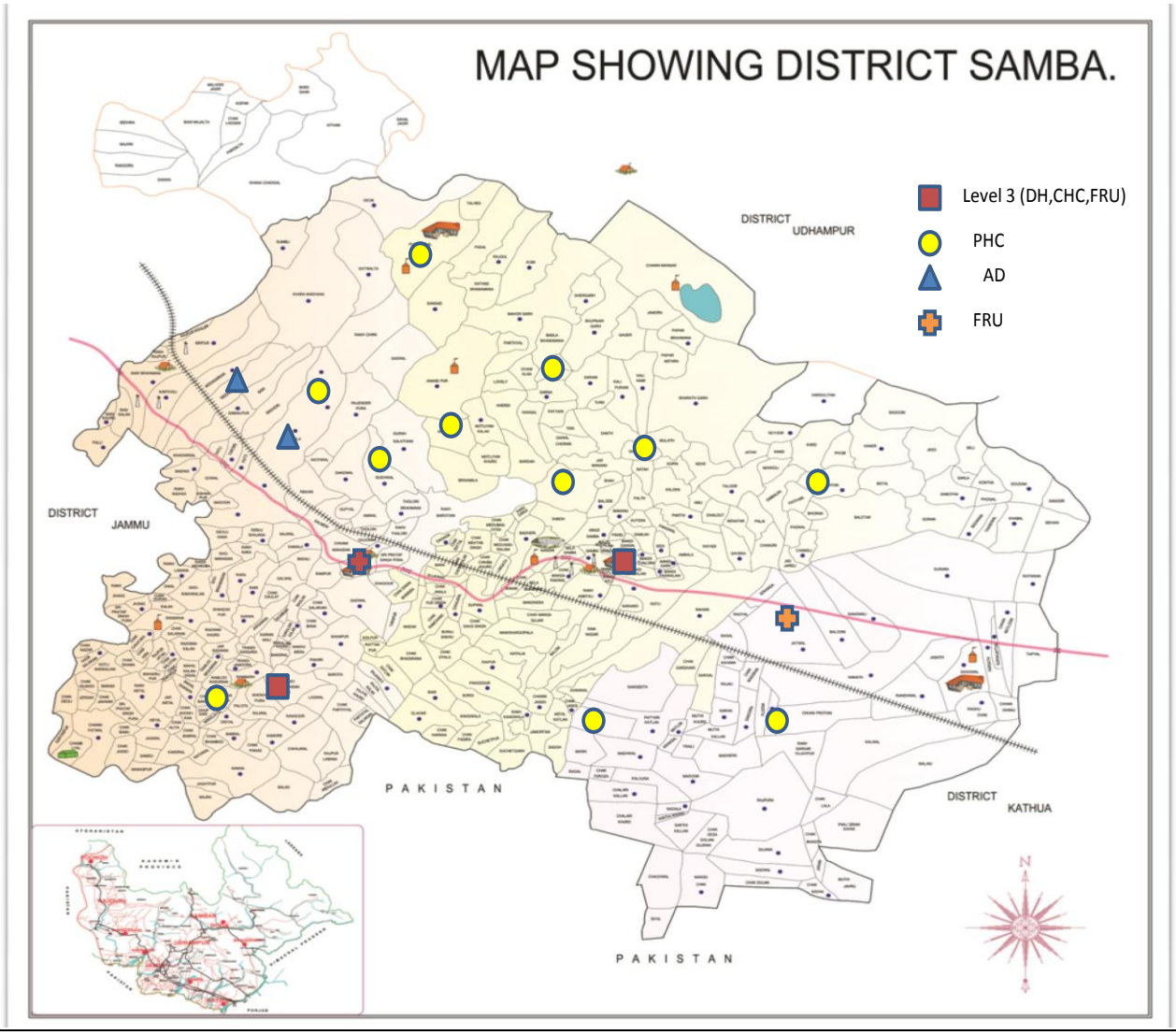
2.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in a workshop organized by the Ministry at National Institute of Health and Family Welfare (NIHFW) on 12-14 August, 2013. The sampling design and the instruments for monitoring were finalized in the workshop. As per this sampling design, a team of two officials were to visit the District headquarter, District Hospital, 1 CHC, 1 PHC and 1 Sub Centre in each selected district to collect desired information. It was also decided that the team will also interact with some beneficiaries (both IPD and OPD) to gauge the services delivery. The present study conducted in Samba district, is based on the information collected from the Office of CMO, District Hospital Samba, CHC Gagwal, PHC Rattanpur and SC Birpur. The PRC team also interacted with a few OPD clients who had come to avail the services at DH, CHC and PHC. Similarly few IPD clients were also interviewed at DH and CHC. We could not interview any OPD or IPD patients at SC due to their non availability. The information was collected by two officers of the PRC between 23rd and 27th December 2019. The following sections present a brief report of the findings of the monitoring.

Table 1 : Demographic Profile of District Samba	
Demographic Character	**Number/Percentage/Ratio**
Total Population as per census 2011	318,898
Male	169,124
Female	149,774
Urban Population	53615 (16.8%)
ST Population	91835 (28.8%)
SC Population	17573 (5.5%)
Literacy Rate Total	82.4
Literacy Rate Male	89.7
Literacy Rate Female	74.3
Population Growth rate	17.1%
Sex Ratio	886
Child Sex Ratio (0-6)	787
Total No. of Health blocks	3
Total No. of Health Institution	110 (1 DH, 3 CHCs, 5, 24X7 PHC**, 15** PHCs and 83 SCs, 2 MMAC, 1 T.B Centre
No. of RKS Registered	16
No. of Village Health Sanitation & Nutrition Committees Constituted	365
Total No. of ASHA's in Position	284

3. STATE AND DISTRICT PROFILE

Situated on the northern extremity of India, Jammu and Kashmir occupies a position of strategic importance with its borders touching the neighbouring countries of Afghanistan, Pakistan, China and Tibet. The total geographical area of the State is 2,22,236 square kilometres and presently comprises 22 districts, 142 Community Development Blocks and 6417villages in three geographic divisions namely Jammu, Kashmir and Ladakh. According to 2011 Census, Jammu and Kashmir has a population of 10.25 million, accounting roughly for 1 percent of the total population of the country. The sex ratio of the population (number of females per 1,000 males) in the State according to 2011 Census was 883, which is much lower than the country as a whole (940). With a Child Sex Ratio of 862, J&K is one of the low Child Sex Ratio States in the country. Twenty seven percent of the total population live in urban area which is almost at par with national level. Scheduled Caste population accounts for 8 percent and Scheduled Tribes account for 11 percent of the total population of the State. As per 2011 Census, the literacy rate among population age 7 and above was 67 percent as compared to 74 percent at the national level. Male literacy is 77 percent as compared to 56 percent among females.



4. KEY HEALTH AND SERVICE DELIVERY INDICATORS

Jammu and Kashmir has progressed well on the demographic front. As per the National Family Health Survey-4, the current Total Fertility Rate of 2.0 in Jammu and Kashmir is slightly lower than the TFR of 2.2 at the national level. According to NFHS-4, Jammu and Kashmir has an infant mortality rate of 32 per 1,000 live births, which is lower than the national average of 41. According to the latest estimates of Sample Registration System, J&K has a birth rate of 15.7, death rate of 6 per 1,000 population and IMR of 24 per thousand live births. The corresponding figures at the national level are 20.4, 6.4 and 34 respectively. According to latest estimates, expectation of life at birth in Jammu and Kashmir has increased to 72.6 years as compared to about 70 years at the national level. J&K ranks third in life expectancy after Kerala and Delhi. The gap in the life expectancy at birth by gender in the State has gradually closed down and currently the female life expectancy is higher than male life expectancy.

With the introduction of Reproductive and Child Health Programme, more and more couples are now using family planning methods. As per National Family Health Survey-4 (NFHS-4), about 54 percent of women are now using some method of family planning as compared to 57 percent in India as a whole.

Table:2 Institution wise Progress of various activities in Samba District during April-Nov, 2019					
Name of activity	Total	District Hospital	CHC Gagwal	PHC Rattanpur	SC Birpur
OPD	496121	141056	36105	3368	5597
AYUSH OPD	25885	3299	0	1251	NA
IPD (Total)	11474	2922	1711	258	NA
Major Surgeries	1062	670	0	NA	NA
Minor Surgeries	18952	5469	1602	363	NA
USGs	10906	3735	0	NA	NA
ECG	6136	3206	993	NA	NA
CT-Scan	167	116	NA	NA	NA
MRI	NA	NA	NA	NA	NA
X-Ray	21107	11509	2268	NA	NA
Endoscopy	NA	NA	NA	NA	NA
Lab Tests (Total)	137358	51983	7508	1388	72
Inst. Deliveries	775	591	8	0	NA
C-Section deliveries	170	137	0	NA	NA

District level estimates of fertility and mortality are not yet available for the State. However both fertility and mortality has shown considerable decline in Samba. As per the NFHS-4, the mean number of children born per women age 15-49 in the district is 1.8. According to NFHS-4, the Sex ratio at birth (Females per 1000 males) in the district has slightly improved to 917 as compared to 922 in the State as a whole. NFHS-4 data shows that almost all pregnant women in the district are registered for ANC services. ANC first trimester registration is 72 percent compared to 77 percent in J&K. Seventy five percent of the mothers have received at least 4 ANC checkups as compared to 81 percent in the State. But only 47 percent of pregnant women in the district have consumed100 IFA tablets as compared to 30 percent in the State. Women whose last births are protected against neonatal tetanus in Samba are 75 percent as compared to 87 percent in the State. Institutional deliveries have improved and as per NFHS-4, 86 percent of the total births during the last three years have been delivered at health institutions and as such the district is at par with the State as a whole. About three-fourth of the institutional deliveries in Samba take place at public health facilities.NFHS-4 also estimated that c-section deliveries account for 27 percent of institutional deliveries in the district as compared to 33 percent in the State.

The public health facilities are the main sources of health care delivery system in the district. A total of 496121 patients have visited the OPDs of different health facilities in the district during April-November 2019 (Table 2). AYUSH OPD accounts for about 5 percent of the total OPD in the district. Of the total OPDs, 28 percent have visited District Hospital, 7 percent have visited CHC Gagwal and

about 1percent has received the services from PHC Rattanpur. A total of 11474 admissions have been made in the IPD of various health facilities of the district, with DH accounting for 2922 (25 percent), CHC Gagwal has recorded 1711 IPD admissions (15 percent) and PHC Rattanpur has admitted 258 patients (2 percent). Further 1062 major and 18952 minor surgeries have been performed in various health institutions in the district during the April- November, 2019. Sixty three percent of the major surgeries have been performed at DH Samba. Only minor surgeries take place at CHC Gagwal. DH Samba accounts for 28 percent of minor surgeries and CHC Gagwal accounts for 8 percent. Information collected from the office of CMO shows that around 137358 lab tests, 10906 Ultrasound, 21107 X-Ray and 6136 ECG have been performed in various public health facilities in the district during April, 2019-November, 2019.

5. HEALTH INFRASTRUCTURE

The health services in the public sector are delivered through a network of 110health institutions which consist of 1 District Hospital, 3 CHCs, 5 24X7 PHCs, 15 other PHCs, 83 SCs, 2 MMAC and 1 T.B Centre. Out of 83 SCs, 21 have been upgraded designated as Health & Wellness centres and out of 20 PHCs 16 has been designated as Health and Wellness Centres. Further, there are 4 Private Hospitals/Nursing Homes functioning in the district. As per the norms district has sufficient numbers of CHCs but has an additional requirement of 1 Maternal and Child Care Hospital and Blood bank at CHC Vijaypur, because CHC is located at National Highway and is an emergency hospital. All the CHCs, 24X7 PHCs, Health and Wellness Centres are housed in government buildings.

