# MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION PLAN-2019-20: JAMMU & KASHMIR

***(A Case Study of Kulgam District)***




**Submitted to**
**Ministry of Health and Family Welfare**
**Government of India**
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# LIST OF ABBREVIATIONS

| | | | |
|---|---|---|---|
| **AD** | Allopathic Dispensary | **GOI** | Government of India |
| **AEFI** | Adverse Effect of Immunization | **HBNC** | Home Based New Born Care |
| **AMC** | Annual Maintenance Contract | **HCV** | Hepatitis- C Virus |
| **AMG** | Annual Maintenance Grant | **HFDs** | High Focus Districts |
| **ANC** | Anti- Natal Care | **HFWTC** | Health & Family Welfare Training Centres |
| **ANM** | Auxiliary Nurse Midwife | **HIV** | Human Immuno-deficiency Virus |
| **ANMT** | Auxiliary Nursing Midwifery Training | **HMIS** | Health Management Information System |
| **ASHA** | Accredited Social Health Activist | **H&WCs** | Health & Wellness Centres |
| **ARSH** | Adolescent Reproductive & Sexual Health | **ICDS** | Integrated Child Development Scheme |
| **AWC** | Anganwadi Centre | **IDD** | Intellectual Developmental & Disabilities |
| **AYUSH** | Ayurveda, Yoga & Naturopathy, Unani, Sidha & Homeopathy | **IDSP** | Integrated Disease Surveillance program |
| **BeMOC** | Basic Emergency Obstetric Care | **IEC** | Information Education & Communication |
| **BHE** | Block Health Educator | **IFA** | Iron & Folic Acid |
| **BHW** | Block Health Worker | **ILR** | Implantable Loop Recorder |
| **BMO** | Block Medical Officer | **IMNCI** | Integrated Management of Neo-natal & Child Infections |
| **BPL** | Below Poverty Line | **IMR** | Infant Mortality Rate |
| **BPMU** | Block Programme Management Unit | **IPD** | In- Patient Department |
| **CCU** | Critical Care Unit | **IPHS** | Indian Public Health Standards |
| **CBC** | Complete Blood Count | **ISM** | Indian System of Medicine |
| **CeMOC** | Comprehensive Emergency Obstetric Care | **IUD** | Intra- Uterine Device |
| **CHC** | Community Health Centre | **JSY** | Janani Suraksha Yojna |
| **CHE** | Community Health Educator | **JSSK** | Janani Sishu Suraksha Karyakaram |
| **CHO** | Community Health Officer | **KFT** | Kidney Function Test |
| **CMO** | Chief Medical Officer | **LFT** | Liver Function Test |
| **COPD** | Chronic Obstructive Pulmonary Disease | **LHV** | Lady Health Visitor |
| **C-Section** | Caesarean Section | **LMP** | Last Menstrual Period |
| **CTG** | Cardiotocography | **LT** | Laboratory Technician |
| **CVD** | Cardiac Valvular Dysplasia | **MCH** | Maternal and Child Health |
| **DEIC** | District Early Intervention Centre | **MD** | Mission Director |
| **DDK** | Disposable Delivery Kit | **MDT** | Multi Drug Treatment |
| **DDO** | District Data Officer | **MIS** | Management Information System |
| **DH** | District Hospital | **MMPHW** | Male Multi-Purpose Health Worker |
| **DHO** | District Health Officer | **MMUs** | Medical Mobile Units |
| **DOTS** | Directly Observed Treatment Strategy | **MO** | Medical Officer |
| **DPMU** | District Programme Management Unit | **MOHFW** | Ministry of Health and Family Welfare |
| **DTO** | District Tuberculosis Officer | **MoU** | Memorandum of Understanding |
| **ECG** | Electro Cardio Gram | **MS** | Medical Superintendent |
| **ECP** | Emergency Contraceptive Pill | **MTP** | Medical Termination of Pregnancy |
| **EDD** | Expected Date of Delivery | **NA** | Not Available |
| **EDL** | Essential Drug List | **NBCC** | New Born Care Unit |
| **ENT** | Ear, Nose and Throat | **NCD** | Non -Communicable Diseases |

| | | | |
|---|---|---|---|
| **FDS** | Fixed Day Static | **NGO** | Non-Governmental Organisation |
| **FMPHW** | Female Multi-Purpose Health Worker | **NO** | Nursing Orderly |
| **FRU** | First Referral Unit | **NQAS** | National Quality Assurance Scheme |
| **GIS** | Geographical Information System | **NIHFW** | National Institute of Health & Family Welfare |
| **GNM** | General Nursing & Midwifery | **NLEP** | National Leprosy Eradication Program |
| **NPCB** | National Program for Blindness Control | **SNCU** | Sick New-born Care Unit |
| **NRC** | National Resource Centre | **SPMU** | State Program Management Unit |
| **NRHM** | National Rural Health Mission | **SRS** | Sample Registration System |
| **NPHCE** | National Program for Health Care of the Elderly | **ST** | Scheduled Tribe |
| **NSSK** | Navjat Sushu Suraksha Karyakaram | **STI** | Sexually Transmitted Infection |
| **NSV** | Non-Scalpel Vasectomy | **STLS** | Senior T.B Laboratory Supervisor |
| **NVBDCP** | National Vector Born Disease Control Program | **STS** | Senior Treatment Supervisor |
| **OP** | Oral Contraceptive Pills | **TB** | Tuberculosis |
| **OPD** | Out Patient Department | **TBA** | Traditional Birth Attendant |
| **OPV** | Oral Polio Vaccine | **TFR** | Total Fertility Rate |
| **ORS** | Oral Rehydration Solution | **TSH** | Thyroid-stimulating hormone |
| **OT** | Operation Theatre | **TT** | Tetanus Toxoid |
| **PNC** | Post- Natal Care | **USG** | Ultra-Sonography |
| **PCB** | Pollution Control Board | **VBD** | Vector Born Disease |
| **PHC** | Primary Health Centre | **VDRL** | Venereal Disease Research Laboratory |
| **PHN** | Public Health Nurse | **VHND** | Village Health and Nutrition Day |
| **PIP** | Program Implementation Plan | **VHSC** | Village Health and Sanitation Committee |
| **PMU** | Programme Management Unit | **WIFS** | Weekly Iron Folic Acid Supplementation |
| **PPI** | Pulse Polio Immunization | | |
| **PPP** | Public Private Partnership | | |
| **PRC** | Population Research Centre | | |
| **PSC** | Public Service Commission | | |
| **QAC** | Quality Assurance Cells | | |
| **RBSK** | Rashtriya Bal Swasthya Karyakaram | | |
| **RCH** | Reproductive & Child Health | | |
| **RKS** | Rogi Kalyan Samiti | | |
| **RMP** | Registered Medical Practitioner | | |
| **RNTCP** | Revised National Tuberculosis Control Program | | |
| **RPR** | Rapid Plasma Reagin | | |
| **RTI** | Reproductive Tract Infection | | |
| **SCs** | Scheduled Castes | | |
| **SC** | Sub Centre | | |
| **SN** | Staff Nurse | | |

# 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 NHM, which started from 2013-14, 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, 2018-19 has been approved and State has been assigned mutually agreed goals and targets. The State is expected to achieve them, adhere to the key conditionalties 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 monthly basis. During the year 2019-20, Twenty districts have been allotted to PRC Srinagar. The assigned districts are Srinagar, Kulgam, Shopian, Jammu, Samba and Reasi. The present exercise of monitoring has been undertaken in district Kulgam of Jammu and Kashmir and it is the third round of monitoring of the same district while as its first round was done in 2015-16 and second round was done in 2017-18.

The study was successfully completed due to the support and guidance of a number of officials and individuals at different levels. We wish to express our thanks to the Ministry of Health and Family Welfare (GOI), for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks go to Mr. Bupinder Kumar, Mission Director, NHM, and Jammu & Kashmir for his cooperation and support extended to us from time to time. We are highly thankful to Dr. Fazal Ali Chief Medical Officer Kulgam and Dr. Muzaffar Ahmad Zarger, Medical Superintendent District Hospital Kulgam. Special thanks are also to BMO Block Qazigund and Medical Superintend CHC Qazigund and all the staff members at PHC Qazigund and Health and Wellness Centre Bhan for sharing their inputs. We also appreciate the cooperation rendered to us by Shahzad Musharaf, District Programme Manager (DPM) Mr Nisar Ahmad District Monitoring and Evaluation Officer (DMEO) and all other officials of the Programme Management Units at Kulgam and Qazigund.

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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.

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Dated: 28-11-2019 Imtiyaz Ahmad Bhat

## 1. Executive Summary

The objectives of the exercise is to examine whether the State is adhering to key conditionalties 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 Kulgam district and information was collected from the office of CMO, District Hospital Kulgam, CHC Qazigund, PHC Qazigund and HWC Bhan. We also conducted some exit interviews with some service seekers for ANC/PNC, child immunisation and delivery care at the above mentioned health facilities. Main findings of the study are as follows:

### Health Infrastructure

There are about 342 IPD beds available at the district level which includes 72 beds at DH, 80 at CHCs and the remaining 190 at PHCs. Due to lack of space PHC Qazigund is facing acute shortage of IPD beds which leads to referrals to other facilities. IPD beds are mostly underutilized at PHCs because of non-availability of doctors.

### Human Resource

The district Kulgam is facing shortage of Senior Consultants and Consultants in District Hospital because no creation has been made to run the District hospital smoothly still there are the staff strength of the CHC instead of District Hospital. Sixteen percent positions of medical and 20 percent of Para-medical staff and 17 percent are vacant in other positions in the district. Of the 114 regular positions of MBBS doctors/MOs, only 93 (82 percent) are in place. There are 2 positions of Gynaecologists, Anaesthetist and Surgeon Specialists vacant in district hospital. The district has sanctioned posts of Dermatologist but that too is vacant. Therefore, special attention is needed to fill up the gaps in the fields of Cardiology, Dermatology, Orthopaedics, and Radiologist and Pathologist. Another area which is a cause of concern is the shortage of Technical Assistants. This type of situation leads to inconvenience to general public in the district and hence are forced to seek the private treatment.

The CHC Qazigund is also facing many difficulties because of the PHC which is just 500 meters away from CHC. To make CHC fully functional an administrative decision has to be taken to merge both the institutions so that the ailing people may be benefited more. Thus the CHC Qazigund and PHC Qazigund must be merged to run the CHC in an efficient manner.

The NHM has helped the district in filling the critical gaps in the availability of human resource. In all 298 posts are sanctioned under NHM and 292 positions are in place. Almost all sanctioned positions of MBBS Doctors, ISM doctors, Staff nurses are in position. All positions of X-Ray Technician, Operation Tether Technician, and Laboratory Technician are in place. The District has a sanctioned strength of 29 posts in various Programme Management Units (PMUs & IYCF) and 27 are already in position.

### Programme Management

The district has Nodal Officers for proper implementation and monitoring of different schemes in the district. Presently CMO, Deputy CMO, DHO, DIO are looking after various health programmes in the district. The district has organised number of training courses like SBA, IMNCI, IYCF, NSSK IUCD and PPIUCD FPLMIS etc. The participants of these training courses include MOs, Pharmacists, Staff nurses, FMPHW/MMPHW, etc. DPMU and BPMUs are

functioning smoothly as almost all the available posts have been filled up. However, the positions of BM are vacant in block Qazigund. The manpower appointed at DPMU and other BPMUs were found worried about their job security and monthly consolidated pay. This was also felt by the visiting team. This was reported that as soon as these workers get an opportunity for any other post on permanent bases they leave the management units.

**ANMT School**

No ANMT school is presently functioning in district Kulgam. However, this needs to be mentioned that ANMT School has already been sanctioned for the district and construction work is presently going on.

**Retention and Incentives**

There is no standardized mechanism in place to monitor the productivity of the contractual staff recruited under NHM, except attendance, OPD, IPD and lab. performance. The renewal of contracts and increments of contractual staff are not linked to performance appraisal. Rural posting for newly appointed doctors by Public Service Commission (PSC) has been made compulsory. State is offering higher incentives (graded as per remoteness) to attract doctors to work in far flung areas. Further seats in PG courses have been reserved for doctors posted in remote and rural areas.

**Procurements**

The J&K has established one purchasing unit namely Jammu Kashmir Medical Supply Corporation Ltd. (JKMSCL) for procurement of drugs and equipment. Directorate of Health Services assesses the need of drugs and equipments of various health institutions and grade different types of health facilities depending upon the work load and performance. The supplies are made available to various health institutions quarterly by the Directorate of Health Services Jammu on the basis of the requisitions from the health institutions. There is a Quality Assurance Committee headed by nodal officer that ensures the quality of drugs that are being purchased by the Jammu Kashmir Medical Supply Corporation Ltd.

**Essential Drug List**

Essential Drug List has been developed for various types of health facilities which include drugs for RCH, safe abortion and RTI/STI. The display of the quantity of drugs available in health institutions is not updated on daily basis. There seems some improvement in the prescription and availability of generic drugs in the district.

**Diagnostics**

The facility of MRI, thyroid testing and endoscope is not available in any of the health facility. The DH is providing various lab services like Haemoglobin, CBC, Blood Sugar, ECG, urine culture, testing for malaria, TB, HIV, X-Ray, LFT, USG and KFT. CHC Qazigund provides facilities as haemoglobin, blood sugar, CBC, ECG, urine culture, testing for malaria, TB, and USG general and obstetric. But, facilities like as CT scan, endoscopy, thyroid, Coglogram Beta HCG, Colour Doplor and Level Second are not available at DH and CHC. The MS stressed that some more test facility like as hormone study, culture study, biopsy, thyroid profile and FNAC should be available at the DH. The PHC provides the service such as Hb, CBC, urine albumin and sugar, TB, CT, BT, ESR, TLC, DLC, HCV and HW etc. No testing kits for haemoglobin, malaria testing kit, sputum testing kit for RNTCP and sugar testing kit have been provided to Health and Wellness centre Bhan. It was

found that pregnant women are exempted from all kinds of user charges at all the public health facilities. There is no prescription audit of diagnostic tests or drugs prescribed by the doctors.
Information collected from the district revealed that there is no partnership with a private service provider for diagnostic tests at DH level and same was reported at CHC and PHC level.

