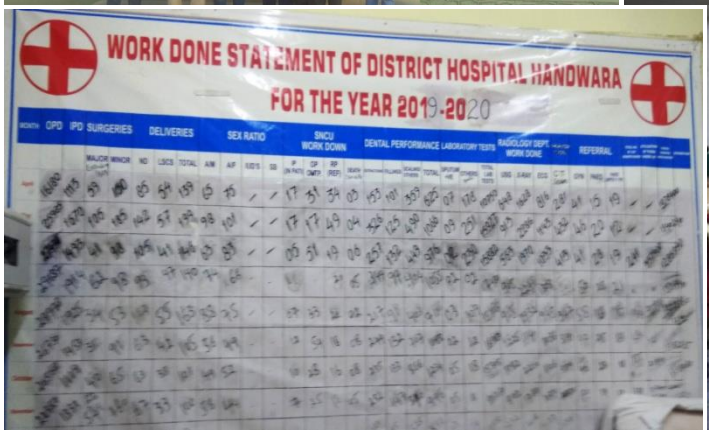
MONITORING OF NATIONAL HEALTH MISSION STATE PROGRAMME IMPLEMENTATION PLAN-2019-20: JAMMU & KASHMIR

(A Case Study of Kupwara District)



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Bashir Ahmad Bhat
Farida Qadri

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

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

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in J&K to improve the health care delivery system. National Health Mission is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the state in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of National Health Mission (NHM) launched during 2013, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. The State Programme Implementation Plan of Jammu and Kashmir, 2019-20 has been approved and State has been assigned mutually agreed goals and targets. The State is expected to achieve them, adhere to the key conditionalities and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre, Srinagar on a monthly basis. During 2019-20, Ministry has identified 12 districts in Jammu and Kashmir for monitoring of PIP in consultation with PRCs. These districts are Srinagar, Shopian, Kulgam, Anantnag, Kupwara, Bandipora, Kargil, Jammu, Samba and Reasi. The staff of the PRC is visiting these districts in a phased manner and the reports of Anantnag, Srinagar, Kulgam, Kargil and Bandipora have already been submitted to the Ministry. The present report is the 7^{th} in the series and presents findings of the monitoring exercise pertaining to Kupwara district.

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

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

Srinagar
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Bashir Ahmad Bhat
Farida Qadri

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1. EXECUTIVE SUMMARY

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

a) Although Kupwara has a district hospital, but it has acute shortage of specialists in general and Gynaecologists, Paediatrician and Anaesthetists in particular. CHCs and PHCs also have shortage of doctors. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to utilize the services from other districts or from private clinics. Therefore, there is an immediate need to address the shortage of specialist doctors in the DH and CHCs on priority basis.
b) The State Government has drafted a comprehensive HR Policy for attraction, recruitment and retention of skilled professionals in rural and remote areas but there is also a need to implement a transparent policy with regard to transfer of doctors their trainings and detachments.
c) NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. In fact most of the health institutions in the district are run by NHM staff. This has resulted in an increase in OPD services. But since there is a lot of disparity between in service conditions and salaries between the NHM staff and regular staff and this has started to discourage the NHM staff to take full interest in their duties. There is a need to look into the grievances of the NHM staff and redress their genuine demands.
d) Skill of ASHAs was checked using a check list and most of them had fairly good knowledge of HBNC, ANC, immunization, PNC etc. However, their performance on account of HBNC was poor. They seem to be generally interested in claiming their incentives rather than facilitating in providing quality services.
e) Incomplete HBNC kits have been provided to ASHA and they have conducting HBNC visits. But use of HBNC skills is an issue including filling up of HBNC forms. The ASHA Coordinators and Facilitators need to closely monitor the HBNC visits and provide on spot feedback to ASHAs.
f) As most of RCH indicators have improved in J&K, there is now a now need to realign their incentive structures and correlate them with the revised roles of the ASHA.
g) There is a need to speed up the recruitment of staff for ANMT School Kupwara, so that the school is in a position to provide quality education to the trainees.
h) J&K Medical Supplies Corporation has now been established in the State and it has started procuring and distributing drugs to health facilities. However, the supply of drugs and equipments in the health institutions, instead of improving has deteriorated. JKSMC should address this issue of delay of equipments and consumables.
i) Essential Drug List has been prepared for various facilities but an updated list of drugs available at the facility is not displayed in any of the facilities visited by us.
j) The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities just meet 30-40 percent of their demand of drugs; therefore, free drug policy is

partly implemented in the district. There is a need to assess the actual demand of various drugs and provide them to the health facilities.

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

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

m) Despite irregular/late release of funding, facilities are in a position to provide free drugs, diagnostics and diet under JSSK. But patients also reported that they purchased few drugs from the market at the time of delivery. So far as free transport is concerned, only free referral transport for deliveries and neonats is ensured in all facilities visited by us.

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

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

p) SNCU at DH and CHC Kupwara are functional in the district. There is a need to put in place a paediatrician so that its services are used fully. The establishment of the SNCU has resulted in improving health of neonats and minimize the referrals from DH to tertiary care hospitals.

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

r) Institutionalized mechanisms for grievance redressal was not evident in any of the facilities visited by us. Often complaint boxes are seen to be having 'token' presence, and the boxes remained un-opened. Patients visiting the health facilities largely lacked awareness and knowledge regarding the grievance redressal mechanism.

s) Screening for NCD at PHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for appropriate confirmation of diagnosis, treatment & follow- up.

t) The dialysis Centre with a bed capacity of 5 has recently been established at CHC Kupwara. It has been provided with requisite infrastructure and manpower and is expected to be formally inaugurated and made functional in the last week of December, 2019.

u) The district has established District Early Intervention Centre (DEIC) at the District Hospital. While most positions in DEIC have been filled up, however some important position like Paediatrician, Audiologist/Speech Therapist, Physiotherapists, Optometrist, Psychologists are vacant. DEIC provided free medicines to 822 children. During 2019-2020, DEIC helped 13

children to get financial support for specialized treatment. It was observed that mechanism of cost estimation and approvals for specialized treatment under is somewhat complicated and lengthy and needs to be simplified.

v) CHC Kupwara were planned to be certified under LaQshya by December, 2019. Internal assessment has been done and external assessment team is scheduled to visit the facility for assessment shortly. Baseline assessment has been completed in DH Handwara and LR and OT of DH has been upgraded but due to the shortage of space in DH Kupwara it has not scored enough in internal assessment so as to qualify for external assessment.

w) DH Handwara, 7 CHCs and 14 PHCs in the district have completed the internal assessment. Of these DH, 7 CHCs and 2 PHCs namely Trehgam and Drugmulla have scored enough to qualify for peer assessment. A Team from District Pulwama has visited DH Handwara and CHC Kupwara recently and its report is awaited. External assessment of CHCs and 2 PHCs is expected shortly.

x) District level NQAS team has been constituted in Kupwara and facility level teams have also been constituted for DH and CHC Kupwara. The district has organised a 5 day training programme under NQAS and these two facilities have completed the internal assessment but due to the shortage of space, manpower, infrastructure and other facilities, none of these facilities have scored enough to qualify for external assessment.

y) A total of 118721 families are to be covered under the Ayushman Bharat scheme in Kupwara. The district has verified 85 percent of beneficiaries and 54145 golden cards have been generated and issued to the beneficiaries during this short period of time. Due to the disturbances and snapping of internet in Kashmir, verification of remaining beneficiaries and generation of golden cards has been suspended. DH, 7 CHCs and 2 Private institutions have been empanelled to provide free services and separate counters with requisite infrastructure under PM-JAY help-desk have been established in the district. A total of 95 patients have received free treatment and 17 have received free surgical services from DH during the last 6 months and an amount of Rs. 634140 has been spent for treatment of beneficiaries under PMJAY during 2019-20. Due to the snapping of internet services in Kashmir, free services to golden card holders have been put on hold.

z) HMIS have improved in the district to a great extent as the district has taken some steps to minimize the multiplicity of reporting. The facilities are following area based reporting for ANC, PNC and child immunization. This is in contrast to facility based reporting as envisaged under HMIS. Information on most of the new HMIS indicators is not recorded and reported. Although the FMPHWs were oriented with new data elements but it was found that they have some confusion on these new data elements. A cursory look at the HMIS formats shows that FMPHWs do not have clear understanding of how to report services not available at the facility and the services available but not utilized/delivered. They generally put X mark or record 0 or leave the column blank in both cases. Further it was noted that FMPWs at SCs fill up weight, BP, HB of pregnant women in RCH registers without measuring the same. Thus, there is still a lot of scope for improving the quality and content of HMIS particularly lab testing, immunization and PNC. This can be ensured by proper monitoring by District & Block Monitoring Officers. CMOs and BMOS need to support them in undertaking monitoring visits.

2 INTRODUCTION

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

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

2.1 Objectives

The objectives of the study is to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State.

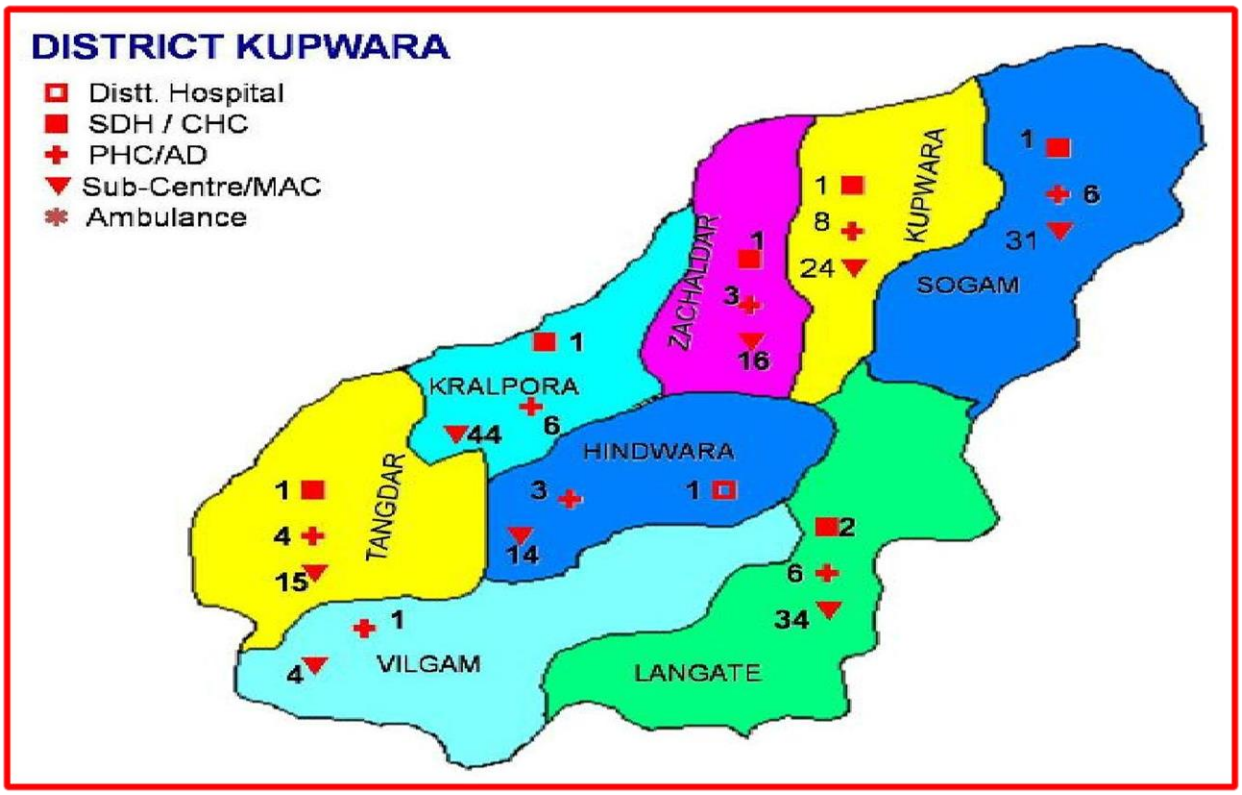
2.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in a workshop organized by the Ministry at National Institute of Health and Family Welfare (NIHFW) on 12-14 August, 2013. The sampling design and the instruments for monitoring were finalized in the workshop. As per this sampling design, a team of two officials were to visit the District headquarter, District Hospital, 1 CHC, 1 PHC and 1 Sub Centre in each selected district to collect desired information. It was also decided that the team will also interact with some beneficiaries (both IPD and OPD) to gauge the services delivery. The present study conducted in Kupwara district, is based on the information collected from the Office of CMO, District Hospital Kupwara, CHC Kupwara, PHC Drugmulla and SC Waterkhani. The PRC team also interacted with a few OPD clients who had come to avail the services at DH, CHC and PHC. Similarly few IPD clients were also interviewed at DH and CHC. We could not interview any OPD or IPD patients at SC due to their non availability. The information was collected by two officers of the PRC between 10th December and 17 December 2019. The following sections present a brief report of the findings of the monitoring.

3. STATE AND DISTRICT PROFILE

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

Map of Kupwara District



Kupwara is a backward, frontier district of Kashmir Valley and the District Headquarter "Kupwara" is situated at a distance of 90 kms from the summer capital of state (J&K), i.e. Srinagar. The geographical area of the district is 2379 sq kms. The north-west part of the district is bound by line of actual control (LoC) while the southern portion is bound by the district Baramulla. There are three inaccessible areas, namely, Machil, Keran and Karnah located near LoC which remains land locked for more than six months in a year. There are some other areas located at barbed distances and remain cut off from District Headquarter for a considerable time, like Kumkadi, Lashdat, Jumgund,

Kethanwali and Budnambal.