District Hospital Samba is located in the outskirts of Samba town and is accessible from the main city and adjacent areas easily. The CHC Samba was given the status of a District Hospital in 2008 but additional positions of doctors and paramedical as per the requirements of a District Hospital have not yet been sanctioned to it. A new building with a bed capacity of 200 for the DH has recently been completed and the DH has shifted the OPD, IPD, OTs, Labour room, Gynaecology ward, SNCU, Administrative Offices and Blood Bank to this new building. This helped the DH to mitigate its accommodation shortage and now the hospital has enough space to accommodate its various units/facilities.

There are 6 staff quarters for Medical Officers available in the DH. Few staff quarters for Staff Nurses and other paramedical staff are under construction. This hospital provides round the clock services for general medicine, emergency services, trauma care, C-section delivery and emergency obstetric care. Radiology, minor and major surgeries, paediatrics, ENT, ophthalmology, gynaecology, psychiatry, ARSH services, family planning and immunization. Services are available during day time only. Cardiology, dermatology, pathology, and Blood Bank services are not available due to the non availability of specialist doctors in these fields. C-section deliveries conducted twice a week (Thursday and Monday). Facilities for mini laparoscopy, NSV, PPIUCD and IUD insertion are available at the hospital. SNCU was established at DH in 2015. The district hospital has a Blood Bank (BB) but it does not have sanctioned staff. The MS mentioned that they have arranged staff for the BB internally from other health facilities.

The hospital has regular power supply. In addition, power backup is available in the OT, labour room, OPD, Labs, SNCU and wards. Regular water supply is available in different units of the hospital. The hospital also has facility for drinking water in the form of 2 water coolers fitted with electronic water purifiers. Toilet facilities in adequate numbers are available in the wards and OPD and were found to be clean. Citizen's charter, timings of the facility, list of services available, protocol posters, JSY and JSSK entitlements are displayed properly. Complaint box is also available for registration of complaints and grievances.

CHC Gagwal is located at National high way in between Samba and Kathua. It was basically working as a Trauma Centre and has recently been upgraded as a CHC. It comprises of 4 small buildings. The main building is a two storey building, which houses IPD, Store, TB Centre and laboratory. OPD and ANC, immunization is in a separate building. The CHC faces shortage of space. Currently the CHC has a total bed capacity of 25. Separate wards for male and female are available. There are 10 beds in gynaecology ward. The facility provides round the clock emergency and trauma care services, emergency obstetric care, RTI/STI services, AYUSH/ISM services. Obstetrics and gynaecology, paediatrics, orthopaedics, ENT, Ophthalmology are available during day time only. But doctors on call are available for emergency purposes during night hours. Cardiology, dermatology, psychiatry, Blood bank or blood storage services are not available in the CHC currently. Four staff quarters have been constructed for doctors but staff quarters for Staff Nurses and other paramedical staff is not yet available at CHC. Adequate drinking water PHE supply and water in the toilets is available. Back up in the form of a generator and for electric supply is available. Citizen's charter, timings of the facility and list of services essential drug list protocol posters JSSK entitlements immunization schedule and JSY entitlements and Colour coded waste bags are available are displayed properly. CHC has arrangement with Anmol Health Care Services Jammu for the disposal of bio medical waste Complaint box was found to be available at CHC.

PHC Rattanpur is a 24X7 PHC and is located at a distance of 10 kilometres from CHC Gagwal. The PHC caters to the health care needs of 6 villages/ hamlets with a population of around 4310. There are 02 SCs in the PHC area. The PHC is housed in a government building. The services available at the PHC include general medicine, dental, ANC, minor surgery, immunization and temporary methods of family planning. Although, it was identified as a delivery point but deliveries do not take place at the PHC. The hospital has a total bed capacity of 03. Two beds for female and one bed for male. The PHC also has a small lab where basic blood and urine investigations are conducted. The PHC has regular water supply both for drinking as well as in wash rooms. Electric back up is available but normal electric supply is irregular and erratic.

Colour coded waste bins for segregation of waste are available in the PHC. Sharpeners, needles and syringes could not be seen in the premises of the facility. The general cleanliness of the PHC is very good. PHC has arrangement with Anmol health care services Jammu for the disposal of bio medical waste. Citizen's charter, timings of the facility, list of services available, essential drug list, protocol posters, immunization schedule, JSY entitlements and partograph are displayed properly.

SC Birpur: This Sub Centre (SC) is situated on road side at least 18 Kms from block headquarter and 20 Kms from Jammu. The SC caters to 5 villages with a total population of around 5428. This centre has been upgraded to a Health and Wellness Centre. The SC is housed in a two storey Govt building. Waiting hall, immunization room, NCD room, diagnostic room and 3 wash rooms are located in the ground floor. The second story of the SC is presently used as block office. ANM quarter is available in the health and wellness centre but ANM is not residing there. The approach road has a sign board to show the direction to the SC and a sign board is also placed at the entrance of the SC. This SC provides ANC, IFA, TT, child immunization and some contraceptives. It is not functioning as a delivery point. There is regular water supply and power back up facility. Color coded bins for the segregation of waste are available at the SC. Complaint/suggestion box and biometric attendance system is also available in the SC. Citizens charter, timings of the SC, immunization schedule, and JSY entitlements are displayed in the SC.

6. HUMAN RESOURCE

6.1 Regular Health Staff

The post of Chief Medical Officer (CMO), Dy. Chief Medical Officer (Dy. CMO), Medical Superintendent District Hospital, District Immunization Officer (DIO), District Health Officer (DHO) and 3 Block Medical Officers (BMOs) are in place. Dy. Chief Medical Officer is looking after PMJAY and NQAS. Dy. CMO is also looking after Child Health and Immunization. JSSK, JSY, Family Planning. ASHA components are looked after by District Health Officer.DHO has the responsibility to looking after the activities of NCDs, IDSP, NLEP, VBD and Malaria control.

Like other districts of the State, Samba district has acute shortage of doctors in all the fields particularly Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology, ENT, Anaesthetist, Orthopaedics, Cardiology and Dermatology. The district has sanctioned strength of 44 Specialist but only 33 are in place. All posts of Consultant Medicine, Consultant Surgery, Consultant Pathologist and Consultant Anaesthetist are vacant. There are 6 posts of Physicians in the district but 4 of these positions are vacant. Of the 6 posts of Surgeons, 3 are vacant. All the 5 posts of Gynaecologist are in place. There are 6 posts of Anaesthetists but 1 position of Anaesthetist is vacant. The district also has shortage of general line doctors as 52 out of 71 (73 percent) positions of doctors are in place. There are 16 posts of dental surgeons but 18 positions are in place.

Another area which is a cause of concern is the non availability of Staff Nurses, Pharmacists and Technicians. Thirty four percent positions of Staff Nurses, 40 percent positions of X-ray, Technicians, 37 percent positions of Pharmacists and 43 percent positions of Dental Technicians are vacant in the district. Further, 6 percent FMPHW and 25 percent Heath Educators are vacant in the district. 14 percent position of MMPHW is also vacant. Large majority of other paramedical positions and clerical staff are in place. Our observations regarding the availability of staff in the visited health facilities are as under:

Table 3: Availability of Doctors in Selected Health Facilities of Samba District (Regular Side). Nov, 2019										
	District Total		**DH Samba**		**CHC Gagwal**		**PHC Rattanpur**		**SC Birpur**	
Category Medical	S	IP	S	IP	S	IP	S	IP	S	IP
Chief Medical Officer	1	1	-	-	-	-	-	-	-	-
Medical Superintendent	1	1	1	1	-	-	-	-	-	-
Dy. Chief Medical Officer	1	1	-	-	-	-	-	-	-	-
District Health Officer	1	1	-	-	-	-	-	-	-	-
District Immu Officer	1	1	-	-	-	-	-	-	-	-
Block Medical Officer	3	3	-	-	-	-	-	-	-	-
Blood Bank Officer	-	-	-	-	-	-	-	-	-	-
Consultant Pathologist	2	1	-	-	1	1	-	-	-	-
Consultant Radiologist	2	2	-	1	1	1	-	-	-	-
Consultant Dentistry	2	2	-	-	-	-	-	-	-	-
Sr. Consultant Medicine	1	-	-	-	-	-	-	-	-	-
Sr. Consultant Surgery	1	-	-	-	-	-	-	-	-	-
Consultant Medicine	6	2	3	1	2	1	-	-	-	-
Consultant Surgery	6	3	3	1	2	1	-	-	-	-
Consultant ENT	2	2	-	-	1	1	-	-	-	-
Consultant Anesthetist	6	5	2	2	2	1	-	-	-	-
Consultant Pediatrician	4	4	1	1	1	1	-	-	-	-
Consultant Gynecologist	5	5	2	2	1	1	-	-	-	-
Consultant Orthopedic	4	4	1	1	1	1	-	-	-	-
Consultant Psychiatry	-	-	-	-	-	-	-	-	-	-
Consult Ophthalmologist	3	3	1	1	1	1	-	-	-	-
Medical Officer	71	52	6	5	10	4	2	2	-	-
M.O Homeopathy	1	1	1	1	-	-	-	-	-	-
Dental Surgeon	16	18	2	2	1	1	1	1	-	-
Total Doctors	**140**	**112**	**23**	**19**	**24**	**15**	-	-	-	-
ANM	-	-	-	-	1	1	-	-	-	-
Staff Nurse	38	25	7	4	9	6	1	1	-	-
X-Ray Tech.	20	12	4	4	2	2	-	-	-	-
Ophthalmic Tech	9	2	4	1	1	-	-	-	-	-
Dental Tech.	23	13	5	2	1	1	-	-	-	-
Dental Assistant	0	0	-	-	-	-	1	-	-	-
Lab. Tech.	20	19	4	3	4	2	1	1	-	-
LHV	9	9	1	1	-	-	-	-	-	-
OT Tech	5	5	3	1	-	-	-	-	-	-
Pharmacist	101	64	7	6	4	3	1	1	1	1

CHO/HE	14	14	-	-	5	3	-	-	-	-
BHW	25	27	-	-	-	-	-	-	-	-
FMPHW	35	33	7	6	1	1	1	1	1	1
MMPH Male	14	12	-	-	-	-	-	-	-	-
Nursing orderly	78	43	-	-	-	-	6	1	-	-
Driver	21	13	4	3	2	2	1	-	-	-

District Hospital Samba: A district hospital is supposed to have 3 physicians, 3 surgeons, 2 gynaecologists, 2 anaesthetist, 1 ophthalmologist, 1 radiologist, 1 paediatrician, 1 orthopaedic, 2 dental surgeon, 6 Medical Officers, 7 staff nurse, 7 pharmacists, 7 female multi-purpose health workers, 4 drivers, 3 OT Technicians 4 Lab Technicians, 4 Ophthalmic Technicians, 4 X-ray Technicians, and 5 Dental Technicians. Official records show that the staff strength in the district hospital currently is 5 MOs, 1 paediatrician, 2 anesthesiologist, 2 gynaecologists, 1 surgeon, 1 physician, 1 orthopaedic,2 dental surgeon, 4 staff nurse, 6 pharmacists, 1 OT technician and 1 ophthalmic technician.

But like other district hospitals, Samba DH also has shortage of specialists and staff nurses in the district hospital (Table 3). The post of Medical Superintendent is in place. Out of the 15 sanctioned positions of Specialists doctors only 12 are currently posted in the hospital. There are no Specialists doctors in the fields of Cardiology, Dermatology, Pathology and Radiology. Large majority of the patient care in the hospital is taken care by the 6 Assistant Surgeons. Besides the Assistant Surgeons, there are 2 Dentists. The position of paramedical staff in hospital is satisfactory, as most of the sanctioned positions of OT, Dental and Ophthalmic Technicians are not in place. Due to the shortage of specialists doctors at the District Hospital, large majority of the patients in the district prefer to visit tertiary care hospitals in Jammu or private clinics for consultation/treatment.

CHC Gagwal has a sanctioned strength of 14 Specialists but only 10 are in position. The Anaesthetist is currently attached at DH Samba. The 2 positions Specialist Medicine and Surgeon are vacant. There are 10 posts of Medical Officers and 4 of them are in place. The CHC also has 3 vacant posts of Junior/Senior Staff Nurses and 2 posts of lab technicians. Most of the position of FMPHWs and other paramedical positions are also in place.

