

**MONITORING OF NHM STATE PROGRAMME
IMPLEMENTATION PLAN-2019-20: JAMMU & KASHMIR**
(A Case Study of Bandipora District)



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

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

PREFACE

Since 1952, India has launched so many Health and Family Welfare Programmes in the country for the wellbeing of its people and J&K has also implemented these programmes from time to time 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 for improving health care by addressing the key issues of accessibility, availability and financial viability during the first phase (2006-12). The second phase of NHM, which started from 2013-14, focuses on health system reforms so that critical gaps in the health care delivery are geared up. The Programme Implementation Plan of Jammu and Kashmir, 2019-20 has been approved and J&K has been assigned mutually agreed goals and targets. The J&K 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 PIP by Population Research Centre, Srinagar on monthly basis. During the year 2019-20, twenty districts have been allotted to PRC Srinagar from three States. The J&K comprises 10 districts which are Kargil, Kulgam, Reasi, Bandipora, Shopian, Kupwara, Samba, Srinagar, Anantnag and Jammu. The Punjab comprises 5 districts consisting of Fazilka, Shahid Bhagat Singh Nagar, Pathankot, Rup Nagar and Tarn Taran and finally 5 districts are from Jharkhand which includes Bokaro, Dhanbad, Khumti, Ramgarh and Ranchi. The present exercise of monitoring has been undertaken in district Bandipora of Jammu and Kashmir and it is the third round of monitoring of the same district while as its first and second round was done in 2014-15 & 2017-18 respectively.

The study was successfully completed due to the involvement, cooperation and support of a number of officials and individuals at different levels. 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 go to Shree Bhupinder Kumar (IAS), Mission Director, NHM Jammu & Kashmir for his cooperation and support extended to us. We are highly thankful to Chief Medical Officer Bandipora (Dr. Tajamul Hussain) and Medical Superintendent of District Hospital (Dr. Prehlad Singh) for extending their full cooperation and sharing with us their necessary inputs of different schemes implemented in the district. We also place on record our thanks to Medical Officer of CHC Sumbal (Dr. Munawar Hussain) and PHC Naidkhai (Dr. Mohidin) for their cooperation in data collection. We also appreciate the cooperation rendered to us by the officials of the District and Block Programme Management Units of Bandipora District. Special thanks are also to staff members posted at CHC Sumbal, PHC Naidkhai and SC Hakabara for sharing their inputs.

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We also thank to all IPD and OPD patients 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 Government of J&K in taking necessary changes.

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1. Executive Summary

The objective 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 the State. The J&K lies to the north-west of the country looking like the crown on the map of India. 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 according to 2011 Census is 883. The Jammu & Kashmir comprises 22 districts, 143 community development blocks, eighty-two (82) Tehsils, four thousand one hundred twenty-eight (4128) Panchayats and seven (7) urban agglomerations. There are 6551 villages with 86 Towns. Following is the summary of findings of this study:

Health Infrastructure

- a. The district has a total of 134 public health institutions which include one DH, 3 CHCs, 5 PHCs (2 PHCs 24x7 and 22 PHCs Normal), 32 H&WCs, 71 SCs/MACs and one DTC.
- b. Only 9 PHCs and 63 SCs/MACs are operating from rented buildings in the district.
- c. The District hospital is functioning from old building and some new programmes are functioning in small tin sheds. No space for NCD unit is available presently at DH.
- d. CHC Sumbal is functioning again from old type of building and is accommodating the existing space. PHC Naidkhai and SC Hakabara are housed in government buildings with almost sufficient accommodation.
- e. DH Bandipora has a bed capacity of 20 beds and the functional bed capacity of 3 CHCs is 90 beds. CHC Sumbal has a bed capacity of 30 beds. All the 5 24X7 PHCs have 25 beds while as other normal PHCs have bed capacity of 1 bed to each. PHC Naidkhai has a bed capacity of 5 beds only.

Human Resource

- a. The overall current scenario regarding staffing pattern of the district shows that 24 percent positions of doctors and 23 percent of Para-medical staff are vacant in the district. Overall in district Bandipora, out of 61 sanctioned positions of MBBS Doctors/MO/Assistant Surgeons, only 52 (85 percent) are in place and most of them are posted at DH and CHC level.
- b. In case of Gynaecologists, out of 6 sanctioned positions only 4 are in place in the district. Out of 5 sanctioned positions of Paediatricians only 1 is in place and out of 5 sanctioned positions of Anaesthetists only 4 are in place.
- c. Overall the position of para medical staff is satisfactory in the district, however, presently there is none of the ECG technician in place in the district.
- d. The DH has a total of 8 sanctioned positions of medical officers and all of them are in place. One each sanctioned position of ENT and orthopaedics are vacant. The present strength of gynaecologists finds it very difficult to cater to the growing demand of institutional deliveries in the hospital.
- e. Most of the sanctioned positions of CHC Sumbal are in place. There are 7 sanctioned positions of Assistant Surgeons (MOs) and out of which 6 are in place. At the same time, almost all the para-medical staff is in place.
- f. PHC Naidkhai has 1 post of MO in place out of 2 sanctioned positions.
- g. The NHM fill up the vacancy to some extent both for medical and paramedical staff in the district. In this regard a total of 16 MBBS doctors, 10 ISM doctors, 24 staff nurses, 87 FMPHWs, 32 different types of technicians and 3 MMPHW are working under NHM.

Training Status /Skills of Various Cadres

- a. During the year 2018-19 only 10 doctors 23 paramedics (Pharmacists & FMPHWS) have received training on NSSK.
- b. A total of 17 (SNs & FMPHWs) have received training for SBA while as IMNCI training has been received by 31 (Pharmacists & FMPHWs).
- c. Lastly IUCD was also received by 18 (FMPHWs & SNs) during same year.

Availability of Drugs and Diagnostics, Equipment, Drugs

- a. In Bandipora, all the visited health facility had EDL displayed but almost all the drugs as per the EDL were found available at these health facilities.
- b. Though the drug stores at the DH and CHC maintain a daily consumption register of drugs, but the list of drugs supplied to OT, OPD and wards was not found displayed publicly in labour room, OT and wards.
- c. Computerized inventory management for testing facilities was not found at DH and CHC in the district. Similarly, the medical stores also have not yet been computerized in the district at any facility.
- d. The district is providing free drugs to MCH patients under JSSK, and most of the women (interviewed in OPD and IPD) in the district reported to have received free drugs at the time of delivery and during their stay at hospital after delivery.

Diagnostics

- a. There is no partnership with any private service providers for diagnostic tests and neither outsourcing of diagnostics is taking place in the district.
- b. The DH is providing the existing diagnostic facilities to patients at minimal user fee charges. Other health facilities also provide variety of diagnostic facilities to the patients on regular basis. However, the facility of CT scan, dialysis and MRI is not available at DH.