**Referral transport and MMUs**

Toll Free Nos. for availing free transport facility under JSSK has been established at Divisional level (Kashmir and Jammu). The information about toll free number is displayed in every health institution. Some of the ambulances in the district have been connected with the centralized referral transport system and GPRS has been fitted on 12 ambulances. But due to shortage of vehicles and non-availability of funds, ensuring free transportation has received a setback in the district. No MMU and Critical Care Unit have been provided to Kulgam district so far.

**Monitoring and Supportive Supervision**

District Monitoring Officer has been put in place on contractual basis to monitor the NHM activities and provide feedback to Mission Director. All the heads of the visited facilities mentioned that DMO regularly visits the facilities for supportive supervision.

**ASHA**

Kulgam has sanctioned number of 700 ASHAs and 690 are in position. ASHAs in the district have been provided uniforms during 2019-20. ASHA Diary has been provided during the year September, 2019. The ASHA drug kit was also provided during August, 2019. ASHA Grah has not been established at DH because MCH is under construction . SIM cards for mobile phone have been provided to ASHAs and an amount of Rs. 1200 is provided annually to each ASHA as mobile charges. Module 6-7 (IMNCI) training has been given to ASHAs in the district. HBNC kit has also been provided to ASHAs. ASHAs are involved in many activities which include identification of pregnant women, their early registration for ANC, PNC visits, HBNC visits, distribution of contraceptives, sanitary napkins, coordination and participation in VHNDs and VHNSC meetings. CMO also revealed that for the encouragement and appreciation ASHA awards are given annually.

**Maternal Health**

Antenatal services are available at all health facilities in the district. A total number of 4431 women have been registered for ANC services in the district during the April to September 2019. Each facility registers and reports pregnant women belonging to its catchment area except CHC Qazigund where services are provided but ANC registration is done at PHC Qazigund. None of the women received the IFA from DH because of the non-availability of the tablets. All the women registered for ANC received the 4012 TT1 dose of injection.

**Institutional deliveries**

Facilities for institutional deliveries are available at DH, CHC and PHCs. C-section deliveries in the district are conducted at DH and at some CHCs only. None of the SC in the district has been officially identified to function as delivery point. A total of 3444 deliveries have been reported in the district during April to September 2019. Institutional deliveries account for about 99 percent of total reported deliveries. Of the institutional deliveries, 73 percent have been performed at the DH. Caesarean-Section deliveries in the district are conducted at DH and CHCs. Due to shortage of

doctors C-section deliveries are conducted during day time only on daily bases at DH. CHC Qazigund is conducting C-section deliveries on selected days only because there is no Gynaecologist available at the CHC Qazigund a Gynaecologist comes for two days from DH Kulgam to provide ANC services at the facility. Therefore, a lot of effort is needed to conduct such type of deliveries at DH and CHCs on 24x7 bases.
During night majority of cases who need LSCS are mostly referred to MCH Anantnag and LD hospital Srinagar district.

**PNC**
It was revealed by the health workers that women are encouraged to stay back for at least 48 hours after delivery both at DH, CHC and PHC, but it was found that hardly any women stays in the hospital for even a day after a normal delivery takes place. It was observed that women with normal delivery prefer to leave the hospital within a few hours and the hospital staff also encourage it because there are lack of space for ANC patients only 10 beds available for them this situation will not change until MCH is not constructed in the district.

**Surveillance (MDR/IDR):**
Maternal and Infant Death Review Committee has been established in the district. While verifying the records at the institutions it was found that reporting of maternal and infant deaths in the district particularly at PHCs and SCs has started but the performance is very poor and it is not maintained properly. Autopsy reports of all reported maternal and infant reported deaths at DH and CHC were available. One maternal death was reported in the district which has been reviewed. Out of 19 infant deaths all were reviewed and incentives were paid to 5cases up to September 2019.

**JSSK**
Deputy CMO functions as the Nodal Officer for the implementation of JSSK in Kulgam district. Due to the limited number of ambulances in the district, and irregular fund flow, free transportation from home to facility is generally not provided to pregnant women in the district. This is substantiated by the fact that only 16 percent of women have been provided free transport for visiting a health facility. Free referral transport from facility to facility has been provided to only 46 percent (975) of women. Drop back facility is partly available and this facility has been provided to about 40 percent of women during reference period. The MS opined that most of the beneficiaries have their own transportation and they feel comfortable in them than the hospital ambulances.

During the exit interviews conducted at DH and CHC with pregnant women and mothers who had attended these facilities revealed that they purchase some of the medicines from the market at the time of discharge from the hospital. But they reported that at the time of delivery they had zero expenditure from their pocket. Diagnostic facilities are provided free of cost at the facilities visited by us. But, tests like Coglogram, Beta HCG Colour Doplor , Level Second ,FANC/Biopsy blood and urine C/S , and USG at night are not done. Free cooked meals (breakfast, lunch and dinner) are provided to women under JSSK at DH and CHC. User charges are free of cost.

**Free Entitlements for Neonates:** SNCU at DH and NBSU at CHC Qazigund have been established. Free referral transport, medicines, diagnostic facility and user charges are provided. Free meals are not provided to the mother of the infants admitted in SNCU.

**Impact of JSSK:** JSSK has improved the institutional deliveries in the district. Out of pocket expenditure on deliveries has declined. The main objective of launching of JSSK is to minimize IMR and MMR by ensuring institutional deliveries and post-natal care has been achieved to a great extent through JSSK in the district. It was verified that the delivered cases left the hospital at least after 48 hours.

**Child Health:** The district has established 1 SNCU at DH,3 NBSUs at CHC level and 15 NBCCs at PHC level. The SNCU at the district hospital is functioning smoothly with requisite equipments. A total of 165 both inborn and out born infants have been admitted in SNCU during the year 2019-20. Further a total of 25 infants (15 percent) are referred to Government Children's Hospital Srinagar. None of the infant is reported to have died in the SNCU during the referenced period of 12 months. The services of NBSU at CHC Qazigund are un utilized even due to lack of equipment and the required manpower.

The ASHAs, ANMs and other staff posted in the labour room and maternity wards mentioned that they do counsel all pregnant women and expectant mothers regarding early and exclusive breast feeding. It was also observed that the nurses and doctors posted at the DH and CHC 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 during our visit had initiated breast-feeding soon after the delivery.

**Immunization:** The facility of birth dose and routine immunization is available on daily basis at district hospital. CHC Qazigund does not provide immunization to new born or pregnant women it is provided by the PHC Qazigund. The facility of immunization at PHC is available on every Wednesday in a week. SC also provides the immunization once in a month that is on every 2$^{nd}$ Wednesday of the month. Immunization cards and MCP cards were available at all the facilities except PHC Qazigund.

**RBSK:** RBSK has been launched in Kulgam district in the year 2013. There is sanctioned strength of 53 positions and 49 of them are already in place. There are 10 mobile screening teams (2 teams in each block) in the district and each team consists of 2 medical officers, 1 FMPHW and 1 pharmacist. The district is in the process of establishing fully functional DEIC at the District Hospital. DEIC Manager and Medical Officer (MBBS) are in place the DEIC Team and process for the recruitment of other position in DEIC have also been initiated. Child health screening cards have also been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centers for screening of children.

Regarding the performance of RBSK during 2019-20, the teams visited 549 schools and 139 AWCs in the district .A total of 51933 children of different age groups are screened and out of those 4771 were identified with different health problems and 2437 were treated for selected health conditions. Further a total of 52 children referred to tertiary hospitals for specialised treatment and an amount of rupees 126000 were sanctioned for their treatment. However, it was observed that referral mechanism under RBSK is currently a week area in the implementation of RBSK. Medical officers mentioned that they do not have adequate kits and drugs available to meet the latent demand of drugs during screening. The CMO was of the view that the main problem of the RBSK in the district is late

release of funds, lack of diagnostic facilities like as MRI, CT scan, ECHO, digital X-ray and mostly as time consuming in getting approval of financial assistance for the cases.

**Family Planning:** State is promoting use of IUCD 380A and number of trained IUCD providers has increased. IUCD services are available on all days at DH. Increased pool of trained service providers for Minilap, Laprolization and NSV has not been put in place in the district. Contraceptives are available at all facilities except PHC. ASHAs have been given the responsibility of delivering contraceptives at the doorstep of beneficiaries.

IUCD services are generally available at DH, CHC Qazigund and at PHC Qazigund. ANMs have been trained to provide IUCD services. There are no fixed days for IUCD services at DH, CHC or PHC, instead, services are available on all days. Postpartum IUCD services are also available at DH and CHC. A total of 16 IUDs have been inserted at DH and the number of IUDs inserted at CHC is 7 while as it is 22 at PHC Qazigund. Condoms and oral pills (daily) were available in all the 4 facilities but ECPs pills were available at facilities except DH. The information regarding various methods of family planning is also provided through VHND sessions at the SC level.

**JSY**

All pregnant women in the State are entitled to JSY payments. JSY cards are prepared and updated at the time of delivery. JSY incentive is paid to women who deliver in a health facility. JSY incentive is paid at the DH and at block headquarters. However, there is no time frame for making JSY payments in the district. Timing of payments depends upon the availability of funds. JSY information is recorded and reported by blocks. Blocks forward QPRs to district and it submits QPR to MoHFW regularly.

Information provided by office of CMO shows that of the 2114 JSY beneficiaries during April to October 2019, the JSY payment made to only 1730 beneficiaries and the payment of 389 beneficiaries is pending. Women who deliver at home are not paid any cash incentive under JSY. Exit interviews showed that women who completed all paper work have received payment.

**Disease Control Programmes**

**TB:** At present whole district of Kulgam under RNTCP is being looked after by district TB officer Anantnag district. The RNTCP services are provided by 4 tuberculosis units in both the districts. As such Tuber Closes Unit Kulgam is monitoring only three blocks of district Kulgam namely block Kulgam, DH Pora and Yaripora while as other two blocks Quimoh and Qazigund are taken care by other tuberculosis units. The district Kulgam has a post of MO, senior treatment supervisor (STS), senior tuberculosis laboratory supervisor (STLS), TB health visitor (TBHV) and lab technicians. The TB Control programme is working smoothly in the district. ANMs and ASHAs work at DOT providers at SC and village level. The screening is done on regular basis at all the levels. The testing facility is available in the district hospital, CHCs and PHCs. A total of 3129 sputum tests have been conducted in the district from January to October 2019 only 182 cases are found positive in the district and all patients have started MDT. The drugs for the treatment of TB is provided free of cost to all the patients at all levels.

**NLEP**: NLEP programme is also looked after by Nodal Officer (District health Officer) and out of 7 sanctioned positions of total staff one medical officer one pharmacist and 2 positions of CCs are in place presently. During the current year the screening was done to 460000 persons as whole population was covered under this programme only one case was unfortunately positive in the district. But there 2 old cases and all the 3 cases are being treated in the district currently.

**Non Communicable Diseases**

The district has been covered under screening for NCDS and it is looked after by district health officer (DHO) Kulgam. The screening is done at district hospital and CHCs. There is one epidemiologist 1 MO 1 physiotherapist, 1 laboratory technician and 2 staff nurses and one councillor and one data entry operator. During the reference period from April till October, 2019 13 camps were organised in which 13012 cases were screened and out of which 759 cases were identified for diabetes and 818 cases were identified for hypertension 11 cases for stroke and 6 cases for cancer.

**National Mental Health Programme**

National Mental health programme is running well in district the mental health clinic has each one sanctioned position for Programme officer mental health, clinical Physiologist, physiatrist social worker, physiatrist Nurse, Record Keeper, programme manager and a data entry operator all the positions are well in place. The clinic has screened a total number of 3162 have been counselled at DH from April to October2019. Out which 39 were referred to higher facilities for treatment and a number of 282 were counselled during the same period.

**Adolescent Health**

ARSH clinic at DH Kulgam has been established and 1 ARSH Counsellor 1 HIV Counsellor 1 IYCF Counsellor r, a child physiologist and 1 data entry operator is in position .During the last two quarters 1075 clients have visited the clinic. Out of these cases 617 cases have been provided counselling. A total of 458 cases have been treated and 25 cases have been referred for treatment to other health facilities. While 8 sessions were held during the reference period.

**Infection Control**

The general cleanliness at DH was found satisfactory. IPD wards, operation theatre, laboratory, bath rooms and OPD were clean. Fumigation takes place regularly. Similarly the cleanliness at CHC was not up to the mark and at PHC and HWC it was satisfactory.

**Biomedical Waste Management**

All the health facilities use colour coded bins for the segregation of waste. All facilities were following proper protocols for segregation of waste. Presently DH CHC Qazigund and PHC Qazigund have out sourced for disposal of solid waste/biomedical waste. The solid waste/biomedical waste at district hospital and PHC is disposed through Private agency namely Kashmir Care Health Services namely. However, HWC Bhan buries Bio-medical waste in a pit.