PHC Rattanpur has staff strength of 2 Medical Officers and 1 Dental Surgeon under regular side. But one Medical Officer is attached at CHC Gagwal, therefore only Medical Officer from regular side is currently working in the PHC. A Staff Nurse, FMPHW, Pharmacist, Lab Technician, a driver and 6 Nursing Orderlies are also posted at the PHC. The post of Dental Assistant is vacant in the PHC. Thus, staff position of this PHC is satisfactory compared to other PHCs in the district.

SC Birpur has sanctioned strength of 1 Pharmacist, 1 FMPHW. Of these positions, both the posts of FMPHW and Pharmacist are in place.

6.2 Staff Recruited under NHM

NHM has been very helpful to fill up critical gaps in human resource particularly in the far flung areas of the district. The State Health Society has decentralized the process of recruitment of

contractual staff under NHM. District Health Societies have been delegated powers to appoint contractual staff and preference is given to local candidates wherever available. The District Health Society is following a transparent policy in the recruitment of the staff. In order to attract doctors to work in far flung areas of the district, State is offering higher incentives (graded as per remoteness) to the doctors who are willing to work in far flung and remote areas of the district irrespective of the nature of appointment (NHM or regular). Some of the doctors have already joined and process is on to fill other vacant positions in the district.

The district has a total sanctioned strength of 251 under NHM including RBSK staff and of these 232 positions (92 percent) already stand filled up (Table 4). Of the 13 positions of MBBS Medical Officers, 6 are already working in different health institutions particularly in 24X7 PHCs, FRUs and SNCU at DH. The district has a sanctioned strength of 10 AYUSH doctors but instead of 10 doctors 13 are working in the district. Almost all the positions of Junior Nurses (94 percent) and FMPHWS (97 percent) are already working in different health facilities. All the sanctioned positions of Technicians (OT, Lab and X-ray) have also been put into place. All the 10 sanctioned positions of ISM Dawasaaz are also in place. One Lady Counsellor has already been engaged to work at the DH ARSH Clinic. Nutritional Rehabilitation Centre (NRC) has not yet been established at the DH. The district has a sanctioned strength of 15 posts in Programme Management Units (PMU), but the post of RMNCH+A District Consultant is vacant. Due to this vacant post, the monitoring of RCH suffered a lot. There is a need to fill up this position on priority basis.

District hospital has a sanctioned strength of 25 positions under NHM other than DEIC staff and 24 positions are already working in the hospital. These include 1 position of Dental Surgeon ,3 positions of Medical Officers, 10 positions of Junior/Staff Nurses, 1 ARSH Counsellor, 4 Lab Technicians, 2 OT Technicians, 2 X-ray Technician, 2 Ophthalmic Technician and 1 dental Technician. CHC Gagwal has sanctioned staff strength of 9 under NHM and 8 of them are in place. One MO, 1 AYUSH physician, 2 Staff nurses and 4 Technicians are also working in CHC. PHC Rattanpur has 6 sanctioned positions under NHM. These include 1 Medical Officer, 1 AYUSH doctor, 2 Staff nurses, 1 Lab Technician and 1 AYUSH pharmacist. Only AYUSH doctor and 2 Staff nurses are in place at

PHC Rattanpur. Almost all the SCs in the district have been provided with a post of 2nd ANM under NHM including SC Birpur. Being a H&WC, one MLHP has also been posted at facility.

Table 4: Status of Manpower under NHM in Samba District November-2019										
	Total		DH Samba		CHC Gagwal		PHC Rattanpur		SC Birpur	
CATEGORY	Per	IP	Per	IP	Per	IP	Per	IP	Per	IP
Gynecologist	0	0	-	-	-	-	-	-	-	-
Anesthetist	0	0	-	-	-	-	-	-	-	-
Pathologist	0	0	-	-	-	-	-	-	-	-
Dental Surgeon	1	1	1	1	-	-	-	-	-	-
Child Specialist	0	0	-	-	-	-	-	-	-	-
MBBS Doctors	13	6	3	1	2	1	1	0	-	-
ISM Doctors	10	13	-	-	1	1	1	1	-	-
ISM Dawasaz	10	10	-	-	-	-	-	-	-	-
Sr/Jr. Staff Nurse	34	32	10	9	2	2	2	2	-	-
Sister Tutor	0	0	-	-	-	-	-	-	-	-
Lab. Tech. Assistant	11	12	4	4	-	-	1	-	-	-
O.T. Tech.	8	8	2	2	2	2	-	-	-	-
X-Ray Tech.	8	8	2	2	2	2	-	-	-	-
Dental Tech.	-	-	1	1	-	-	-	-	-	-
Ophthalmic Tech.	-	-	2	2	-	-	-	-	-	-
FMPHW/ANMs	95	92	-	-	-	-	-	-	1	1
MMPHW	3	3	-	-	-	-	-	-	-	-
DPM	1	1	-	-	-	-	-	-	-	-
DAM	1	1	-	-	-	-	-	-	-	-
DMEO	1	1	-	-	-	-	-	-	-	-
RMNCH+A District Consultant	1	0	-	-	-	-	-	-	-	-
DEO for DPMU	1	1	-	-	-	-	-	-	-	-
DEO for various units	4	4	-	-	-	-	-	-	-	-
BAM	3	3	-	-	-	-	-	-	-	-
BMEO	3	3	-	-	-	-	-	-	-	-
Adolescent Health Councilor	1	1	-	-	-	-	-	-	-	-
IYCF Counselor	1	1	-	-	-	-	-	-	-	-
Others/MLHP	4	1	-	-	-	-	-	-	1	1
Total	251	232	25	24	9	8	6	3	2	2

Overall, it may be concluded that all the health institutions in the district particularly DH, CHCs and PHCs have a skeleton staff and given the present strength of regular staff particularly doctors the health care delivery services in the district have severely got affected.

The job description and reporting relationships of various categories of staff has been defined but the services of the staff of the PMUs are also utilized for other activities also. As, there is no plan for the inclusion of NHM staff in the State budget and also due to the instability of tenure; the contractual appointees leave the job once they get a job with better service conditions. Although, the NHM staff have been pressing for better service conditions and equal pay for equal work for the last 7 years, but the government has not yet made any efforts to redress their grievances and this is severely affecting the quality of health care delivery system in the district particularly in remote areas where the health care delivery system depends wholly on NHM staff.

6.3 Training Status/Skills of Various Cadres

A variety of trainings for various categories of staff are being organized under NHM at National, State, Divisional and District level. The information about the staff deputed for these trainings is maintained by different agencies organizing these trainings and CMO office maintains information about the trainings organized by it. The district has not imparted any training to doctors, Staff Nurses, LHVs, ANMs, ASHAs and other paramedical staff during 2019-20. NCD training of 5 days duration for ASHAs was currently undergoing in the district. Similarly, district was in the process to organize Dakshita training.

6.4 Strategies for Generation, Retention, and Remuneration

There is no standardized mechanism in place to monitor the productivity of the contractual staff, except attendance and routine work assigned to them and in the absence of any standardized monitoring mechanism; the contract of all contractual staff is renewed annually irrespective of their performance. The district has received 6 point guidelines from SHS for monitoring the performance of ANMs and such guidelines for other staff are also in the offing and the district has a plan to implement it shortly.

There are as such no incentives either for the health service provider or for the health facility based on functioning or performance, however, the State has categorized the health institutions as per the

remoteness into 3 categories. The doctors serving in the remote and very remote areas are entitled to higher salaries. This incentive has helped the State Government in motivating young doctors to serve in remote and far flung areas of the State.

7. OTHER HEALTH SYSTEM INPUTS

7.1 Equipments

The Directorate of Health Services Kashmir has done an equipment needs assessment survey of all health institutions in the State and the directorate used to procure provide the equipments for all the health institutions through a Central Purchase Committee. Equipments under NHM used to be procured by the District Health Societies/ BMOs. Now the Jammu and Kashmir Medical Supplies Corporation Ltd (JKSMCL) has been established and all equipments to the facilities are being procured and supplied through this corporation. However, it was found that the procurement of equipments through the corporation takes a lot of time. The newly procured equipments have inbuilt Annual Maintenance Contract (AMC) with the supplier during warranty period. After the warranty is over, health institutions undertake repairs of the equipments out of HDF. Our observations regarding the availability of various equipments in visited health facilities are as follows:

***District Hospital Samba*:** Medical Superintendent mentioned that almost all the essential equipments/instruments and other laboratory equipment required in the OPD, OT, labour room, SNCU and laboratory are available and functional. However, laparoscopes, MRI and Endoscopes are not available. Further the lab of the hospital is in need of a fully automatic anaylser to meet the growing diagnostic demand generated by JSSK. Equipment maintenance and repair mechanism is somewhat poor. District Hospital requires a cardiac monitor, defibrillator for emergency, Incubating, LMA, Suction machine, GB grasper, GBS tone extractor, GB scoop, Aspiration needle.

CHC Gagwal: All essential equipments required in an Emergency Hospital are not available at CHC. CHC does not have some of the general and essential OT equipments like byles apparatus, anaesthesia work station, ventilator, autoclave, ortho table. As far as diagnostic equipments are concerned, most of these equipments like Microscope, X-Ray, ECG, Ultrasound and Hemoglobinometer are functional in the CHC. CHC is in need of MRI, CT- scan digital X-ray and Endoscope.

PHC Rattanpur: BP apparatus, stethoscope, sterilized delivery kits, resuscitation kits (All), weighing machines (Adult and Child), needle cutter, delivery table, autoclave and emergency tray with injections are available at PHC. Facility for oxygen administration is also available. Radiant warmer, is available at PHC. Among the diagnostic equipments, Microscope, Hemoglobinmeter, Centrifuge, reagents

and testing kits and rapid testing for typhoid are functional in the PHC. Refrigerator and HIV test kits are also available and functional. ECG, USG, Semi auto analyser, Rapid plasma reagent (RPR) is not available in the PHC. The dental section has a dental chair but it has become unserviceable now. Three is a need to replace this broken dental chair with a new one. All equipments to conduct normal deliveries are available at the PHC but deliveries do not take place at PHC.

SC Birpur: Available and functional equipments at the centre include examination table, screen, weighing machine (adult and infant), BP instrument, stethoscope, HB and Glucometer. SC does not have Feotoscope. A digital Thermometer is available at SC. Training for operating these kits to ANMs has also been provided. SC has been provided with a delivery table and auto clave sterilizer and delivery kits to conduct deliveries under untied funds a few years back and a room was also identified for conducting deliveries but no deliveries take place at the SC, therefore most of the items procured for conducting deliveries at SC remain unused.

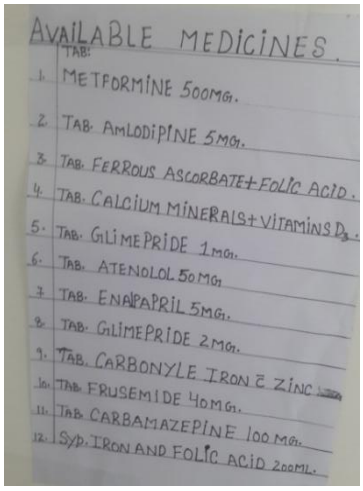
7.2 Drugs

J&K has established a Jammu and Kashmir Medical Supplies Corporation (JKMSCL) for procurement of drugs and equipments and it has recently been made functional. The drugs are procured by the corporation through e-tendering and mostly generic drugs have been procured. The corporation has asked all the health facilities in the State to assess the need of drugs and equipments on the basis of their work load and nature of diseases. The government has recently directed all hospitals to transfer 75 percent of the funds to JKMSCL, and utilize the remaining 25 percent for "meeting exigencies". Consequently, all the health facilities have submitted their requirement to the State Corporation. Although, the corporation has started supplying drugs to the health facilities but almost all the health facilities complained of inordinate delay in the supply of drugs and resultant shortages. Consequently, the health facilities are being forced to resort to stop-gap arrangement to procure the drugs especially to manage supplies required for JSSK.