According to 2011 Census, the total population of Kupwara district was 870354 which constitute about 8.5 percent of the total population of the state (Table 1). The density of population of the district has gone up to 237 persons per square km. The district is by and large rural as more than 88 percent of the population live in rural areas. Large majority of the population follow Islam, however, the district has a significant concentration of Scheduled Tribe (8 percent). The population growth rate is about 34 percent which is higher than the State average of 23.7 percent. The district has witnessed a dip in sex ratio during 2001-2011 and according to latest census, overall sex ratio was 835 and child sex ratio was 879. Two-third of the population age 7 and above is literate with male literacy (77 percent) higher than female literacy (55 percent). The district consists of 10 medical blocks namely Kupwara, Sogam, Kalaroos, Trehgam, Kralpora, Tanghdar, Vilgam, Handwara, Zachaldara and Langate. The health services in the public sector are delivered through a network of 377 health institutions which consist of District Hospital, 7 CHCs, 1TB Centre, 14 24X7 PHCs, 25 PHCs/ADs and 259 SCs. Seventy PHCs and Sub Centres have been upgraded to Health & Wellness Centres. Further, there are 3 Private Hospitals/Nursing Homes functioning in the district.

Table 1 : Demographic Profile of District Kupwara

Demographic Character	**Number/percentage/Ratio**
Total Population as per census 2011	870354
Male	474190
Female	396164
Urban Population	104729 (12%)
ST Population	70352 (8.1%)
SC Population	1048 (0.1%)
Literacy Rate Total	66.9%
Literacy Rate Male	77.1%
Literacy Rate Female	54.8%
Population Growth rate	34.6
Sex Ratio (F/M)	918
Child Sex Ratio (0-6)	879
Total No. of Health blocks	10
Total No. of Health Institution	377 (1 DH, 7 CHC, 14 24X7 PHC, 25 PHC/AD, 259 SC/MAC, 70 Health & Wellness Centres, 1 TB Centre)
Total No. of ASHAs	**950**

4. KEY HEALTH AND SERVICE DELIVERY INDICATORS

Jammu and Kashmir has progressed well on the demographic front. As per the National Family Health survey-4, the current Total Fertility Rate of 2.0 in Jammu and Kashmir is slightly lower than the TFR of 2.2 at the national level. According to NFHS-4, Jammu and Kashmir has an infant mortality rate of 32 per 1,000 live births, which is lower than the national average of 41. According to the latest estimates of Sample Registration System, J&K has a birth rate of 15.7, death rate of 6 per 1,000 population and IMR

of 24. The corresponding figures at the national level are 20.4, 6.4 and 34 respectively. According to latest estimates, expectation of life at birth in Jammu and Kashmir has increased to 72.6 years as compared to about 70 years at the national level. J&K ranks third in life expectancy after Kerala and Delhi. The gap in the life expectancy at birth by gender in the State has gradually closed down and currently the female life expectancy is higher than male life expectancy.

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

Table:2 Institution wise Progress of various activities in Kupwara District during April-Nov, 2019

Name of activity	Total	District Hospital	CHC Kupwara	PHC Drugmulla	SC Waterkhani
OPD	1332079	198908	186394	2695	344
AYUSH OPD	91465	1570	3818	1317	NA
IPD (Total)	73124	12018	17724	164	NA
Major Surgeries	4320	636	886	NA	NA
Minor Surgeries	78214	1005	6284	920	NA
USGs	25598	7343	5562	NA	NA
ECG	26474	8424	4063	NA	NA
CT-Scan	3045	3045	NA	NA	NA
MRI	NA	NA	NA	NA	NA
X-Ray	63547	15140	18078	NA	NA
Endoscopy	NA	NA	NA	NA	NA
Lab Tests (Total)	442828	120668	78850	1090	NA
Inst. Deliveries	8454	1093	1308	37	NA
C-Section deliveries	2016	367	441	0	NA
Total deliveries	8732	1093	1308	30	NA

District level estimates of fertility and mortality are not yet available for the State. However both fertility and mortality has shown considerable decline in Kupwara. As per the NFHS-4, the mean number of children born per women age 15-49 in the district is 2.0. According to NFHS-4, the Sex ratio at birth (Females per 1000 males) in the district has improved to 930 as compared to 922 in the State as a whole. HMIS (2019-20) also shows that the sex ratio at birth in Kupwara is 918 females per thousand males as compared to 939 in the State. NFHS-4 data shows that almost all pregnant women are registered for ANC services. ANC first trimester registration is 81percent compared to 77 percent in J&K. Eighty eight percent of the mothers have received at least 4 ANC checkups as compared to 81 percent in the State. But only 20 percent of pregnant women in the district have consumed100 IFA

tablets as compared to 30 percent in the State. Mothers whose last birth is protected against neonatal tetanus in Kupwara is 91 percent as compared to 87 percent in the State. Institutional deliveries have improved and as per NFHS-4, 91percent of the total births during the last three years have been delivered at health institutions as compared to 86 percent in the State. About three-fourth of the institutional deliveries in Kupwara take place at public health facilities.NFHS-4 also estimated that c-section deliveries account for 32 percent of institutional deliveries in the district as compared to 33 percent in the State.

The public health facilities are the main sources of health care delivery system in the district. A total of 1332079 patients have visited the OPDs of different health facilities in the district during April-November 2019 (Table 2). AYUSH OPD accounts for about 7 percent of the total OPD in the district. Of the total OPDs, 15 percent have visited District Hospital, 14 percent have visited CHC Kupwara and about 1percent has received the services from PHC Drugmulla. A total of 73124 admissions have been made in the IPD of various health facilities of the district, with DH accounting for 12018 (16 percent), CHC Kupwara has recorded 17724 IPD admissions (24 percent) and PHC Drugmulla has admitted 164 patients (1 percent). Further 4320 major and 78214 minor surgeries have been performed in various health institutions in the district during the April- November, 2019. Fifteen percent of the major surgeries have been performed at DH Kupwara and 20 percent at CHC Kupwara. The percentage of minor surgeries performed is 1 percent at DH Kupwara and 8percent at CHC Kupwara. Information collected from the office of CMO shows that around 442828 lab tests, 25598 Ultrasound, 63547 X-Ray and 26474 ECG have been performed in various public health facilities in the district during April, 2019- November, 2019. While comparing the OPD and IPD performance of visited facilities, the performance of DH Kupwara has slightly declined and the performance of CHC Kupwara has improved significantly.

5. HEALTH INFRASTRUCTURE

The health services in the public sector are delivered through a network of 377 health institutions which consist of 1 District Hospital, 7 CHCs, 1TB Centre, 14 24X7 PHCs, 25 PHCs/ADs and 259 SCs and 70 Health & Wellness centres. Further, there are 7 Private Hospitals/Nursing Homes functioning in the district. As per the norms district has sufficient numbers of CHCs but has an additional requirement of 1 Maternal and Child Care Hospital and 2 PHCs. All the CHCs, 24X7 PHCs, Health and Wellness Centres and few SCs are housed in government buildings.

District Hospital Handwara is located in Handwara, which is an adjacent town located at a distance of about 18 kms from Kupwara town. The hospital is accessible from the main road easily. The district hospital complex consists of about 4 main buildings. Recently, one of the buildings of the DH has been demolished to pay way for the construction of a new hospital building with a bed capacity of 200. Due to this, the DH has space constraint for various services like OPD, IPD; separate IPD for women, OTs, NCD clinic, Special Pay rooms, laboratory, Registration. The total bed capacity of the hospital is 100. The hospital has a separate gynecological unit with a capacity of 11 beds. There is also a special NCD clinic with a geriatric ward consisting of 10 beds but due to the space constraint this geriatric ward has been converted into the general ward to accommodate other patients. There are 3 staff quarters for doctors and two quarters for other staff.

This hospital provides 24X7 services for general medicine, surgeries, paediatrics, emergency and trauma, paediatrics, obstetrics and gynaecology, C-section delivery and abortions. Orthopaedic, dermatology, ENT, psychiatry, dental and ARSH services are available during day time only. Doctors on call are available for emergency purposes during night hours. Cardiology services are provided through NCD clinic. C-section deliveries are conducted thrice a week. Facilities for mini laparoscopy and IUD services are available on select days. NSV services are not available at the DH. Child immunization is available on daily basis. There is a functional SNCU in the hospital which is co-located with the labour room and is equipped with required equipments. The district hospital also has a Registered Blood Bank and except for the post of Blood Bank Officer all other positions in Blood Bank are in place. Currently, a general Medical Officer from the regular side is looking after the working of BB. Power backup supply is available in the OT, labour room and wards. Water is available in the wards, labour room, OTs, and labs. Adequate toilet facilities are available in the wards and were found somewhat clean. Citizen's charter, timings of the facility, list of services available, protocol posters are displayed properly. Complaint box is also available for registration of complaints and grievances. Outdated blank EDL is displayed outside the labour room and in the OPD Block.

CHC Kupwara is located in the heart of Kupwara town. The health facility is easily accessible. The State Government is in the process of upgrading this CHC to a District Hospital because of its high work load. It is currently housed in an old building which has acute shortage of space. A new building for the CHC is under construction for the last so many years and pace of work is slow. Recently few units of the hospital have been shifted to the new building. Currently the CHC has a total bed capacity of 63. Separate wards for male and female are available. There are 12 beds in the normal delivery ward and 14 beds in LSCS ward. The facility provides round the clock emergency and trauma care services, normal delivery services, emergency obstetric care, minor and major surgery, general medicine. Paediatrics, orthopaedics, C-section delivery, dental and ophthalmic, ENT services are provided during day time only. Cardiology, radiology, dermatology services are not available in the CHC currently. SNCU has also been established at CHC. Dialysis Centre is expected to be made functional from last week of December, 2019. Five staff quarters have been constructed for doctors but staff quarters for Staff Nurses and other paramedical staff are not yet available at CHC. Adequate drinking water supply and water in the toilets is available. Separate toilets for men and women are not available in the hospital. Toilets in both OPD and IPD were not clean. The hospital and its premises were also not very clean. Back up in the form of a generator and solar power for electric supply is available in OT, wards, SNCU, OPD and labs. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box was not found to be available at CHC.

PHC Drugmulla is a 24X7 PHC which has been upgraded to a Health and Wellness Centre in 2018-19. It is located at a distance of 5 kilometres from CHC. The PHC caters to the health care needs of 12 villages/ hamlets with a population of around 10,200. There are 05 SCs in the PHC area. The PHC is housed in a government building. The present building has adequate space to accommodate OPD, IPD, Dental, AYUSH services and laboratory. The services available at the PHC include general medicine, AYUSH, dental, ANC, normal delivery, minor surgery, immunization and temporary

methods of family planning. Although, PHC has a separate male and female ward but due to very low IPD load, only a single ward is used to accommodate both male and female patients. The hospital has a total bed capacity of 10. Two quarters for MOs and 1 for the paramedical staff are under construction. The PHC has regular water supply both for drinking as well as in wash rooms. Electric back up is available but normal electric supply is irregular and erratic. Colour coded waste bins for segregation of waste are available in the PHC. Sharpeners, needles and syringes could not be seen in the premises of the facility. PHC has arrangement with the local municipal committee for the disposal of bio medical waste. Citizen's charter, timings of the facility, list of services available, protocol posters, ASHA incentives, JSY and JSSK entitlements are displayed properly.

SC Waterkhani: This Sub Centre (SC) is located at a distance of 9 Kms from Kupwara town. The Centre is located near the main habitation. This centre has recently been upgraded to a Health and Wellness Centre. The SC caters to 2 villages with a total population of around 1746. The approach road has a sign board to show the direction to the SC and a sign board is also placed at the entrance of the SC. This SC provides ANC, IFA, TT, child immunization and some contraceptives. It also serves as a DOTS Centre for TB patients. It is not functioning as a delivery point. The SC is currently functioning from a Govt building with 6 rooms. There is no regular water supply and power back up facility. It has a toilet but due to non availability of water, it is unhygienic. The general cleanliness of the SC is satisfactory. The SC does not have a proper mechanism for management of bio medical waste as the colour coded bins are not available. All bio medical waste is thrown in open. Complaint/suggestion box is also not available in the SC. Citizens charter, timing of the SC and JSSK entitlements are not displayed.

6. HUMAN RESOURCE

6.1 Regular Health Staff

The post of Chief Medical Officer, Medical Superintendent District Hospital, District Immunization Officer, District Health Officer and 8 Block Medical Officers are in place. However, like other districts of the State, Kupwara district has acute shortage of doctors in all the fields particularly Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology, ENT, Anaesthetist, Orthopaedics, Cardiology and Dermatology. The district has sanctioned strength of 60 Specialist but only 24 are in place. All posts of Consultant Medicine, Consultant Surgery, Consultant Pathologist, Orthopaedic and Psychiatry are vacant. There are 8 posts of Physicians in the district but 5 of these positions are vacant. Of the 9 posts of Surgeons, 4 are vacant. The district has 10 posts of Gynaecologist but 6 positions are vacant. There are 10 posts of Anaesthetists but 4 of these positions are vacant. The district also has acute shortage of general line doctors as 111 out of 181 (69 percent) positions of doctors are in place. Twelve positions (28 percent) of dental surgeons are also vacant.