**HMIS**

Jammu and Kashmir took an early lead in the facility reporting of HMIS. Data reporting is regular. DH, CHCs and PHCs are maintaining separate registers for ANC cases and non ANC cases. All the facilities are regularly submitting HMIS formats. HMIS data is uploaded at block headquarters. The district is following facility based reporting of HMIS. DH and CHC, PHCs SCs and Health and

Wellness Centres are maintaining separate registers village/ASHA wise for ANC cases this has stopped the duplication of ANC registration reporting in the district. There is separate recording system of laboratory services provided to ANC cases. Recording of birth weight has improved at DH, CHC and PHCs. HMIS at Health and Wellness Centres pertaining to ANC and PNC has improved to a great extent. The HMIS pertaining to immunization has also improved and can be further improved in the district. The laboratories at PHC, CHC and DH maintain information about various tests conducted under JSSK on a separate register. This has improved HMIS recording of lab tests, but at the time of reporting, due care is not taken to record and count the number of women with HB less than 11 and less than 7 though these cases are encircled but not reported for follow-up. It is also to mention here that monthly HMIS formats were available at the visited health facilities.

**RCH:** ASHAs and ANMs have been trained to maintain information in RCH registers. Data entry operators with computers are in place in all blocks. The data regarding mother and children is uploaded and updated regularly. However due to heavy work load on the data entry operators and very poor internet connectivity, they are unable to update the records in time. But some additional DEOs have been provided to the district and RCH data entry has improved. Micro birth planning for severely anaemic and hypertensive pregnant women is still an issue. Based on various records, about 95 percent of RCH data pertaining to women and children has been uploaded and updated in the district.

## 2. Introduction

Ministry of Health and Family Welfare (MOHFW), Government of India has approved the State Programme Implementation Plans (PIPs) under National Health Mission (NHM) for the year 2019-20. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalties and implement the road map provided in each of the sections of the approved PIP document.

Though, J&K were implementing the approved PIPs after the launch of NHM, but there was no mechanism in place to monitor the implementation of these PIPs. However, since 2012-13, Ministry decided to continuously monitor the implementation of State PIPs. The Population Research Centres (PRCs) has been entrusted to undertake the monitoring exercise for these PIPs. It has been further decided by the Ministry that all the PRCs will undertake qualitative monitoring of PIPs, in a phased manner, in various districts of the States in which they are located. During 2019-20, Ministry has identified 10 Districts in Jammu and Kashmir for PIP monitoring. The assigned districts are Srinagar, Kulgam, Shopian, Jammu, Samba and Reasi. The present report pertains to district Kulgam of Jammu and Kashmir State. The staff of the PRC is visiting these districts in a phased manner. The present exercise of monitoring has been undertaken in district Kulgam of Jammu and Kashmir and it is the third round of monitoring of the same district while as its first round was done in 2015-16 and second round was done in 2017-18.

### 2.1 Objectives

The objectives of the study are to examine whether the State is adhering to key conditionalties 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 J&K.

### 2.2 Methodology and Data Collection

The methodology for monitoring of PIP has been worked out by the Ministry of Health and Family Welfare (MOH&FW) in consultation with PRCs in a workshop organized by the Ministry at National Institute of Health and Family Welfare (NIHFW), New- Delhi on 12-14 August, 2013. It was decided that all the districts of the State will be covered in a phased manner during 2013-14 and onwards. It was also decided that in each selected district information will be collected from District Hospital, 1 Community Health Centre, 1 Primary Health Centre and 1 Sub-centre and also from women who avail the OPD and IPD services from respective health facilities. The selection of the districts was done by the Ministry. The task of this evaluation exercise has been successfully completed by this PRC. During the current year 2019-20 as already mentioned 10 districts have been identified by the Ministry for monitoring of PIPs. The present study was conducted in Kulgam district and is based on the information collected from the office of CMO, District Hospital, CHC Qazigund, PHC Qazigund and HWC Bhan. The PRC team also interacted with a few OPD clients who had come to avail the services at DH, and CHC, PHC and HWC. Similarly, few IPD clients were also interviewed at DH and CHC.

Finally, a schedule of visits was prepared and the information was collected by two officers of the PRC consisting of one Sr. Research Investigators namely Imtiyaz Ahmad Bhat and Research Assistant Jaweed Ahmad Mir during November 2019. The following sections present a brief report

of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.


## 3. State and District Profile

The Jammu and Kashmir lies to the north-west of the country looking like the crown on the map of India. It is a border state in the extreme north on Indian Union. Nature has been generous enough to bestow this state with the rich forest and tremendous water resources. Its natural vegetations have great diversity, ranging from the lush evergreen conifers on the gentle slopes at high altitudes to deciduous forest on the southern slopes of Shiwaliks. The UT of J&K comprising the divisions of Jammu and Kashmir has an area of 2.22 lakhs sq. kms. But the area under actual control is 101387 sq. kms only. It shares its borders with Ladakh in the east, Pakistan in the West, Afghanistan and Russia in the North and plains of Punjab and Himachal Pradesh in the south and south-east. The state of J&K stretches between 32° - 17' N to 37° - 05' North latitude and 72° - 31' E to 80° - 20' East longitude. From North to South, it extends 640 kms in length and from East to West over 480 kms in breadth. Jammu and Kashmir is strategically located in the north-west corner of India. Geographically, the Jammu and Kashmir state is divided into four zones. First, the mountainous and semi- mountainous plain commonly known as Kandi belt, the second, hills including Siwalik ranges, the third, mountains of Kashmir valley, and Pir Panjal range .

The total geographical area of the State is 2, 22,236 square kilometers and presently comprises 20 districts and 75 medical blocks. According to 2011 Census, Jammu and Kashmir had 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 for the country as a whole (940). Twenty-seven percent of the total population lives in urban areas which is almost the same as at the national level. Scheduled Caste population accounts for 8 percent and Scheduled Tribe population 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 55 percent as compared to 65 percent at the national level.

**Table 1: Demographic Profile of District Kulgam.**

| Demographic Character | Number/percentage/Ratio |
|---|---|
| Total geographical area | 1067 Sq. Kms |
| Total Population of the district as per census 2011 | 4,24,483 |
| Male | 2,17,620 |
| Female | 2,06,863 |
| ST Population | 26525 (6%) |
| Literacy rate | 59.23 |
| 0-6 Yrs population as per census 2011 | 71,501 |
| Population Growth rate | 7.73% |
| Sex ratio as per census 2011 | 951 females per 1000 males |
| Child Sex Ratio (0-6 Age) | 885 |
| Total Area | 1067 square kilometres |
| Total No. of Medical blocks | 05 |
| Total Villages | 313 |
| No. of CHCs | 03 |
| No. of PHCs/ADs | 28 |
| No. of SCs/MACs | 91 |
| Total No. of ASHA's | 700 |
| Total No. of RKS (Rogi Kalyan Samitis) | 32 |
| Total No. of village Health & Sanitation Committees | 313 |

District Kulgam is a newly created district that came into existence after being carved out from district Anantnag and made functional administratively with effect from 2nd April, 2007. Nallah Veshav which drains most of the northern face of Pir Panjal is the main left bank tributary of river Jehlum and traverses through district Kulgam. Before confluence of Veshev with the Jehlum it gets broken off into a number of channels providing drinking water facilities and irrigation to huge tracts of the land of the district. Kulgam a picturesque town situated at 75.02 E longitude and 33.15 N latitude nestled in the lap of Peer Panchal Ranges and overlooking the left bank of River Veshew has come up along a sloppy Karewa from Larow to Chawalgam. Town Kulgam is situated at a distance of about 68 kms from Srinagar and about 17 kms from Anantnag. It has road connectivity with its neighboring districts like Shopian, Pulwama, Anantnag and Ramban etc, and besides being linked with far flung areas of the district by a dependable road network. According to the 2011 census the district has a population of 4, 24,483 souls. Eighty-one percent of the population of the district lives in villages and agriculture is the mainstay of the majority of the people in the district. The district spans an area of 1,067 Sq. km and is headquartered at Kulgam town. The ST population of the district constitutes 6 percent of the total population. Forty–one percent of the population in the district is still illiterate. The population growth rate is 7.73 percent and the sex ratio is 951 per thousand males which is much higher than the state which is 883. The district consists of 5 medical blocks. The district has 313 revenue villages and village health sanitation committees have been formed in all these villages. A total of 32 Rogi Kalyan Samitis (RKS) have also been formed in the district. The health services in the public sector are delivered through a network of 1 District Hospital, 3 CHCs, and 19 PHCs (24x7) 26 NTPHCs and 117 SCs. Among these 3 PHCs and 13 SCs have been upgraded into Health and Wellness Centers in district Kulgam.

## 4. Key Health and Service Delivery Indicators

On the demographic front, the Jammu and Kashmir has progressed well as the Total Fertility Rate (TFR) has come down to 1.9 which is slightly lower than the TFR of 2.4 at the all India level. According to Sample Registration System (SRS, 2013), the state had an infant mortality rate ( IMR) of 39 per 1,000 live births, a birth rate of 17.6 and a death rate of 5.4 per 1,000 population. According to latest estimates, life expectancy at birth in Jammu and Kashmir has increased to 65.3 years as compared to 63.4 years at the national level and the gap between the life expectancy at birth by gender in the state has gradually closed down and currently the female life expectancy is higher (66.8 years) than male life expectancy (64.1 years). District level estimates of fertility and mortality are not yet available for the State. The sex ratio at birth in district Kulgam is 885 females per thousand males as per census 2011. HMIS data (2019-20) shows that ANC first trimester registration is about 95 percent. At least 82 percent women have received 4 ANC checkups and IFA tablets have been provided to 85 percent of the women registered for ANC. Cent percent women registered for ANC have received TT1 injections. The proportion of pregnant women having Hb value < 7 is 2.16 percent in the district at present but it was found that proper recording and reporting for this indicator is not satisfactory. The ratio of Institutional deliveries taking place at public institutions has risen from 85 percent in 2013-14 to 88 percent in 2014-15and 97 percent in 2019-20. The Caesarean section (C-section) deliveries account for 45 percent of the total institutional deliveries and the 19 home deliveries have been reported during the same period. 1730 women who have delivered in a public health facility have received JSY benefit during 2019-20. The HMIS data further shows that 100 percent new born babies get birth dose and 96 percent are weighted at birth. A total number of 5338 children have been fully immunized in the district during the year 2019-20.

**Table 2: Key Health and Service Delivery Indicators of District Kulgam:**

| S.No | Key health and service delivery indicators | 2019-20 |
|---|---|---|
| 1 | OPD | 557674 |
| 2 | Ayush OPD | 30791 |
| | IPD (Total) | 38013 |
| 3 | ANC Registration | 4431 |
| 4 | TT1 | 4012 |
| 5 | IFA | 4580 |
| 6 | SBA attended deliveries | 19 |
| | **Child Immunization coverage** | |
| 1 | BCG | 2321 |
| 2 | Pentavalent-1, Polio-1 | 5989 |
| 3 | Pentalevalent-3, Polio-3 | 5305 |
| 4 | Measles-I | 5338 |
| 5 | Measles-II | 4862 |
| 6 | Vitamin-A Dose-1 | 5294 |
| | **Other Services** | |
| 1 | Major Surgeries | 1350 |
| 2 | Minor Surgeries | 3141 |
| 3 | USGs | 9184 |
| 4 | X-ray | 35843 |
| 5 | Lab. Tests (Total) | 188531 |

**Note: (April to September 2019).**

The data presented in Table 2 provides the details of various health services provided through a net work of public health facilities in Kulgam district during April to September 2019. A total of 5.57 lakh patients have visited the OPDs for availing different health facilities in the district during a period of six months under reference. Among these patients 41 percent have visited District Hospital, 14 percent to CHC Qazigund and 9 percent to PHC Qazigund. Similarly a total of 38013 IPD admissions are reported from various public health facilities in the district, with DH accounting for 14962 (39 percent), CHC Qazigund has recorded 3734 IPD admissions (10 percent) and PHC Qazigund recorded 3319 (9 percent). Further A total of 1580 major and 3141 minor surgeries have been performed in the district during the same period. Out of 1580 major surgeries performed in the district, DH has performed 1360 major surgeries (86 percent) followed by CHC Qazigund which has done 220 (14 percent) such surgeries. Similarly a total of 3141 minor surgeries have been performed in the district and DH has performed 663 (21 percent) of the surgeries and CHC Qazigund has done 577 (18 percent) of the minor surgeries. One of the important components of the NHM is the JSSK and under this component the district has registered a total of 4431 pregnant women during the two quarters. In order to check the duplication of ANC registration the DH is not directly registering the pregnant women at the facility. CHC Qazigund also does not register pregnant women. All the pregnant women are registered at PHC Qazigund only because CHC Qazigund and PHC Qazigund are hardly less than one kilo meter from each other. In order to check the duplication on HMIS portal all the pregnant women are registered at PHC Qazigund only. Therefore PHC Qazigund has registered 64 pregnant women and CHC Qazigund none. This indicates that all most ANC registrations are taking place at the respective health facilities whichever is nearer to the clients and no undue burden is posed on district hospital. The Information collected from the office of CMO regarding the other health facilities available to the people shows that 1.88 Lack lab tests, 9184 Ultrasound, 11,475 ECGs and 35,843 X-Rays have been done at various public health facilities in the district during the two quarters under reference. Regarding the status of child immunization the information shows that the district has provided OPV0 to 2135 infants, BCG vaccine dose to 2321 new-borns, DPT-1/Pentavalent-1 to 5989 infants, measles-1 to 5338 children, measles-2 to 4862 children and Vitamin-A dose-1 has been provided to 5249 children during the last two quarters **.**

## 5. Health Infrastructure

The information collected from the office of the CMO/DPM regarding the health infrastructure available in district Kulgam shows that there are a total of 166 public health facilities in the district at different levels. These health facilities include 1 District Hospital, 3 SDH/CHCs, 15 PHCs (24X7), 13 normal PHCs and 134 SCs. All the 3 CHCs and fifteen 24X7 PHCs are housed in government buildings. Of the other 29 PHCs all are housed in government building. Of the 134 Sub Centres, only 31 have government building. The SCs located in rented buildings have acute shortage of accommodation which affects delivery of effective health care services. Further to address the shortage of accommodation, construction of the SCs has been taken up in a phased manner. 3 PHCs and 13 SCs have been made as Health and wellness centres. In the current financial year ten more health and wellness centres have been sanctioned to the district.