Equipment

- a. Equipment is purchased by the Central Purchase Committee. All newly procured equipment has inbuilt Annual Maintenance Contract (AMC) with the supplier during warranty period but later health institutions undertaken repairs of the equipment out of HDF.
- b. Almost all the essential equipment/instruments and other laboratory equipment is available at the DH Bandipora and CHC Sumbal. The DH is in need of some of the equipments like as Immuno Easy, urine analyser, electrolyte analyser, HBAIC, microscope, Elis, fogger, fracture table, OT table, artery forcef and sucker.
- c. At PHC Naidkhai some essential equipments like as MVA/EVA, phototherapy unit, nitrous oxide cylinder 1760 litres, semi auto-analyser, Inj. Magnesium sulphate, drugs for hypertension and diabetes, drugs for malaria and TB etc. were not available.

Ayush Services

- a. In district Bandipora the AYUSH unit is established at DH and in various PHCs of the district. Overall 10 AYUSH doctors out of 10 are in place in the district under NHM. The PHC Naidkhai has 1 Ayush doctor in position.
- b. The record of AYUSH OPD is not maintained at the DH during the two quarters in the district.

ANMT School

- a. The ANMT School in district Bandipora is functioning in a newly constructed government building away from the district hospital.

- b. The total intake capacity for all the courses run in the school is 40 candidates. CMO reported that there is deficiency of tutors presently in the school. Except principal no other staff is there in place. He further stressed that the school needs fencing in its surroundings.

Maternal Health: ANC and PNC

- a. Overall 4115 women were registered for ANC during April-September, 2019.
- b. 1st trimester registration was found to be less 75 percent while as the coverage of ANC-4 was satisfactory in the district. Almost all the women registered were provided requisite number of TT doses at their respective health facilities.
- c. Overall 2737 pregnant women were given IFA supplement during the two quarters.
- d. A total of 130 women were registered at the PHC for ANC-1 services during the two quarters. Women generally visit this facility for ANC 3rd or 4th, even if no gynaecologist doctor is available at the PHC, but still 110 women visited for 3rd ANC and 83 women visited the PHC for availing ANC 4th check-up.

Institutional Deliveries

- a. The normal deliveries are conducted at all the identified delivery points up to the SC level. C-section deliveries are conducted at DH Bandipora and some CHCs only.
- b. Overall a total of 1347 deliveries were conducted during the two quarters in the district. The contribution of DH was 47 percent while as 20 percent deliveries were conducted by CHC Sumbal and 14 percent by other 2 CHCs in the district. Nineteen percent deliveries have been conducted by various PHCs and SCs. The ratio of home deliveries during the quarters is 3 percent.
- c. Percentage of C-section deliveries during the two quarters in the district amounts to 28 percent of the total deliveries in the district and C-sections have taken place at DH and visited CHC.

Maternal & Infant Death Review (MDR&IDR)

- a. None of the maternal death was reported during the two quarters.
- b. However, 10 infant deaths were reported during the same period from various health facilities and simultaneously all of these deaths were reviewed in time.
- c. Reporting of deaths has improved in the district especially at PHCs and SCs.

JSSK for Women: Transportation

- a. The free transportation for pregnant women from home to facility and back is improved in the district during the years. This is substantiated by the fact that 61 percent women who delivered in a health facility in the district have been provided free transport for reaching a health facility. While as all the institutional deliveries in the district were provided transport from facility to home during the referenced two quarters.
- b. Free referral transport from facility to facility is provided in all the cases at all levels.

Medicines

- a. All those women who have delivered at any health facility in the district were provided drugs free of cost during two quarters.
- b. Our interaction with delivered women in IPD reported that they are staying at hospital with zero expenses from their pocket as they have been provided each and every thing from the hospital.

Diagnostics

- a. Free diagnostic facilities (urine test, various blood tests, X-ray etc.) are provided to pregnant women at DH, CHC and some PHCs in the district.

- b. The USG is provided to all the women on daily basis at DH and CHC. PHC Naidkhai did not have such facility.
- c. The monitoring mechanism and maintenance of records by various labs was found satisfactory at the visited facilities.

Meals

- a. The visited DH and CHC have arrangement to provide cooked and fresh meals to women who deliver at these health facilities. But the PHC is not providing such facility.
- b. Overall during the two quarters on an average only 81 percent women were provided meals during their stay in the hospital after the delivery.

Blood

- a. District Bandipora and CHC Sumbal have not any blood bank facility but the blood storage facility is there. During the two quarter a total of 4 women were provided free blood units at DH.

Janani Suraksha Yojna (JSY)

- a. The payment to beneficiaries and ASHAs under JSY has been streamlined in the district by crediting the money directly in the bank accounts.
- b. Out of 49 home deliveries, none of them have been provided payment during the referenced two quarters and it was reported that there is no incentive for home deliveries.
- c. Timing of payments depends upon the availability of funds as it was found that there is not any backlog of beneficiaries in the district during the two quarters.

Child Health: SNCU/NBSU/NBCC

- a. District Bandipora has established 2 SNCUs, 3 NBSUs, 6 NBCCs till date. The SNCU at DH has a bed capacity of 8 beds and all of them are functional at present and provides services on 24X7 basis.
- b. Out of 2 sanctioned medical officers only 1 is in place, however, both the 2 sanctioned positions of Staff Nurses are in place and 1 lab technician is also in place.
- c. Overall 876 neonates (all inborn) were admitted in the SNCU during the year 2018-19 for treatment of various types of ailments.
- d. Thirty-nine neonates were referred to higher facilities located at Srinagar for further treatment during the two quarters.
- e. None of the neonatal death was reported at SNCU during 2018-19. Free medicines under JSSK were provided to all the patients during their stay in the SNCU. New-born referred from SNCU/NBSU were provided free transport facility.

Immunization

- a. BCG immunization is provided at DH on daily basis. CHCs and at some selected PHCs also provide the BCG. Some of the SCs in the district also provide BCG doses to home deliveries.
- b. Only at DH, BCG dose is given to the infant immediately after the birth irrespective of the number of children born on that particular day while as at all other facilities, people will have to wait till they get 6-7 children to open the BCG vial.
- c. Outreach sessions are conducted to net in drop-out cases/left out cases. AEFI committees and Rapid Response Team are in place in the district.
- d. A total of 1787 children were given BCG doses during the referenced 2 quarters in the district while as, Pentavalent-I was also provided to 4001 infants during the same period.
- e. The number of fully immunized children during the two quarters was 3827 children respectively in the district.

Rashtriya Bal Swasthya Karyakaram (RBSK)

- a. District Early Intervention Centre (DEIC) at DH Bandipora is functional but they lack some of the equipments and the medicine kits. There are a total of 14 positions of the DEIC and out of those most of the positions are filled up.
- b. All positions of AYUSH Doctors, Pharmacists and ANMs have been put in place. There are 6 mobile health teams (two each for one block) in the district.
- c. The teams have covered 595 AWCs during 2018-19. A total of 142730 children were screened for various diseases and deformities during these visits.
- d. Out of these, 24336 cases were treated on spot and 29 cases were referred for treatment outside the district. Overall a total of 29 cases were referred to various higher-level health facilities of the State.
- e. Financial assistance was approved for 13 cases out of 73 cases during 2019-20 and amount of Rs. 8.88 lakh was sanctioned for their treatment.