Supply and distribution of drugs is monitored by the State Drug Controller by undertaking audit and stock verification of drugs. There is no drug testing lab in the district and testing of drugs is generally done by the Divisional Level Drug Testing laboratory. This lab lifts drugs on random basis and consequently all drugs and every batch of drugs is not tested. With the establishment of State Medical Supplies Corporation the loopholes in the procurement, testing of drugs and ensuring good quality medicines at the cheapest rates were expected to be plugged in. But it was found that JKMSCL has been supplying some drugs to hospitals without quality tests, forcing hospital authorities to provide the unchecked drugs to patients. It was also found that if health facilities procure the drugs locally, they obtain the drug testing certificate from the manufacturer/supplier only. There is also a Central Quality Assurance Committee (CQAC) at the State level that is entrusted with the responsibility of ensuring quality of drugs supplied to health facilities but this committee does not regularly visit the health facilities for checking the quality of drugs. Thus the overall system of checking the quality of drugs in the government health facilities in the State seems to be scandalous. Despite lot of media coverage about the non availability and spurious drugs, not much is done to improve the quality of drugs in the State.

District Hospital: Medical Superintendent of DH mentioned that before the establishment of JKMSCL, there used to be no stock outs of supplies but after the corporation has started supplying drugs, there is a lot of delay and consequently stock out are experienced and they are not in a position to provide free JSSK drugs all the time and there are instances when the patients had to purchase the supplies from market. He mentioned that they have placed a requisition with JKMSCL for supply of drugs and other consumables but till date they had received very limited supplies from the corporation. However, to ensure that all essential drugs are available in the DH particularly under JSSK, the DH is managing these either through local purchase or through Jan Ashudiyah store located in the DH. It was also mentioned by the MS and Store Keeper that JAN Ashudiyah has limited stock of supplies and drugs that are not available with JA are purchased through open market. Presently all EDL drugs are available in the DH but DH is in a position to provide free drugs to IPD patients, 40 percent in case of OPD and 100 percent in case of delivery cases. IEC material was not displayed on the walls. EDL was found available in the DH. Overall availability of drugs is displayed in the OPD, OT and labour room. Computers have been provided but computerized inventory management of drugs is not yet in place. Our interaction with the IPD patients revealed that 60 percent of the drugs prescribed to them were to be purchased from the market. Free medicines to the extent of 30 percent are provided to the OPD patients from the DH.

CHC Gagwal: Essential drug list is displayed in the labour room and OT. BMO mentioned that the supply of drugs and their quality has got affected after the procurement of drugs through corporation. Due to the shortage of drugs, they manage the drugs from HDFC by purchasing them locally in smaller quantities. Presently, CHC has not all essential drugs available required in the labour room and Operation Theatre. CHC has not received essential drugs during the last from three months. CHC required some essential drugs like inj. decamethasone, inj. Avil, inj. Atropin, inj. Adrenaline, inj. diazepam, inj. mindazdam, inj. Feriphyline, tap dipin and tab isosobride. Drugs for hypertension, diabetes, allergy and antibiotic in small quantities are available in the CHC. Drugs for other common ailments, IFA (Blue), Vitamin A, Zinc tablets, ORS packets are also available.

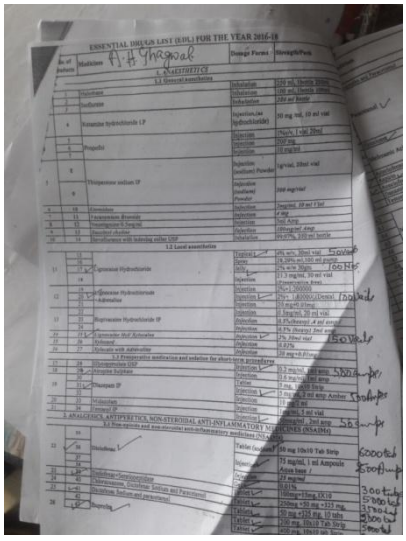


PHC: Supply of drugs was reported to be insufficient in PHC keeping in view the case load. PHC has shortage of inj. Magnesium sulphate, inj. Oxytocin, Misoprostol tablets, and Mifepristone tablets. Drugs, for hypertension, diabetes and common ailments, IFA, ORS, Albendazole and zinc tablets are available. Drugs required for normal delivery care are also available. IUCDs, OCPs, condoms and EC Pills are available. There are no supplies of sanitary napkins. AYUSH medicines are available in the PHC more than the demand.

SC: Drugs provided to SC are limited. Vitamin-A, ORS, Zinc and IFA are available at the SC. Tablet Paracetamol, Metronidazol and Cap.Ampicillin are available at the SC. But IUD, sanitary napkins, Inj.Magnesium sulphate, Inj.Gentamycin are not available at the SC. The FMPHW mentioned that the drugs/supplies provided to the SC meet only 25 percent of its demand. So far as contraceptives are concerned, oral pills and condoms are available at the SC. There are no supply issues with the vaccines.

7.3 Essential Drug List (EDL)

State Administrative Council in March 2016 approved Free Drug Policy for the State under which listed drugs, are to be provided free of cost to patients at all health facilities from June 01, 2016 onward. As per the policy, 23 medicines at the level of sub-centres, 53 at the level of PHC and 68 at the level of SDH/CHCs/District Hospitals have been included in the EDL. Although, this list is available in almost all facilities but it was observed that the facilities are not in a position to ensure free distribution of drugs contained in the list because of irregular supply. Therefore patients have to purchase most of the medicines from market and consequently considerable amount of out of pocket expenditure on medicine by patients was observed. Due to the non-availability of required drugs, doctors prescribe



brands/combinations of drugs beyond the supply of hospitals, contributing to high out of pocket expenditure.

The facilities are supposed to display the list of available essential drugs in labor room, IPD, OPD and OT and update it regularly but up-to-date list of available drugs was not found displayed properly in any of facilities visited by us.

7.4 Generic Drugs

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. It was observed that although a few generic medicines were being supplied to the hospitals by JKMSCL, but most drugs, essential for the hospitals to cater to needs of patients, remained unavailable. Doctors said that generic drugs are generally neither available in the market nor in the hospital, therefore free generic drugs, as promised by government under its free drug policy be made available in all hospitals before the doctors write generic names of the drugs. The doctors though have started prescribing some generic drugs but the medical shops located in and around the health facilities still sell non generic drugs. Although Jan Ashaudhi Drug Store has been established in the district but it has limited drugs.

7.5 AYUSH

The district ISM unit is co-located with DH in the district. There is 1 AYUSH Doctors at District Hospital. All the PHCs in the district have been provided AYUSH Medical Officers under NHM. All the PHCs where an AYUSH doctor is posted also have an AYUSH Pharmacist in place. AYUSH doctors at PHC level are involved in the implementation of National Health Programmes. AYUSH facilities have surplus AYUSH. The PHC has received a fresh consignment of AYUSH supplies. The District ISM Medical Officer and the PHC AYUSH Medical Officers are the members of the respective RKS committees in the district. During the first 8 months of 2019-20, 25885 patients have visited AYUSH clinics in the district and AYUSH accounted for about 5.2 percent of the total OPD.

7.6 Diagnostics

The DH Samba and CHC Gagwal are providing various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, X-Ray, ECG, VDRL, KFT and only bilurubin in LFT. RPR, T3, T4 testing facility, culture sensitivity and histopathology is not available at DH and CHC. ANC cases requiring these tests have to obtain these services from the private diagnostic

facilities. USGs at DH are conducted daily and at CHC Gagwal there is no USG facility. Endoscopy facility is not available at the DH and CHC. CT Scan facility is available at DH. MRI facility is not available at any government health facilities in the district. DH needs fully automatic biochemistry analyser, trans-vaginal USG, printer for USG machine, sonographic table, sonographer chair, view box for x-ray 3X2. CHC needs a MRI, C-T scan, digital x-ray and endoscope. It was also found that DH and CHC have adequate supplies of reagents and consumables in the laboratory. PHC Rattanpur has a small laboratory which has facility for conducting haemoglobin, TLC, DLC, urine albumin and sugar, blood sugar, and HIV testing. RPR/VDRL facility is currently not available. X-ray, USG and ECG facility is not available at the PHC. HB testing and blood sugar kit is available at SC Birpur. Pregnancy detection kits for distribution are available at the SC. The district has not yet started any diagnostic services in public private mode.

7.7 User Charges

The National Health Mission's (NHM) free essential diagnostics initiative launched in 2015 was supposed to address the high burden on patient on account of various investigations and procedures. To ensure affordable diagnostic tests at government hospitals, the State Government has made an attempt to ensure uniform rates for diagnostic tests across hospitals without much success. In January, 2019, the order has been re-issued, with detailed price list for 72 tests. This rate list has a fixed price cap for each test, a measure that could greatly reduced the burden on pockets of patients. As per this list, blood sugar investigations, both fasting and random, haemoglobin, BT-CT, TLC, blood grouping, urine examination, stool examination, serum bilurubin and some other tests are to be carried out free in hospitals. In addition, prices of other tests have also been reduced greatly. Pregnant women, senior citizens and BPL households are exempted from all kinds of user charges. It was found that all the health facilities visited by us are charging patients as per this new order.

7.8 Prescription Audit

The State has a policy for rational prescription of diagnostic tests and drugs but it was found that audit of diagnostic tests or drugs prescribed by the doctors is not taking place at any of the visited facilities. The Government needs to implement the policy of prescription audit more seriously as there are a lot of complaints of unnecessary prescription of drugs and diagnostic by the doctors.

8 MATERNAL HEALTH

8.1 Antenatal Care (ANC)

ANC services are available at all health facilities in the district. ANC registration takes place at SCs, PHCs, CHCs and DH. Each health facility registers women belonging to its catchment area. This has reduced the ANC registration load of DH and CHCs. Table 5 present information about various ANC and PNC services delivered by the various health facilities visited by us during 2019-20. District has registered a total number of 3138 pregnancies during April-November, 2019. The number of pregnant women registered for ANC services at DH, CHC Gagwal, PHC Rattanpur and SC Birpur is 126, 28, 12 and 39 respectively. Early registration is only 64 percent, which is slightly better compared to other districts but DH, PHC and SC has low proportion of women registered during the reference period. DH has reported 33 percent early registration followed by CHC Gagwal (60 percent), PHC

Rattanpur (66 percent) and SC Birpur (76 percent). About 75 percent of the ANC registered cases in the district have received at least 4 ANC checkups. Full ANC coverage (4+ visits) is higher in case of CHC Gagwal (96 percent) as women from adjoining SCs and PHC areas also visit CHC Gagwal for third and subsequent checkups due to the availability of Gynaecologists. IFA coverage is 35 percent in the district but it is almost 100 percent at DH. Only 15 percent of pregnant women registered for ANC services at SC have received IFA mainly due to its irregular supply.