**Table 3: Health Infrastructure (As on 31-10-2019):**

| S. No | Type of Health Facility | Number available | Number required | No of IPD beds available | Status building |
|---|---|---|---|---|---|
| 1. | District Hospital | 1 | 0 | 72 | Govt |
| 2. | Maternity Hospital | 0 | 1 | - | - |
| 3 | FRU/CHC | 3 | 0 | 80 | Govt |
| 4. | PHC (24x7) | 12 | 0 | 120 | Govt |
| 5. | PHC | 10 | 0 | 40 | Govt |
| 6. | Health and wellness Centres | 3(PHCs) 13 (SCs | 30 beds are available for PHCs only | | |
| 7. | SC/MAC | 121 | 0 | 0 | 31 Govt 90 Rented |

**District Hospital Kulgam:** District Hospital Kulgam is situated in Kulgam town and is easily accessible from the main road. The hospital is functioning in a two story new type building. However, all the sections of the hospital have not been shifted from old building to the new building due to the shortage of the space. The total bed capacity of the hospital at present is 72 beds which is not sufficient in any case to fulfil the need of the patients in the district. In spite of so many limitations this hospital has been serving the needs of the people to its maximum available capacity. The hospital has functional OPD, IPD, laboratory, registration and trauma unit. In spite of space constraints the MS reported that sometimes he is accommodating more number of IPD patients than its available bed capacity. The hospital has separate general wards for male and female and there is also a small separate maternity ward of 10 beds. The district hospital is lagging the facility of staff quarters both for medical and Para medical staff. This hospital also provides various services on round the clock bases like trauma care, obstetrics & gynecology, emergency care and minor surgeries. Most of the services like dental, pediatric, orthopedics, dermatology, ENT, ophthalmology, radiology, general medicine, 1st and 2nd trimester abortion, RTI/STI services are generally provided through its OPD and IPD during day time, however, in case of emergencies doctors on call are also available during night hours. The hospital is presently lacking specialists in the areas of Cardiology, Surgery, Radiology, and Dermatology. However, C-section deliveries are conducted at the time of emergencies and during day time only. The IUD insertions are available on daily basis. ARSH services are available during day time only. SNCU services are also available during day time in the hospital. The equipment for the SNCU has been received and 1 MO and 2 FMPHWs 2 JSN and one pediatrician is from regular side have been already engaged so far all the neo nates are referred after 4 pm to MCH Anantnag or Children Hospital Srinagar for treatment. The district hospital has a registered blood bank but without blood bank medical officer. Power backup supply is available in all sections of the hospital. The hospital is not centrally heated though the system is in place but it needs a large budget at least 10,000 rupees per hour to run the centrally heated system which is not possible for hospital administration to do so. Water is available in the wards, labour room, OTs, and labs. Adequate toilet facilities are available in the wards and were found clean. Citizen's charter, timings of the facility, list of services available at the facility is properly displayed. Complaint box is available and the contact numbers of MS are prominently displayed at various places for registration of complaints and grievances. The premise of the hospital area is properly fenced.

**CHC Qazigund:** CHC Qazigund is falling in Medical Block Qazigund, but it is directly reporting to CMO office and has no concern with block Qazigund. The CHC has an in position MS who is

directly reporting to district as an independent unit. CHC Qazigund is 25 kms away from its district headquarter. The health facility is easily accessible and is located on the national highway 44 and is functioning in a two story government building which has been newly constructed. The hospital has a bed capacity of 40 beds having separate wards for male and female patients. Presently 10 beds are in place in gynaecology ward and the remaining are for general IPD patients. This health facility provides services like general medicine, radiology, minor/major surgeries, dental, C-section/normal delivery, emergency care, emergency obstetric care and other emergency services. It is a matter of concern that CHC Qazigund presently does not provide the services like cardiology, paediatrics and ophthalmology. No separate staff quarters are available for medical officers and paramedical staff. It was revealed by MS that land has been occupied for the construction of staff quarters but due to some dispute with the land owners the construction work could not be started so far. Selective C-section deliveries are performed at the CHC during day time twice in a week. Further due to the lack of manpower there are no separate paediatric or geriatric wards available at the facility. Adequate drinking water supply and water in the toilets is available. Separate toilets are available for both males and females. Back up (Generator) for electric supply is available in OT and wards. Cleanliness of the hospital particularly of wards is satisfactory. The cleanliness of toilets in OPD and wards was also satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available but no complaints were put in the box so far as reported by concerned officials.

**PHC Qazigund:** PHC Qazigund is situated at a distance of about 25 Kms from district head quarter. The catchment population of the area is around 12000 and it covers 10 villages. There are 10 SCs in the PHC area. The PHC is currently functioning from an old type government building and no proposal for a new building is under consideration. The health facility is easily accessible from nearest road. The PHC has a bed capacity of 10 beds having kept separate wards for male and female patients. The facility provides limited number of services like general medicine, dental, minor surgeries, normal delivery and first and $2^{nd}$ trimester abortion services. The services are being provided generally during day time only. There are no staff quarters available for medical or Para medical staff. Therefore, it is very difficult to handle the emergencies effectively during night hours. Normal deliveries are conducted at the facility by female doctors as there are female doctor posted at the PHC. The PHC has adequate drinking water facility and water in the toilets is available. Regular electric supply with back up is available at the facility. Cleanliness of the facility particularly wards is satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot.

**SC Bhan (Health & Wellness Centre):** HWC is 8 Kms. away from the block headquarter. The SC caters to 5 villages with a total population of 3,351 souls. The approach road has no sign board to show the direction to the HWC, however, the HWC is having a sign board at the entrance. The HWC is functioning in government building having 8 rooms with a good space to accommodate various items like furniture and equipments which has been purchased out of untied funds. The HWC has fencing around its area. Complaint /suggestion box is available at the centre. Colour codes bins are available but all bio medical waste is finally buried in pit. All the drugs are properly abled with Mfg. date and date of expiry.

**5.1 Programme Management**

The district is lacking the services of Nodal Officers for proper implementation and monitoring of different schemes in the district. Presently CMO is looking after various health programmes in the district. However, DPMU and BPMUs are functioning smoothly, but the BMEO are vacant at two blocks namely Qazigund and D. H. Pora. The manpower appointed at DPMU and other BPMUs were found worried about their job security and monthly consolidated pay. This was also felt by the visiting team not only in this district but in other districts also that some of the workers in these units have left the job after getting even a class 4th job on permanent bases.

**6. Human Resources**

**6.1 Regular Health Staff**

The district Kulgam is also facing the shortage of Specialists and Assistant Surgeons/MOs in its health institutions. The overall scenario regarding staffing pattern of the district shows that 18 percent positions of medical staff and 15 percent of Para-medical staff are vacant in the district. The description of the positions is as follows. Of the 114 regular positions of MBBS doctors/MOs, only 93 (19 percent) are in place. There are 5 positions of gynaecologists and 4 positions of paediatricians in the district of which 3 of each are in position. There are 3 positions of physicians in the district and out of which 2 are in place. The district has 1 sanctioned position of radiologist and that too is not in place, however, the MS has assigned the same work to one physician who has some training in radiology and is performing the duties presently. Again there are 6 sanctioned positions of surgeon specialists and 6 sanctioned positions of Anaesthetists but two positions of each are vacant. The district has no sanctioned position of blood bank officer. The district has acute problems in the field of Cardiology, Gynaecology, Surgery and Anaesthesia. This type of scarcity of specialists is badly affecting the performance of the district health facilities and the patients with severe complications who need specialised treatment are referred to tertiary hospitals outside the district or the patients are forced to seek private treatment at Anantnag or Srinagar. Therefore, special attention is needed to fill up the gaps especially in the fields of Cardiology, Gynaecology and Dermatology. There are 36 percent of staff nurses/ANMs still vacant in the district. Under NHM the government has tried to fill up the vacancies both for medical and paramedical staff to neutralise the gap and strengthen the

health services in the district. In this regard the data depicts that the district has made various appointments under NHM. A total of 22 MBBS doctors, 19 AYUSH doctors, 18 RBSK doctors, 46 staff nurses, 81 FMPHWs, 10 pharmacists (RBSK), 42 different types of technicians, 9 MMPHW have been made. Our observations regarding the availability of regular health staff in the visited health facilities are as under:

**District Hospital Kulgam:** The Kulgam district is among one of the newly created districts and has no full-fledged functional district hospital in terms of the staffing pattern. There is an inadequacy of specialists and staff nurses in the district hospital. Out of the 14 sanctioned positions of specialist doctors only 8 are in position and are currently posted at district hospital. There are no specialist doctors in the fields of Cardiology, Dermatology, Orthopaedics, and Radiology. Large majority of the patient care in the hospital is held by the 11 general duty doctors. Besides the Assistant Surgeons, there is an Ayush physician available in the hospital. The position of paramedical staff in the hospital is also not satisfactory, as 5 sanctioned positions of Staff Nurses, 4, positions of Lab technicians are still vacant in the hospital. Due to the shortage of Specialist Doctors at the district Hospital, large majority of the patients in the district prefer to visit MCH Anantnag and tertiary care hospital (LD Hospital in Srinagar).

**CHC Qazigund:** CHC Qazigund has all the sanctioned positions specialists vacant except one position of ENT, Radiologist and Orthopaedic specialist. The hospital has a sanctioned strength of 12 general duty doctors and 9 are in position. The hospital has no sanctioned posts of Pathologist and Dermatologist. Each of the sanctioned position of Obstetrician/Gynaecologist, Dental Surgeon, paediatrician and Anaesthetist are vacant. There are 7 positions of Staff Nurses in the CHC and 5 are in position. Nearly all the other positions of Paramedical staff are in place except 3 posts of OT technicians 1position of lab technician.

**PHC Qazigund:** PHC Qazigund has staff strength of 3 Medical Officer, 1 Dental Surgeon, 1 ANM, 2 Pharmacist, 1 Lab Technician, 1 Dental Assistant, 1 Ophthalmic Assistant, 1 LHV and 1 driver and 06 other type of class4th posts sanctioned under regular side.

**HWC Bhan:** HWC Bhan has only sanctioned positions of 1 ANM and 1 NO/Sweeper in place. In addition to this one FMPHW has been recruited under NHM at the SC. The sanctioned position of Pharmacist is vacant, though, it has been designated as Health and Wellness Centre still then there is no Mid-Level Health Provider (MLHP) at SC. There is one-part time sweeper at the SC @ 560 per month.

**Table 4: Details of Regular Human Resource sanctioned, available and percentage of vacant positions in selected health facilities and in the district as a whole:**

| Category of the Staff | DH Kulgam | | | CHC Qazigund | | | PHC Qazigund | | | HWC Bhan | | | Total District | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | San | IP | % vacant | San | IP | % vacant | San | IP | % vacant | San | IP | % vacant | San | IP | % vacant |
| MBBS Doctors /MO | 11 | 11 | 00 | 12 | 9 | 25 | 3 | 3 | 00 | - | - | - | 114 | 93 | 19 |
| Gynecologist | 2 | 2 | 00 | 1 | 0 | 100 | - | - | - | - | - | - | 5 | 3 | 40 |
| Pediatrician | 1 | 1 | 00 | 1 | 0 | 100 | - | - | - | - | - | - | 4 | 3 | 25 |
| Radiologist | 1 | 0 | 100 | 1 | 1 | 00 | - | - | - | - | - | - | 1 | 1 | 00 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Physician | 1 | 1 | 00 | - | - | - | - | - | - | - | - | - | 3 | 2 | 33 |
| Surgeon Spt. | 1 | 1 | 00 | 2 | 0 | 100 | - | - | - | - | - | - | 6 | 5 | 17 |
| Anesthetist | 2 | 2 | 00 | 1 | 0 | 100 | - | - | - | - | - | - | 6 | 4 | 44 |
| E.N.T. | 1 | 1 | 00 | 1 | 1 | 00 | - | - | - | - | - | - | 3 | 1 | 66 |
| Dental Surgeon | 2 | 2 | 00 | - | - | - | 1 | 1 | 00 | - | - | - | 25 | 24 | 04 |
| Ophthalmologist | 1 | 1 | 00 | - | - | - | - | - | - | - | - | - | 1 | 1 | 00 |
| Orthopedics | 1 | 0 | 100 | 1 | 1 | 00 | - | - | - | - | - | - | 2 | 1 | 50 |
| Others | - | - | - | - | - | - | 1 | 1 | 00 | - | - | - | 7 | 7 | 00 |
| Staff Nurse/ANM | 15 | 10 | 33 | 7 | 5 | 29 | 1 | 1 | 00 | - | - | - | 56 | 36 | 36 |
| LHV | 1 | 1 | 00 | - | - | - | 1 | 1 | 00 | | | | 9 | 9 | 00 |
| MPW/FMPHW/ MMPHW | 0 | 0 | 00 | 0 | 5 | - | 1 | 1 | 00 | 1 | 1 | 00 | 108 | 102 | 06 |
| Head/ Sr./Jr. Pharmacists/ | 4 | 3 | 25 | 4 | 4 | 00 | 2 | 2 | 00 | 1 | 0 | 100 | 124 | 114 | 10 |
| Total st. Technicians | 19 | 14 | 25 | 10 | 6 | 30 | 3 | 3 | 00 | - | - | - | 117 | 85 | 26 |
| CHO/BHO/ | 1 | 1 | 00 | 0 | 0 | 00 | - | - | - | - | - | - | 11 | 10 | 10 |
| Driver | 5 | 4 | 20 | 3 | 2 | 33 | 1 | 1 | 00 | 1 | 1 | 00 | 48 | 37 | 54 |
| Others | 26 | 20 | 23 | - | - | - | 6 | 6 | 00 | - | - | - | 290 | 233 | 20 |

**Note: San=Sanctioned; IP=In Position**

### 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 districts. 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. 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 fact whether they are recruited under NHM or on regular basis. 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 398 posts under NHM and of these 292 positions (98 percent) are in place leaving only 2 percent posts vacant in the district. Further, there are 26 posts of MBBS doctors and 22 of them have joined the mission. Five of these doctors are posted at FRUs, 14 at PHCs. All the 19 positions of AYUSH doctors have been engaged under NHM and are posted in different PHCs. Forty-six Junior Nurses are working in different health facilities in the district. Against 135 sanctioned positions of 2$^{nd}$ ANM all are in position. X- Ray Technician, OT Technician, ISM Pharmacist, Male Multipurpose Health workers are all in place. Two Lady Counsellors are engaged to work at the DH ARSH Clinic. The district has a sanctioned strength of 29 posts in various Programme Management Units (PMUs) and 27 (93percent) are already working in different PMUs.