Family Planning

- a. In district Bandipora, besides the DH and CHCs, 27 PHCs and 71 designated SCs are providing service for IUD insertion or removal. There is a provision of home delivery of contraceptives to beneficiaries in the district through ASHAs.
- b. Overall during April-September, 2019 a total of 203 IUCD insertions were done in the district, out of which 14 IUCDs were performed at CHC Sumbal.
- c. Overall in the district a total of 56 sterilizations have been conducted during the two quarters in the district at DH and CHC level.
- d. Eleven of the NSV surgeries were conducted during the two quarters in the district. Further no family planning camp was organised in the district during the same period.

Adolescent Reproductive & Sexual Health (ARSH)

- a. ARSH clinic at DH Bandipora has been established before some years back but it is presently non functional. Some of its staff has been attached to one block that is CHC Hajin and works there. But no service delivery information is available with the CMO office or with the district hospital.
- b. The two posts of DEOs (1 posted at DH and another posted at CMO office) have been attached to deputy commissioner's office since October, 2019.
- c. The sanitary napkins are not available in any of the visited health institutions in the district for last so many months.

Quality in Health Services: Infection Control

- a. Overall the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was not found satisfactory at the visited health facilities except PHC and SC.
- b. The condition of different sections of DH including IPD, OPD and gyane ward is also not satisfactory.

Biomedical Waste Management

- a. The segregation of bio-medical waste was found satisfactory in the DH, CHC and PHC and SC. However, the guideline for segregation of waste is not properly followed at any of the health institution.
- b. Bio-medical waste at DH and CHC has been outsourced and regularly lifted by the concerned agency. PHC Naidkhai and SC Hakabara bury bio-medical waste in a pit which has been constructed within the hospital premises.

Information Education and Communication (IEC)

- a. Overall the display of appropriate IEC material in health facilities was found by and large satisfactory at all the levels.
- b. The IEC material related to MCH, FP, services available, clinical protocols, etc., were displayed at the DH, CHC and PHC level but such material was insufficient at SC level.

Referral Transport and Medical Mobile Unit (MMU)

- a. Overall there are 54 ambulances, out of which 48 are in working condition in the district to cater the needs of various health facilities. Only 6 Ambulances in the district are fitted with GPS facility.
- b. Keeping in view the district as partially terrain and weak road connectivity a Critical Care Ambulance (CCA) has been provided to cater the needs in case of any emergencies.
- c. The MMU is presently non functional due to staff and fuel maintenance.

Community Process: Accredited Social Health Activist (ASHA)

- a. In district Bandipora there are 425 sanctioned positions of ASHAs out of which all of them are in place. The CMO reported that some 35 more ASHAs are also required in the district.
- b. The district has ASHA coordinators and facilitators in place. These facilitators have received Home Based New Born Care (HBNC) training. Module 6-7 (IMNCI) training and HBNC kits have been provided to 400 ASHAs. Incentive for home visits has been given to 425 ASHAs during 2018-19. The uniform and ASHA diary has been provided to all the ASHAs during October, 2019.
- c. The district has put in place a mechanism to monitor performance of ASHAs and in this regard none of the ASHA has been disengaged in the district on the basis of non/under performance so far.

Disease Control Programme: Tuberculosis (TB), NLEP, Malaria

- a. The TB Control programme is run at the district level which is looked after by the DHO.
- b. There are 4 different categories of sanctioned positions in the TB centre and all the 4 positions are in place. There is involvement of ANMs and ASHAs (DOT providers) at SC and village level.
- c. The screening is done on regular basis at all the levels. The testing facility is available at the DH and other FRUs and PHCs.
- d. A total of 842 tests were conducted during the two quarters and 25 cases were found positive. All the 63 positive cases (old +New) are under treatment/treated in the district. None of the case was referred outside the district.
- e. National Leprosy Eradication Programme (NLEP) is looked after by the DHO Bandipora.
- f. There is 1 active case of leprosy who is taking MDT. The district has adequate supplies of MDT.
- g. The district is not a malaria prone area and the prevalence of malaria in the district is not visible.

Non-Communicable Diseases (NCD)

- a. The district has a well-established centre located at district hospital Bandipora which has been established in the year 2016-17. There are a total of 11 sanctioned positions in NCDS and some of them are vacant.
- b. Besides, the regular OPD at various levels, the district has organized some screening camps for detection of various non-communicable diseases during 2019-20.

- c. Overall 5500 individuals were screened for various non-communicable disease and out of these, 197 (4 percent) patients were diagnosed with diabetes and 142 (3 percent) for hypertension. Besides, some 6 patients were found with cancers other than oral or cervical.
- d. All the patients were under treatment/treated in the district at various levels, however, none of them was referred to tertiary care hospitals of the State.
- e. Under this programme 47 pieces of glucometers have been issued to 5 PHCs and 42 SCs in the district.
- a. No such geriatric ward under the National Programme for Health Care of Elderly (NPHCE) has been established at the DH so far.

Ayushman Bharat Yojna

- a. The list of services to be provided at Health & Wellness Centre include: Pregnancy care and maternal health services, neonatal and infant health services, child health, chronic communicable diseases, non-communicable diseases, management of mental illness, dental care, eye care, and geriatric care emergency medicine.
- b. Ayushman Bharat was officially launched in Jammu and Kashmir on December, 1st 2018 and all the districts including Bandipora has implemented the scheme and has to cover 93, 000 beneficiaries under the scheme.
- c. The district in the first phase has established about 32 Health and Wellness Centres (HWCs) in some selected blocks and up gradation of more such centres is under process.
- d. The district has so far registered 57, 000 beneficiaries that is more than 61 percent of beneficiaries from the list.
- e. The information further provided that ‘Golden Cards’ have been issued to 36, 908 (65 percent) of beneficiaries.
- f. During the period April, 2019 to September, 2019, a number of beneficiaries (178) have benefitted from the scheme and Rs. 4.00 lakh is spent for treatment of the beneficiaries under PMJAY scheme.

Health & Wellness Centres

- a. The district has established 32 H&WCs in 3 medical blocks and all of those are PHCs & SCs. In this connection the CMO reported that they have received additional funding for up gradation of these PHCs. The district has also received additional drugs for these centres.
- b. The CMO made a request that there is immediate need of some of the additional staff as well for smooth functioning of the scheme.

Other Schemes: Kayaklap

- a. The district hospital has not received the Kayaklap certification so far, however, the MS reported that they have not applied for the same.
- b. CHC Sumbal has also not applied for the Kayaklap certificate.

NQAS

- a. Both the visited health facilities DH and CHC have not received the NQAS certification and nor they have applied for the same.
- b. MS discloses the main reason for not maintaining national quality assurances standards is because of the shortage of human resource and conjoined place of accommodation at DH.

LaQshya

- a. Both the visited facilities that are DH and CHC, the labour room and operation theatre has not been covered under LaQshya so far in the district and both the facilities have not applied for their certification.

Dialysis Centre

- a. No Dialysis Centre has been established at district hospital and CHC Sumbal so far.