Table:5 Institution wise Progress of various Maternal Health activities in Shopian during 2019-20

	Total		DH Samba		CHC Gagwal		PHC Rattanpur		SC Birpur	
	No	%	No	%	No	%	No	%	No	%
Total number of pregnant women registered for ANC	3138		126	-	28	-	12	-	39	-
Out of the total ANC registered, No. registered within 1st trimester	2016	64.2	42	33.3	17	60.7	8	66.7	30	76.9
No. of PW given TT1	2663	84.9	149	118.3	25	89.3	9	75.0	29	74.4
No. of PW given TT2	2527	80.5	80	63.5	33	117.9	8	66.7	25	64.1
No. of PW given 180 Iron Folic Acid (IFA) tablets	1112	35.4	186	147.6	0	0.0	0	0.0	6	15.4
No. of PW given 360 Calcium tablets	765	24.4	0	0.0	0	0.0	0	0.0	7	17.9
No. of PW given one Albendazole tablet after 1st trimester	1240	39.5	0	0.0	0	0.0	3	25.0	30	76.9
No. of PW received 4 or more ANC check ups	2361	75.2	78	61.9	27	96.4	7	58.3	34	87.2
No. of PW tested for Hb 4 or more than 4 times for respective ANCs	4038	128.7	2111	1675.4	47	167.9	35	291.7	3	7.7
No. of PW having Hb level<11 (tested cases)(7.1 to 10.9)	3591	88.9	2023	95.8	6	12.8	3	8.6	1	33.3
No. of PW having severe anemia (Hb<7) treated	97	3.1	88	69.8	0	0.0	0	0.0	0	0.0
Home deliveries	61	7.3	0	0	0		0		0	
No. of newborns received 7 HBNC visits in case of Home delivery	52	85.2	0	0	0	0.0	0	0	0	0
No. of Institutional Deliveries conducted (Including C-Sections)	775	92.7	591	100.0	8	100.0	0	-	0	-
Out of total ins. deliveries No. discharged within 48 hours of delivery	170	21.9	137	23.2	8	100.0	-	-	-	-
No. of newborns received 6 HBNC visits after Institutional Delivery	1713	221.0	0	0.0	35	437.5	26	-	-	-
Total C -Section deliveries performed	170	21.9	137	23.2	0	0.0	-	-	-	-
Total Live Births	832	-	587	-	8	-	-	-	-	-
No. of newborns weighed at birth	831	99.9	587	100.0	8	100.0	-	-	-	-
No. of newborns having weight less than 2.5 kg	6	0.7	6	1.0	0	0.0	-	-	-	-
No. of Newborns breast fed within 1 hour of birth	831	99.9	587	100.0	8	100.0	-	-	-	-
Women receiving 1st PP checkup within 48 hours of home delivery	56	91.8	-	-	-	-	-	-	-	-
Women receiving 1st PP checkup between 48 hours and 14 days	1067	137.7	498	84.3	8	100.0	-	-	-	-
No. of mothers provided full course of 180 IFA tablets after delivery	382	49.3	47	8.0	0	0.0	-	-	-	-
No. of mothers provided 360 Calcium tablets after delivery	328	42.3	47	8.0	0	0.0	-	-	-	-

Facilities for haemoglobin, blood sugar, urine investigations, measurement of BP and weight are freely available at health facilities in the district and most of the ANC cases are diagnosed for

anaemia, blood sugar and hypertension. The laboratories maintain separate registers for ANC cases and general patients and also record the results of diagnostics on the registers. However, information regarding blood sugar and hypertension is not maintained properly. Only 3 percent of the pregnant women registered for ANC services in the district are anaemic. Most of the anaemic cases are reported by DH. CHC, PHC Rattanpur and SC Birpur have not reported any anaemic case, indicating that anaemia reporting and recording at PHC and SC is highly erroneous.

8.2 Institutional Deliveries

One of the priority areas of the state is to improve maternal health. DHs, CHCs and some PHCs have been upgraded and strengthened to provide facilities for conducting deliveries. Facilities for institutional deliveries in Samba district are available at DH and all CHCs. Most of the PHCs and SCs were also provided delivery tables and other requisite equipments but deliveries in the district are conducted at only DH and CHCs.

As per the population of the district, about 3800 deliveries are expected in 9 months, but the district has registered a total number of about 775 deliveries in its health facilities including home deliveries during the first three quarters of 2019-2020. This indicates that about 3 thousand deliveries are conducted in health facilities located outside the district and also in private health facilities. As per HMIS, home deliveries account for only 9 percent of the total deliveries in 2019-20 but NFHS-4 shows that about 14 percent of the deliveries in the district are delivered at home. This clearly indicates that some of the home deliveries (5 percent) in the district are not reported at all under HMIS. However, the number of institutional deliveries reported in the facilities located in the district is decreasing; this indicates that more and more women prefer to deliver in facilities located outside the district. The decline in institutional deliveries in the facilities located within the district is a clear indication of deteriorating service delivery at public run health facilities.

Information collected from the office of CMO shows a total 775 deliveries (both institutional and home) have taken place in the district during April 2019-November, 2020. Of the reported institutional deliveries during 2019-20, 76 percent have been performed at the DH and 30 percent at various CHCs. The absolute number of institutional deliveries is performed at DH samba has declined from 108 deliveries per month in 2018-19 to 65 in 2019-20. During the first 9 months of this financial year only 8 deliveries have been performed at CHC Gagwal accounting for less than 1 percent of the total institutional deliveries in the district. No deliveries take place at PHCs and Sub Centres in the district.

Facility for C-section in the district is available at DH and two CHCs namely Ramgarh and Vijapur. The number of C-section deliveries in the district accounted for 22 percent of institutional deliveries in 2019-20. The proportion of C-section deliveries at DH is 23 percent, however DH accounted for 80 percent of all c-section deliveries performed in the district. Further, the proportion of C-section deliveries in the DH Samba has increased from 14 percent in 2018-19 to 23 percent in 2029-20 and the average monthly C-section deliveries in DH has slightly increased from 12 in 2018-19 to 15 in 2019-20.

8.3. Post Natal Care (PNC)

Women who have a normal delivery are encouraged to stay back for at least 48 hours after delivery both at DH and CHC, but it was found that hardly any women stays in the hospital for even a day after a normal delivery takes place. This is substantiated by the fact that 22 percent of reported institutional deliveries have been discharged within 48 hours of delivery. Our interaction with the patients and staff revealed that patients and their attendants prefer to reach back home soon after a normal delivery and the hospital staff also encourage it. It may be true but no efforts seem to have been made to reverse this trend. PP Iron has been given to 49 percent of women in the district and PP Calcium has been given to 43 percent of women during April-November 2019.

8.4 Janani Sishu Suraksha Karyakaram (JSSK)

JSSK in J&K is being implemented in all the districts. State has issued guidelines for the implementation of JSSK. These guidelines are regularly updated and communicated to the districts. Dy. CMO functions as the Nodal Officer for the implementation of JSSK in the district. Health officials at various levels report that they are providing all services (transport, medicines, meals, diagnostics, blood, user charges) free of cost to all pregnant women and neonates. Our observations regarding the implementation of JSSK in Samba district are as follows:

8.4.1 Transportation

Jammu and Kashmir does not have any proper 108/102 patient referral system, despite the fact that the State Government started the process of operationalzing 102/108 patient referral transport services long back in 2012. Interaction with the State officials revealed that State has procured new ambulances and tendering process to operationalize 102/108 service is complete. The service was expected to be commissioned by December, 2019 but has not yet been operationalized. Thus J&K presently does not have any proper 108/102 patient referral transport system.

There are 22 functional ambulances in the district, 20 of them have been from regular side and 2 have been donated by the local MLA out of their Constituency Development Fund. Pregnant women generally contact the ASHAs for availing free transport and ASHA contact the Medical Officers for arranging transportation. But health officials reported that they used to provide free home to facility transportation earlier but due to the shortage of funds for POL, they have almost stopped providing free transportation from home to facility. This is substantiated by the fact that less than 5 percent of women in the district have been provided free transport for visiting a health facility for delivery during 2019-20. In fact all the 5 women who were interviewed at DH had arranged their own transportation for visiting health facility at the time of delivery. However, free referral transportation is provided in most of the cases. Almost 57 percent of the referred cases have been provided free

referral transportation in the district. Due to the non availability of funds, drop back facilities has been stopped and this facility has been restricted to women who are very poor and stay for at least 48 hours in the hospital after delivery. Medical Superintendents of DH mentioned that due to the late release of funds and non availability of enough funds, they find it difficult to provide free drop back facility to all women delivering in their health facilities.

8.4.2 Medicines

Information regarding JSSK was available for 775 institutional deliveries in the district during the April-November 2019-20 and 63 percent of these women are reported to have been provided free medicines. Interviews, conducted with 5 women who had delivered at DH Samba mentioned to have received all medicines and drugs and consumables free of cost from the hospital.

8.4.3 Diagnostics

Officials at all levels maintain that all available diagnostics for pregnant women and sick newborns in public health facilities in the district are free of charge. Free diagnostics facilities (urine test, blood tests) are provided to pregnant women at DH, CHCs and PHCs in the district. As mentioned above that thyroid testing facility is not available at any of the facilities, so women needing a thyroid test have to visit a private clinic for this facility. USGs are conducted daily DH but such facility is not available at CHC Gagwal and PHC Rattanpur and women from these facilities are referred to DH for USG. However, it was found that most of the pregnant women also visit a private USG clinic for USG. It was also reported by the women that the Gynaecologist posted at the DH/CHC recommend them to private diagnostic labs for fetal UGS before delivery on the pretext that such an examination is must for the survival of both mother and child. Further few women mentioned that the USG equipment available in private labs is of better quality than at government facilities.

Table 6 :Details of Beneficiaries covered under JSSK in Samba during April, 2019 - November, 2019

Type of free Service	No of Pregnant women
Total Institutional Deliveries	**775**
a. Transport	
i. Home to facility	34
ii. Referral facility	443
iii. Drop back Facility	39
b. Free Medicine	486
c. Free USG/diagnostics	486
d. Meals	484
e. Free blood	0
f. Free Consumables	484
e. Free User charges	484

8.4.4 Diet

An amount of Rs. 100/= is earmarked for providing free meals to pregnant women under JSSK in the State. State has issued orders to the districts to provide hot cooked meals to women under the scheme. There is a canteen in DH Samba but such a facility is not available at CHC Gagwal. DH has outsourced the job of providing diet under JSSK to the Hospital Canteen and women are provided

breakfast, lunch and dinner. CHC Gagwal is not providing meals to women who deliver there due to non availability of kitchen and also the women do not stay there for night after delivery. Official information shows that meals have been provided to 62 percent of women who delivered in various health facilities in the district and stayed for more than 48 hours during the reference. Exit interviews showed that all women interviewed at DH had received some food items during their stay in the hospital.

8.4.5 User Charges and Consumables

All the women interviewed by us reported that all the services during delivery are provided free of charge and no fees are charged from them during their stay at the hospital.

8.4.6 Blood Transfusion

There is a blood bank in the district hospital. Blood storage facility is not available at CHC Gagwal. Facility of blood transfusion is available at DH but all patients needing blood transfusion have to arrange a blood donor.

8.5 Janani Suraksha Yojana (JSY)

As a high focus State, all pregnant women who deliver in a health facility in J&K are entitled to JSY payments. JSY cards are prepared and updated at the time of delivery. JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs. ASHAs have been oriented regarding the documents required for payment of JSY benefits and they inform and guide the pregnant women for opening of bank accounts well in advance i.e. at the time of ANC registration to avoid delay and other problems in JSY payments.

JSY payments are paid by the respective offices of the Block Medical Officers irrespective of the place of delivery. A total of 2986 deliveries (2924 institutional and 62 home deliveries) have been reported in the district which include 775 institutional deliveries performed in the district and 2149 deliveries performed outside the district. District has paid JSY benefit to 2426 women during April-November, 2019. Thus 81 percent of the total recorded deliveries in the district have been paid JSY incentive. Since the funds are not released to the district in a timely manner, there is, therefore no time frame for JSY payments in the district. Timing of payments depends upon the availability of funds and consequently, there is a backlog of beneficiaries. ASHAs have received JSY incentive of deliveries conducted at public health facilities. We contacted 4 women who had delivered last year and all of them mentioned to have received Rs. 1400 under JS but none had received it at the time of discharge from the facility and majority of them had received their entitlements after a delay of 2-3 months.

9. CHILD HEALTH

9.1 Facility Based Newborn Care (FBNC)

The district has established 1 SNCU at DH, 2 NBSUs at CHC level and 10 NBCCs at PHC level. SNCU established at DH has enough space and has been provided with requisite infrastructure; however, mother's area for expression of breast milk is not available. There are 8 radiant warmers in the SNCU. The post of SNCU Paediatrician is vacant; however, the Paediatrician from the regular

side is also looking after the SNCU. Besides, there are 2 MOs and 2 SNs from NHM side in DH who also have to look after SNCU. The Staff Nurses posted at SNCU have received IMNCI training. There is not a separate laboratory for SNCU; instead the facilities of the general lab are used for investigations of SNCU cases. Generally all births that take place in the DH are examined in the SNCU. Records about inborn and out born IPD, sex of the child, weight at birth, referrals and mortality details of neonates/infants are not well documented. Although, the SNCU has started maintaining registers of IPDs but an in-depth examination of the data contained in this register show that there is a lot of scope for improving the HMIS of SNCU.