District hospital has been sanctioned with a position of Gynecologist, Pediatrician, 2 positions of MBBS Doctors, 10 positions of staff nurses, 2 positions of lab technicians, 2 positions each of OT technicians, X-ray technicians, 2 ARSH counsellors and 1 position of data entry operator under NHM. Except 1 Gynecologist and one Pediatrician all other positions are in place. CHC Qazigund has a sanctioned strength of one Anesthetist 2 MBBS doctors, 2 staff nurses, 2 MMPHW and 6 technicians. All positions are in place. At PHC Qazigund, 1 MO and 1 AYUSH physician, 2 staff nurses, 1 AYUSH Pharmacist and one laboratory technician is in place. Like other SCs in the District, 1 additional position of FMPHW provided under NHM is also in place at HWC Bhan.

The job description and reporting relationships of various categories of NHM 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 their inclusion in the state budget and also due to the instability of tenure, the contractual appointees leave the job once they get a permanent job. Apart from some training courses, there are hardly any opportunities for their professional development.

**Table 5: Details of NHM/Contractual Human Resource appointed in selected health facilities and in the district**

| **Category of the** | **Number Appointed** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **DH Kulgam** | | **CHC Qazigund** | | **PHC Qazigund** | | **HWC Bhan** | | **Total in District** | |
| | **San** | **IP** | **San** | **IP** | **San** | **IP** | **San** | **IP** | **San** | **IP** |
| MBBS Doctors | 9 | 8 | 2 | 2 | 1 | 1 | - | - | 26 | 22 |
| ISM Doctors | 4 | 4 | - | - | 1 | 1 | - | - | 19 | 19 |
| RBSK Doctors | - | - | - | - | - | - | - | - | 20 | 18 |
| Pediatrician | 1 | 1 | - | - | - | - | - | - | 1 | 1 |
| Obstetrician / gynecologist | 1 | 1 | - | - | - | - | - | - | 1 | 1 |
| Anesthetist | 1 | 0 | 1 | 1 | - | - | - | - | 2 | 0 |
| Dental Surgeon | 1 | 1 | - | - | - | - | - | - | 1 | 1 |
| Staff Nurse | 24 | 23 | 2 | 2 | 2 | 2 | - | - | 46 | 46 |
| Allopathic Pharmacist (RBSK) | - | - | - | - | - | - | - | - | 10 | 08 |
| FMPHW/ANM (RBSK) | 4 | 4 | - | - | - | - | - | - | 10 | 10 |
| DEIC Staff (RBSK) | - | - | - | - | - | - | - | | 14 | 9 |
| ANM/ FMPHW | 4 | 4 | 2 | 2 | - | - | 1 | 1 | 135 | 135 |
| MMPHW | - | - | 2 | 2 | - | - | - | - | 9 | 9 |
| Lab. Assistant/technician | 6 | 6 | 2 | 2 | 1 | 1 | - | - | 24 | 24 |
| OT Technician | 2 | 2 | 2 | 2 | - | - | - | - | 8 | 8 |
| X-Ray Technician | 2 | 2 | 2 | 0 | - | - | - | - | 8 | 8 |
| Physiotherapist | 1 | 1 | - | - | - | - | - | - | 1 | 1 |
| Dental Technician | 1 | 1 | - | - | - | - | - | - | 1 | 1 |
| Ophthalmic | 2 | 2 | - | - | - | - | - | - | 2 | 2 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Technician | | | | | | | | | | |
| Lady councillor/RMNCHA | 2 | 2 | - | - | - | - | - | - | 2 | 2 |
| Dawasaz/ISM Pharmacist | - | - | - | - | 1 | 1 | - | - | 19 | 19 |
| DPM/DAM/DEO/DMEO/CA | 1 | 1 | - | - | - | - | - | - | 5 | 5 |
| BMEO/BAM | - | - | - | - | - | - | - | - | 10 | 08 |

**Note: San=Sanctioned; IP=In Position**

### 6.3 Training status /skills of various cadres

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District level. The two Regional Institutes of Health and Family Welfare one each located in Jammu and Srinagar districts have been strengthened in terms of infrastructure and manpower to impart various trainings to different categories of health personnel under NHM. A calendar for conducting the trainings has been framed by these institutes. In addition to this district also organise various trainings for doctors and para-medical staff and the resource persons are mostly provided by the regional training institutes, however, there are no quality assurance measures which monitor the quality of the trainings imparted at the district level. None of the training institutions in the state is accredited by any National Accreditation Agency. State has also deputed some doctors to various training institutions outside the state for multi skilled trainings and also for diploma and PG Degrees in Public Health. In Kulgam district various trainings have been imparted to doctors and para-medical staff during 2019-20. The information collected shows that a total of 4 SNs have received training for SBA while IMNCI/NSSK training has been received by 10 MOs and 15 para-medical personnel (SNs/FMPHWs) in the district during 2019-20. IYCF training has been received by 20 MOs and 20 SNs/ANMs in the district during the same period. Further, orientation training for immunization has been received by 25 ANMs in the district. Cold chain management training has been given to 20 para-medical personnel. During 2019-20 other trainings like IUCD insertion, PPIUCD insertion, Oral contraceptive and FPLMIS has also been conducted in the district. The participants who attended the training course were 28 MOs 63 Paramedical, 9 district evaluation officers and 4 BMEOs.

### 6.4 Auxiliary Nursing Midwifery Training School (ANMT)

ANMT School is presently functioning in district Kulgam. However, this needs to be mentioned that ANMT School has only one sanctioned position of Principal in place and all other ten posts of Sister Tutor, Library assistant, Lab attendant and Clerk are vacant. But due to non availability of land within the area of DH it has been constructed at other place which is at least 2 kms away from district hospital. The intake capacity in ANMT School is 60, 4 courses FMPHW, GNM Lab Assistant and Medical Assistant courses are offered in ANMT School. All the courses are going on internal arrangement from the other staff.

## 7. Other Health System Inputs

### 7.1 Equipments

The Directorate of Health Services has done an equipment need assessment survey of all health institutions in the district and has provided equipments as per the requirement. Equipments are purchased by the Central Purchase Committee (CPC) But now the government has imitated to purchase equipment from Government –E- Marketing (GEM) portal some blocks have started to

purchase from GEM in the district. PHC Qazigund has purchased equipment worth rupees 274739/ from GEM. 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 Hospital Development Fund (HDF). Our observations regarding the availability of various equipments in visited health facilities are as follows:

**District Hospital Kulgam:** Almost all the essential equipments/instruments and other laboratory equipment required in the hospital are available. Medical Superintendent mentioned that all the essential equipments in the OPD, OT, labour room and laboratory in the hospital are functional. There CT-scan facility is available at DH and the equipment for Endoscopy has been acquired but due to non availability of manpower since August 2014 no such tests are performed at DH. The equipment maintenance and repair mechanism is poor because of lavational disadvantage. The MS of the hospital mentioned that it is very difficult for us to repair the sophisticated equipments easily and in time. There is problem with many types of equipment they have to purchase the reagents from same company who once installs machinery for testing. This should be taken care off. Autoclave, OT Light, Sucker, Hydraulic OT table, Bolys apparats are needed in OT in while diagnostic equipments like Thyroid Analyser, Fully Biochemistry Analyser, coulometer Analyser, Microtone Analyser, Microbiology Analyser and auto tissue processor are required in laboratory of DH Kulgam.

**CHC Qazigund:** The essential equipments required for a CHC are available and are in useable condition. The equipments like delivery tables, emergency tray with injections, BP apparatus, stethoscope, sterilized delivery sets, resuscitation kits, weighing machines, neonatal, needle cutter, autoclave, ventilators, Laparoscopes and C-arm units etc. are all available. However, items like ILR and deep freezer, Foetal Doppler/CTG, MVA/EVA equipment, Cardiac monitor Electric Cattery, Defibrillator, laparoscope, Crash cart Trolley, Suction Apparats, Nebulizer were not available or functional. Most of the operation theatre equipments were available but some of the items like OT lights mobile, ventilators, laparoscopes and C-arm units were not available in functional form. Laboratory is also equipped with essential equipments like microscope, hemoglobinometer, X-ray unit, ECG and USG. Reagents and testing kits for typhoid, blood culture, syphilis, HIV etc. are available. The CHC requires CT-scan, Endoscope and Semi auto analyser in the laboratory.

**PHC Qazigund:** Various equipments like BP apparatus, stethoscope, and resuscitation kit, needle cutter, weighing machine (adult and infant), simple radiant warmer, suction apparatus, oxygen, delivery table, ILR and Deep freezer are available and functional. The PHC has a laboratory manned by a lab technician with functional microscope, haemoglobin meter, centrifuge, USG machine, refrigerator, semi- auto analyser, ECG machine and X-ray unit are available at the facility. All the testing facilities like haemoglobin, RPR (rapid Plasma Kits), TB, USG, X-ray, ECG, urine and sugar testing are available at the PHC. Facilities for spacing methods like IUCDs, OCPs and ECPs are available at the facility. However, supply of essential consumables like gloves, pads, bandages and gauze, dextrose etc. was reported as insufficient. PHC has either shortage or non-functional items like OT table, OT Light, Anaesthesia Machine, Ventilators, Pulse-oximeters, Multi-parameters monitors, Surgical dia thermies, Laparoscopes, C-arm Units, autoclaves(H or V) .

**HWC Bhan:** HWC Bhan provides services like ANC registration, Blood Sugar, Heamoglobin testing, IFA tablets, TTI/TT2 child immunization, DOTS, spacing methods, VHND and Sanitary

napkins. The equipments available at the HWC include examination table, Labour Table, Nebulizer, Sterilize Baby Radiant warmer screen, BP apparatus, stethoscope, weighing machine (adult and infant), foetal Doppler and vaccine carrier etc. Essential items like HB testing kit ,IUCD kit ,Delivery Set, and sugar testing kit, gloves, Infusion sets and  were available at the facility. Foetus cope is not available at the facility.

**7.2 Diagnostics**

The facility of MRI, thyroid testing and endoscope is not available in any of the health facility. The DH is providing various lab services like Haemoglobin, CBC, Blood Sugar, ECG, urine culture, testing for malaria, TB, HIV, X-Ray, LFT, USG and KFT. CHC Qazigund provides facilities as haemoglobin, blood sugar, CBC, ECG, urine culture, testing for malaria, TB, and USG general and obstetric. But, facilities like as CT scan, endoscopy, thyroid, Coglogram Beta HCG, Colour Doplor and Level Second are not available at DH and CHC. The MS stressed that some more test facility like as hormone study, culture study, biopsy, thyroid profile and FNAC should be available at the DH. The PHC provides the service such as Hb, CBC, urine albumin and sugar, TB, CT, BT, ESR, TLC, DLC, HCV and HW etc. No testing kits for haemoglobin, malaria testing kit, sputum testing kit for RNTCP and sugar testing kit have been provided to Health and Wellness centre Bhan. It was found that pregnant women are exempted from all kinds of user charges at all the public health facilities. There is no prescription audit of diagnostic tests or drugs prescribed by the doctors.

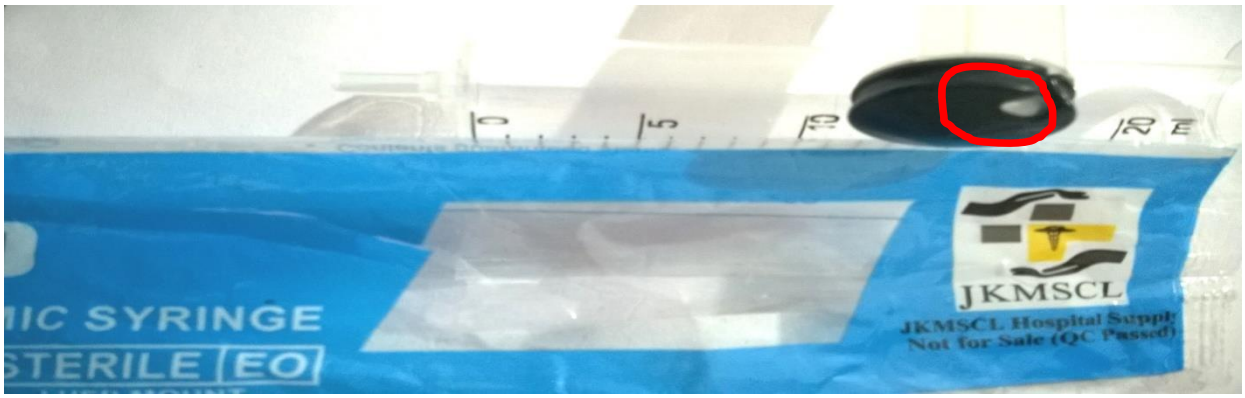
Information collected from the district revealed that there is no partnership with a private service provider for diagnostic tests at DH level and same was reported at CHC and PHC level.