Health Management Information System (HMIS) and Reproductive and Child Health (RCH)

- a. In district Bandipora, data reporting under HMIS is regular. Though the data quality in the district has improved to a great extent but there is still a lot of scope for improvement in all the facilities particularly at DH, PHC and SC level.
- b. Most of the services provided by the DH are underreported particularly for ANC visits, lab tests and various doses of immunization. It is because of the negligence of properly recording of the information by the concerned ends.
- c. Though during our visit to various health facilities on spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved.
- d. Reproductive and Child Health Register (RCH) has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village level.
- e. The training of health functionaries has been completed. However, it was found that there are lot of misconceptions among the health workers regarding the proper recording and reporting under RCH portal.

2. Introduction

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

To get the best results by these PIPs at the grass root level and in this context, since 2012-13, Ministry decided to continuously monitor the implementation of State PIPs and has pipe lined the 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 States in which they are located. During 2019-20, Ministry has identified 20 Districts in three States as Jammu and Kashmir, Punjab and Jharkhand for PIP monitoring. These districts are Kargil, Kulgam, Reasi, Bandipora, Shopian, Kupwara, Samba, Srinagar, Anantnag, Jammu from J&K and Fazilka, Shahid Bhagat Singh Nagar, Pathankot, Rup Nagar and Tarn taran from Punjab and finally districts Bokaro, Dhanbad, Khumti, Ramgarh and Ranchi from Jharkhand.

The staff of the PRC is visiting these districts in a phased manner. The present exercise of monitoring has been undertaken in district Bandipora of Jammu and Kashmir and it is the third round of monitoring of the same district while as its first and second round was done in 2013-14 & 2017-18 respectively.

2.1 Objectives

The objectives of the study are 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 previously worked out by the MOH&FW in consultation with PRCs in a workshop organized 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 visit the office of CMO, District Hospital, 1 Community Health Centre (CHC), 1 Primary Health Centre (PHC) and 1 Sub Centre (SC) in each selected district to collect required information. It is further decided that the team will also interact with some beneficiaries (IPD and OPD) to analyse the status of service delivery. Further some minor changes in the PIP questionnaires were sougheed out in a recent workshop organised by the Ministry at New Delhi, in September, 2019. The present study conducted in Bandipora district, is based on the information collected from the office of CMO, District Hospital, CHC Sumbal, PHC Naidkhai and SC Hakabara. The PRC team also interacted a few OPD clients who had come to avail the services at DH, and CHC. Similarly, few IPD clients also interviewed at DH and CHC. We also interview some OPD patients at PHC and SC. The information was collected by two officers of the PRC consisting of Research Investigator and Research Assistant during 2nd December, 2019 to 6th December, 2019. The following sections present a brief report of the findings of the monitoring.

freezing point during winter due to its high altitude when people often remain indoors. Drass in Ladakh is the coldest place of the State. It has recorded the temperature of -50°C during winter. During the short period of summer season, the scorching heat of sun often causes sunburns.

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 is 883, which is much lower than the country as a whole (940). With a Child Sex Ratio of 859, J&K is one of the low Child Sex Ratio States in the country. Twenty-seven percent of the total population lives in urban areas which is almost the same as the national level. Schedule Caste account for 7 percent and Schedule Tribe account for 36 per cent of the total population of the State. As per 2011 Census, the literacy rate among population age 7 and above is 68 percent as compared to 74 percent at the national level. Male literacy is 78 percent as compared to 57 percent among females.

Recently on 5th August, 2019 the Union Parliament of India bifurcated the State of Jammu & Kashmir into two union territories that is J&K and Ladakh. Both the union territories are functioning separately and have been placed under two different lieutenant Governors from 31st October, 2019.

Bandipora district is a newly created district which is carved out from the Baramulla district and made functional administratively with effect from April, 2007. Situated at an average height of 1701 meters above the sea level, the district is spread over approximately an area of 398 sq. kilometers. The district is surrounded by Himalayan Mountains having Kargil district on north, Kupwara in west, Baramulla in south and Ganderbal in east. It is located on the northern banks of Wular - the second largest fresh water lake in Asia. Bandipora has a terraced garden similar to that of Nishat Bagh in Srinagar. This district belongs to Northern India.

Bandipora all along used to be a well-known town which almost served as a port in old times. It used to be one of the important places of the old kingdom known as Khuaihom. During Mughal period, there were two main ports which were the source of communication between Srinagar and the Central Asian States for commercial purposes. These ports were namely, Aloosa (Ghat) and Nasoo (Bandipora). For about a century, Aloosa remained headquarter for Pargana Khuaihom. The route to Central Asia traversed through Aloosa and once Mughal emperors conferred the area of Khuaihom as 'Jagir' to the family of Bandy's in Srinagar, since then the area has come to be known as 'Bandipora'. Bandipora in ancient and medieval times as Khuaihom had three routes which used to connect Kashmir with China, Mongolia, Kazakhstan, Kirgizstan, Turkamania, Afghanistan and Iran. Bandipora is known as "Gateway of Gilgit" and Astor. Commerce was transacted with Central Asia and Ladakh region via Bandipora. Bandipora situated around the north shore of the Wular Lake, in front of the mountains, is an edging of sloping ground covered with villages.

The topography of the new district represents a mix of beautiful mountains and streams offering tremendous potential for developing scenic and adventure tourism. River Kishen Ganga flows through this district which has vast potential for generating hydro-electricity and also marine life. With the district administration located nearby it should be possible for them to deploy resources more effectively. Nallahs, Madhumati and Arin famous for trout fish flow in this district. The

Wular Lake, largest of all fresh lakes in Asia lends further attraction to this district and provides economic activity to large chunk of population.

Town Bandipora is situated at a distance of about 47 kms from Srinagar. It has road connectivity with its neighboring districts like Baramulla and Ganderbal and besides being linked with far flung areas of the district by a dependable road network. According to the 2011 census the district has a population of 392232 souls. Eighty-five percent of the population of district lives in villages and agriculture is the mainstay of the majority of the people in the district. This gives it a ranking of 561st in India. The district spans an area of 398 Sq. km and is headquartered at Bandipora town. The ST population of the district constitutes 10 percent of the total population and has no SC population. Forty-four percent of the population in the district is still illiterate. The population growth rate is 28.65 percent and the sex ratio is 889 per thousand males. The district consists of 3 medical blocks. The district has 123 revenue villages and village health sanitation committees have been formed in all these villages. A total of 17 Rogi Kalyan Samitis (RKS) have also been formed in the district. The health services in the public sector are delivered through a network of 1 District Hospital, 3 CHCs, 27 PHCs, 71 SCs, in the district (Table. 1).

Table 1: Demographic Profile of District Bandipora.