Another area which is a cause of concern is the non availability of Staff Nurses and Technicians. Fifty three percent positions of Staff Nurses, 10 percent positions of X-ray Technicians, 13 percent positions of Lab Technicians, 14 percent positions of Pharmacists and 20 percent positions of Dental Technicians are vacant in the district. Further, 33 percent positions of OT Technicians are also vacant. Nine percent FMPHW and 48 percent CHOs are vacant in the district. The position of MMPHW is almost satisfactory. Large majority of other paramedical positions and clerical staff are in place. Our observations regarding the availability of staff in the visited health facilities are as under:

Table 3: Availability of Doctors in Selected Health Facilities of Kupwara District (Regular Side). Nov, 2019										
	District Total		DH Kupwara		SDH Kupwara		PHC Drugmulla		SC Waterkhani	
Category Medical	S	IP	S	IP	S	IP	S	IP	S	IP
Chief Medical Officer	1	1	-	-	-	-	-	-	-	-
Medical Superintendent	1	1	1	1	-	-	-	-	-	-
Dy. Chief Medical Officer	1	1	-	-	-	-	-	-	-	-
District Health Officer	1	1	-	-	-	-	-	-	-	-
District Immu Officer	1	1	-	-	-	-	-	-	-	-
Block Medical Officer	8	8	-	-	1	1	-	-	-	-
Blood Bank Officer	1	1	0	0	1	1	-	-	-	-
Consultant Pathologist	1	0	1	0	-	-	-	-	-	-
Consultant Dentistry	1	1	1	1	-	-	-	-	-	-
Sr. Consultant Medicine	2	0	1	0	1	0	-	-	-	-
Sr. Consultant Surgery	2	0	1	0	1	0	-	-	-	-
Consultant Medicine	8	3	3	1	1	1	-	-	-	-
Consultant Surgery	9	5	3	1	2	2	-	-	-	-
Consultant ENT	1	1	1	1	-	-	-	-	-	-
Consultant Anesthetist	10	6	3	1	2	2	-	-	-	-
Consultant Pediatrician	6	2	1	1	1	1	-	-	-	-
Consultant Gynecologist	10	4	3	2	2	1	-	-	-	-
Consultant Orthopedic	5	0	2	0	1	0	-	-	-	-
Consultant Psychiatry	2	0	1	0	-	-	-	-	-	-
Consult Ophthalmologist	3	2	1	0	0	0	-	-	-	-
Medical Officer	181	111	21	17	16	14	2	2	-	-
Dental Surgeon	43	31	2	2	2	2	1	0	-	-
Total Doctors	298	180	46	28	31	25	3	2	-	-
PHN	4	4	-	-	-	-	-	-	-	-
Staff Nurse	89	42	1	1	8	2	1	1	-	-
X-Ray Tech.	31	28	8	8	8	8	-	-	-	-
Ophthalmic Tech	13	10	2	1	3	3	-	-	-	-
Dental Tech.	49	39	4	4	2	2	1	1	-	-
Lab. Tech.	47	41	8	7	8	8	1	1	-	-
LHV	18	12	-	-	1	1	-	-	-	-
OT Tech	15	10	6	4	4	2	-	-	-	-
Pharmacist	209	179	7	4	4	4	1	2	1	0
CHO/HE	52	27	-	-	5	4	-	-	-	-
BHW	27	24	-	-	1	1	1	1	-	-

FMPHW	204	186	2	2	2	2	1	1	1	1
MMPH Male	23	21	2	2	0	0	-	-	-	-
Nursing orderly	202	167	-	-	-	-	3	3	1	0
Driver	69	62	4	4	3	3	1	1	-	-

District Hospital Kupwara: A district hospital is supposed to have 4 physicians, 4 surgeons, 3 gynecologists, 3 anesthetist, 1 ophthalmologist, 1 radiologist, 1 pediatrician, 2 orthopedic, 1 dermatologist, 1 ENT specialists, 21 Medical Officers, 1 staff nurse, 7 pharmacists, 2 female multi-purpose health workers, 2 Male multi-purpose workers 4 drivers, 6 OT Technicians 8 Lab Technicians, 2 Ophthalmic Technicians, 8 X-ray Technicians, and 4 Dental Technicians. Official records show that the staff strength in the district hospital currently is 17 MOs, 1 Anesthesiologist, 2 gynecologists, 1 surgeon, 1 physician, 1 dental surgeon, 1 staff nurse, 4 pharmacists and 1 Ophthalmic technician.

But like other district hospitals, Kupwara DH also has shortage of specialists and staff nurses in the district hospital (Table 3). The post of Medical Superintendent is in place. Out of the 23 sanctioned positions of Specialists doctors only 9 are currently posted in the hospital. There are no Specialists doctors in the fields of Cardiology, Dermatology, Pathology, Radiology, Orthopaedics and Ophthalmology. Large majority of the patient care in the hospital is taken care by the 17 Assistant Surgeons. Besides the Assistant Surgeons, there are 2 Dentists. The position of paramedical staff in hospital is satisfactory, as most of the sanctioned positions of Lab Technicians and X-ray Technicians are in place. But there is shortage of pharmacists as 3 out of 7 positions of pharmacist are vacant. Due to the shortage of Specialists Doctors at the District Hospital, large majority of the patients in the district prefer to visit tertiary care hospitals in Srinagar or private clinics for consultation/treatment.

CHC Kupwara also has acute shortage of specialists. The Block Medical Officer functions as the Medical Superintendent of CHC. The hospital has a sanctioned strength of 13 Specialists but only 9 are in position. The 2 positions Sr. Consultant Medicine and Surgeon are vacant. One of the 2 positions of Gynaecologists is vacant. The sanctioned position of Orthopaedic is also vacant. There are 16 posts of Medical Officers and 14 of them are in place. The CHC also has acute shortage of Junior/Senior Staff Nurses. Most of the position of technicians, FMPHWs, and other paramedical positions are also in place.

PHC Drugmulla has staff strength of 2 Medical Officers and 1 Dental Surgeon under regular side but the post of Dental surgeon is vacant. Two Medical Officers are currently working in the PHC From the regular side a Staff Nurse, FMPHW, Pharmacist, Lab Technician, Dental Assistant, a driver and 3 Nursing Orderlies are posted at the PHC. Thus, staff position of this PHC is satisfactory compared to other PHCs in the district. As the PHC is a 24X7 facility at least one MO remains available at the PHC during night hours.

SC Waterkhani has sanctioned strength of 1 Pharmacist, 1 FMPHW and 1 NO/Sweeper. Of these positions, only the post of FMPHW is in place.

6.2 Staff Recruited under NHM

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

The district has a total sanctioned strength of 578 under NHM including RBSK staff and of these 516 positions (89 percent) already stand filled up (Table 4). There are 6 positions of Specialists and 5 of them are in place. Of the 45 positions of MBBS Medical Officers, 34 are already working in different health institutions particularly in PHCs and CHCs located in remote areas of the district. All the 36 positions of AYUSH doctors are in place and have been posted at PHCs. Almost all positions of Junior Nurses (88 percent) are already working in different health facilities. Almost 89percent positions of Technicians (OT, Lab and X-ray) have also been put into place. All the 42 sanctioned positions of MMPHW are in place. 93percent positions of ISM Dawasaz are also in place. Two Lady Counsellor have already been engaged to work at the DH and CHC ARSH Clinics. Nutritional Rehabilitation Centre (NRC) has not yet been established at the DH. The district has a sanctioned strength of 14 posts in Programme Management Units (PMU), but the post of District Monitoring and Evaluation Officer (DMEO) is vacant. Due to this vacant post, the monitoring of HMIS suffered a lot. There is a need to fill up this position on priority basis so that the quality of HMIS in the district improves.

District hospital has a sanctioned strength of 26 positions under NHM other than DEIC staff and 22 positions are already working in the hospital. These include 1 position of Pathologist,1 position of Gynaecologist, 2 positions of Medical Officers, 14 positions of Junior/Staff Nurses, 1 ARSH Counsellor, 1 Lab Technician,1 District Accounts Manager and 1 HMIS Data Entry Operator. CHC Kupwara has sanctioned staff strength of 30 under NHM including RBSK and 22 of them are in place. Among other positions, 3 Specialists, 4 MBBS doctors, 10 JN and 6 Technicians are also working in CHC. The post of Accounts Manager and DEO are also in place. The post of BMEO is vacant. PHC Drugmulla has 4 sanctioned positions under NHM. These include I AYUSH doctor, 1 Jr. Nurse, 1 AYUSH Pharmacist and 1 Lab Technician. All these positions are in place at PHC Drugmulla. Almost all the SCs in the district have been provided with a post of 2nd ANM under NHM but the post of 2nd ANM in SC Waterkhani has not yet been filled up.

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

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

Table 4: Status of Manpower under NHM in Kupwara District November-2019

	Total		DH Handwara		CHC Kupwara		PHC Drugmulla		SC Waterkhani	
CATEGORY	Per	IP	Per	IP	Per	IP	Per	IP	Per	IP
Gynecologist	2	2	1	1	0	0	0	0	0	0
Anesthetist	1	1	0	0	1	1	0	0	0	0
Pathologist	1	1	0	0	1	1	0	0	0	0
Child Specialist	2	1	1	0	1	1*	0	0	0	0
MBBS Doctors	45	34	4	2	6	4	0	0	0	0
ISM Doctors	36	36	0	0	0	0	1	1	0	0
ISM Dawasaz	33	31	0	0	0	0	1	1	0	0
Sr/Jr. Staff Nurse	70	62	15	14	10	5	1	1	0	0
PHN	2	0	0	0	0	0	0	0	0	0
Sister Tutor	1	1	0	0	0	0	0	0	0	0
Lab. Tech. Assistant	29	25	1	1	2	2	1	1	0	0
O.T. Tech.	14	13	0	0	2	2	0	0	0	0
X-Ray Tech.	14	13	0	0	2	2	0	0	0	0
ANMs including SNCUs	231	204	0	0	2	2	0	0	1	0
MMPHW	42	42	0	0	0	0	0	0	0	0
DPM	1	1	0	0	0	0	0	0	0	0
DAM	1	1	1	1	0	0	0	0	0	0
DMEO	1	0	0	0	0	0	0	0	0	0
RMNCH+A District Consultant	1	1	0	0	0	0	0	0	0	0
DEO for DPMU	1	1	0	0	0	0	0	0	0	0
DEO for various units	15	15	1	1	1	1	0	0	0	0
BAM	10	9	0	0	1	1	0	0	0	0
BMEO	10	7	0	0	1	0	0	0	0	0
Adolescent Health Councilor	2	2	1	1	1	1	0	0	0	0
IYCF Counselor	0	0	0	0	0	0	0	0	0	0
Others	13	13	0	0	0	0	0	0	0	0
Total	578	516	25	21	31	22	4	4	1	0

6.3 Training Status/Skills of Various Cadres

A variety of trainings for various categories of staff are being organized under NHM at National, State, Divisional and District level. The information about the staff deputed for these trainings is maintained by different agencies organizing these trainings and CMO office maintains information about the trainings organized by it. The district Kupwara has imparted some training to various categories of doctors, Staff Nurses, LHVs, ANMs and ASHAs and other paramedical staff during 2018-19 and 2019-20. The information collected shows that a total of 10 doctors and paramedical personnel have received training of IUCD and 4 paramedical personnel have received SBA training. IMNCI training has been received by 24 paramedical personnel, and 32 doctors participated NSSK training. Dakshata training has also been organised in the district for MOs and SNs and a total of 22 doctors and paramedical personnel. The details of other training programmes like MAA, BHYC and SBA is presented in Table 5.

Table 5: Details of Trainings organized by CMO Office Kupwara during 2018-19 and 2019-20

S. No	Year	Name of Training	Duration (days)	Venue	No. of participants	Participants
1	2018-19	IUCD	10	DHQ	10	MOs, SN
2	2018-19	SBA	21	DHQ	04	SN, ANMs
3	2018-19	NSSK	02	DHQ	32	MOs, SN, ANMs
4	2018-19	IMNCI	08	DHQ	24	SN,ANMs, LHVs
5	2018-19	Dakshata	03	DHQ	22	MOs, SN
6	2018-19	PPIUCD	06	DHQ	06	MOs, SN
7	2018-19	MAA	04	DHQ	20	MOs, SN
8	2018-19	Skill Lab	06	DHQ	16	SN, ANMs
9	2018-19	BHYC	05	DHQ	35	ASHAs
10	2019-20	SBA	21	DHQ	04	SN, ANMs
11	2019-20	BHYC	05	DHQ	35	ASHAs

6.4 Strategies for Generation, Retention, and Remuneration

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

There are as such no incentives either for the health service provider or for the health facility based on functioning or performance, however, the State has categorized the health institutions as per the remoteness into 3 categories. The doctors serving in the remote and very remote areas are entitled to higher salaries. This incentive has helped the State Government in motivating young doctors to serve in remote and far flung areas of the State.

A new Medical College has been sanctioned for District Kupwara and administration is currently engaged in finalizing the site of land for the establishment Medical College. However, the district has decided to start DNB Course from CHC Kupwara. State has increased the intake capacities of Medical Colleges of the State. Rural posting for newly appointed doctors by Public Service Commission (PSC) has been made compulsory. Seats for PG admission have been reserved for doctors posted in rural areas. State has also started to revamp the existing ANMT schools and establishment of new ANMT schools in new districts and 3 GNM training centres at Jammu, Ramban and Kargil. Private paramedical institutions are encouraged to enhance the supply of paramedical staff.