**7.3 Drugs**

Jammu and Kashmir has established a medical corporation (JKMSCL) for procurement of drugs and equipments but it does not supply all the essential drugs and equipments to the facilities. This is the main reason that JKMSCL has always been criticized by all. It either supplies drugs of its choice or very few required drugs to the institutions many a times even it fails to supply IFA to the medical department. The DH Has received 6 drugs out of 95 drugs which was send in October 2019 . The equipments hardly are made available well in time as it takes a long procedure to deliver the equipments .This is the reason that now the Government of J&K has encouraged to purchase equipments from GEM Government -E- Marketing and drugs should be purchased from Jann Ashudhi which is available in every district Hospital. The JKMSCL has supplied defective 20 ml syringes as shown in below this is needs to be taken up with the corporation so that this can be stopped earlier.

Drugs under NHM are purchased through District Purchase Committees (DPC) throughout the district. The drugs are procured through competitive biddings and bid documents. The suppliers are identified and drugs are purchased by the DH and block level health facilities on the terms and conditions already provided to the suppliers by the DPC.

It was also observed that most of the facilities used to get IFA regularly earlier, but once the procurement of drugs under JSSK has been decentralized and facilities have been asked to purchase IFA locally, they are facing shortage of IFA. This has resulted in poor distribution of IFA in the district. Even at the time of our visit no IFA tablets or Calcium was in supply at DH and already it is facing shortage from last 9 months.




**DH:** District Hospital has all essential drugs available required in the labour room and operation theatre. Drugs for hypertension and diabetes and other common ailments are also available in the hospital. IFA tablets/syrup with dispenser, Mifepristone tablets and Thyroid testing kits are not available at DH. The availability of drugs in the OT and labour room is displayed but was not found up to date. Computerized inventory management of drugs is in place.

**CHC:** CHC also has almost all the essential drugs available required in the labour room and Operation theatre. Drugs for hypertension, diabetes and other common ailments are available. Zinc tablets, IFA, Vitamin A syrup and ORS packets are also available at CHC. Drugs like IFA syrup with dispenser and IFA tablets (blue) are not available at the facility. List of commonly used drugs and drugs used during labour is displayed outside labour room but has not been updated.

**PHC:** The PHC has also adequate availability of essential drugs required at this level. However, it was reported that drugs like IFA tablets (blue) and IFA syrup with dispenser are not available. List of essential drug is available and is also displayed in the PHC. AYUSH medicines are not available in sufficient quantity at the PHC as they have not received the supply in due course of time.

**HWC:** The supply of Drugs provided to HWC is limited. Drugs for common ailments, ORS, Zinc, de-worming is available. Presently WHC had no supplies of Misoprostol, Magnesium Sulphate, Gentamycin and Dextrose. Drugs for non- communicable diseases are not available at the sub centre. Most of the equipments and testing kits are available at the Sub centre except Infusion sets, Foetoscope and Sugar testing kit. The supply of family planning methods available at the SC includes oral pills, EC pills and condoms. The IUCD were available at the HWC.

**7.4 EDL**

Health Department has developed essential drugs list (EDL) for various types of health facilities depending upon work load and performance. EDL was available but not displayed in all the four health facilities visited by us in the district. The health facilities are provided drugs as per the EDL. The EDL for DH and CHC contain drugs for MCH, safe abortion and RTI/STI. The quantity of drugs supplied to health institutions is generally displayed publicly and is updated on a monthly basis. Though the drug stores at the DH and CHC maintain a daily consumption register of drugs, but the list of drugs supplied to OT, OPD and wards was not found displayed publicly in labour room, OT and wards. Generally, non-generic drugs are not available at various health institutions in district. None of the health institutions in the district is doing a prescription audit.

### 7.5 AYUSH

The district ISM unit is co-located with DH in the district. The District ISM Medical Officer and the PHC AYUSH Medical Officers are the members of the respective RKS committees in the district. AYUSH doctors at PHC level are involved in the implementation of National Health Programmes. All the PHCs where an AYUSH doctor is posted also have an AYUSH Pharmacist in place. AYUSH drugs were partly available at the visited PHC.

## 8. Maternal Health

### 8.1 Ante-natal Care and Post-Natal Care

ANC services are available at all health facilities in the district and each facility registers women belonging to its catchment area. In order to check the double registration of pregnant women as is shown on the HMIS portal for each district in Jammu and Kashmir. The district has decided that fresh ANC registrations are done at DH and PHC Qazigund. A total number of 4431 women have been registered for ANC services in the district during the last two quarters (April-September) of 2019. During the same period 67 pregnant women were registered at DH ,64 pregnant women were registered at PHC Qazigund and 37 at SC Bhan. No registration is done at CHC Qazigund. The number of women reported to have received 4 ANC check-ups is 3639 in the district, The number of pregnant women who have received ANC3 is 4212 However 75 women have completed 3ANC check-ups at DH and at PHC Qazigund and 52 at HWC Bhan 53 women have received this service. Around 4580 women are reported to have received 100 IFA tablets in the district during the same period. Some health facilities in the district reported for no IFA supply. The number of women reported to have received TT1 injection in the district is satisfactory (4012) as compared to ANC registration (4431), in the district. The number of SBA attended deliveries amounted to 19 during the two quarters and the number of women provided postnatal care during the same period amounted to 2997 women. The information on child immunization reflects that a total of 2135 and 2321 children were given OPV0 and BCG during the two quarters respectively. The doses of Pentavalent-1 were given to 5989 and Pentavalent-3 was given to 5305 children respectively. The number of children given measles-I amounted to 5338 and measles-II to 4862 children during the two quarters under reference.

**DH Kulgam:** ANC-1 registration is done at DH Kulgam. However, the services for ANC checkups are available at DH but no record for these services was available at the time of our visit. Only the outpatient ticket is considered as daily OPD in Gynaecology section therefore, it reflects that in order to avoid double entry of fresh ANC registrations only ANC-2 and ANC-3 and ANC 4 check-ups are provided at DH. All the women who visit DH for ANC services mostly receive TT1 and TT2 from their respective health facilities with whom they are registered. During the exit interviews with the pregnant women it was confirmed and also observed that the women get the prescription from the DH and doctors prescribe some of the medicines which they purchase from market. Further, free diagnostic facilities like blood tests, urine, BP and weight etc. are available. However, this was observed that most of them with low or high blood pressure were not properly documented in ANC registers to easily identify the low BP and sever anaemic cases. This issue was discussed with the Medical Superintendent and record keepers were directed by him to make the relevant changes in the record keeping so that necessary information is easily reported for HMIS and MCTS.

District hospital receives delivery cases from various health facilities in the district. During the last two quarters DH has conducted 1632 institutional deliveries of which 947 were C-section (58 percent). The DH has also referred 688 cases to other health institutions like MCH Anantnag and LD hospital Srinagar .With regard to PNC services, women who deliver normally are advised to stay back for 48 hours after delivery, and it was observed that generally women do not stay at the hospital for 48 hours, because there are onlt 10 beds available for such patients. But in case of C-section deliveries they stay in the hospital at least for 7 days.

**CHC Qazigund:** As already mentioned CHC Qazigund is located in Qazigund block but is directly reporting to CMO office Kulgam. CHC Qazigund is less than 1kilo metre away from PHC Qazigund which also accommodates BMO office. In fact CHC Qazigund has not any catchment area. PHC Qazigund has more than 10 ASHAs and all these ASHAs have been allotted the villages falling under the catchment area of PHC Qazigund and all these ASHAs register the pregnant women with PHC. While as on the other hand CHC Qazigund has no ASHAs available as the catchment area for CHC and PHC is same. Therefore, a very small number of ANC registrations are done by the CHC. The CHC has provided ANC-3/ANC-4 services to almost 2000 women during the two quarters. Line listing of severely anaemic pregnant women is not available at the CHC. IFA tablets were not provided to all the pregnant women who have visited the CHC. The CHC Qazigund has a national highway link road to Anantnag and it becomes easier for CHC to refer delivery cases to MCH Anantnag instead of DH Kulgam. Further CHC Qazigund has refereed 84 cases during the two quarters to other higher facilities mostly to MCH Anantnag.

**PHC Qazigund:** Since the PHC Qazigund has scarcity of space and doctors therefore, no C-section deliveries are conducted at the facility. However, on an average 270 normal deliveries have been conducted at the PHC during April to September 2019. The PHC has registered 64 pregnant women during the two quarters and also provided them the ANC-1 services. The Number of women provided ANC-3 services amounted to 52. Information about anaemic women and hypertensive women is not available at the PHC. ANC registers are maintained properly.

**HWC Bhan:** Although health officials maintain that all the pregnant women are registered at the SC/HWC for ANC services so that the duplication could be restricted. It was found that this HWC had registered 37 pregnant women for ANC-1 services during the last 6 months under reference. Similarly, 52 pregnant women have received ANC-3 services. BP apparatus is available and ANM knows how to measure BP. Skill of the ANM in measuring BP was ascertained. Haemoglobin and Blood sugar kit is available with ANM and tests are done at the facility.
High risk pregnancies are identified and referred to higher facilities for further diagnostics. Under family planning services oral pills, condoms and IUDs are available at the facility.

### 8.2 Institutional Deliveries

One of the priority areas of the state is to improve maternal health. DHs, Maternal and Child Care Hospitals (MCH), CHCs and some PHCs have been upgraded and strengthened to provide facilities for conducting deliveries. Facilities for institutional deliveries in Kulgam district are available at DH, CHCs, and PHCs. Caesarean-Section deliveries in the district are conducted at DH and CHCs. Due to shortage of doctors C-section deliveries are conducted at DH during day time only. However, at CHC Qazigund C-section deliveries are conducted on selected days during day time. Therefore, a lot

of effort is needed to conduct such type of deliveries at least at DH and CHCs on 24x7 bases. Due to lack of requisite manpower none of the PHCs are conducting C-section delivers. However, some of the SCs in the district have been officially identified to function as delivery points but no deliveries have been conducted so far at any of the SCs in the district.

A total number of about 2138 deliveries have been reported in the district during the last two quarters. Home deliveries account for less than one percent (19) of reported deliveries in the district. Thus institutional deliveries account for (2119) 99 percent of total deliveries. Of the institutional deliveries, 73 percent have been performed at the DH. Caesarean-Section deliveries in the district are conducted at DH and CHCs. Due to shortage of doctor's C-section deliveries are conducted during day time only on daily bases at DH. CHC Qazigund is conducting C-section deliveries on selected days only because there is no Gynaecologist available at the CHC Qazigund a Gynaecologist comes for two days from DH Kulgam to provide ANC services at the facility. Therefore, a lot of effort is needed to conduct such type of deliveries at DH and CHCs on 24x7 bases.

**8.3 Janani Sishu Suraksha Karyakaram (JSSK)**

The state has implemented JSSK in all the districts as per guidelines which are updated and communicated from time to time for the effective implementation of Karyakaram. CMO functions as the Nodal Officer for the implementation of JSSK in Kulgam district. The health officials at various levels reported that they are providing all services (Transport, Medicines, Meals, Blood, user charges) free of cost to all pregnant women and neonates. Our observations regarding the implementation of JSSK are as follows:

**8.3.1 Transportation**

Toll Free No for availing free transport facility under JSSK has been established at Divisional level (Kashmir and Jammu). The information about this toll free number is displayed in health institutions. Some of the ambulances in the district have been connected with the centralized referral transport system and GPRS has been fitted on these ambulances. Pregnant women generally contact the ASHAs for availing free transport. This is substantiated by the fact that only 16 percent of women in the district have been provided free transport for visiting a health facility at the time of delivery. Both DH and CHC Qazigund have not provided any such facility, however, PHC Qazigund has provided home to facility transport to 155 women. Free referral transport from facility to facility is provided in

most of the cases in the district which is substantiated by the fact that a total of 975 cases (46 percent) have been provided free facility to facility transport in the district. Facility to home transport has been provided to (844) cases which amounts to 40 percent cases. The officials maintained that the drop back facility for women who are discharged at least after 48 hours after delivery is also ensured in most of the cases in the district. As per the information provided, PHC Qazigund provided this facility to cent percent women. Medical Officers at DH, CHC and PHC Qazigund maintained that due to the non availability of enough number of ambulances, at times they find it difficult keeping in view the topography of the district to provide free drop back facility to all women delivering at their respective health facilities. Thus free transportation in the district under JSSK is facing some difficulties due to shortage of ambulances and unavailability/late release of funds.

### 8.3.2 Drugs

Free drugs/medicines at the time of delivery are generally provided to all women who deliver in public health facilities. As per the information provided by the office of the CMO, all the 2100 deliveries reported during the two quarters have been provided free medicines and drugs. This is also substantiated by the data received from DH, CHC and PHC.

Another issue worth mentioning is that all LSCS women who were discharged from the CHC/DH were prescribed medicines which cost them about Rs. 500-1000. There is a need to monitor these prescriptions to ensure that only such medicines which are essential are prescribed at the time of discharge. During our visit it was observed that some gynaecologists usually suggest Inj. Ferium to delivered cases which costs Rs.2446 and it is not available at DH. While as its substitute Inj. Iron Sucrose is available free of cost at DH. In this regard the patients are forced to purchase the from the market. This issue was discussed with MS of DH and he assured that he will take necessary action for the same.


### 8.3.3 Diagnostics

Free diagnostic facilities (urine test, various blood tests, USG etc.) are provided to pregnant women at DH and CHCs in the district. However, T3, T4 and TSH tests are not conducted by the health institutions and the pregnant women are advised to do the same at private facilities. The DH has not any position of Radiologist. However, a doctor who has completed a short term certificate course in conducting USGs. USG facility is available both at DH and CHC Qazigund but during day time only and the referral during night is a cause of not having USG facility during night. In case of emergencies USG is also done privately by the patients. During our interaction in OPD/IPD with pregnant women and also those who had delivered revealed that that USG facility should be available on 24x7 bases. A total of 9184 USGs have been done in the district during the last 6

months. Information about the number of USGs done at DH are 6728 and 824 at CHC Qazigund and 922 at PHC Qazigund. All investigation including USG is free at all institutions.