Demographic Character	Number/percentage/Ratio
Total geographical area	398 Sq. Kms
Total Population of the district as per census 2011	3,92,232
Male	207,680
Female	184,552
ST Population	75374 (5% of State Tribal Pop.)
Literacy rate	56.28%
0-6 Yrs population as per census 2011	61,754
Population Growth rate	28.65%
Sex ratio as per census 2011	889 females per 1000 males
Child Sex Ratio (0-6 Age)	892
Total No. of Medical blocks	03 (Bandipora, Hajin, Gureze)
Total Villages	151
Number of Panchayats	151
Number of Tehsils	07
No. of CHCs	03
No. of PHCs/Ads	27
No. of SCs/MACs	71
No. of H&WCs	32
Total No. of ASHA's	425
Total No. of RKS (Rogi Kalyan Samitis)	17
Total No. of village Health & Sanitation Committees	135
Total No. of Health Institution	134 (1 District Hospital, 3 CHCs/FRUs, 27 PHCs, 71 SCs, 32 H&WCs)

4. Key Health and Service Delivery Indicators

Jammu and Kashmir has progressed well on the demographic front. As per the Sample Registration System, the current Total Fertility Rate of 1.9 in Jammu and Kashmir is slightly lower than the TFR of 2.4 at the National level. According to Sample Registration System (SRS July, 2016), Jammu and Kashmir had an infant mortality rate of 26 per 1,000 live births, a birth rate of 16.2 and a death rate of 4.9 per 1,000 populations. The corresponding figures at the national level were 37, 21.8 and 6.5 respectively. According to latest estimates, expectation of life at birth in Jammu and Kashmir has increased to 65.3 years as compared to 63.4 at the national level and the gap between the life expectancy at birth by gender in the State has gradually diminished and currently the female life expectancy is higher (66.8 years) than male life expectancy (64.1 years). 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), 57 percent of women are now using modern family planning methods as compared to 50 percent at National level.

District level estimates of fertility and mortality are not available for the State. However, both fertility and mortality has shown considerable decline in Bandipora. As per the latest estimates from HMIS, sex ratio at birth in the Bandipora district has declined badly from 888 females per thousand males in 2011-12 to 885 in 2016-2017. This is far away than the child sex ratio at birth in the State as a whole (947). The J&K fact sheet of NFHS-4 is recently released by the IIPS-Mumbai wherein the key indicators of demographic features reflects that the sex ratio of the total population in 2015-16 of the State is 972 females per 1,000 males, total fertility rate is 2.0, infant mortality rate is 32 per 1,000 live births, 1st trimester registration is 77 percent, institutional births are 86 percent and full immunization rate is 75 percent. The NFHS-4 figures show a healthier sign as compared to census 2011 and HMIS 2015-16 data or SRS figures.

District level estimates of fertility and mortality are not yet available for the State. However, both fertility and mortality has shown considerable decline in Bandipora. As per the latest estimates from HMIS, sex ratio at birth in the Sumbal district has gone down from 953 females per thousand males in 2011-12 to 919 in 2018-2019. This is also lower than the child sex ratio at birth in the State as a whole (947). The J&K fact sheet of NFHS-4 indicates the key indicators of demographic features reflects that the sex ratio of the total population in 2015-16 of the State is 972 females per 1,000 males, total fertility rate is 2.0, infant mortality rate is 32 per 1,000 live births, 1st trimester registration is 77 percent, institutional births are 86 percent and full immunization rate is 75 percent. The NFHS-4 figures show a healthier sign as compared to census 2011 and HMIS 2018-19 data or SRS figures.

As per the information provided by the CMO office, different types of services are being provided to the beneficiaries in the district. A total of 4, 01, 768 patients have visited the OPD for availing various health services in the district during the two quarters (April, 2019-September, 2019). Around 17, 648 admissions have been made in the IPD for availing various health services in the district, with DH accounting for 3, 600 and CHC Sumbal has made 5, 534 IPD admissions. In addition to this a good number of patients are taking advantage of the Ayurvedic medicines and in this way, 22, 682 patients have visited the Ayush OPD in the district during the two quarters. Further the district accounts 890 major surgeries and 6, 413 minor surgeries during the reference period. Out of these major surgeries, 26 percent have been performed at DH Bandipora and out of minor surgeries, 11 percent have been performed at DH Bandipora alone and CHC Sumbal has

also done 36 percent of major surgeries. Regarding various diagnostics, the district has performed 7, 697 USGs and 7, 172. However, the CT scan facility is not available in the district. Further around 2, 07, 611 lab tests and 20, 796 X-Rays have been performed in various public health facilities during the two quarters. The scenario regarding pregnant women registered for ANC in the district presents 4, 115 but the TT2 and Booster dose has been provided to 4, 295 pregnant women. Besides, 2, 737 pregnant women received the 100 IFA tablets from the district during the two quarters. Regarding the performance of family planning in the district, the information shows that 56 sterilization cases were performed in the district, 203 IUDs insertions, 39 PPIUCD insertions and 19, 338 pieces of condoms distributed among the beneficiaries. Besides, a newly contraceptive method that is 3 doses of Antara that is 546 doses has been provided to beneficiaries. There are other contraceptives also been distributed in the district like as OP cycles to 6691 beneficiaries, ECPs to 1004 clients and 19338 pieces of condoms. Vitamin-A dose has also been provided to 3829 children (Table.2).

Table.2 Key Health and Service Delivery Indicators during April, 2019 to September, 2019:

S. No	Indicators	Number of cases
1.	OPD (Total)	401768
2.	Ayush OPD	22682
3.	IPD (Total)	17648
4.	Major Surgeries	890
5.	Minor Surgeries	6413
6.	USGs	7697
7.	ECG	7172
8.	CT-Scan	NA
9.	X-Rays	20796
10.	Endoscopy	NA
11.	Lab Tests (Total)	207611
12.	ANC Registration	4115
13.	Women Received 4 th ANC Check-up	2911
14.	TT1	3211
15.	Women Received 100 IFA Tablets	2737
16.	PNC Within 48 hours	587
17.	PNC within 14 days	1333
	Child Immunization coverage	
18.	OPV0/ HB0	1368
19.	BCG	1787
20.	DPT 1, Polio-1/Pentavalent-1	4001
21.	DPT 3, Polio-3/Pentavalent-3	3909
22.	Measles-1	3827
23.	Measles-2	3514
24.	Vitamin-A dose	3829
	Family Planning	
25.	Female Sterilization/Tubectomy	56
26.	NSV	11
27.	IUD	203
28.	PPIUCD	39
29.	IUCD Removals	36
30.	Oral Pill Cycles	6691
31.	Emergency Contraceptive Pills	1004
32.	Condom	19338
33.	Antara Dose 1, Dose 2, Dose 3	543

5. Health Infrastructure

The district information shows that, there are a total 134 health institutions in the district consisting of 1 DH, 3 CHCs, 5 PHCs (24x7), 22 other normal PHCs/New type PHCs, 71 SCs/MAC and 32 H&WCs. There is also one private hospital working in the district. The information further reveals that 6 institutions have been designated as H&WCs during 2018-19 and some more institutions are proposed as H&WCs during 2019-20. The hospital is functioning in an old type building which was previously functioning as SDH. Since Bandipora is one of the newly created districts which was carved out from district Baramulla in April, 2007. No doubt, the new building has been constructed but its minor work is pending for the last so many years. The CMO reported that nobody is ready to hear us and he has to face a lot of criticism from the people of the district. The team also visited the new building for inspection. Presently the hospital is accommodated in three separate buildings with small tin sheds in which all facilities like OPD, IPD, laboratory, registration and trauma units are available. The total bed capacity of the hospital is actually 20 beds but the MS reported that sometimes he is accommodating even 35 beds. The hospital has general wards for male and female and there is no separate maternity ward.