6.5 ANMT School

ANMT School Kupwara offers courses in General Nursing, Female Multipurpose Health Workers, Medical Assistant, X-Ray Assistant, Dental Assistant, Ophthalmic Assistants, Lab Assistants, OT Technician, Anesthetist Assistants and ECG Technician. The School has a total intake capacity of 235 seats. Of these 176 are admitted on the basis of open merit and 47 are admitted on nomination and 12 are reserved for ASHAs. All the 235 selected candidates have joined their respective courses. The School has a sanctioned staff strength of 1 Principal, 2 Sister Tutors, 4 Public Health Nurse, 1 MO (Skill lab) 1 Warden, 1 Sanitary Inspector, 6 Nursing Orderlies and 1 Driver but the posts of Principal, Sister Tutor, Driver and 1 position of Nursing Orderly is vacant. A Medical Officer from Kupwara Block is currently working as the In charge Principal of the ANMT School. One Sister Tutors, 3 Public Health Nurse, 1 MO (Skill lab) and 1 DEO under NHM have been posted in the School which does not suffice the academic requirements considering the number of admissions in school. Therefore, the non availability of proper teaching faculty adversely affects the quality of training being imparted in the ANMT School.

7. OTHER HEALTH SYSTEM INPUTS

7.1 Equipments

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

***District Hospital Handwara*:** Medical Superintendent mentioned that almost all the essential equipments/instruments and other laboratory equipment required in the OPD, OT, labour room, SNCU and laboratory are available and functional. However, laparoscopes, MRI and Endoscopes are not available. Further the lab of the hospital is in need of a fully automatic anaylser to meet the growing diagnostic demand generated by JSSK. Equipment maintenance and repair mechanism is somewhat poor. District Hospital requires an Incubator, pathological and biochemical analyzer Anaesthesia work station, Deflator, Doppler, Gel method technology, Centrifuge, Eye operating microscope, Horizontal autoclave, Digital ECG and MRI.

CHC Kupwara: Almost all the essential equipments required for a CHC are available and are functional. But functional Fetal Doppler/CTG, Mobile Lights and MVA/EVA equipment is not available in the CHC. Most of the OT equipments like OT tables, lights, anaesthesia machines, ventilator, pulse-oximeters, laparoscopes and autoclaves are functional. Mobile OT lights, multi para monitors and surgical diathermies, multi channel, video langroscope are not available in the CHC. CHC also is in need of Multichannel ECG, digital X-ray and Dental X-ray

PHC Drugmulla: BP apparatus, stethoscope, sterilized delivery kits, resuscitation kits (All), weighing machines (Adult and Child), needle cutter, delivery table, autoclave and emergency tray with injections are available at PHC. Facility for oxygen administration is also available. Radiant warmer, is available at PHC. Among the diagnostic equipments, Microscope, Hemoglobinmeter, Centrifuge and X-ray are available, but ECG, USG, Fetal Doppler, Autoclave, MVA/AVA equipment and Nitrous oxide cylinder is not available in the PHC. Among diagnostic equipments X-ray units ECG machines Ultrasound scanners are not functional. Reagents and testing kits and rapid plasma reagent test kit is not available in the PHC. PHC requires refrigerator including inverter. All equipment to conduct normal deliveries are available at the PHC.

SC Waterkhani: Available and functional equipments at the centre include examination table, screen, weighing machine (adult and infant), BP instrument, stethoscope and HB and pregnancy testing kit. But the ANM is not in a position to conduct HB tests. SC does not have Infusion set. A digital Thermometer is available at SC. A Glucometer under NCD has been provided to SC. Training for operating these kits to ANMs has also been provided. SC has been provided with a delivery table and auto clave sterilizer and delivery kits to conduct deliveries under untied funds a few years back and a room was also identified for conducting deliveries but no deliveries take place at the SC, therefore most of the items procured for conducting deliveries at SC remain unused. SC received untied funds on 24, Oct 2019, but has not been utilized yet.

7.2 Drugs

J&K has established a Jammu and Kashmir Medical Supplies Corporation (JKMSCL) for procurement of drugs and equipments and it has recently been made functional. The drugs are procured by the corporation through e-tendering and mostly generic drugs have been procured. The corporation has asked all the health facilities in the State to assess the need of drugs and equipments on the basis of their work load and nature of diseases. The government has recently directed all hospitals to transfer 75 percent of the funds to JKMSCL, and utilize the remaining 25 percent for

"meeting exigencies". Consequently, all the health facilities have submitted their requirement to the State Corporation. Although, the corporation has started supplying drugs to the health facilities but almost all the health facilities complained of inordinate delay in the supply of drugs and resultant shortages. Consequently, the health facilities are being forced to resort to stop-gap arrangement to procure the drugs especially to manage supplies required for JSSK.

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

District Hospital: Medical Superintendent of DH mentioned that before the establishment of JKMSCL, there used to be no stock outs of supplies but after the corporation has started supplying drugs, there is a lot of delay and consequently stock out are experienced and they are not in a position to provide free JSSK drugs all the time and there are instances when the patients had to purchase the supplies from market. He mentioned that they have placed a requisition with JKMSCL for supply of drugs and other consumables but till date they had received very limited supplies from the corporation. However, to ensure that all essential drugs are available in the DH particularly under JSSK, the DH is managing these either through local purchase or through Jan Ashodhya Stores. It

was also mentioned by the MS and Store Keeper that JAN Ashodhiya has limited stock of supplies and drugs that are not available with JA are purchased through open market. Presently all EDL drugs are available in the DH but DH is in a position to provide free drugs to IPD patients, 40 percent in case of OPD and 100 percent in case of delivery cases. EDL was not found available in the DH. Overall availability of drugs is not displayed in the OPD, OT and labour room. Computers have been provided but computerized inventory management of drugs is not yet in place. Our interaction with the IPD patients revealed that 60 percent of the drugs prescribed to them were to be purchased from the market. Free medicines to the extent of 20 percent are provided to the OPD patients from the DH.

CHC Kupwara: Essential drug list is displayed in the labour room and OT. BMO mentioned that the supply of drugs and their quality has got affected after the procurement of drugs through corporation. Due to the shortage of drugs, they manage the drugs from HDFC by purchasing them locally in smaller quantities. Presently, CHC has all essential drugs available required in the labour room and Operation Theatre. Drugs for hypertension, diabetes, allergy and antibiotic in small quantities are available in the CHC. Drugs for other common ailments, IFA (Blue), Vitamin A, Zinc tablets, ORS packets are also available. CHC has not received emergency drugs during the last from three months. CHC has not available supplies/reagents in lab section. BMO also mentioned that due to the shortage of drugs, they are in a position to provide only 80 percent drugs freely to IPD patients, 30-40 percent of the drugs to OPD patients and 100 percent free to senior citizens and delivery cases

PHC: The list of Essential Drug is available but it is not updated. Supply of drugs was reported to be insufficient in PHC keeping in view the case load. Drugs required during labour or delivery care are also available. PHC has shortage of Vitamin A, Mifepristone tablets and injection Magnesium Sulphate is not available. Drugs, for hypertension, diabetes and common ailments.IFA, ORS, albendizole and zinc tablets are available. IUCDs, OCPs, condoms and EC Pills are available.PHC. There are no supplies issues with the vaccines. The PHC has received 1 instalment of supplies but MO of the PHC mentioned that they are in a position to provide free medicines to the extent of 20-30 percent of the demand. AYUSH medicines are available in the PHC.

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

7.3 Essential Drug List (EDL)

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

expenditure on medicine by patients was observed. Due to the non-availability of required drugs, doctors prescribe brands/combinations of drugs beyond the supply of hospitals, contributing to high out of pocket expenditure.

The facilities are supposed to display the list of available drugs in labor room, IPD, OPD and OT and update it regularly. Though all the health facilities visited by the team had received a consignment of drugs from State Medical Supplies Corporation, but an up-to-date list of available drugs was not found displayed properly in any of the facilities visited by us. The drug stores at the DH, CHC and PHC maintain a daily consumption register of drugs in its various units but the quantity of drugs/supplies available was not found displayed publicly in labour room, OT and IPD wards.

7.4 Generic Drugs

State government has made it mandatory for doctors to write only generic names of drugs in capital letters on prescriptions, but all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. It was observed that although a few medicines were being supplied to the hospitals by JKMSCL, most drugs, essential for the hospitals to cater to needs of patients, remained unavailable. Doctors said that generic drugs are generally neither available in the market nor in the hospital, therefore free generic drugs, as promised by government under its free drug policy be made available in all hospitals before the doctors write generic names of the drugs. The doctors though have started prescribing some generic drugs but the medical shops located in and around the health facilities still sell non generic drugs. Although Jan Ashaudhi Drug Store has been established in the district but it has limited drugs.

7.5 AYUSH

The district ISM unit is co-located with DH in the district. All the PHCs in the district have been provided AYUSH Medical Officers under NHM. All the PHCs where an AYUSH doctor is posted also have an AYUSH Pharmacist in place. AYUSH doctors at PHC level are involved in the implementation of National Health Programmes. AYUSH facilities earlier used to have surplus supplies but presently they also have shortage of all drugs and medicines. The PHC has required AYUSH drugs. The District ISM Medical Officer and the PHC AYUSH Medical Officers are the members of the respective RKS committees in the district. During 2019-20, 91465 patients have visited AYUSH clinics in the district and AYUSH accounted for about 7 percent of the total OPD.

7.6 Diagnostics

The DH Kupwara and CHC Kupwara are providing various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, X-Ray, ECG, USG, VDRL, LFT and KFT. RPR, T3, T4 testing facility, culture sensitivity and histopathology is not available at DH and CHC. ANC cases requiring these tests have to obtain these services from the private diagnostic facilities. USGs at DH are conducted twice a week and at CHC Kupwara on daily basis. Endoscopy facility is not available at the DH and CHC. CTC Scan facility is available at DH. MRI facility is not available at any government health facilities in the district. DH needs Urine Analyser, PFT, Cath lab digital ECG, Color Dopler USG. CHC needs a Bio Chemistry Analyser, Bilurubin Meter and Elisa Reader. It was also found that DH and CHC have adequate supplies of reagents and consumables in the laboratory. PHC Drugmulla has a small laboratory which has

facility for conducting haemoglobin, TLC, DLC, urine albumin and sugar, blood sugar, T.B and HIV testing. RPR/VDRL facility is currently not available. X-ray, USG and ECG facility is not available at the PHC. PHC is also in need of an Inverter driven Refrigerator. HB testing is available at SC Waterkhani kit but blood sugar testing kit is not available. Pregnancy detection kits for distribution are available at the SC. The district has not yet started any diagnostic services in public private mode.

7.7 User Charges

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

7.8 Prescription Audit

The State has a policy for rational prescription of diagnostic tests and drugs but it was found that audit of diagnostic tests or drugs prescribed by the doctors are not done at any of the visited facilities. CMO mentioned that due to the shortage of doctors and non- availability of all generic drugs they are unable to implement the policy of prescriptions audits.

8 MATERNAL HEALTH

8.1 Antenatal Care (ANC)

ANC services are available at all health facilities in the district. ANC registration takes place at SCs, PHCs, CHCs and DH. Each health facility registers women belonging to its catchment area. This has reduced the ANC registration load of DH and CHCs. Table 6 present information about various ANC and PNC services delivered by the various health facilities visited by us during 2019-20. District has registered a total number of 15680 pregnancies during April-November, 2019. The number of pregnant women registered for ANC services at DH, CHC Kupwara, PHC Drugmulla and SC Waterkhani is 165, 440, 151 and 22 respectively. Early registration is only 79 percent, which is slightly better compared to other districts but DH, PHC and SC has low proportion of women registered in first trimester. DH has reported 79 percent early registration followed by CHC Kupwara (100 percent), PHC Drugmulla (35 percent) and SC Waterkhani (54 percent). About 65 percent of the ANC registered cases in the district have received at least 4 ANC checkups. Full ANC coverage (4+ visits) is higher in case of DH Kupwara (42 percent) as women from adjoining SCs and PHC areas also visit DH Kupwara for third and subsequent checkups due to the availability of Gynaecologists. IFA coverage is 78 percent in the district but it is almost 100 percent at DH, CHC. , Even at PHC 66 percent of pregnant women registered for ANC services have received IFA.

Facilities for haemoglobin, blood sugar, urine investigations, measurement of BP and weight are freely available at health facilities in the district and most of the ANC cases are diagnosed for anaemia, blood sugar and hypertension. The laboratories maintain separate registers for ANC cases and general patients and also record the results of diagnostics on the registers. However information regarding blood sugar and hypertension is not maintained properly. Only 4 percent of the pregnant women registered for ANC services in the district are anaemic. Most of the anaemic cases are reported by DH and CHC Kupwara. PHC Drugmulla and SC Waterkhani have not reported any anaemic case, indicating that anaemia reporting and recording at PHC and SC highly erroneous.