### 8.3.4 Meals

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 as per local taste to women under the scheme. Official information shows that meals have been provided to all the women who have delivered in various health facilities in the district during the last two quarters. However, it was observed free meals (breakfast, lunch and dinner) are provided at DH, CHC and PHC. Exit interviews also confirmed that all women interviewed at DH, CHC and PHC have received meals.

### 8.3.5 User Charges and Consumables

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

### 8.3.6 Blood Transfusion

DH Kulgam has a registered blood bank, however the renewal of the licence is under process. The district has no sanctioned post of blood bank officer in the district. CHC Qazigund has also blood bank facility. Blood transfusion is available in both these institutions but all patients who need a blood transfusion have to arrange a blood donor.

## 8.4 JSY

As a high focus State, all pregnant women in J&K are entitled to JSY payments. JSY cards are prepared and updated at the time of delivery. JSY incentive is paid to women who deliver in a health facility. JSY incentive is paid at the DH, CHCs and at some selected PHCs where deliveries take place. Information about payments is properly maintained but the list of beneficiaries was not found to be displayed at any facility.

Payments are made through account payee. Payments to ASHAs are made directly to their bank accounts. However, there is no time frame for JSY payments in the district. Timing of payments depends upon the availability of funds. Exit interviews showed that women had received full payments at the time of discharge from the facility and some of them had received their entitlements after a delay of some months. The main reason stated for delay in payments is mainly due to irregular fund flow and to some extent non-availability of bank accounts and absence of necessary documents at the time of discharge. District regularly monitors the JSY payments. DH and CHCs forward QPRs of JSY to CMO office and CMO submit the QPR to MOHFW regularly.

Information provided by office of CMO shows that of the 2138 JSY beneficiaries, JSY has been paid to 1731 beneficiaries. The DH, CHC and PHC have paid JSY to almost all the beneficiaries. However, it was reported that there are almost 389 pending cases as previous backlog. The amount due for disbursement of JSY pending cases is reported as rupees 2422500 up to the month of September 2019.

**Table 6: JSY Status of District Kulgam**

| Type of Delivery | Year 2019-20 | | | |
|---|---|---|---|---|
| | Deliveries | JSY Beneficiaries | Amount Disbursed(Lakh) | JSY Cases Pending |
| Institutional | 2119 | 1730 | 2422000 | 389 |
| Home | 19 | 1 | 500 | 0 |
| **Total** | **2138** | **1731** | **2422500** | **389** |

### 8.5 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. As per these orders, death reviews are to be done by the CMOs and District Magistrates. Maternal and Infant Deaths Review Committee has been established in the district. ASHAs are to be given incentives to report infant and maternal deaths and Rs. 250 is kept for maternal death investigation. ASHAs /ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district particularly at PHCs and SCs has started but is still poor as the list of maternal/infant deaths at these facilities is incomplete. The district has reported 19 maternal deaths and 1 infant death during 2019-20. Autopsy reports of all reported maternal deaths were available. The maternal as well as infant deaths have been reviewed under the chairmanship of DDC.

## 9. Child Health

### 9.1 Facility Based New-born Care (FBNC)

The district has established 3 NBSUs at CHC level and 15 NBCCs at PHC level and all of them are functional. The SNCU at the DH has been established in newly constructed DH building but is providing services during day time only. It was reported that 2 medical officers and 2 ANMs have been already appointed.

The NBSU has been established in CHC Qazigund but is not operational at present. The NBSU has been provided with requisite equipments and 2 ANMS have been recruited recently. There are 2 radiant warmers, 1 Phototherapy unit and 1 Laryngoscope set, neonate besides other equipments. The NBCC has been established at PHC Qazigund. All the babies delivered at PHC are examined and weighted at NBCC.

Medical Superintendents at DH and CHC mentioned that almost all newborns aged below 1 year who need a referral are provided free referral transport. During the last 2 quarters, a total of 204 infants have been provided free referral transport from DH and 86 from CHC. But no other facilities like free medicines and diagnostics etc are provided to any of the infants.

### 9.2 National Resource Centers (NRCs)

State has established 2 NRCs, one each in SMGS Hospital Jammu and G.B. Pant Hospital Srinagar. Both these centres are fully functional. NRCs have not been yet established in any of the high focus districts (HFDs) in the State.

### 9.3 Immunization

Like all other districts in the J&K, Pentavalent vaccine has been introduced in the district. The facility of birth dose of immunization (OPV0 and HB0) is available on daily basis at DH, CHCs and

PHCs. However, BCG and routine immunization is available at DH twice a week and at PHC Qazigund on every Wednesday and HWC Bhan on second Wednesday of every month. The routine immunization is not provided at CHC Qazigund because the area is covered by PHC itself. Outreach sessions are also conducted once in a week to net in drop-out cases/left out cases. VHNDs, outreach secessions are used to improve immunisation. MCP cards were not available at all facilities except PHC Qazigund they now use MADRIYAT book let as MCP card.

### 9.4 Rashtriya Bal Swathya Karyakaram (RBSK)

Like other districts of the J&K, RBSK has also been launched in Kulgam district. There is sanctioned strength of 53 positions and 49 of them have already been put in place. There are 10 mobile screening teams (2 teams in each block) in the district and each team consists of 2 AYUSH Medical Officers, 1 FMPHW and 1 Pharmacist. All positions of AYUSH Doctors, Pharmacists and ANMs have been put in place. However, 1 positions of Paediatrician is still vacant. The DEIC at the District Hospital is functional. DEIC Manager and Medical Officer (MBBS) are in place. Child health screening cards are available. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. During 2018-19 a total of 115449 children have been screened and 7571 children were found positive for selected health conditions. A total of 7557 children were treated at DH and CHCs and 14 were referred for specialised treatment for which an amount of Rupees 985000/= was sanctioned. However, it was observed that referral mechanism under RBSK is currently a week area in the implementation of RBSK. Further, proper mechanism for cost estimation and approvals for referral cases is somewhat complicated and time consuming and needs to be simplified.

**Table 7: Service delivery under RBSK during 2019-20**

| Type | No. Screened | No Treated | No Referred |
|---|---|---|---|
| 0-6 weeks | 1821 | 20 | 15 |
| 6 weeks- 6 years | 8881 | 2130 | 1312 |
| 6 years – 18 years | 41231 | 2621 | 1494 |
| Total | 51933 | 4771 | 2831 |

**Table 8: Specialised treatment provided under RBSK during 2018-19 & 2019-20**

| Type | Year 2017-18 | Year 2018-19 | Year 2019-20 up to Sept. | Total |
|---|---|---|---|---|
| N0. of cases identified for specialised treatment | 21 | 14 | 01 | 36 |
| N0. of cases for whom financial assistance sanctioned | 21 | 14 | 01 | 36 |
| Total amount sanctioned | 1415000 | 985000 | 75000 | 2475000 |
| Cases pending for sanction | 0 | 0 | 0 | 0 |

### 10. Family planning

Facilities for sterilization in the district are available at DH. But even at the district hospital, there is shortage of trained service providers for minilap, Laprolization and NSV. There are only a few doctors in the district who are trained to provide Laprolization services.

Information about the number of sterilizations performed in these camps was not made available. As per the information provided to us 140 Female sterilizations and 31 IUCD and 166 PPIUCD

insertions were reported from district during the two quarters under reference. Quality Assurance Cells (QAC) for monitoring of family planning activities have been constituted at district level. The committee is supposed to meet quarterly, but it was found that QAC meeting has not taken place during the last two quarters in the district.

IUCD services are generally available at DH, CHC Qazigund and at PHC Qazigund and HWC Bhan. ANMs have been trained to provide IUCD services. There are no fixed days for IUCD services at DH, CHC or PHC, instead, services are available on all days. Postpartum IUCD services are also available at DH and CHC. A total of 16 IUDs have been inserted at DH during the last 2 quarters, 7 at CHC and 22 at PHC Qazigund. PPIUCD has been introduced in the district and 166 beneficiaries have been provided this service.

Condoms and oral pills (daily) were available in all the 4 facilities but weekly oral pills were available at PHC Qazigund only. 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.

**11. Adolescent Reproductive & Sexual Health (ARSH)**

ARSH clinic at DH Kulgam has been established and 1 ARSH Counsellor and 1 data entry operator is in position. ARSH counsellor is providing ARSH related services in the district. However, at present the ARSH councillor has gone on maternity leave due to which ARSH related services have suffered. During the last two quarters 1075 clients have visited the clinic and out of these 617 cases have been provided counselling. A total of 458 cases have been treated and 25 cases have been referred for treatment to other health facilities. Further no outreach sessions were held in the district.

**12. Quality in Health Services**

**12.1 Infection Control**

The general cleanliness at DH was found satisfactory. IPD wards, Operation Theatre, laboratory and OPD were clean. Fumigation takes place regularly. The bath rooms are cleaned once a day. Similarly, the cleanliness at CHC, PHC and SC was satisfactory. Labour room, IPD and OPD at CHC are cleaned at least once a day. A toilet facility at PHC was not very clean.

**12.2 Biomedical Waste Management**

All the health facilities use colour coded bins for the segregation of waste. All facilities were following proper protocols for segregation of waste. Presently DH CHC Qazigund and PHC Qazigund have out sourced for disposal of solid waste/biomedical waste. The solid waste/biomedical waste at district hospital and PHC is disposed through Private agency namely Kashmir Care Health Services namely. However, HWC Bhan buries Bio-medical waste in a pit.

**12.3 Information Education & Communication (IEC)**

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

**13. Clinical Establishment Act**

The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team in this regard that makes surprise checks to private diagnostic laboratories and clinics. The team specifically focuses on USG clinics to ensure that PCPNDT act is strictly followed.

**14. Referral transport and MMUs**

The information collected from the office of CMO Kulgam indicates that there are 56 road worthy vehicles and are currently used for patient referrals. Out of these vehicles 12 ambulances are fitted with GPS. DH Kulgam has 6 ambulances and CHC Qazigund has 3 vehicles on road. PHC Qazigund is having only 2 road worthy vehicle. Even though all these vehicles have not been procured under NHM but NHM logos are displayed on most of these vehicles. As mentioned above that a Centralized tool free Helpline number for availing free transport has been arranged in Srinagar. This tool free number is prominently displayed at DH and CHC Qazigund. The State has also procured 11 MMUs and some districts have been prioritized for putting in place these vehicles. One such MMU has been provided to Kulgam district also.

**15. Community processes**

**15.1 Accredited Social Health Activist (ASHA)**

Kulgam district has sanctioned number of 700 ASHAs and 690 are in position. ASHAs in the district have been provided uniforms during 2019-20. ASHA Diary has been provided during the year September, 2019. The ASHA drug kit was also provided during August, 2019. ASHA Grah has not been established at DH because MCH is under construction. SIM cards for mobile phone have been provided to ASHAs and an amount of Rs. 1200 is provided annually to each ASHA as mobile charges. Module 6-7 (IMNCI) training has been given to ASHAs in the district. HBNC kit has also been provided to ASHAs. ASHAs are involved in many activities which include identification of pregnant women, their early registration for ANC, PNC visits, HBNC visits, distribution of contraceptives, sanitary napkins, coordination and participation in VHNDs and VHNSC meetings. CMO also revealed that for the encouragement and appreciation ASHA awards are given annually. In district Kulgam to monitor performance of ASHAs six ASHA Coordinators and 33 ASHA facilitators have been put in place and have also identified non/under-performing ASHAs, but no ASHA has been disengaged from the system. Therefore, monitoring of ASHAs and identification of non performing ASHAs raises some important questions regarding the functioning of the whole institution of ASHAs and the credibility of this monitoring mechanism. 133ASHAs have been provided HBNC kits and 4616 women have been visited so far in the district.

**15.3 Functionality of the ASHAs**

ASHAs reported that they are motivating women for institutional delivery, PNC and child immunization. They also motivate women for spacing methods and are performing good practices in the field of adolescent health by providing education to them on hygiene and sanitation. However, they reported that their incentive is not paid in time. Generally, there is a delay of 5-6 months in their payments. Payments are made through their bank accounts. Most of the interviewed ASHAs reported that on an average they earn about Rs. 1200-1500 per month. The State Government has issued orders for monthly honorarium of Rs. 1000 per ASHA. The drug kit of ASHAs was also replenished during the year 2014-15. All the interviewed ASHAs revealed that most of the time they have hardly

anything to offer to their clients except condoms and oral pills because their limited supply of drugs available in the kit did not last for a long time.

## 16. Disease Control Programmes

### 16.1 TB

The RNTCP is now moving towards universal access i.e. to achieve and maintain a case detection of 90 percent of all estimated TB cases in the community and successful treatment of at least 90 percent of the TB patients registered. At present whole district of Kulgam under RNTCP is being looked after by district TB officer Anantnag district. The RNTCP services are provided by 4 tuberculoses units in both the districts. As such Tibur Closes Unit Kulgam is monitoring only three blocks of district Kulgam namely block Kulgam, DH Pora and Yaripora while as other two blocks Quimoh and Qazigund are taken care by other tuberculoses units. The district Kulgam has a post of MO, senior treatment supervisor (STS), senior tuberculoses laboratory supervisor (STLS), TB health visitor (TBHV) and lab technicians all are in place except TBHV position. The TB Control programme is working smoothly in the district. ANMs and ASHAs work at DOT providers at SC/HWC and village level. The screening is done on regular basis at all the levels. The testing facility is available in the district hospital, CHCs and PHCs. During the last 2 quarters, a total of 1395 sputum tests have been conducted in the district and 84 of these specimens have been found positive. Thus case detection rate is about 6 percent. Currently a total of 81 cases are under the 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 supplies.