All the children delivered at the DH are shown to have been admitted in SNCU. It was however found that SNCU is functional during day time only and all sick neonate/high risk births needing continuous treatment/observation are generally shifted to Government Children Hospital Jammu. Thus, the objectives of establishing SNCU at DH have not yet been achieved and mostly the neonats are immediately shifted to tertiary care hospital in Jammu.

Medical Superintendents at DH mentioned that almost all children who need a referral are provided free referral transport. During April-December, 2019, a total of 45 infants have been provided free referral transport. Free drop back transportation has not been provided to any neonats. Free medicines under JSSK have been provided to 21 children

It was observed that the Staff Nurses posted at the DH do counsel the women about early and exclusive breast feeding and discourage bottle feeding. This has a significant impact on initiating early breast feeding. In fact almost all the women who had delivered in DH and CHC during our visit had initiated breastfeeding soon after the delivery.

9.2 Child Immunization

According to NFHS-4, Samba is one of the districts in J&K which has low full immunization coverage. Only 69 percent of the children age 11-23 months in the district are fully immunized. There are some areas where immunization coverage is very low. Areas with low immunization coverage have been identified in the district and plan for intensification of routine immunization under Mission Indrudunsh has been prepared for these areas. Micro plans for institutional immunization services are prepared at sub centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for the preparing micro plans. Pentavalent was introduced in 2016 and Rotavirus in September, 2019. The facility of birth dose of immunization (OPV0 and HB0) is available on daily basis at DH and CHCs/EH. BCG and routine immunization is available at DH twice a week. CHCs, PHCs and SCs

provided routine immunization on weekly basis. Outreach sessions are conducted by PHCs and SCs on Mondays to net in drop-out cases/left out cases. VHNDs and outreach sessions are used to improve DPT-1 Booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. Of the 2417 immunization sessions planned in the district, 2382 sessions have been held in the district during 2019-20. MCP cards were available at all the visited facilities. All the facilities reported regular supplies of vaccines. Vitamin-A was available at all the facilities visited by us. AEFI committee and Rapid Response Team (RRT) have been constituted but during the last three months, meetings of AEFI and RRTs have not taken place.

Child immunization statistics of the district are not very accurate. Duplication of reporting of some vaccines is still going on in the district. As per the population of the district, we can expect around 4000 births during the first 9 months of 2019-20 in the district, but as per the official records, district has registered 775 deliveries during the first 9 months of 2019-20 and about 2500 deliveries have been conducted in institutions outside the district. However, when it comes to immunization, 1678 are reported to have received OPV-0 and 1770 have received BCG. Around 5000 are shown to have received various doses of Pentavalent and Polio. Thus more children are reported to be immunized than the actual number of births. Supply of Vitamin A has improved in the district and it has resulted in a high Vitamin-coverage in the district. The district has provided Vitamin-A dose-1 to 5863 children indicating a coverage rate of more than 100 percent.

9.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

Like other districts of the State, RBSK has been launched in Samba district in March 2014. There is sanctioned strength of 38 positions and 31 of them have already been put in place (Table 7). There are 6 RBSK teams (2 teams in each block) in the district and each team consists of 2 AYUSH Medical Officers, 1 FMPHW and 1 Pharmacist. There are 12 positions of AYUSH Medical Officers and only 1are vacant.6 position of ANM, and 6 Pharmacists, all the posts of ANMs and Pharmacists have been put in place. The district has established District Early Intervention Centre (DEIC) at the District Hospital. While most of the posts in DEIC have been filled up, however some important position like Paediatrician, Audiologist/Speech Therapist, Physiotherapists, Early interventionist cum special educator, Staff nurse are vacant. The process for the recruitment of these positions has also been initiated.

Table 7: Status of the Recruitment of RBSK Staff in Samba District, November, 2019			
S. No	Name of the Category	Permissible	In Position
1	Paediatrician	1	0
3	MO, MBBS	1	0
4	MO Dental	1	1
5	MO AYUSH	12	11
6	Jr. Staff Nurse	1	0
8	Audiologist / Speech Therapist	1	0
9	Psychologist	1	1
7	Physiotherapist	1	0
11	Lab. Technician	1	1
12	Dental Technician	1	1
17	Early interventionist cum special educator	1	0
13	Optometrist	1	1
15	Pharmacists	6	6
16	ANMs	6	6
2	DEIC Manager	1	1
17	DEO (outsourcing)	1	1
10	Social Worker	1	1
	Total	38	31

Child health screening cards have also been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. The teams have visit 453 schools and 1241 Anganwadi Centres in the district and have screened about 41715 children. Of these, 2402 (5 percent) have been identified with complications and 2158 were treated by the teams and 14 were referred to tertiary care hospitals for further treatment. During 2019-20, DEIC identified 23 cases for specialized treatment and forwarded these cases to State Health Society for grant of financial assistance. SHS approved financial assistances in favour of all the 18 children. A total amount of Rs. 38,07000 was approved for their treatment. However, it was mentioned by the DEIC Manager that mechanism of cost estimation and approvals for specialized treatment under RBSK is somewhat complicated and lengthy and needs to be simplified.

10. FAMILY PLANNING

Facilities for Laprolization, Post Partum Sterilization (PPS), IUD and PPIUD in the district are available at DH and CHCs. These services are generally provided on designated days. NSV and PPS services have also been provided at DH and CHCs. There are only a few doctors in the district who are trained to provide laprolization/minin lap services. Sterilization camps are generally organized on the eve of World Population Day to provide various types of family planning services. However during 2019-20, no such camps have been organized in the district.

As per HMIS, a total of 88 Laproscopic Sterilizations have been performed in the district during April-November, 2019. Quality Assurance Cells (QAC) for monitoring of family planning activities have been constituted at district level. But meeting of the QAC do not take place regularly.

IUCD 380A services are available at DH, CHCs and few PHCs in Samba block. None of the SCs provides IUCD services in the district. PPIUCD services have recently been introduced as 5 doctors have attended PPIUCD training. A total of 202 IUCDs have been inserted in the district during 2019-20. Of these 21 (10 percent) are reported by DH and 12 (6 percent) by CHC Gagwal. The district has also recorded a total of 34 PPIUDs during 2019-20 and most of them have been performed at DH Samba.

Condoms and Oral Pills (OPs) were available in all the 4 facilities visited by us. Weekly Oral Pills and Emergency Contraceptive Pills (ECP) are also available at these facilities. ASHAs have been given the responsibility of delivering contraceptives at the homes of beneficiaries in the district. The information regarding various methods of family planning is also provided through VHND sessions at the SC level. Further ARSH clinics also provide information about condoms and OPs. A total number of 6772 OP cycles and 69976 pieces of condom have been distributed in the district during the last nine months Antara injections have been introduced in the district. A total of 615 women have received first, second and third dose of Antara.

11. COMMUNITY PROCESSES

11.1 Accredited Social Health Activist (ASHA)

District Samba has a sanctioned strength of 309 ASHAs and only 284 are currently working in the district. District is in need of 38 additional ASHAs (8 for rural and 30 for urban) to cover unserved villages. ASHAs in the district have been provided money for uniform during Oct 2019. ASHA Diary has been provided during the current financial year. ***ASHA Ghar*** (rest room) has been established at DH for ASHAs who accompany the pregnant women. SIM for mobile phone has been provided to ASHAs and mobile charges @ Rs. 100 per month are paid to ASHAs.

11.2 Skill Development

Skill development of the ASHAs is a continuous process in the district. 278 ASHAs and Facilitators in the district have received Home Based New Born Care (HBNC) training. HBNC kits have been provided to 260 ASHAs. Skill tests conducted showed that ASHAs do have good knowledge of their role and responsibilities but their understanding of HBNC is somewhat poor. NCD training for ASHAs was currently undergoing in the district.

11.3 Support structures for ASHAs

The district has already identified 1 District Coordinator, 3 Block Coordinators and 15 facilitators to support, facilitate and monitor the performance of ASHAs. Review meeting of ASHAs take place on monthly basis at cluster, block and district level. ASHAs report to ASHA Coordinator and the Program Management Units along with the Block Medical Officer and ASHA Coordinators reviews the performance of the ASHAs by using their performance on 10 activities. ASHA grievance redressed committees have been constituted at district and block level to address the grievances of ASHAS

11.4 Functionality of the ASHAs

ASHAs are involved in a host of activities which include identification of pregnant women and their early registration for ANC, education about ANC checkups, TT, IFA, arranging transport and

accompanying women to health facility for delivery, PNC visits, and coordination and participate in the VHNDs and VHNSC meetings. They are also involved in TB and leprosy related activities, supporting AWW in mobilizing the community to the AWC for availing health and nutrition services, mobilizing the community for adopting family planning methods and also distributing contraceptives. ASHA kit was provided on Nov 2019, some supplies like IFA, ORS with zinc, condoms and oral pills are provided to the ASHAs. They reported that their drug kits are not replenished regularly and except for iron and contraceptives they have hardly anything to offer to their clients.

During our visit to various health facilities we interacted with 7 women who had delivered in the DH or had come for immunization at various facilities, about the services provided to them by their ASHAs. All these women reported that ASHAs helped to register for ANC services and prepare MCP card. Four of them expressed that ASHAs did not visit them for any services after ANC registration. None of these women had received IFA from the ASHAs. However, all the women mentioned that ASHAs visited them in the last trimester of pregnancy and advised them to deliver in the health facility. None was accompanied by ASHA to a health facility for delivery. Thus it appears that most of the ASHAs are generally interested in registration of women for ANC and their delivery in a health facility so that their JSY incentive is ensured rather than ensuring the women receives full range of ANC and PNC services. Keeping this perspective of pregnant and lactating women in view, it appears that ASHAs 10 point performance monitoring is not based on the actual performance of ASHAs. Therefore, there is a need to monitor the performance of the ASHAs and the way this 10 point performance scale is prepared.

11.5 Home Based Newborn Care (HBNC)

As mentioned above that all the 278 ASHAs have received training for conducting HBNC visits and 260 were provided HBNC kit. But most of the ASHAs complained that HBNC kit provided was incomplete. It either did not contain weighing machine or stop watch or thermometer. During HBNC visits ASHAs have made a total of 664 postpartum check-up. They have helped 254 children to receive BCG and 40 HBO/polio during the first 8 months of 2019-20. Our interaction with the mothers revealed that although ASHAs conduct HBNC visits but these visits are just informal. Proper guidelines are not followed to make these visits effective. Further, it was observed that there is hardly any effective mechanism for monitoring of HBNC. Interaction with ASHAs showed that they are not fully trained to conduct HBNC visits and fill up various HBNC formats. Consequently, HBNC has not been in a position to achieve its objectives.

11.6 *Maternal and Infant Death Review*

State has issued necessary orders and guidelines for the reporting of maternal deaths and their audit to all health facilities in the State. Maternal and Infant Deaths Review committee has been established in the district. As per these orders, maternal death reviews are to be done by the CMOs and District Magistrates. ASHAs are to be given incentives to report maternal deaths and Rs. 250 is kept for maternal death investigation. Both the CMO and BMO admitted some infant deaths taking place in the remote areas of the district are not reported because of inaccessibility and poor communication facilities. However, reporting of maternal and infant deaths has improved. The list of infant deaths is available at various health facilities. Two maternal deaths have been reported in the district during the last three

quarters and both have been reviewed. A total number of 23 infant deaths have been reported in the district during the last 8 months. The verbal autopsies have been conducted for 17 of these infant deaths. ASHAs/ANMs generally submit verbal autopsy reports but no further action has been taken on these reports. Incentive for reporting of maternal and infant deaths has been given to the ASHAs.