The building status of the health facilities indicates that all the 3 CHCs are housed in government buildings. CHC Sumbal is also functioning in old type of building located in the main market nearby the main road having short of space to accommodate various health facilities. Of the 5 PHCs, (24x7) all are housed in government building. There are 22 normal PHCs/New type of PHCs, and 13 of them have government buildings and remaining has rented accommodation. Besides one ANMT school has been constructed and handed over to the health department but it is without the fencing of its premises. Of the 71 Sub Centres and MACs, Only 12 (17 percent) have government buildings and remaining 83 percent are located in rented buildings. The PHCs and SCs located in rented buildings have acute shortage of accommodation which affects delivery of effective health care services. The district has upgraded all ADs into PHCs to mitigate the shortage of PHCs (Table. 3).

Table 3: Health Infrastructure (As on 31-10-2019) of District Bandipora:

S. No	Type of Health Facility	Number available	No of IPD beds available	Status of the building	
				Govt.	Rented
1	District Hospital	01	20	01	0
2	Maternity Hospital (MCCH)	00	00	00	0
3	FRU/CHC	03	90	03	0
4	PHC (24x7)	05	25	05	0
5	Other PHC/New type PHCs	22	24	13	09
6	H&WCs	32	32	28	04
6	Accidental Hospital	0	-	-	-
7	SC/MAC	71	71	12	59
8	TB Centre	00	00	00	00
9	No of Private Hospitals	01	10	-	-
	Total No. of Facilities	134	262	60	72

District Hospital Bandipora is situated in Bandipora town and is accessible from the main road easily. The hospital is functioning in an old type building which was previously functioning as

SDH. Since Bandipora is one of the newly created districts which was carved out from district Baramulla in April, 2007. A new building for the district hospital has been construction but not handed over to the health department due to the incomplete work. The total bed capacity of the hospital at present is only 20 beds which is not sufficient in any case to fulfil the requirement of the people of district. In spite of so many limitations this hospital has been serving the needs of the people to its available capacity. Presently the hospital is accommodated in three separate tin shed type quarters in which all facilities like OPD, IPD, laboratory, registration and trauma units are available. The MS reported that he is arranging the bed capacity up to 50 at his own keeping in view the flow of public rush. The hospital has general wards for male and female and there is no separate maternity ward. The district hospital has no staff quarters for MOs and other categories of health personnel. This type of situation is directly affecting the functioning of the hospital and the C-section deliveries are not conducted during night hours in the hospital but only on calling the doctor in emergency cases.

The hospital did not have a geriatric ward. Services for mini laparoscopy, IUD, immunization, PPIUD and abortions are available on daily basis. There is a functional SNCU in the hospital. C-section deliveries are also conducted round the clock in emergency cases. The district hospital has no blood bank but blood storage facility is available. Power backup supply is available in all sections of the hospital. One solar system is installed at the hospital. The hospital is not centrally heated. Water is available in the wards, labour room, OTs, and labs. Adequate toilet facilities are available in the wards and were not found clean. Citizen's charter, timings of the facility, list of services available at the facility is properly displayed. Complaint box is available and the contact numbers of MS are prominently displayed at various places for registration of complaints and grievances. The premise of the hospital area is fenced. It was also recorded that during the period of 6 months (April, 2019-September, 2019) only 4 blood bags were issued for blood transfusion and none of the blood unit was available on the day of our visit. Paramedical staff of the hospital use a colour coded uniform.



CHC Sumbal: This CHC comes under the medical block of Hajin which is one of the most populated blocks of district Bandipora with the population of 1, 99,665 souls as per health census

2018-19. There are 2 CHCs, 6 PHCs and 22 Sub Centres in the block. CHC Sumbal is 35 kms away from its district headquarter and 30 Kms from district Srinagar. The catchment population of the CHC area is 14, 978 persons. The health facility is easily accessible from nearest road and is functioning in a two story government building which need further improvement. The hospital has a bed capacity of 30 beds with separate wards for male and female patients. Presently 10 beds are in place in gynaecology ward and 20 beds for general IPD patients. This health facility provides services like general medicine, radiology, minor/major surgeries, dental, C-section/normal delivery, emergency care, emergency obstetric care, ophthalmology care and other emergency services. It is a matter of concern that CHC Sumbal presently does not provide the services like dermatology, psychiatry, endocrinology and ARSH. Presently there are two separate staff quarters available for medical officers or paramedical staff. The C-section deliveries are conducted at the facility twice in a week that is on every Wednesday and Thursday. Further due to the lack of space and manpower there are no separate paediatric or geriatric wards available at the facility. Adequate drinking water supply and water in the toilets is available. Separate toilets are available for both males and females. Back up (Generator) for electric supply is available in OT and wards. Cleanliness of the hospital particularly of wards is not satisfactory. The cleanliness of toilets in OPD and wards was also not satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available but no complaints were put in the box so far as reported by concerned officials. CHC provides the child immunization facility twice in a week on Wednesday and Saturday. The BCG is provided on every Wednesday. Colour coded waste bins (blue and yellow) are available at the CHC for waste segregation and the waste management is contracted with one agency situated in other district.

PHC Naidkhai is an NTPHC which is situated at a distance of about 18 Kms from block head quarter. The catchment population of the area is around 12000 and it covers 5 villages. There are 5 SCs in the PHC area. The PHC is currently functioning from the newly constructed building. The health facility is easily accessible from nearest road and is functioning in a government building. The PHC has a bed capacity of 10 beds with a provision of separate wards for male and female patients. The facility provides limited number of services like general medicine, dental, minor surgeries, normal delivery, emergency obstetric care, and RTI/STI services. The services are being provided in day time only that is 10 am to 4 pm even though the PHC is designated as 24X7. One staff quarters for MO is presently in its final stage of completion. Normal deliveries are conducted at the facility by male doctors because there is no female doctor posted at the PHC. Antenatal services are provided by the one female visiting doctor. The PHC has adequate drinking water supply and water in the toilets is available. Regular electric supply with back up is available at the facility. Cleanliness of the facility particularly wards is satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. PHC provides the child immunization facility twice in a week on Wednesday and Saturday. Colour coded waste bins (blue and yellow) are available at the PHC for waste segregation. The PHC have a burial system of biomedical waste in its premises.

SC Hakabara: This sub centre is located at a distance of 8 kms from block headquarter and 4 kms from its PHC. The SC is currently functioning in a single storeyed government building having 5 number of rooms with 2 attached bathrooms. The building is in a very good physical condition but without its proper fencing to its surroundings. Currently, there is not regular water

supply to the wash rooms available in the SC, however the water is stored in the bucket which is fetched from outside. The centre is located near the main habitation. The SC caters 2 villages with a total population of around 4929. The approach road did not have a sign board to show the direction to the SC but the sign board is placed at the SC. This SC has been designated as the H&FWC recently but is in its infancy with only 1 NHM FMPHW and a pharmacist. This SC provides ANC, IFA, TT, child immunization and some contraceptives. The SC buried the bio medical waste in a pit in the compound of the SC. Complaint/suggestion box is not available in the SC. The SC provides the child immunization service once in a fortnight that is on Wednesday and it was reported that they are conducting the outreach session once in a month.