### 16.2 National Leprosy Eradication Program (NLEP)

NLEP programme is looked after the District Health Officer. Currently the NLEP is managed by a MO, one pharmacist and two chest carriers (CC). Screening for leprosy is done in the DH and CHCs. There are a total of 3 active cases of leprosy and all are taking MDT. The district has adequate supplies of MDT.

## 17. Non Communicable Diseases

The district has been covered under screening for NCDS and it is looked after by district health officer (DHO) Kulgam. As per the records the NCDS clinic is functioning well in the district. As reported the screened is done for the diseases like as diabetes, hypertension, obesity, oral cancers, breast/cervical/stroke and other cancers. The screening is done at district hospital and CHCs. There is one epidemiologist 1 MO 1 physiotherapist, 1 laboratory technician and 2 staff nurses and one councillor and one data entry operator. During the reference period from April till October, 2019 ,13 camps were organised in which 13012 cases were screened and out of which 759 cases were identified for diabetes and 818 cases were identified for hypertension 11 cases for stroke and 6 cases for cancer.

## 18. Ayushman Bharat

World's largest health care scheme-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 for a New India -2022. 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 (H&WCs) and National Health Protection Scheme (NHPS). The scheme has been formed by subsuming multiple schemes including Rashtriya Swasthya Bima Yojana, 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 also launched in Jammu and Kashmir on December, 1st 2018. Almost all the district of J&K has started working on the programme. District Kulgam has also implemented the scheme in January, 2019. The district has already made a committee for quick disposal of the cases. The district in the first phase has listed 16 health institutions as Health and Wellness Centres (HWCs) in different medical blocks and up-gradation of few more such centres is under process. The district has to cover 76,562 beneficiaries as per the surveyed list under the scheme. The district has so far registered 44,282 beneficiaries that is more than 58 percent of beneficiaries from the list. The information further provided that 'Golden Cards" have been issued to 44,282 beneficiaries. During the period April, 2019 to September, 2019, a number of beneficiaries (407) have benefitted from the scheme and Rs 20.36 lakh has been spent for treatment of the beneficiaries under PMJAY scheme. The DH has yet to start the PMJAY scheme and none of the beneficiary is benefitted from the DH so far. CHC Qazigund is also empanelled under the PMJAY scheme and this facility has provided treatment to 18 beneficiaries so far under the scheme. A few of the beneficiaries were contacted on phone and verified about the treatment.

**18.1 H&WCS:** The district has established 16 H&WCs in 5 medical blocks and out of these 3 PHCs and 13 SCs have been up graded. In this connection the CMO reported that they have received additional funding for up gradation of these PHCs and SCs further reported that some additional space is created for drug dispensation and other activities at the centres. Some additional drugs were also received after up gradation of these centres. An attempt was made to cover the performance by indicator wise of these H&WCs after their up gradation but no such information was provided. Instead, The CMO made a request that there is immediate need of some of the additional staff for these centres .It was also reported that the scheme is regularly monitored by the concerned BMOs, Dy. CMO and CMO of the district.

**19. Other Schemes:**

**19.1 Kayaklap:** The district hospital has not received the Kayakalp certification so far, however, the MS reported that they have applied for the same. He further opined that they are making best efforts to improve the quality of services, improve the developmental infrastructure at the DH. CHC Qazigund has received 71-5% score from internal assessment. This hospital has not qualified the Kayakalp internal assessment in the district.

**19.2 NQAS National quality Assurance Scheme (NQAS):** Both the visited health facilities DH and CHC have not received the NQAS certification and nor they have applied for the same. The MS remain silent when asked to give reasons for not starting any activity for NQAS certificate.

**19.3 LaQshya:** Both the visited facilities that is DH and CHC labour room and operation theatre has not been covered under LaQshya so far in the district as per the information provided by MS and superintendent CHC Qazigund. Both the facilities have not applied for their certification.

**19.4 Dialysis Centre:** This centre at DH has been established during 2018-19 and became functional from 15May, 2019. The centre has only 4 Fairfax Dialysis Machines with the internal hospital staff (one Doctor, 3 dialysis technicians,3 Staff Nurses and 1, FMPHWs). This has made life easy for the patients who need such services in the district as such patients were previously referred to Srinagar for availing such facility. The centre has 69 registered patients out of these 22 avail the services on regular basis and 21patientas are waiting for availing the services. Overall a total of 529 dialysis sessions have been conducted at the centre during the same time. The Superintendent CHC Qazigund reported that they have enough accommodation at the facility and they could easily manage the centre if it will be provided staff and equipments required for the centre. At present the Dialysis centre at DH needs desk monitor, defibrillator for reviving patient and monitors for machines and may be made available on priority.

## 20. Health Management Information System (HMIS) & Reproductive & Child Health (RCH)

### 19.1 HMIS

Jammu and Kashmir took an early lead in the facility reporting of HMIS. Data reporting is regular. DH, CHCs and PHCs are maintaining separate registers for ANC cases and non ANC cases. All the facilities are regularly submitting HMIS formats. HMIS data is uploaded at block headquarters. The district is following facility based reporting of HMIS. DH and CHC, PHCs SCs and Health and Wellness Centres are maintaining separate registers village/ASHA wise for ANC cases this has stopped the duplication of ANC registration reporting in the district. There is separate recording system of laboratory services provided to ANC cases. Recording of birth weight has improved at DH, CHC and PHCs. HMIS at Health and Wellness Centres pertaining to ANC and PNC has improved to a great extent. The HMIS pertaining to immunization has also improved and can be further improved in the district. The laboratories at PHC, CHC and DH maintain information about various tests conducted under JSSK on a separate register. This has improved HMIS recording of lab tests, but at the time of reporting, due care is not taken to record and count the number of women with HB less than 11 and less than 7 though these cases are encircled but not reported for follow-up . It is also to mention here that monthly HMIS formats were available at the visited health facilities.

The district has started name based RCH in all blocks. ASHAs and ANMs have been trained to maintain information in RCH registers. Data entry operators with computers are in place in all blocks. The data regarding mother and children is uploaded and updated regularly. However due to heavy work load of the data entry operators and poor internet connectivity, they are unable to update the records in time. Even then the district has gained momentum in the upgradation of the uploading of the HMIS data. RCH call centre to monitor the service delivery and SMS alert service centre for delivery and monitoring of service delivery to severely anaemic women, low birth weight babies and sick neonates has been established at the State level and beneficiaries are monitored by NIC call centre. Based on various records, about 95 percent of RCH data pertaining to women and children has been uploaded and updated in the district. Micro birth planning for severely anaemic and hypertensive pregnant women is still an issue.

## 21. Irregularities/Action Points

The district has shortage of both Medical and Para medical staff as 19 percent of MBBS doctors/MOs, 40 percent Gynaecologists and 25 percent Paediatricians are vacant. The required and vacant posts of doctors and paramedical staff need to be filled on urgent basis to fill the gap at different levels. First of all, it was reported and found from the existing staff that there is full-fledged

sanctioned staff strength of the district. As per the data provided by the CMO office the district has a shortage of 19 percent MBBS doctors/MOs, 40 percent gynaecologists, 33 percent of physicians and 17 percent of surgeon specialists are vacant. In addition to this 66 percent of ENT specialists are vacant and 44 percent of Anaesthetists. On the contrary the essential positions in the para-medic side are the staff nurses/ANM which are 36 percent vacant in the district. Above all the 78 percent of OT technicians are vacant in the district. Surprisingly, there is both the positions of ECG technician are vacant in the district. In general, regarding all types of technicians, it was found that 24 percent of different technicians are vacant in the district. Under such circumstances one cannot expect qualitative services from the health department. Hence there is urgent need to fill the vacant positions on priority basis at different levels. Funds under NHM are not released in time which results in delay in salaries, purchase of drugs and equipments. The majority of the women after registering themselves at their respective health centres visit DH for subsequent ANC services rather than PHCs or HWCs /SCs because of the fact of non-availability of the requisite staff. Due to the over load the quality care gets affected badly. Secondly, ASHAs did not work as per the desired expectations and they fail to motivate the pregnant woman to get their services from respective PHCs and SCs. On verification of the records at the visited health facilities it was found that the first trimester registration of the ANC cases has improved a lot in the. The ASHAs including the FMPHWs/ANMs should be reoriented regarding the early registration of the pregnant woman in their monthly meetings. JSSK component is not seriously taken care of, as all the women do not get free transport facility from home to facility to reach the delivery point at the time of delivery. It was also observed that all medicines were not provided to pregnant women from the health institution during the ANC check-ups. This was substantiated by the fact that pregnant women interviewed during our visit had purchased some medicines from the market. The diagnostic facility service needs to be improved and installed at PHC level to overcome the problems faced by the rural woman especially the pregnant woman living in far flung areas. ANC cases should be given priority while utilizing the USG facility. The facilities of C-section deliveries besides DH should be encouraged up to CHC level in order to minimize maternal death rate. The services for permanent family planning methods need to be improved in the district as presently the facility is available at DH only. IUDs should be made available at all the health facilities. No prescription audit is carried out at DH or any other health facility. Introduction of RBSK has created demand for services at health facilities, but due to shortage of supply of medicines and non-availability of funds such demands are not effectively met instead extra load has been shifted on normal supply of medicines received by district. Soon after delivery the practice of prescribing unnecessary medicines at the time of discharge should be discouraged. Remuneration of ASHAs should be taken seriously and paid in due time so that they perform their activities with full interest and smoothly. Special attention is needed to improve the internet connectivity in some far flung areas so that RCH and HMIS data can be uploaded and updated in time. The staff of NHM both medical and para-medical is now very serious about their job security and less remuneration.

**Key Conclusions and Recommendations**

1. It was found that different types of schemes were functioning smoothly under the supervision of the different Nodal Officers in the district.
2. District Hospital and CHC has acute shortage of specialists in general and Gynaecologists and anaesthetists in particular. Due to the shortage of Gynaecologists, Anaesthetist and

Radiologists, Cardiologists, large proportion of patients from the district prefer to move to other hospitals outside the district.

3. NHM has increased the demand for health services and human resource particularly for RCH services. It has vastly helped and contributed the district in filling the gaps for improvement of human resource, infrastructure facilities, drugs, diagnostics and fund availability.
4. Trainings are being organised in the district for various categories of health staff annually. However, when we interacted with the ANMs, ASHAs only a few of them have good knowledge of IMNCI, HBNC and Partograph. The quality of trainings needs to be further improved.
5. Essential drug list is maintained and not displayed in all the health facilities, besides, it is not updated as per guidelines.
6. 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. The procurement of substandard of drugs and medicines is to be addressed and stopped at the initial stage.
7. Almost all the diagnostic facilities are freely available under JSSK but thyroid testing facility like Coglogram Beta HCG, Colour Doppler and Level Second are not available at DH and CHC. These services are not being outsourced with any of the private centre. Facility of USG needs to be further strengthened both at DH and CHCs so that the beneficiary gets the facility smoothly.
8. Institutional deliveries have improved in the district as almost 100 percent of the deliveries took place at health institutions. Besides, there is the need of additional and well equipped health centres in the hilly areas.
9. The need of the hour is to extend caesarean facility of delivery up to the CHC level including basic infrastructure. To overcome this there is a need to fill up the gaps of human resource and some more positions have to be created.
10. The infrastructure established in the health institutions needs to be properly used by putting in place the appropriate qualified health personal and adequate staff so that these institutions can meet the RCH demand of their catchment area and hence decline the rate of referrals.
11. Free entitlements (medicines, diet, and referral transport and user charges) under JSSK are provided as per the guidelines. Toll free number for availing free transport facility under JSSK is not operational in the district. But making available free transport from home to facility and facility to home is still an issue, which needs to be resolved.
12. It was found that during ANC some cases have bought medicines from their own pocket which needs to be taken care of or avoided through proper sensitization. IEC needs to be strengthening.
13. All the institutional deliveries are getting the JSY payment. However, during April-September, 2019 389 JSY cases are pending for Payments. It was reported that untimely release of is the main cause of delay in payments.
14. RBSK is functioning in the district smoothly but needs improvement in the financial assistance to the needy ones. It is suggested that process of referrals under RBSK needs to be simplified. Above all medicine kits and funds need to be released in time.
15. Buildings for SCs need to be constructed on priority bases as 85 percent sub centres are functioning in rented buildings. These rented buildings have not sufficient accommodation and are not in a good condition.

16. 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.
17. The immunization coverage in the district is to be streamlined as the data shows that the number of doses is higher than the number of live births.
18. ARSH clinic at DH Kulgam has been established and 2 MOs, 2FMPHW, 1 ARSH Counsellor, 1 physiotherapist and 1 data entry operator is in position. 13 Outreach sessions have been conducted for last 6 months.
19. The MDR/IDR is improved to some extent in the district. There is a need to reorient all the staff with MDR/IDR and review meetings should be organized regularly.
20. Line-listing of severe anaemia and Hypertensive cases is hardly practiced in most of the health facilities. There is a need to line list all anaemic cases and ensure regular supply of IFA.
21. Biomedical Waste Management at all levels needs to be strictly implemented as per guidelines. DH, CHC and PHC Qazigund has outsources it while as at HWC it is buried in a pit.
22. At present the Dialysis centre at DH needs desk monitor, defibrillator for reviving patient and monitors for machines and may be made available on priority.
23. The team find ANC registration practices which could be replicated in other health institutions. This will defiantly help to stop the duplication of the ANC registration and will streamline the HMIS data.
24. HMIS and RCH data has improved in the district. However, there is still a lot of scope for its improvement. District and block monitoring officers should visit to health facilities and match the information contained in the registers with HMIS formats to ensure data quality.