12. Adolescent Health

ARSH clinic at DH Samba has been established and 1 ARSH Counsellor is posted there. Data Entry Operator was working under NHM but he has left his job and the post is vacant from two years there. ARSH counsellor provides ARSH related services and also provides information about various contraceptive methods. Oral pills, condoms, sanitary napkins are distributed through ARSH clinic. Weekly Iron Folic Strips are not available in the ARSH clinic. There is a system of follow up of the adolescents attending the clinic. Records maintained at the DH ARSH Clinic regarding the services provided by it indicate that 2691 adolescents have visited the ARSH clinic during the last 8 months of 2019-20. Seventy six percent of the ARSH clients are female. Outreach sessions have not been given much priority as only 64 outreach session has been conducted during the last 8 months.

Weekly Iron Folic Strips are not available in the ARSH clinic, although ARSH clinics have a lot of potential to distribute it among adolescents. It was also found that ARSH and RBSK does not have any coordination and it is suggested that if the ARSH Counsellor visit the schools with the RBSK teams that would be more useful than to visit the schools independently.

13. DISEASES CONTROL PROGRAMME

13.1 Revised National Tuberculosis Programme (RNTCP)

Being a new district, the district does not have a separate District Tuberculosis Cell, instead a TB treatment unit under District TB Centre Jammu is functioning in DH Samba. The Medical Officer is presently working as the District Tuberculosis Officer (DTO). Further two positions of Sr. Treatment Supervisor (STS) and one position of PBH and one position of SPLS have been appointed under NHM in the TB Unit of DH. The TB unit does not have a separate laboratory; instead the general lab is used for DOTS investigations. CHC Gagwal also does not have any separate staff for its TB cell but facility for screening of TB cases is done in its lab. Facility for TB diagnostics at PHC Rattanpur is not available.

During the last 8 months, at total of 1143 tests have been conducted in the DOTS Unit in Samba and 76 of these specimens have been found positive. Thus case detection rate is about 6.6 percent. Currently, a total of 154 patients (old and new) are under DOTS treatment in the district. The drugs for the treatment of TB is being provided free of cost to all the patients at all levels. There is no shortage of anti TB drugs and patient-wise boxes and cat IV drugs are available at all DOTS Centres.

13.2 National Leprosy Eradication Program (NLEP)

NLEP programme is looked after the District Health Officer. Of the 3 positions of Para Medical Staff, 2 are vacant. Currently the NLEP is managed by 2 Para Medical Assistant. There are a total of 2 active cases of leprosy and all are taking MDT. The district has adequate supplies of MDT.

14. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

14.1 Non Communicable Diseases

Government of Jammu and Kashmir has approved population based screening as part of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in all districts through HWCs and in the first phase it was rolled out in 6 districts (Jammu, Udhampur, Doda, Anantnag, Baramulla and Samba) in 2018-19 and remaining districts including were added during 2019-20.

NCD programme in the district is looked after by District Health Officer (DHO) Samba. As per the records DH has a NCD clinic but it does not have separate OPD room for screening, therefore screening of NCDs is conducted in the general OPD. Screening of diabetes and hypertension is also conducted at CHCs. However, the facilities do not properly maintain information about total persons screened. During the reference period from April till November, 2019, 166 camps were organised in the district in which 5315 persons were screened and out of which 352 persons were identified with diabetes and 307 cases were identified with hypertension. The DH and CHC Gagwal has not maintained records about total persons screened but have information about number of cases identified with diabetes and hypertension. A total of 1059 persons have been identified with hypertension and 1046 persons with diabetes at DH. The corresponding cases at CHC Gagwal are 96 and 77. Drugs for hypertension and diabetes are available both at CHC and DH.

14.2 Dialysis

A dialysis unit has been sanctioned to be established at DH Samba. On the directions of the Director Health Services Jammu, MS of the DH has identified space for setting up dialysis unit but due to the non receipt of funds from DHS, dialysis unit has not yet been established at DH Samba.

15. AYUSHMAN BHARAT YOJANA

Ayushman Bharat Yojana or Pradhan Mantri Jan Arogya Yojana (PMJAY) or National Health Protection Scheme or Modi-Care is a centrally sponsored scheme launched in 2018, under the Ayushman Bharat Mission of MoHFW. The scheme aims at making interventions in primary, secondary and tertiary care systems, covering both preventive and pro-motive health, to address healthcare holistically. It is an umbrella of two major health initiatives namely, Health and Wellness centres and National Health Protection Scheme (NHPS). The scheme has been formed by subsuming multiple schemes including Rashtriya Swasthya BimaYojana (RSBY), Senior Citizen Health Insurance Scheme (SCHIS), etc. Further, the National Health Policy, 2017 has envisioned Health and Wellness Centres as the foundation of India's health system which the scheme aims to establish.

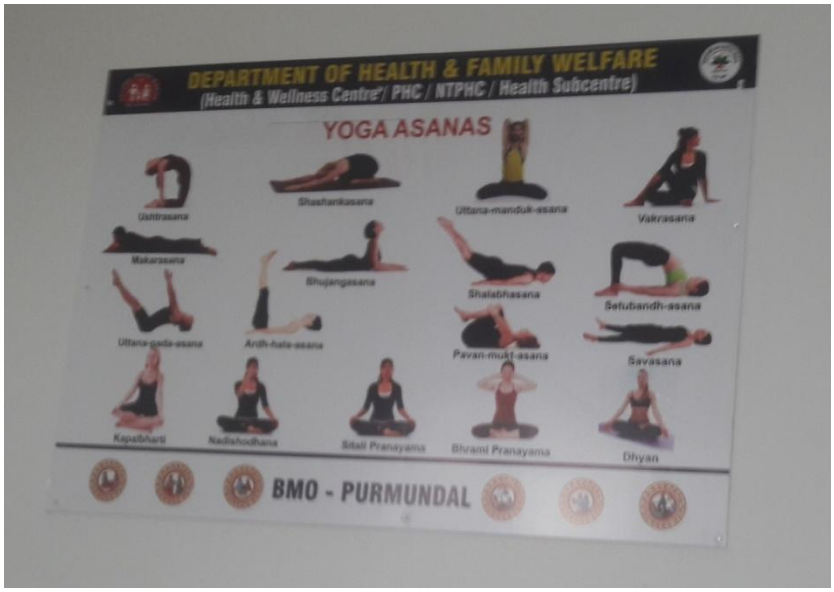
Ayushman Bharat was officially launched in Jammu and Kashmir on December, 1st 2018. A total of 56213 families are to be covered under the scheme in Samba. The district has verified 85 percent of beneficiaries from the list. A total number of 30922 golden cards have been generated and most of them have been issued to the beneficiaries during this short period of time. A total of 7 health facilities in the district have been identified to provide free services and separate counters with requisite infrastructure under PM-JAY help-desk have been established in the district. A total of 348

patients have received free treatment from DH during the last 8 months and an amount of Rs. 2975100 has been spent for treatment of beneficiaries under PMJAY during 2019-20.

Ayushman Bharat is expected to prove as a game changer in the health sector and can reduce the out of pocket expenses to the needy people who have been found eligible on the basis of various criteria of the Socio-Economic Caste Census (SECC) created in 2011. But since every family under the SECC database is entitled to the benefits under the scheme, health officials believe this census has left out thousands of families who otherwise qualify for it given their socio-economic conditions. There is a need to carry out a fresh census or set some other criteria for inclusion/exclusion under this scheme. Further, it would be better if a team is constituted in every district to verify if the applicant deserved to be covered by PMJAY criteria.

16. HEALTH AND WELLNESS CENTRES (H&WCs)

During 2018-20, a total of 341 health facilities were identified to be upgraded to HWCs in the State in the first phase and 299 of them have been renovated to work as H&WCs. These include 166 from Kashmir division, 124 from Jammu and 9 from Ladakh. Of the 166 H&WCs in Kashmir, 76 are SCs, 78 are PHCs and 12 are UPHCs. Samba district in the first phase has upgraded 1 PHCs and 9 SCs to Health and Wellness Centres and all these have become functional. The district is in the process of upgrading 15 more PHCs 12 SC into HWCs. MLHPs has been put in place in 2 H&WCs in the district. Other required staff for H&WCs has not yet been recruited. The district has initiated training under CPCH/NCDs and training for ASHAS was undergoing currently. Requisite equipments for screening of hypertension and diabetes and drugs for the treatment of NCDs have been provided to PHCs/CHCs upgraded to H&WCs. NCD registers and other stationery has been provided to H&WCs for CBAC. SC Birpur has been upgraded to H&WC. It has been provided with all the required infrastructure, equipments, drugs and is projected as a Model H&WC. It has started CBAC and opportunistic screening of adults. Screening of oral cancer and breast cancer has also been initiated. Those diagnosed with hypertension and diabetes are provided treatment and referral to CHC. This Centre has screened a total of 178 persons during 2019-20. However, other &WCs in the district are still in their infancy and district needs to complete the trainings, put in place MLHPs and provide other logistics support to these Centres so that they are in a position to achieve the objectives for which they have been upgraded.



17. CLINICAL ESTABLISHMENT ACT

The clinical establishment act is in vogue and is implemented poorly in the district both at public as well as private institutions/clinics. Although, the district has constituted a team in this regard but it has not made any surprise checks to private diagnostic laboratories and clinics.

18. REFERRAL TRANSPORT AND MOBILE MEDICAL UNIT (MMU)

Jammu and Kashmir does not have any proper 108/102 patient referral system, despite the fact that the State Government started the process of operationalzing 102/108 patient referral transport services long back in 2012. Interaction with the State officials revealed that State has procured new ambulances and necessary modifications have been carried out to 116 ambulances to equip them with GPS trackers. Of these ambulances, 56 are for Kashmir, 5 for Ladakh and 55 for Jammu division. The service which was expected to be commissioned by November 2019 has been rescheduled to be commissioned by January, 2020.

The information collected from the office of CMO indicates that there are 22 vehicles in Samba district which are used for transportation of patients but only 17 are currently functional. Of these 22 vehicles, 20 are from the regular health side and Local MLAs and MPs have donated 2 vehicles out of constituency development funds for transportation of patients. As mentioned above 102/108 service is not yet functional in the State and therefore none of the vehicles is fitted with GPS. NHM logos are displayed on most of these vehicles. Besides 1 Critical Care Ambulance, DH has 5 functional ambulances. CH Samba has 2 functional ambulances. PHC Rattanpur does not have a functional ambulance. Earlier it was provided a van without a registration number and other documents hence was never put on road.

19. QUALITY IN HEALTH SERVICES

19.1 Infection Control

Various units of DH and CHC Gagwal are cleaned regularly by the manpower of the sanitation wing 2-3 times daily but the general cleanliness of both these institutions was found poor. Shortage of space in OPD, IPD and maternity and paediatric unit further complicates the problem of maintaining proper hygiene and cleanliness in both these facilities. The general cleanliness of PHC Rattanpur and SC Birpur was satisfactory. Toilet facilities at all facilities were not very clean. Although smoking and carrying of plastic bags is banned in health facilities, but men were seen smoking in the corridors of DH and CHC. Further the ban on carrying of plastic bags in health institutions is not implemented.

19.2 Biomedical Waste Management

All the visited health facilities use colour coded bins for the segregation of waste but it was found that at some places all the three bins are not placed. Further, guidelines for proper segregation of waste are not properly followed at any of the health institutions. Patients and their attendants need to be educated about proper use of these bins. None of the health facilities in the district have an internal mechanism for disposal of bio medical waste. DH Samba and CHC Gagwal have outsourced the disposal of bio medical waste to a private agency, which lifts it on weekly basis. PHC Rattanpur has arrangement for the disposal of bio medical waste with Anmol Health Care Services Jammu.SC Birpur have arrangement of deep burial pit for disposal of bio medical. Sharpens, needles were not visible the premises of the visited health.

19.3 Information Education and Communication (IEC)

Information about JSSK and JSY entitlements, user charges, HIV/AIDS, family planning, immunization, breastfeeding, hand washing, TB and leprosy is displayed prominently in all health facilities. Citizen's Charter, timings of the facility, availability of services, protocol posters are also displayed in all health facilities. There is a need to also display IEC material emphasizing the benefits of normal delivery and importance of staying in the facility for at least 48 hours after delivery.