Table 6: Institution wise Progress of Maternal Health activities in Kupwara (April-November-2019)

Name of activity	Total District		District Hospital		CHC Kupwara		PHC Drugmulla		SC Waterkhani	
	No	%	No	%	No	%	No	%	No	%
ANC Registration	15680		165		440		151		22	
Ist Trimester registration	14739	94	130	79	440	100	53	35	12	54
4th ANC Check up	10236	65	70	42	100	23	41	27	12	54
TT2	8271	52	101	61	145	33	51	34	11	50
IFA	12237	78	165	100	440	100	100	66		
Calcium					413	93				
<7 Hb	612	4	12	7	46	10	0		0	0
Total Deliveries	8732		993		1308	81	37		0	0
Home Deliveries	278	3.1	-	-	-	-	0	0	0	0
Institutional Deliveries	8454	97.0	993	100	1308	100	37	100	0	0
C-section deliveries	2016	23.8	332	33	441	35	0	-	-	-
Discharged < 48 hours	5495	65.0	199	20	867	66	37	100	-	-
Births Weighted	8374	99.6	993	100	1266	96	36	97	-	-
Births weight <2.5kg	142	1.7	17	2	0		0		-	-
PP Check up<48 hours	8454	100.0	993	100	1308	100	3	8	-	-
PP Check-up 48h-14 day	7016	83.0	155	15	490		37	100	-	-
Breast fed within 1 hour	8282	98.5	993	100	1266	100	36	100	-	-
IFA after delivery	4030	47.5	136	14	1153	88	28	76	-	-
Calcium after delivery	3922	46.4	105	10	1153	88	25	67	-	-

8.2 Institutional Deliveries

One of the priority areas of the state is to improve maternal health. DHs, CHCs and some PHCs have been upgraded and strengthened to provide facilities for conducting deliveries. Facilities for institutional deliveries in Kupwara district are available at DH and all CHCs. Most of the PHCs and SCs were also provided delivery tables and other requisite equipments but deliveries in the district are conducted at only few 14 PHCs and 5 SCs.

As per the population of the district and the prevailing crude birth rate in the State, about 14.5 thousand deliveries are expected annually, but the district is annually registering about 9000 deliveries including home deliveries under HMIS. This indicates that about 4-5 thousand deliveries are missing from HMIS. According to NFHS-4, 24 percent of the deliveries have taken place at

private health facilities, which means about 2500 deliveries annually take place at private health facilities and are not reported under HMIS. Further as per HMIS, home deliveries accounted for only 3 percent of the total deliveries in 2018-20 but NFHS-4 shows that 10 percent of the deliveries in the district are delivered at home. This clearly indicates that most of the home deliveries (5-8 percent) in the district are not reported at all under HMIS.

Information collected from the office of CMO shows a total 8732 deliveries (both institutional and home) have taken place in the district during April 2019-November, 2020 but only 4175 have been reported under HMIS. Of the reported institutional deliveries during 2019-20, 24 percent have been performed at the DH and 59 percent at various CHCs, 15 percent at PHCS and 1 percent at SCs. The proportion of institutional deliveries is increasing at CHC Kupwara and decreasing at DH Kupwara. During the first 9 months of this financial year CHC Kupwara accounted for 27 percent of the total institutional deliveries in the district. The number of C-section deliveries in the district has slightly increased from 20 percent in 2016-17 to 24 percent in 2019-20. While, the DH has not experienced any change in its C-section rate, this increase is visible in CHC Kupwara. During the first 9 months of 2019-20, C-section deliveries accounted for about 33 percent of C-section deliveries at DH and this proportion is 35 percent at CHC Kupwara. In fact the absolute number of deliveries and C-section deliveries at CHC Kupwara is higher than DH Kupwara, despite the fact that infrastructure and manpower is almost same at both facilities. The preference of women to deliver at CHC Kupwara is a clear indication of improving service delivery at CHC Kupwara.

8.3. Post Natal Care (PNC)

Women who have a normal delivery are encouraged to stay back for at least 48 hours after delivery both at DH and CHC, but it was found that hardly any women stays in the hospital for even a day after a normal delivery takes place. This is substantiated by the fact that 65percent of reported institutional deliveries have been discharged within 48 hours of delivery. The PNC services also seem to have improved slightly, as 20 percent of the women were discharged within less than 48 hours at DH than higher proportion of women (66 percent) are discharged within less than 48 hours of delivery at CHC Kupwara, in the Interaction with the patients and staff revealed that patients and their attendants prefer to reach back home soon after a normal delivery and the hospital staff also encourage it. It may be true but no efforts seem to have been made to reverse this trend. PP Iron has given 47% of women in the district while as, PP Calcium has given to 46 % of women during April-November 2019.

8.4 Janani Sishu Suraksha Karyakaram (JSSK)

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

8.4.1 Transportation

Jammu and Kashmir does not have any proper 108/102 patient referral system, despite the fact that the State Government started the process of operationalzing 102/108 patient referral transport services long back in 2012. Interaction with the State officials revealed that State has procured new ambulances and tendering process to operationalize 102/108 service is complete. The service is expected to be commissioned by January, 2020. Thus J&K presently does not have any proper 108/102 patient referral system.

There are 83 functional ambulances in the district, 1 of them has been procured under NHM and 6 have been donated by the local MLA out of their Constituency Development Fund. Pregnant women generally contact the ASHAs for availing free transport and ASHA contact the Medical Officers for arranging transportation. But health officials reported that they used to provide free home to facility transportation earlier but due to the shortage of funds for POL, they have almost stopped providing free transportation from home to facility. This is substantiated by the fact that less than 13 percent of women in the district have been provided free transport for visiting a health facility for delivery during 2019-20. In fact all the 5 women who were interviewed at DH and 3 out of 4 women at CHC Kupwara mentioned that they had arranged their own transportation for visiting health facility at the time of delivery. However, free referral transportation is provided in most of the cases. Almost 90 percent of the referred cases have been provided free referral transportation in the district. Due to the non availability of funds, drop back facilities has been stopped and this facility has been restricted to women who are very poor and stay for at least 48 hours in the hospital after delivery. Medical Superintendents of DH and CHC mentioned that due to the late release of funds and non availability of enough funds, they find it difficult to provide free drop back facility to all women delivering in their health facilities.

8.4.2 Medicines

Information regarding JSSK was available for 4462 institutional deliveries in the district during the April-November 2019-20 and 91 of these women are reported to have been provided free medicines. Interviews, conducted with women who had delivered at DH Handwara and CHC, Kupwara mentioned to have received all medicines and drugs and consumables free from the hospital.

8.4.3 Diagnostics

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

Table 7:Details of Beneficiaries covered under JSSK in Kupwara during April, 2019 - November, 2019	
Type of free Service	**No of Pregnant women**
Total Institutional Deliveries	**4462**
a. Transport	
i. Home to facility	602
ii. Referral facility	2111
iii. Drop back Facility	1553
b. Free Medicine	4057
c. Free USG/diagnostics	NA
d. Meals	4039
e. Free blood	0
f. Free Consumables	3829
e. Free User charges	4462

8.4.4 Diet

An amount of Rs. 100/= is earmarked for providing free meals to pregnant women under JSSK in the State. State has issued orders to the districts to provide hot cooked meals to women under the scheme. There is a canteen in DH Handwara and CHC Kupwara. The facilities have outsourced the job of providing diet under JSSK to these Canteens and women are provided breakfast, lunch and dinner. PHC Drugmulla does not provide any diet to women as no women stays at PHC during night after delivery. Official information shows that meals have been provided to 91 percent of women who delivered in various health facilities in the district and stayed for more than 48 hours during the reference. Exit interviews showed that all women interviewed at DH and CHC had received some food items like egg, bread, milk, juice etc during their stay in the hospital.

8.4.5 User Charges and Consumables

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

8.4.6 Blood Transfusion

There is a blood bank in the district, though it is yet to be registered. Blood storage facility is available at CHC. Facility of blood transfusion is available both at DH and CHC Kupwara but all patients needing blood transfusion have to arrange a blood donor.

8.5 Janani Suraksha Yojana (JSY)

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

Since the funds are not released to the district in a timely manner, there is, therefore no time frame for JSY payments in the district. Timing of payments depends upon the availability of funds and consequently, there is a backlog of beneficiaries. This is substantiated by the fact that the district has paid JSY benefit to 5010 women during April-November, 2019 as against about 8454 deliveries. ASHAs have received JSY incentive for 59 percent of deliveries conducted at public health facilities. We contacted 8 women who had delivered last year and all of them mentioned to have received Rs. 1400 under JS but none had received it at the time of discharge from the facility and majority of them had received their entitlements after a delay of 3-5 months. Beneficiaries mentioned that they have to repeatedly visit the facility for receiving payment, which results in a lot of expenditure on transport and lost wages. The main reason stated for delay in payments is the irregular fund flow.

9. CHILD HEALTH

9.1 Facility Based Newborn Care (FBNC)

The district has established 2 SNCUs one each at DH Handwara and CHC Kupwara, 7 NBSUs at CHC level and 14 NBCCs at PHC level. SNCU at DH has been provided with requisite infrastructure. There are 9 radiant warmers and 1 Phototherapy unit in the SNCU. A separate intramural and extramural room for new-borns is not available. Mothers area for expression of breast milk is available adjacent to SNCU. The post of Paediatrician in SNCU is vacant; however, a Paediatrician from the regular side is looking after the SNCU. Besides, 2 MOs and 4 SNs from NHM side are posted at SNCU. There is a duty roster which also includes a Medical Officer and 2 Staff Nurses from the staff of the main hospital. The MOs and 4 Staff Nurses posted at SNCU have received NSSK, FBNC or IMNCI training. The post of Lab Technician is vacant. SNCU does not have a separate laboratory; instead the facilities of the general lab are used for investigations of SNCU cases.

Generally all births that take place in the DH are examined in the SNCU. A total of about 1500 infants have been examined in SNCU during the last 9 months. Of these 749 were admitted in SNSU. The percentage of inborn infants admitted is 28 percent, which indicates that substantial number of sick newborn is referred to DH SNCU. Of the 749 admissions, 437 (58 percent) were discharged, 7 expired and 270 were again referred to various tertiary care hospitals located in Srinagar. Thus referral of neonates from District Hospital to Srinagar has not yet declined even after the establishment of the SNCU in the district. SNCU has been provided a computer and Data Entry Operator for computerization of SNCU data but due to the internet issues in Kashmir, uploading of SNCU data is not taking place currently.

SNCU with 8 beds has been established at CHC Kupwara in 2018-19. A Paediatrician and 2 Medical Officers have been appointed for SNCU. The process has been started to fill up the vacant posts of 2 more Medical Officers, 5 Staff Nurses and 1 Lab Technician. SNCU has been equipped with necessary equipments. Presently 2 Staff Nurses from the regular staff of CHC handle the SNCU

during day hours. The Staff Nurse posted in the emergency ward handles the SNCU during night hours. Records about inborn and out born IPD, sex of the child, weight at birth, referrals and mortality details of neonates/infants are partly documented in the SNCU. However, 656 infants have been admitted/examined in SNCU during April-November, 2019-20. Of these, 20 were referred to GB Pant Hospital. A total of 1 infant death has been reported by SNCU located in CHC Kupwara.

Medical Superintendents at DH Handwara and CHC Kupwara mentioned that almost all children who need a referral are provided free referral transport. During April-November, 2019, 155 newborns from DH Handwara and 137 from CHC Kupwara have been provided free referral transport. Free drop back transportation is not provided to all newborns. The officials mentioned that due to the non availability of funds, the facility of free transport from home to facility or facility to home has temporary been stopped. Free medicines under JSSK are provided to all infants admitted in SNCUs. Similarly, all those infants who required any tests are reported to have been provided free diagnostics under JSSK. There were 3 infants admitted in SNCU DH Handwara and 2 in CHC Kupwara. Information collected from their parents revealed that they received free services (consultation, lab) but they had to purchase some medicines from the market also. Further they were not provided any meals during their stay in the hospital.

It was observed that the nurses and doctors posted at the DH and CHCs do counsel the women about early and exclusive breast feeding and discourage bottle feeding. This has a significant impact on initiating early breast feeding. In fact almost all the women who had delivered in DH and CHC during our visit had initiated breastfeeding soon after the delivery. The SNCUs have started maintaining registers of IPDs. An in-depth examination of the data contained in these registers show that there is a lot of scope for improving the HMIS of SNCU.

9.2 Child Immunization

According to NFHS-4, Kupwara is one of the districts in J&K which has low full immunization coverage. As per this survey 78 percent of the children age 11-23 months in the district were fully immunized. There are some hilly areas like Tangdar, Machil, Sogam and Kalaroos where immunization coverage is very low. Areas with low immunization coverage have been identified in the district and plan for intensification of routine immunization under Mission Indrudunsh-2 has been prepared for these areas. Micro plans for institutional immunization services are prepared at sub centre level in the

district. Rs. 1000 is provided to each block and Rs. 100 to each SC for the preparing micro plans. More than 3500 immunizations have been held in the district during 2019-20. The facility of birth dose of immunization (OPV0 and HB0) is available on daily basis at DH and CHCs. BCG and routine immunization is available at DH twice a week. CHCs, PHCs and SCs provided routine immunization on weekly basis. Outreach sessions are conducted by PHCs and SCs on Mondays to net in drop-out cases/left out cases. VHNDs and outreach sessions are used to improve DPT-1 Booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. Pentavalent was introduced in 2016 and Rotavirus in September, 2019. MCP cards are available in all the health facilities visited by us. All the facilities reported regular supplies of vaccines. Vitamin-A was available at all the facilities visited by us. AEFI committee and Rapid Response Team (RRT) have been constituted but during the last three months, meetings of AEFI and RRTs have not taken place as the district has not reported any AEFI case.

Child immunization statistics of the district are not very accurate. Duplication of reporting of some vaccines is still going on in the district. As per the population of the district, we can expect around 16000 births annually in the district, but as per the official records, district has registered 8709 deliveries during the first 8 months of 2019-20 and about 1000 deliveries have been conducted in institutions outside the district. However, when it comes to immunization, 10650 are reported to have received OPV-0 and 11322 have received BCG. Eighteen thousand are shown to have received Polio-1 and 16700 have received Polio-3 and 18772 have received Vitamin A Dose 1. Thus more children are reported to be immunized than the actual number of births. Supply of Vitamin A has improved in the district and it has resulted in a high Vitamin-coverage in the district. The district has provided Vitamin-A dose-1 to 18772 children indicating a coverage rate of more than 100 percent.