5.1 Programme Management

The district has almost all the Nodal Officers for proper implementation and monitoring of different schemes in the district. Almost most of the schemes are governed by the CMO and Dy. CMO themselves. However, a few schemes like as RNTCP and NLEP is run by DTO (Dr. Syed-ud-Rehaman), NCD and DMHP is looked after by MS DH Bandipora (Dr. Prehlad Singh). There are no nodal officers in place for other schemes as NQAS, Malaria control and vector born diseases. However, DPMU and BPMUs are functioning smoothly as almost all the available posts have been filled up.

6. Human Resources

6.1 Regular Health Staff

District Bandipora presently faces shortage of specialists and assistant surgeons/MOs in its health institutions. The overall current scenario regarding staffing pattern of the district shows that 24 percent positions of doctors and 23 percent of Para-medical staff are vacant in the district. The shortage of specialists in the district badly affected the functioning of the health institutions as some institutions are without the requisite human resource. However, the NHM fill up the vacancy both for medical and paramedical staff to neutralize the gap and strengthen the health services in the district. In this regard the data depicts that the district made various appointments under NHM. A total of 16 MBBS doctors, 10 ISM doctors, 24 staff nurses, 3 MMPHWs, 87 FMPHWs, 7 pharmacists and 32 different types of technicians are working under NHM (Table.4).

District Hospital Bandipora: The DH presents that out of a total of 8 sanctioned positions of MBBS doctors, all of them are currently posted in the hospital. One each sanctioned position of ENT and orthopaedic are vacant. One each sanctioned position of ophthalmologist and paediatrician is in place at the DH. The district has extended the C-section delivery facility to one of the CHC also. The present strength of gynaecologists finds it very difficult to cater to the growing demand of institutional deliveries in the hospital. There are no specialist doctors in the fields of cardiology, dermatology and radiology. The position of paramedical staff in the hospital is satisfactory. But there are only 4 different technicians out of 10 sanctioned performing duties in different sections at the DH. The hospital has a sanctioned strength of 7 staff nurses and 6 of them are in place.

CHC Sumbal has almost most of the sanctioned positions of doctors in position except one each position of paediatrician and physician. The hospital has a sanctioned strength of 15 doctors and 11 are in place. The hospital has no sanctioned posts of radiologist, pathologist, ENT and dermatology. Each of the sanctioned position of gynaecologists, surgeon specialist and anaesthetist are in place. However, on the other hand, almost all the para-medical staff is in place.

PHC Naidkhai has sanctioned staff strength of 2 Medical Officers, 1 Dental surgeon, 1 pharmacist, 1 dental technician and 1 driver. Of these sanctioned positions only 1 medical officer is vacant. Besides there is 1 female assistant surgeon attached to this PHC whose actual posting is at CHC. Under NRHM, 2 medical officers, (1 allopathic and 1 AYUSH), 1 FMPHW and 1 lab technician have been engaged. The positions of FMPHW, Lab technician and Pharmacist are also available in the PHC. Other paramedical positions like Health Educator and clerical staff are also in place.

SC Hakabara is presently run by 1 FMPHW is appointed under NHM while as the regular FMPHW is vacant. There is also 1 pharmacist and a part time sweeper working at the SC on consolidated payment (Table 4).

Table 4: Details of regular human resource sanctioned, available and percentage of vacant positions in selected health facilities and in district Bandipora during 2019-20

Category of the Staff	DHBandipora			CHC Sumbal			PHC Naidkhai			SC Hakabara			Total District		
	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant
MBBS Doctors /MO	8	8	00	7	6	14	2	1	50				61	52	15
Gynecologist	2	1	50	2	2	00		1*					6	4	33
Pediatrician	1	1	00	1	0	100							5	1	80
Radiologist	0	0	00	0	0	00							0	0	00
Physician	2	1	50	1	0	100							6	3	50
Surgeon Spt.	2	1	50	2	1	50							6	3	50
Anesthetist	2	2	00	1	1	00							5	4	20
E.N.T.	1	0	100	0	0	00							1	0	100
Dental Surgeon	2	2	00	1	1	00	1	1	00				15	13	13
Ophthalmologist	1	1	00	0	0	00							2	2	00
Orthopedics	1	0	100	0	0	00							2	1	50
Blood Bank Officer	0	0	00	0	0	00							0	0	00
Homeopathy doctors/Ayush	0	0	00	0	0	00							0	0	00
Para Medic Staff															
ANM/FMPHW/M MPH W	3	2	33	1	1	00	0	0	00	1	0	100	41	41	00
LHV	1	1	00	1	1	00	0	0	00				2	2	00
Staff Nurse	7	6	14	2	2	00	0	0	00				24	20	17
Head/ Sr./Jr. Pharmacists	4	3	25	1	1	00	1	1	00	1	1	00	57	47	18
Head/ Sr./Jr. Lab. Tech..	3	2	33	2	2	00	0	0	00				17	10	41
Sup Head/ Sr./Jr.X-Ray Technician	2	0	100	2	2	00	0	0	00				11	8	27
Sr./Jr. O.T Tech.	2	1	50	1	1	00							3	2	33
CHO/BHO/Health Educator/HI/S/EE	1	1	00	3	3	00	0	0	00				22	18	18
E.C.G. Technician	1	0	100	0	0	00	0	0	00				1	0	100
Sr./Jr. Dental Technician	2	1	50	1	1	00	1	1	00				14	12	14
Head/ Sr./Jr. Ophthalmic Tech.	1	0	100	0	0	00	0	0	00				4	1	75
Driver	7	5	29	2	2	00	1	1	00				21	20	5

6.2 Staff Recruited Under NHM

NHM has been very helpful in filling the critical gaps in the availability of human resource. The State Health Society has decentralized the process of recruitment of contractual staff under NHM. District Health Societies have been delegated powers to appoint contractual staff and preference is given to local candidates wherever available. In order to attract doctors to work in far flung areas of the districts, State is offering higher incentives (graded as per remoteness) to the doctors who are willing to work in far flung and remote areas irrespective of the fact whether they are recruited under NHM or on regular basis. Almost all the positions of NHM are in place in the district.

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 their inclusion in the State budget and also due to the instability of tenure, the contractual appointees leave the job once they get a permanent job. But at the same time most of the staff of PMUs have crossed the age bar and are bound to stay at the said position facing very hardships in the daily life due to the high inflation in the market. Apart from some training courses, there are hardly any opportunities for their professional development. The NHM staff is of the view that they should be now put at least in the pay-scales for their smooth survival.