19.4 Grievance Redressal

Grievance redressal committees for registration of complaints and grievances have been established at all the facilities visited by us however, but the contact details for registration of complaints are not displayed in any of the facilities. MS of DH and CHC and the MO of PHC mentioned that they generally receive the complaints verbally and redress them on spot but our interaction with the patients at DH and CHC revealed that they hesitate to lodge the written complaints as they fear that it may further complicate delivery of services. Therefore, it is suggested that online system of registration of complaints is introduced in the district.

20. NEW QUALITY ASSURANCE INITITATIVES

20.1 LaQshya

Samba district has not initiated any activity for getting LaQshya certification of labour rooms and operation Theatres in the district.

20.2 National Quality Assurance Standards (NQAS)

None of the health facilities in the district has been identified for National Quality Assurance Standards (NQAS).

20.3 Kayakalp

Cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience and encourages moulding behaviour related to clean environment. To recognise such efforts of ensuring Quality Assurance at Public Health Facilities, the Ministry of Health & Family Welfare, Government of India has launched a National Initiative on 15th May 2015 to give Awards "KAYAKALP" to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control. An important objective of the award is to inculcate a culture of ongoing assessment and peer review of performance and to create and share sustainable practices related to improved cleanliness. In district Samba only PHC Rattanpur has been awarded "KAYAKALP" certificate and a cash award of Rs 2,00000 in 2018-19.

21. GOOD PRACTICES AND INNOVATIONS

The team could not find any good practices or innovations that have been adopted by the health facilities to improve the quality and delivery of health services in the district.

22. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

Jammu and Kashmir is one of the states which took an early lead in the facility reporting of HMIS. New RCH Register has been introduced in all the districts including Samba and the FMPHWs have been trained in the district to fill various columns in the RCH Register. The health facilities have completed household survey in their catchment areas. Hard copies of the latest HMIS formats are available at DH, CHC, PHC and SC. All the 3 post of BM&EOs in the district are in place. The DEOs have been posted at DH and CHCs and required computing and net facilities are available at CMO, DH and CHCs. DH and CHCs upload the data directly on 25$^{th.}$ PHCs submit the monthly report on 20th of every month and SCs submit the monthly information on 17th of every month to BMO office and it is uploaded by the DEO posted at BMO office. The reporting period is 18th to 17th of every month. BMO office takes 2-3 days to verify the data and gives one day time to PHCs and SCs to rectify the mistakes/inconsistencies in data. Finally, data of PHCs and SCs is uploaded at block head quarters on 25th of every month.

As the pregnant women generally visit multiple facilities for ANC, PNC and child immunization and these services are registered at multiple places. This is resulting in duplication of ANC registration and ANC services. For example, Jammu and Kashmir is reporting 4 lac ANC registrations compared to around 2.25 expected ANC registration. To stop reporting of duplication of ANC registration, ANC, PNC and child immunization, it has been decided to follow area based approach for reporting and uploading of data for these indicators and for other services facilities are following facility based

reporting. For example DH, CHC and PHC provide ANC, PNC and Child immunization to everyone visiting them for such services. Health facilities keep separate registers for clients belonging to the catchment area and clients from other area. The ANC information contained in the registers matches with the information uploaded on HMIS.

Information about pregnancy outcome, institutional delivery, sex of child, birth weight is maintained correctly in all the facilities and there is no difference in the information contained in the registers and that uploaded on HMIS. Information about permanent methods of family planning and IUDs is correctly recorded and reported. However, information about spacing methods is not properly maintained. While, the reported figures pertaining to IPD and Surgery match with recorded figures in all facilities, but OPD figures in case of DH and CHC are under reported.

A cursory look at the HMIS formats shows that FMPHWs do not have clear understanding of how to report services not available at the facility and the services available but not utilized/delivered. They generally put X mark or record 0 or leave the column blank in both cases. Further it was noted that FMPHWs at SCs fill up weight, BP, HB of pregnant women in RCH registers without measuring the same. There is therefore a need to properly monitor the data recorded in the RCH registers and clear the confusions which the ANMs have.

It was seen that recording of information in laboratories has improved considerably. The laboratories in the health facilities are maintaining separate registers for ANC and non ANC cases and also record the results of the investigations on these registers and therefore HB reporting in DH, CHC and PHC has improved. While the DH laboratory maintains information on new data elements of gestational diabetes but same was not found true in case of CHC and PHC. Although the FMPHWs were oriented with new data elements but it was found that they have some confusion on these new data elements

The HMIS pertaining to immunization has also improved and minor duplication still exists in immunization reporting particularly at SC level. Over reporting is usually done by SCs as children who are immunized at DH or CHC are also reported by SCs. Facilities are reporting maternal and infant deaths but there is still a lot of scope for improvement. HMIS of SNCU and NBSU has not improved at all. Information about inborn and out born IPD, sex of the IPDs, weight at birth, referrals and mortality details of neonates/infants admitted in SNCU and NBSU is not properly documented.

The district is now using HMIS data both for reporting and reviewing its progress. District is also using HMIS data for preparation of PIPs. However, to further improve the HMIS, it is suggested that BM&EO should frequently visit the facilities for monitoring of HMIS and they need to be supported by the CMOs and BMOs by facilitating their mobility.

23. POSITIVES

- ❖ NHM has been in a position to fill up critical gaps in human resource. Almost 92 percent of the sanctioned positions have been filled up in the district. There is a transparent system of recruitment of staff under NHM.

- Almost all the Sub Centres have been strengthened by posting the 2nd ANM.
- All the payments towards ASHA incentive and JSY beneficiary are being paid through DBT using PFMS. E-transfer at all facilities is followed and no cash transactions are taking place, which is an achievement in itself.
- DEIC has been made functional and it will help achieving the goals of RBSK to a great extent.
- More than 90 percent of ASHAs have been trained for the implementation of HBNC.
- Despite delays in release of funds, DH manages to provide free drugs under JSSK to a large extent.
- The progress of the various components of NHM is regularly reviewed at various levels. This has reinforced accountability among the staff.
- Woman who had delivered at DH are highly appreciative of the delivery services provided by DH. This will surely help in increasing the demand for delivery services in DH.

21. CHALLENGES

- As per the population of the district, about 4000 deliveries are expected in the district, but the district has registered a total number of about 775 deliveries in its health facilities including home deliveries during the first three quarters of 2019-2020. This indicates that about 3 thousand deliveries are conducted in health facilities located outside the district and also in private health facilities.
- Inadequate number of Specialists especially Gynaecologists and Paediatrician at District Hospital and CHCs. The DH does not yet a sanctioned position of Medical Superintendent.
- Although, the infrastructure and manpower is available at DH to handle high delivery load, but DH will have to market these facilities, so that woman prefer to deliver in DH rather than in health facilities located outside the district.
- SNCU has been established in the DH but there is a need to make it fully functional by putting in place a Pediatrician round the clock, so that unnecessary referrals of neonats and infants from the district to Jammu are minimized.
- There is no 102 or 108 patient referral transport service in the State.
- The Supply of drugs in the health institutions has badly affected after the establishment of the Jammu and Kashmir Medical Supplies Corporation. Due to the non availability of drugs, health facilities are not in a position to implement free drug policy.
- Some of the drugs received by the health facilities supplied by JKMSCL do not carry mandatory quality check report from the quality section of the corporation.
- The norm of 48 hours stay in health facility is not being followed in most of the facilities visited. Beneficiaries were found to be leaving the facilities within 12 hours of deliveries due to non availability of proper medical staff during night hours.
- Mechanism of cost estimation and approvals for specialized treatment under RBSK is somewhat complicated and lengthy and needs to be simplified.
- Use of HBNC skills is an issue including filling up of HBNC forms.
- ASHAs 10 points performance monitoring is weak and needs strengthening.
- Meticulous monitoring and training for RCH Registers needs to be ensured at all facilities.
- Sex Ratio at Birth is still very low and it is not improving at all.

25. KEY CONCLUSIONS AND RECOMMENDATIONS

- Although Samba has a district hospital, but it has acute shortage of specialists in general and Gynaecologists, Paediatrician and Anaesthetists in particular. CHCs and PHCs also have shortage of doctors. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to utilize the services from other districts or visit a private clinic for treatment. Therefore, there is an immediate need to address the shortage of Specialist doctors in the district hospital and other CHCs/EHs on priority basis.
- The State Government has drafted a comprehensive HR Policy for attraction, recruitment and retention of skilled professionals in rural and remote areas but there is also a need to implement a transparent policy with regard to transfer of doctors their trainings and detachments.
- NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. In fact most of the health institutions in the district are run by NHM staff. This has resulted in an increase in OPD services. But since there is a lot of disparity between in service conditions and salaries between the NHM staff and regular staff and this has started to discourage the NHM staff to take full interest in their duties. There is a need to look into the grievances of the NHM staff and redress their genuine demands.
- The performance of the ASHAs on HBNC was found to be poor. They seem to be generally interested in claiming their incentives rather than facilitating in providing quality services. ASHAs also are not fully trained to conduct HBNC visits and fill up various HBNC formats. Incomplete HBNC kits have been provided to ASHAs and they have started conducting HBNC visits. But use of HBNC skills is an issue including filling up of HBNC forms. They need to be further reoriented on HBNC and filling up of HBNC forms. The ASHA Coordinators and Facilitators need to closely monitor the HBNC visits and provide on spot feedback to ASHAs.
- J&K Medical Supplies Corporation has now been established in the State and it has started procuring and distributing drugs to health facilities. However, the supply of drugs and equipments in the health institutions, instead of improving has deteriorated. Further health facilities have received some supplies which are not required by them. JKSMC should address this issue of delay of equipments and consumables and only those drugs that are required by the facilities need to be supplied to them.
- Essential Drug List has been prepared for various facilities but an updated list of drugs is not displayed in any of the facilities visited by us.
- The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities just meet 30-40 percent of their demand of drugs; therefore, free drug policy is partly implemented in the district. There is a need to assess the actual demand of various drugs and provide them to the 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.

- Computerized inventory management in the health facilities need to be prioritized. Complaint of medicines being out of stock, delay in supply etc could be addressed with this inventory management system.
- Information about JSSK and JSY entitlements, user charges, HIV/AIDS, family planning, immunization, breastfeeding, etc is displayed prominently in all health facilities. Citizen's Charter, timings of the facility, availability of services, protocol posters are also displayed in various facilities. There is also a need to display IEC material emphasizing the importance of staying in the facility for at least 48 hours after delivery.
- C-Section deliveries in the district are on the rise. There is a need to reverse this trend by proper counselling and explaining benefits of vaginal delivery. IEC material pertaining to benefits of vaginal delivery and ill effects of C-section delivery be displayed in labour room, OPD, IPD and other places in the health facilities.
- Despite irregular/late release of funding, DH and H have been in a position to manage free drugs and diet under JSSK.
- only free referral transport for deliveries and neonats is ensured in all facilities visited by us. Home to facility and drop back facility is not ensured in all of 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.
- JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs.
- Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started improving. There is a need to appreciate those ANMs/ASHAs who are reporting such events.
- Grievance redressal committees for registration of complaints and grievances is very poor. Medical Officers mentioned that they generally receive the complaints verbally and redress them on the spot but our interaction with the patients revealed that they hesitate to lodge the complaints as it may further complicate delivery of services. It is suggested that online system of registration of complaints is introduced in the district.
- RBSK in the district has been started and it is still in the infancy as the DEIC has not yet been made fully functional due to non availability of doctors, other support staff and equipment. Referred children do not get any special treatment at the referral facility. However, RBSK has been in a position to identify some children from poor families for specialized treatment and financial assistance has been released in favour of few children. But mechanism of cost estimation and approvals for specialized treatment under is somewhat complicated and lengthy and needs to be simplified
- HMIS have improved in the district as the district has taken some steps to minimize the multiplicity of reporting. However, there is still a lot of scope for improving the quality of HMIS particularly lab testing, immunization, HB and BP. This can be ensured by proper monitoring by DMEO and BMEOs. CMOs and BMOS need to support them in undertaking monitoring visits.