As per HMIS, around 4200 births have taken place in the district during April-September, but 5961 are shown to have received BCG and about 8000 are reported to have received Pentavalent-1, 2 and 3. Thus the immunization figures and the births reported in the district do not match. So on should be very cautious to use the HMIS data for calculation of immunization rates. Our interaction with the mothers revealed that almost all children who deliver at any facility get the birth doze and BCG, but not all children who receive a BCG dose go on to complete full immunization. When we asked about the measles doze received by their last surviving child only 84 percent had received the measles doze.

9.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

Like other districts of the State, RBSK has been launched in Kupwara district in March 2014. There is sanctioned strength of 95 positions and 83 of them have already been put in place (Table 8). There are 20 RBSK teams (2 teams in each block) in the district and each team consists of 2 AYUSH Medical Officers, 1 FMPHW and 1 Pharmacist. There are 40 positions of AYUSH Medical Officers and only 2 are vacant. Barring one position of ANM, and 2 Pharmacists, all the posts of ANMs and Pharmacists have been put in place. The district has established District Early Intervention Centre (DEIC) at the District Hospital. While most of the posts in DEIC have been filled up, however some important position like Paediatrician, Audiologist/Speech Therapist, Physiotherapists, Optometrist, Psychologists are vacant. The process for the recruitment of these positions has also been initiated.

Table 8: Status of the Recruitment of RBSK Staff in Kupwara District, November, 2019			
S.No	Name of the Category	Permissible	In Position
1	Paediatrician	1	0
3	MO, MBBS	1	1
4	MO Dental	1	1
5	MO AYUSH	40	38
6	Jr. Staff Nurse	1	1
8	Audiologist / Speech Therapist	1	0
9	Psychologist	1	0
7	Physiotherapist	1	0
11	Lab. Technician	1	1
12	Dental Technician	1	0
17	Early interventionist cum special educator	1	1
13	Optometrist	1	0
15	Pharmacists	20	18
16	ANMs	20	19
2	DEIC Manager	1	1
17	DEO (outsourcing)	1	1
10	Social Worker	1	0
14	IYCF Counsellor	1	1
	Total	95	83

Child health screening cards have also been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. Due to the disturbances during 2019-2020, schools remained closed for some time and consequently, RBSK teams could not undertake screening of children in most of the villages. However, they could visit 1437 schools and 2017 Anganwadi Centres in the district and have screened about 1.38 lac children (Table 9). Of these, 12209 (9 percent) have been identified with complications. Around 8900 cases have been referred to local health facilities for treatment by RBSK teams and 60 have been referred to tertiary care hospitals for further treatment. DEIC provided free medicines to 822 children. During 2019-2020, RBSK teams forwarded the cases of 11 children to State Health Society for grant of financial assistance for specialized treatment at tertiary care hospitals and SHS approved financial assistances in favour of 13 children. A total amount of Rs. 7.26 lacs was approved and one of them received specialized treatment from PGI Chandigarh. However, it was mentioned by the DEIC Manager that mechanism of cost estimation and approvals for specialized treatment under RBSK is somewhat complicated and lengthy and needs to be simplified.

Table 9 : Performance of RBSK and DEIC Kupwara April-November, 2019				
	6 weeks to 3 years	3 years to 6 years	6 years to 18 years	Total
Target for the year	30906	61940	172314	265160
Children Screened	18736	34148	85123	138007
Children found positive	1362	2996	7851	12209
Referred to DEIC/DH/CHC/PHC	1014	2365	5548	8927
Children registered in DEIC	63	93	147	303
Self referrals at DEIC	35	34	38	107
Referred from DEIC to tertiary care hospitals	16	20	24	60
No. referred with financial assistance letters	2	4	5	11
No received financial assistance	2	5	6	13
No received free medicines at DEIC	125	267	430	822

10. FAMILY PLANNING

Facilities for sterilization, mini lap, IUD and PPIUD in the district are available at DH and CHCs. These services are generally provided on designated days. NSV and Post Partum Sterilization services have not been provided to any couple at DH and CHC Kupwara. There are only a few doctors in the district who are trained to provide laprolization/minin lap services. Sterilization camps are generally organized on the eve of World Population Day to provide various types of family planning services. However during 2019-20, no such camps have been organized in the district.

A total of 401 Laproscopic Sterilizations have been performed in the district during April-November, 2019. CHC Kupwara accounted 24 percent and DH Handwara accounted only for 4 percent of sterilizations. Quality Assurance Cells (QAC) for monitoring of family planning activities have been constituted at district level. The meeting of the committee has been held twice during 2017-18.

IUCD 380A services are available at DH, CHCs and few PHCs in Kupwara block. None of the SCs provides IUCD services in the district. PPIUCD services have recently been introduced as 5 doctors have attended PPIUCD training. A total of 365 IUCDs have been inserted in the district during 2019-20. Of these 26 (7 percent) are reported by DH and 27 (7 percent) by CHC Kupwara. The district has also recorded a total of 246 PPIUDs during 2019-20 and most of them have been performed at CHC Kupwara. Surprisingly, DH Handwara has not reported any PPIUCD. PHC Drugmulla has also provided PPIUCD services to 7 women.

Condoms and Oral Pills (OPs) were available in all the 4 facilities visited by us. Weekly Oral Pills and Emergency Contraceptive Pills (ECP) are also available at these facilities. ASHAs have been given the responsibility of delivering contraceptives at the homes of beneficiaries in the district. The information regarding various methods of family planning is also provided through VHND sessions at the SC level. Further ARSH clinics also provide information about condoms and OPs. A total number of 14217 OP cycles and 62039 pieces of condom have been distributed in the district during the last nine months. Antara injections have been introduced in the district through CHCs and PHCs. A total of 489 women have received first dose of Antara and 222 have received second dose. It was

found that proper attention is not paid by the health facilities to maintain information about various methods of family planning. Family Planning now seems to be ignored area even during monthly review meetings.

11. COMMUNITY PROCESSES

11.1 Accredited Social Health Activist (ASHA)

District Kupwara has a sanctioned strength of 950 ASHAs and all 950 are currently working in the district. District is in need of 276 additional ASHA to cover unnerved villages. ASHAs in the district have been provided money for uniform during 2019. ASHA Diary has been provided during the current financial year. ***ASHA Ghar*** (rest room) has been established at DH for ASHAs who accompany the pregnant women. SIM for mobile phone has been provided to ASHAs and mobile charges @ Rs. 100 per month are paid to ASHAs.

11.2 Skill Development

Skill development of the ASHAs is a continuous process in the district. All ASHAs and Facilitators in the district have received Home Based New Born Care (HBNC) training. Skill tests conducted showed that ASHAs do have good knowledge of their role and responsibilities but their understanding of HBNC is somewhat poor.

Health officials maintained that they have put in place a mechanism to monitor the performance of ASHAs on 10 indicators and have identified non/under-performing ASHAs. Two ASHAs have been disengaged from the system because of under/non performance.

11.3 Support structures for ASHAs

The district has already identified 1 District Coordinator, 10 Block Coordinators and 60 facilitators to support, facilitate and monitor the performance of ASHAs. Review meeting of ASHAs take place on monthly basis at cluster, block and district level. ASHAs report to ASHA coordinator and the Program Management Units along with the block medical officer and ASHA Coordinators reviews the performance of the ASHAs by using their performance on 10 activities. ASHA grievance redressed committees have been constituted at district and block level to address the grievances of ASHAS

11.4 Functionality of the ASHAs

ASHAs are involved in a host of activities which include identification of pregnant women and their early registration for ANC, education about ANC checkups, TT, IFA, arranging transport and accompanying women to health facility for delivery, PNC visits, and coordination and participate in the VHNDs and VHNSC meetings. They are also involved in TB and leprosy related activities, supporting AWW in mobilizing the community to the AWC for availing health and nutrition services, mobilizing the community for adopting family planning methods and also distributing contraceptives.

ASHA kit was provided only once during the last 8 years and depending upon the availability some supplies like IFA, ORS with zinc, condoms and oral pills are provided to the ASHAs. They reported

that their drug kits are not replenished regularly and except for iron and contraceptives they have hardly anything to offer to their clients.

During our visit to various health facilities we interacted with 8 women who had delivered in the DH and CHC Kupwara and enquired about the services provided to them by their ASHAs. All these women reported that ASHAs helped to register for ANC services and prepare MCP card. Four of them expressed that ASHAs did not visit them for any services after ANC registration. None of these women had received IFA from the ASHAs. However, all the women mentioned that ASHAs visited them in the last trimester of pregnancy and advised them to deliver in the health facility. None was accompanied by ASHA to a health facility fo delivery. Thus it appears that most of the ASHAs are generally interested in registration of women for ANC and their delivery in a health facility so that their JSY incentive is ensured rather than ensuring the women receives full ANC care. Keeping this perspective of pregnant and lactating women in view, it appears that ASHAs 10 point performance monitoring is not based on the actual performance of ASHAs. Therefore, there is a need to monitor the performance of the ASHAs and the way this 10 point performance scale is prepared.

11.5 Home Based Newborn Care (HBNC)

As mentioned above that all the 950 ASHAs have received training for conducting HBNC visits and 869 were provided HBNC kit. But most of the ASHAs complained that HBNC kit provided was incomplete. It either did not contain weighing machine or stop watch or thermometer. District has simplified the HBNC reporting formats so that ASHAs can fill it up with ease. ASHAs have made a total of 2469 HBNC visits during the first 9 months of 2019-20. Our interaction with the mothers revealed that although ASHAs conduct HBNC visits but these visits are just informal. Proper guidelines are not followed to make these visits effective. Further, it was observed that there is hardly any effective mechanism for monitoring of HBNC. Consequently, HBNC has not been in a position to achieve its objectives.

11.6 *Maternal and Infant Death Review*

State has issued necessary orders and guidelines for the reporting of maternal deaths and their audit to all health facilities in the State. Maternal and Infant Deaths Review committee has been established in the district. As per these orders, maternal death reviews are to be done by the CMOs and District Magistrates. ASHAs are to be given incentives to report maternal deaths and Rs. 250 is kept for maternal death investigation. Both the CMO and BMO admitted some infant deaths taking place in the remote areas of the district are not reported because of inaccessibility and poor communication facilities. However, reporting of maternal and infant deaths has improved. The list of infant deaths is available at various health facilities. Three maternal deaths have been reported in the district during the last three quarters and all the 3 have been reviewed. A total number of 17 infant deaths have been reported in

the district during the last three quarters. The verbal autopsies have been conducted for 10 of these infant deaths. ASHAs/ANMs generally submit verbal autopsy reports but no further action has been taken on these reports. Incentive for reporting of maternal and infant deaths has been given to the ASHAs.

12. ADOLSCENT FRIENDLY HEALTH CLINIC (AFHC)

ARSH clinic at DH Handwara and SDH Handwara has been established and 1 ARSH Counsellor and 1 Data Entry Operator is posted in both these. Space for ARSH clinic at DH is inadequate. ARSH counsellor provides ARSH related services and also provides information about various contraceptive methods. Oral pills, condoms, sanitary napkins are distributed through ARSH clinic. Weekly Iron Folic Strips are not available in the ARSH clinic, although ARSH clinics have a lot of potential to distribute it among adolescents. There is no system of follow up of the adolescents attending the clinic. Records maintained at the DH ARSH Clinic regarding the services provided by it indicate that 844 clients have visited the ARSH clinic and 447 have received clinical services and 471 have received counselling. ARSH Clinic located in CHC Kupwara has done better work than DH Handwara. About 1300 clients have visited the CHC ARSH clinic and 591 have received OPD services and 663 counselling services. Around 200 have been referred for specialized treatment during April-November, 2019. 2014. Despite disturbances in the district during August-October, few outreach session were organised by this clinic and a total of 1922 clients received counselling services. These include 11 in schools, 314 in AWWS and 418 at village level.

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

13. Disease Control Programmes

13.1 Revised National Tuberculosis Control Programme (RNTCP)

Kupwara has a full fledged RNTCP Unit co-located in CHC Kupwara. The posts of District Tuberculosis Officer, Supervisory Pharmacist, MOTC, Lab Technician are in place. The only vacant position from regular side is MO-DTC. Ten positions of STS have been sanctioned under NHM and of these 3 are in place and recruitment of 7 remaining positions is in process. Further 11 more posts of various categories have been sanctioned under NHM and all these positions are in place. Diagnostic testing facilities for RNTCP are freely available in the DH, CHCs and PHCs. The Technicians posted in these labs were trained in RNTCP. During the last 3 quarters, at total of 10746 tests have been conducted in Kupwara and 224 of these specimens have been found

positive. Thus case detection rate is about 2.01 percent. Currently a total of 942 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. The district has started providing monthly incentive of Rs. 500 under Nikshay Poshan Yojana from April, 2018 and a total of 991 beneficiaries stand registered with DTC for the incentive. Of these 865 (87%) are receiving the payment through DTBS.

13.2 Other Communicable Disease

Most of the positions under NLEP are vacant. The post of Medical Officer is vacant. Of the 8positions of Para Medical Staff, 4 are vacant. Currently the NLEP is managed by 1 Para Medical Assistant. There is a LCU at CHC Sogam. It has one position of Medical Officer and 4 positions of paramedical staff. Except Sr. Assistant all other positions are vacant. Screening for leprosy is done in the DH and CHCs. There are a total of 5 active cases of leprosy and all are taking MDT. The district has adequate supplies of MDT.

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

14.1 Non Communicable Diseases

Government of Jammu and Kashmir has approved population based screening as part of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in all districts through HWCs and in the first phase it was rolled out in 6 districts (Jammu, Udhampur, Doda, Anantnag, Baramulla and Kupwara) in 2018-19 and remaining districts have been added during 2019-20. A District Programme Management Unit has been established in the District. The posts of Medical Officer, District Programme Coordinator, Finance and Logistics Officer, Monitoring and Evaluation Officer, Counsellor and Staff Nurses have been filled in. NCD clinics have been sanctioned at 7 CHCs, but 4 of these NCD clinics are non functional due to the non availability of staff.

NCD clinic DH Kupwara was one among the best NCD clinics in J&K upto 2015-2016. NCD clinic is well equipped with 4 bedded Cardiac Care Unit (CCU), Geriatric ward and day care chemotherapy centre and a physiotherapy unit as well as OPD services. But due to shortage of space and funds, the functioning of CCU and geriatric ward has declined. Further due to the non availability of a Cardiologist and Lab Technician, the working of CCU has got affected. Despite shortage of manpower and funds, the NPCDCS DH Kupwara has done exceptionally good work as is evident from the information presented in Table 10.

The day care chemotherapy unit at DH Handwara has provided over 1615 doses of chemotherapy during 2019-20. It has now been notified as the nodal centre for chemotherapy in the Kashmir Division and 200 patients across Kashmir valley are registered for chemo therapy. This is a positive development and needs to be encouraged and additional resources (both human, and infrastructure) should be provided to cater to the increasing workload of the chemotherapy unit.

Although NCD clinic at CHC Kupwara has been provided with requisite infrastructure but due to the non availability of Medical Officer and separate lab, its functioning has also suffered. A total of 1600 individuals have been screened for hypertension and diabetes and 164 have been diagnosed with hypertension, 40 with diabetes and 110 with both. Requisite drugs have been provided to individuals diagnosed with these two ailments. It was seen that the referral coordination between various OPD Units in DH, CHC Kupwara and NCD clinic is poor. Besides OPD, NCD clinics are supposed to hold screening camps for detection of hypertension, diabetes, breast and cervical cancers. Due to the disturbances, it has not been in a position to hold 13 camps in the district during 2019-20. A total of 2296 persons were screened for diabetes and hypertension and 92 and 65 were found positive for these two health issues respectively.

Table 10: Performance of NCD Clinic Kupwara during 2017-20

	Total	
Activity	**2019-20**	**17-18**
NCD OPD	24279	6008
Physiotherapy	2051	1829
Counseling	4542	1777
TB Patients screened	465	35
Oncology OPD	21	32
Chemotherapy doses provided	1615	28
Lab tests	2856	1323
Screening at NCD Clinic (Diabetes/hypertension)	4005	2322
No of People suspected with Diabetes Hypertension	 22 40	 14 23
Cardiac Care Unit (CCU)	237	18
Cases Referred to Tertiary Hospital	12	6
No. ob Campus Conducted	13	15
No. of People Screening in Campus/clinic	6276	6250
No of People suspected with Diabetes Hypertension	 92 65	 378 789

PHCs and SCs upgraded as HWCs have to play an important role in PBS. Multi-Purpose Workers (MPW) and ASHAs have to supplement the NCD clinics in undertaking population based screening of common non-communicable diseases, identification of cases for referral, follow up, recognition of complications, prevention, ensuring continuity of care, health promotion and improving recording

and reporting of information. While the PHCs upgraded to H&WCs have started opportunistic screening but the same has not yet been started by SCs upgraded to H&WCs. PHC Drugmulla has screened 312 persons for Hypertension and 465 for diabetes and have identified 8 cases of diabetes and 14 cases of hypertension. All the identified persons with diabetes and hypertension have received treatment and counselling from the PHC.

14.2 Dialysis Centre

The dialysis Centre with a bed capacity of 5 has recently been established at CHC Kupwara. It has been provided with requisite infrastructure and manpower. Though, it has started registering patients. For dialysis but the Centre is expected to be formally inaugurated and made functional in the last week of December, 2019. There are 4 dialysis units in it. The centre has been equipped 4 HD machines, two crash carts, monitors, portable ECG machine, refrigerator and other required material. Tenders for medicines and drugs have already been floated. The additional manpower engaged at this centre include2 trained medical officers, 4 dialysis technicians, 4 staff nurses and 2 ward boys.

15. AYUSHMAN BHARAT YOJANA

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

Ayushman Bharat was officially launched in Jammu and Kashmir on December, 1st 2018. A total of 118721 families are to be covered under the scheme in Kupwara. The district has verified 85 percent of beneficiaries from the list. A total number of 54145 golden cards have been generated and most of them have been issued to the beneficiaries during this short period of time. Due to the disturbances and snapping of internet in Kashmir, verification of remaining beneficiaries and generation of golden cards has been suspended. DH, 7 CHCs and 2 Private institutions have been empanelled to provide free services and separate counters with requisite infrastructure under PM-JAY help-desk have been established in the district. Although, hospital has to appoint an Arogya Mitra to run a help-desk to ease cashless treatment for beneficiaries, but no such appointment has been made so far and these desks are run by hospital staff in addition to their own responsibilities. DH Hospital and CHC Kupwara have tie up with the Jan Ashodhiya stores to provide drugs under PM-JAY. A total of 95 patients have received free treatment and 17 have received free surgical services from DH during the last 6 months and an amount of Rs. 634140 has been spent for treatment of beneficiaries under PMJAY during 2019-20. Due to the snapping of internet services in Kashmir, free treatment and surgical services to golden card holders have been put on hold.

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

16. HEALTH AND WELLNESS CENTRES (H&WCs)

During 2018-20, a total of 341 health facilities were identified to be upgraded to HWCs in the State in the first phase and 299 of them have been renovated to work as H&WCs. These include 166 from Kashmir division, 124 from Jammu and 9 from Ladakh. Of the 166 H&WCs in Kashmir, 76 are SCs, 78 are PHCs and 12 are UPHCs. Kupwara district in the first phase has upgraded 18 PHCs and 5 SCs to Health and Wellness Centres and all these have become functional. H&WC Trehgam has been adjudged as one of the best H&WCs in the State. The district is in the process of upgrading some more PHCs and SC into HWCs. MLHPs have not yet been put in place in H&WCs in the district. Waterkhani SC which has been upgraded as H&WC does not have any ANM. ASHA training modules have been translated into local language. The district has initiated training under CPCH/NCDs. Requisite equipments for screening of hypertension and diabetes and drugs for the treatment of NCDs have been provided to PHCs/CHCs upgraded to H&WCs. NCD registers and other stationery has been provided to H&WCs for CBAC. PHC Drugmulla and SC Waterkhani have started CBAC and opportunistic screening of adults is taking place at PHC Drugmulla. Those diagnosed with hypertension and diabetes are provided treatment and referral to CHC. However, it was found that screening of adults at SC Waterkhani is not taking place because of lack of manpower. Due to the disturbances in Kashmir no screening camps could be organised either in Drugmulla or Waterkhani. Thus H&WCs in the district are still in their infancy and district needs to complete the trainings, put in place MLHPs and provide other logistics support to these Centres so that they are in a position to achieve the objectives for which they have been upgraded.

17. CLINICAL ESTABLISHMENT ACT

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

18. REFERRAL TRANSPORT AND MOBILE MEDICAL UNIT (MMU)

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

The information collected from the office of CMO indicates that there are 83 vehicles in Kupwara district which are used for transportation of patients but only 61 are currently functional. Of these 61 vehicles, 54 are from the regular health side and Local MLAs and MPs have donated 6 vehicles out of constituency development funds for transportation of patients. As mentioned above 102/108 service is not yet functional in the State and therefore none of the vehicles is fitted with GPS. NHM logos are displayed on most of these vehicles. Besides 1 Critical Care Ambulance, DH has 2 functional ambulances. CH Handwara has 3 functional ambulances and PHC Drugmulla has 1. As mentioned above 102/108 service is not yet functional in the State and therefore none of these vehicles is fitted with GPS.

The State has procured 11 MMUs and some districts have been prioritized for putting in place these vehicles. One such MMU has also been provided to Kupwara district. Except the post of Medical Officer, all the remaining 3 positions sanctioned for operationlization of MMU has been put in place. These include a Pharmacist, Driver and Helper. Schedule of visits has been developed. MMU offers general examination, X-ray, ECG, lab facility, ophthalmic, family planning, ANC services and also help the RBSK teams in screening of children. During the last one year, the MMU Team has visited 59 villages and 106 AWCs. Overall the MMU has examined 17839 patients during 2016-17. It has also provided ANC services to 430 women, and about 200 couples have been provided family planning services. The MMU lab has conducted more than 500 lab tests and has also screened 1231 children under RBSK. Referral services have been provided to 139 patients. This shows that if used effectively MMU has a lot of potential to meet the health care demand of the district particularly in far flung areas.

19. QUALITY IN HEALTH SERVICES

19.1 Infection Control

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

19.2 Biomedical Waste Management

All the visited health facilities use colour coded bins for the segregation of waste but it was found that at some places all the three bins are not placed. Further, guidelines for proper segregation of waste are not properly followed at any of the health institutions. Patients and their attendants need to be educated about proper use of these bins. None of the health facilities in the district have an internal mechanism for disposal of bio medical waste. DH Handwara and CHC Kupwara have outsourced the disposal of bio medical waste to a private agency, which lifts it on weekly basis. PHC Drugmulla has arrangement with the local municipal committee for the disposal of bio medical waste. SC Waterkhani does not have arrangement for disposal of bio medical waste and throw it in open. Sharpens, needles were not visible the premises of the visited health.

19.3 Information Education and Communication (IEC)

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

19.4 Grievance Redressal

Grievance redressal committees for registration of complaints and grievances have been established at all the facilities visited by us however, the team could not see the complaint boxes. MS of DH and CHC and the MO of PHC mentioned that they generally receive the complaints verbally and redress them on spot but our interaction with the patients at DH and CHC revealed that they hesitate to lodge the written complaints as they fear that it may further complicate delivery of services.

20. NEW QUALITY ASSURANCE INITITATIVES

20.1 LaQshya

LaQshya programme has been launched in the country to improve quality of maternal and newborn care and provide respectful care, particularly during the intrapartum and postpartum periods. Its implementation involves improving Infrastructure up gradation, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers, and adherence to clinical guidelines and improving quality processes in labour room and maternity OT. Jammu and Kashmir also has started the process of upgrading labour rooms and OTs under LaQshya and two Hospitals namely District hospital Udhampur and Govt. Hospital Gandhi Nagar, Jammu have already received State Certification and 8 more hospitals including CHC Kupwara were planned to be certified by December, 2019. The district has constituted the coaching team and also Dakshita training has also been conducted. Baseline assessment has been completed in DH Handwara and CHC Kupwara. Although, the LR and OT of DH and CHC Kupwara has been upgraded but due to the shortage of space in DH Kupwara it has not scored enough in internal assessment so as to qualify for external assessment. MS of DH mentioned further improvement in internal assessment is possible when OT and LR are shifted to new building which is under construction. Although CHC Kupwara has scored enough to qualify for external assessment but external assessment team is scheduled to visit for assessment after the OT and LR are shifted to the new building.

20.2 Kayakalp

Cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience and encourages moulding behaviour related to clean environment. To recognise such efforts of ensuring Quality Assurance at Public Health Facilities, the Ministry of Health & Family Welfare, Government of India has launched a National Initiative on 15th May 2015 to give Awards "KAYAKALP" to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control. An important objective of the award is to inculcate a culture of ongoing assessment and peer review of performance and to create and share sustainable practices related to improved cleanliness. The DH Handwara, 7 CHCs and 14 PHCs in the district have completed the internal assessment but of these DH, 7 CHCs and 2 PHCs namely Trehgam and Drugmulla have scored enough to qualify for peer assessment. A Team from District Pulwama has visited DH Handwara and CHC Kupwara recently and has not yet submitted its report. External assessment of CHCs and 2 PHCs is expected shortly.

20.3 National Quality Assurance Standards (NQAS)

National Health Mission Strives to Provide Quality Health care to all citizens of the country in an equitable manner. The 12th five year plan has re-affirmed Government of India's commitment – "All government and publicly financed private health care facilities would be expected to achieve and maintain Quality Standards. An in-house quality management system will be built into the design of each facility, which will regularly measure its quality achievements." Quality Assurance (QA) is cyclical process which needs to be continuously monitored against defined standards and measurable elements. Regular assessment of health facilities by their own staff and state and 'action-planning' for traversing the observed gaps is the only way in having a viable quality assurance prgramme in Public Health. Therefore, the Ministry of Health and Family welfare (MOHFW) has prepared a comprehensive system of the quality assurance called National Quality Assurance Standards (NQAS) which can be operationalzed through the institutional mechanism and platforms of NHM. District level NQAS team has been constituted in Kupwara and facility level teams have also been constituted for DH and CHC Kupwara. The district has organised a 5 day training programme under NQAS and these two facilities have completed the internal assessment but due to the shortage of space, manpower, infrastructure and other facilities, none of these facilities have scored enough to qualify for external assessment.

21. GOOD PRACTICES AND INNOVATIONS

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

22. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

Jammu and Kashmir is one of the states which took an early lead in the facility reporting of HMIS. New RCH Register has been introduced in all the districts including Kupwara and the FMPHWs have been trained in the district to fill various columns in the RCH Register. But RCH Register was not available at DH Handwara and SC Waterkhani. The health facilities have completed household survey in their catchment areas. Hard copies of the latest HMIS formats are available at DH, CHC and SC. PHC Drugmulla currently old HMIS format for reporting of HMIS as the whole booklet of

new HMIS format has exhausted. The post of DMEO and the posts of BMEOs in three blocks namely Kupwara, Trehgam and Kalaroose are vacant. DAM is currently looking after the job of DMEO. The DEOs have been posted at DH and CHCs and required computing and net fa cilities are available at CMO, DH and CHCs. DH and CHCs upload the data directly on 25th. PHCs and SCs submit the monthly information on 21st of every month to BMO office and it is uploaded by the DEO posted at BMO office. The reporting period is 20th to 19th of every month. BMO office takes 2-3 days to verify the data and gives one day time to PHCs and SCs to rectify the mistakes/inconsistencies in data. Finally data of PHCs and SCs is uploaded at block head quarters on 25th of every month.

As the pregnant women generally visit multiple facilities for ANC, PNC and child immunization and these services are registered at multiple places. This is resulting in duplication of ANC registration and ANC services. For example, Jammu and Kashmir is reporting 4 lac ANC registrations compared to around 2.25 expected ANC registration. To stop reporting of duplication of ANC registration, ANC, PNC and child immunization, it has been decided to follow area based approach for reporting and uploading of data for these indicators and for other services facilities are following facility based reporting. For example DH, CHC and PHC provide ANC, PNC and Child immunization to everyone visiting them for such services. Health facilities keep separate registers for clients belonging to the catchment area and clients from other area. At the time of filling HMIS formats, they only report services provided to clients belonging to their catchment area and hope services rendered to outside clients will be reported by their respective parent institutions. While this system has helped Kupwara District to minimize duplication of ANC registration, but at the same time it has also resulted in under reporting of services by DH and CHC. For example while on an average 20-30 pregnant women visit ANC clinics of DH Handwara and CHC Kupwara per day for ANC services but during April-November, 2019 DH Kupwara has reported only 77 ANC registration and CHC Kupwara has reported 440 ANC registration. Contrary to this only 19 women are registered with SC Watrkhani but HMIS has reported 33. There is no variation in the reporting of ANC registration at PHC Drugmulla.

There is confusion between information in RCH register and HMIS reporting among FMPHWs in all facilities. SCs generally report services from RCH register. Since RCH registers are updated based on the reports of services received by women irrespective of place of receipt service, therefore SCs generally report services delivered by other health institutions. For example, HB testing facility was not currently available SC Waterkhani but RCH register showed 30 pregnant women have Hb level<11 (tested cases). District faced shortage of IFA supply but all ANC registered women are reported to have received IFA. Instead of recording number of women given IFA or calcium, SC Waterkhani records no of tablets given. Records at PHC Drugmulla as well as the HMIS formats submitted by it show that it has given Calcium to 90 women, but HMIS shows 360 women have received Calcium. Thus it appears some

correction/over reporting is also done at BMO office while uploading the information. It was also found that the facilities do not maintain information about Hypertension, IFA and Calcium after delivery but same is either filled by the facilities arbitrarily in HMIS format or by the DEOs at the time of uploading.

Information about pregnancy outcome, institutional delivery, sex of child, birth weight is maintained in all the facilities. As per this information the district has recorded a total of 8709 deliveries during April-November, 2019 but only 4100 deliveries have been uploaded on HMIS website. This issue of underreporting of deliveries on HMIS was discussed with both CMO and DPM and they have assured that they will look into the issue. Information about permanent methods of family planning and IUDs is correctly recorded and reported. However, information about spacing methods is not properly maintained. While, the reported figures pertaining to IPD and Surgery match with recorded figures in all facilities, but OPD figures in case of DH and CHC are under reported.

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

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

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

The district is now using HMIS data both for reporting and reviewing its progress. District is also using HMIS data for preparation of PIPs. However, to further improve the HMIS, it is suggested that the post of DM&EO is filled up at the earliest. DPM should take full interest in ensuring quality information till the post of DM&EO is filled up. Further, BM&EO should frequently visit the facilities for monitoring of HMIS and they need to be supported by the CMOs and BMOs by facilitating their mobility.

23. POSITIVES

- Being an aspirational district, the district has tremendous opportunities to improve its health care delivery services.
- NHM has been in a position to fill up critical gaps in human resource. More than 80 percent of the sanctioned positions have been filled up in the district. There is a transparent system of recruitment of staff under NHM.
- Almost all the Sub Centres have been strengthened by posting the 2nd ANM.
- All the payments towards ASHA incentive and JSY beneficiary are being paid through DBT using PFMS. E-transfer at all facilities is followed and no cash transactions are taking place, which is an achievement in itself.
- SNCUs abolished at DH and CHC Kupwara are functional and have helped the district to stop unnecessary referrals of neonats to G.B.Pant Hospital.
- DEIC has been made functional and it will help achieving the goals of RBSK to a great extent.
- Almost all the ASHAs have been trained for the implementation of HBNC.
- Despite delays in release of funds, facilities manage to provide free services under JSSK to a large extent.
- The district is progressing well in upgrading PHCs and SCs to Health and Wellness Centres. H&WC Trehgam has received the award of one of the best H&WCS in the Country.
- The district is all set to start DNB course at CHC Kupwara.

24. CHALLENGES

- Some parts of the district have difficult topography and ensuring attendance of the staff in these areas particularly during winter is always challenging.
- The district has inadequate number of Specialists especially Gynaecologists and Paediatrician at District Hospital and CHCs.
- Public in general do not have a very good image of quality of delivery services at DH. Consequently, more than half of the women in the district prefer to deliver in facilities located outside the district.
- The norm of 48 hours stay in health facility is not being followed in most of the facilities visited. Beneficiaries were found to be leaving the facilities within 12 hours of deliveries due to non availability of proper medical staff during night hours.
- Mechanism of cost estimation and approvals for specialized treatment under RBSK is somewhat complicated and lengthy and needs to be simplified.
- Use of HBNC skills is an issue including filling up of HBNC forms.
- ASHAs 10 points performance monitoring is weak and needs strengthening.
- The quality of HMIS and its monitoring is poor. There is a need to put in place DM&EO at the earliest, so that this issue can be addressed.
- There is not much enthusiasm to get LaQshya and NQAS certification for DH and CHC Kupwara.

25. KEY CONCLUSIONS AND RECOMMENDATIONS

- Although Kupwara has a district hospital, but it has acute shortage of specialists in general and Gynecologists, Pediatrician and Anesthetists in particular. CHCs and PHCs also have shortage of doctors. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to utilize the services from other districts or from private clinics. Therefore, there is an immediate need to address the shortage of specialist doctors in the DH and CHCs on priority basis.
- The State Government has drafted a comprehensive HR Policy for attraction, recruitment and retention of skilled professionals in rural and remote areas but there is also a need to implement a transparent policy with regard to transfer of doctors their trainings and detachments.
- NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. In fact most of the health institutions in the district are run by NHM staff. This has resulted in an increase in OPD services. But since there is a lot of disparity between in service conditions and salaries between the NHM staff and regular staff and this has started to discourage the NHM staff to take full interest in their duties. There is a need to look into the grievances of the NHM staff and redress their genuine demands.
- Skill of ASHAs was checked using a check list and most of them had fairly good knowledge of HBNC, ANC, immunization, PNC etc. However, their performance on account of HBNC was poor. They seem to be generally interested in claiming their incentives rather than facilitating in providing quality services.
- Incomplete HBNC kits have been provided to ASHA and they have conducting HBNC visits. But use of HBNC skills is an issue including filling up of HBNC forms. The ASHA Coordinators and Facilitators need to closely monitor the HBNC visits and provide on spot feedback to ASHAs.
- As most of RCH indicators have improved in J&K, there is now a now need to realign their incentive structures and correlate them with the revised roles of the ASHA.
- There is a need to speed up the recruitment of staff for ANMT School Kupwara, so that the school is in a position to provide quality education to the trainees.
- J&K Medical Supplies Corporation has now been established in the State and it has started procuring and distributing drugs to health facilities. However, the supply of drugs and equipments in the health institutions, instead of improving has deteriorated. JKSMC should address this issue of delay of equipments and consumables.
- Essential Drug List has been prepared for various facilities but an updated list of drugs available at the facility is not displayed in any of the facilities visited by us.
- The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities just meet 30-40 percent of their demand of drugs; therefore, free drug policy is partly implemented in the district. There is a need to assess the actual demand of various drugs and provide them to the health facilities.
- State government has made it mandatory for doctors to write only generic names of drugs in capital letters on prescriptions, but all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. Therefore there is

a need that free generic drugs, as promised by government are made available in all hospitals so that doctors can write generic names of the drugs.

- Information about JSSK and JSY entitlements, user charges, HIV/AIDS, family planning, immunization, breastfeeding, etc is displayed prominently in all health facilities. Citizen's Charter, timings of the facility, availability of services, protocol posters are also displayed in various facilities. There is also a need to display IEC material emphasizing the importance of staying in the facility for at least 48 hours after delivery.
- Despite irregular/late release of funding, facilities are in a position to provide free drugs, diagnostics and diet under JSSK. But patients also reported that they purchased few drugs from the market at the time of delivery. So far as free transport is concerned, only free referral transport for deliveries and neonats is ensured in all facilities visited by us.
- Home to facility and drop back facility is not ensured in all of the cases. This supports the need for operationalization of a fully functional patient transport system that is easily accessible so that pregnant women and emergency patients could avail of transport facilities from home to facility and also drop back home for JSSK beneficiaries.
- JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs.
- SNCU at DH and CHC Kupwara are functional in the district. There is a need to put in place a paediatrician so that its services are used fully. The establishment of the SNCU has resulted in improving health of neonats and minimize the referrals from DH to tertiary care hospitals.
- Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started improving. There is a need to appreciate those ANMs/ASHAs who are reporting such events.
- Institutionalized mechanisms for grievance redressal was not evident in any of the facilities visited by us. Often complaint boxes are seen to be having 'token' presence, and the boxes remained un-opened. Patients visiting the health facilities largely lacked awareness and knowledge regarding the grievance redressal mechanism.
- Screening for NCD at PHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for appropriate confirmation of diagnosis, treatment & follow- up.
- The dialysis Centre with a bed capacity of 5 has recently been established at CHC Kupwara. It has been provided with requisite infrastructure and manpower and is expected to be formally inaugurated and made functional in the last week of December, 2019.
- The district has established District Early Intervention Centre (DEIC) at the District Hospital. While most positions in DEIC have been filled up, however some important position like Paediatrician, Audiologist/Speech Therapist, Physiotherapists, Optometrist, Psychologists are vacant. DEIC provided free medicines to 822 children. During 2019-2020, DEIC helped 13 children to get financial support for specialized treatment. It was observed that mechanism of cost estimation and approvals for specialized treatment under is somewhat complicated and lengthy and needs to be simplified.
- CHC Kupwara were planned to be certified under LaQshya by December, 2019. Internal assessment has been done and external assessment team is scheduled to visit the facility for

assessment shortly. Baseline assessment has been completed in DH Handwara and LR and OT of DH has been upgraded but due to the shortage of space in DH Kupwara it has not scored enough in internal assessment so as to qualify for external assessment.

- DH Handwara, 7 CHCs and 14 PHCs in the district have completed the internal assessment. Of these DH, 7 CHCs and 2 PHCs namely Trehgam and Drugmulla have scored enough to qualify for peer assessment. A Team from District Pulwama has visited DH Handwara and CHC Kupwara recently and its report is awaited. External assessment of CHCs and 2 PHCs is expected shortly.
- District level NQAS team has been constituted in Kupwara and facility level teams have also been constituted for DH and CHC Kupwara. The district has organised a 5 day training programme under NQAS and these two facilities have completed the internal assessment but due to the shortage of space, manpower, infrastructure and other facilities, none of these facilities have scored enough to qualify for external assessment.
- A total of 118721 families are to be covered under the Ayushman Bharat scheme in Kupwara. The district has verified 85 percent of beneficiaries and 54145 golden cards have been generated and issued to the beneficiaries during this short period of time. Due to the disturbances and snapping of internet in Kashmir, verification of remaining beneficiaries and generation of golden cards has been suspended. DH, 7 CHCs and 2 Private institutions have been empanelled to provide free services and separate counters with requisite infrastructure under PM-JAY help-desk have been established in the district. A total of 95 patients have received free treatment and 17 have received free surgical services from DH during the last 6 months and an amount of Rs. 634140 has been spent for treatment of beneficiaries under PMJAY during 2019-20. Due to the snapping of internet services in Kashmir, free services to golden card holders have been put on hold.
- HMIS have improved in the district to a great extent as the district has taken some steps to minimize the multiplicity of reporting. The facilities are following area based reporting for ANC, PNC and child immunization. This is in contrast to facility based reporting as envisaged under HMIS. Information on most of the new HMIS indicators is not recorded and reported. Although the FMPHWs were oriented with new data elements but it was found that they have some confusion on these new data elements. A cursory look at the HMIS formats shows that FMPHWs do not have clear understanding of how to report services not available at the facility and the services available but not utilized/delivered. They generally put X mark or record 0 or leave the column blank in both cases. Further it was noted that FMPWs at SCs fill up weight, BP, HB of pregnant women in RCH registers without measuring the same. Thus, there is still a lot of scope for improving the quality and content of HMIS particularly lab testing, immunization and PNC. This can be ensured by proper monitoring by District & Block Monitoring Officers. CMOs and BMOS need to support them in undertaking monitoring visits.