6.3 Training Status /Skills of Various Cadres

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies. The CMO Bandipora also organizes the training programmes for its health staff on each and every year and maintains the necessary information. Similarly, some of the training courses were conducted during the year 2018-19 and various categories of health staff participated in these training programmes. The information provided indicates that a total of 10 doctors and 89 Para-medical staff received different types of trainings. The detailed information collected shows that a total of 10 doctors and 23 Para-medical personnel (pharmacists and ANMs) received NSSK training and it was conducted in the training hall CMO office of Bandipora. The visited facilities depict that from DH, 2 doctors and 5 Para-medical staff, from CHC, 3 doctor and 4 para-med, from PHC 1 doctor and 3 para-med and from SC 1 para-med received the NSSK training. SBA training is imparted to 17 SNs and ANMs in the district during the same period. This training course was held at DH Bandipora. Among the visited facilities 4 para-med (SN) were from DH, 3 FMPHWs from CHC and 1 FMPHW from PHC received the SBA training. Further 31 Para-medical personal (pharmacists and FMPHWs) have received IMNCI training while as 5 of them were from DH Bandipora, 2 from visited CHC and 2 from PHC. This programme was conducted at training hall CMO office of Bandipora. A training course namely IUD insertion was also imparted to 18 Para-medical staff (FMPHWs and SNs) in the district and again 3 of them were from DH Bandipora, 2 from each CHC & PHC and 1 from SC (Table. 5).

Table 5: Training courses held & received by health staff of selected health facilities & in the district Bandipora during the year 2018-19

Name of Training	DH Bandipora		CHC Sumbal		PHC Naidkhai		SC Hakabara		Total District	
	Doctors	Para Medical Staff	Doctors	Para Medical Staff	Doctors	Para Medical Staff	Doctors	Para Medical Staff	Doctors	Para Medical Staff
NSSK	2	5	3	4	1	3	0	1	10	23
SBA	0	4	0	3	0	1	0	0	0	17
IMNCI	0	5	0	2	0	2	0	0	0	31
IUCD insertion	0	3	0	2	0	2	0	1	0	18
Total	2	17	3	11	1	8	0	2	10	89

6.4 ANMT School

This needs to be mentioned here that ANMT School has already been sanctioned for the district and construction work has been completed and handed over to the health department. But the recruitment of the staff is still pending. Except the principal, no other staff is in place. However,

the training programmes are being conducted and the intake capacity is about 40 personal. Currently 3 programmes are carried out in the school such as FMPHW, Lab technician and medical assistant. The tuition arrangements are being made through the internal existing staff of the hospital. As reported by CMO, the school needs fencing in its surroundings.

7. Other Health System Inputs

7.1 Equipments

There has been established a medical cell namely Jammu Kashmir Medical Supply Corporation Ltd. (JKMSCL) for procurement of drugs and equipments. The directorate of health services has done an equipment needs assessment survey of all health institutions in the district and has provided equipments as per the requirement. Equipments are purchased by the Central Purchase Committee. The newly procured equipments have inbuilt Annual Maintenance Contract (AMC) with the supplier during warranty period. After the warranty is over, health institutions undertake repairs of the equipments out of Hospital Development Fund (HDF). Our observations regarding the non availability or non functional of various equipments in visited health facilities are as follows:

District Hospital Bandipora: Almost all the essential equipments/instruments and other laboratory equipment required at the level of DH is available. The existing equipments in the OPD, OT, labour room and laboratory in the hospital are almost all functional. However, the MS reported that there is the need of some of the equipments at the DH so that the functioning of the hospital is smooth and the patients need not to move to other districts for want of some of the tests. The list of equipments as required by the DH are like as artery forceps, elis, kidney tray, CT scan, needle holder, mosquito forcep and fogger. In addition to this the OT also is need of some of the items like as OT table, fracture table, autoclave, OT light, sucker and operation microscope ENT. Equipment maintenance and repair mechanism is in place and get the equipments well in time.

CHC Sumbal: The essential equipments required for a CHC are available and are in useable condition. A number of testing facility is available at the CHC but even then the BMO reported that there is dire need of some of the equipments for providing better quality of services to the patients. These equipments includes as laparoscope, cardiac monitor, oxygen concentrator, fully automatic analyser and colour Doppler USG. cbc auto analyser. Besides there is the immediate need of some of the equipments in the operation theatre like as electric cautery, anaesthetic work station, OT lights, laryngoscope adult/paediatric, sigmoidoscope in light source, operation table and laparoscope in trolley and monitor.

HC Naidkhai: Since this PHC has been designated as H&FWC during 2018-19 and is functioning during day time. This PHC is without the operation theatre and is conducting only normal type of deliveries in its labour room. Various equipments like BP apparatus, stethoscope, resuscitation kit, needle cutter, weighing machine (adult and infant), simple radiant warmer, suction apparatus, oxygen, delivery table, ILR and Deep freezer, are available and functional. The PHC has a laboratory manned by a lab technician with functional Microscope, Hemoglobinometer, Centrifuge, USG machine and refrigerator. However, equipments like Semi-auto analyser and phototherapy unit is not available presently at the facility. Except malaria and TB testing, all other testing facilities like urine and sugar testing kits, spacing methods and

essential consumables like Gloves, pads, Bandages and Gauze, dextrose HB Sugar etc were available at the facility.

SC Hakabara: Most of the essential equipments at SC are available and functional. However, at the time of visit to the SC there was not found some of the facilities like as IUDs, malaria testing kit, sputum testing for RNTCP, inj. Magnesium sulphate, inj. gentamycin, cap. Ampicillin, tab. misoprostol and dextrose. The SC has enough space having 5 rooms with attached 2 wash rooms. The electricity without the backup is available in the SC but running water supply is not available as it is being stored in the bath rooms by fetching the water from outside. The SC is having a well established labour room with attached wash room. It is located in open field without its wall fencing.

7.2 Diagnostics

The DH is providing various diagnostic services and the MS reported there is additional need of some of the diagnostic tools for improving the quality of care provided to the general public who visited to the hospital. The tools needed are as immune easy, urine analyser, electrolyte analyser, HBAIC and microscope. Besides, there is the need of CT scan and MRI at the DH. It is also to mention that T3, T4, TSH is not currently available at DH. CHC Sumbal also provides some diagnostic service facilities as haemoglobin, blood sugar, CBC, HIV, urine culture, TB, X-Ray, LFT, KFT, RPR and USG. Ultra sonography is provided at CHC on daily basis during day time. ANC cases requiring thyroid testing have to obtain from the private diagnostic facilities. Diagnostic facilities for CT scan and endoscopy are not available at the CHC. For further improving the service delivery at the CHC the medical officer reported that they are in need of some of the diagnostic equipments like as fully automatic analyser, centrifuge, binocular microscope, HBAIC analyser, urine analyser and VBG analyser. Besides they demand also about colour Doppler USG and film badges. A number of services are available at the PHC. The PHC provides the service such as measuring of BP and weight, tests like as x-ray, HB, HIV and blood sugar etc. are done at the PHC as it has a small laboratory facility. The supply of drugs provided to SC is limited. Drugs for common ailments, de-worming are available. Presently SC had no supplies of IUDs, malaria testing kit and sputum testing for RNTCP. Most of the equipments and testing kits are available at the sub centre. The supply of family planning methods available at the SC includes oral pills daily and weekly, ECPs and condoms. User charges for various lab services in government facilities have been fixed by the State government. Therefore, the lab services are available to patients at minimal user fee charges. It was found that pregnant women are exempted from all kinds of user charges at all the public health facilities in the district.

7.3 Drugs

Presently, the district receives the drugs as per the State policy of system of procurements of drugs, consumables and equipments and their distribution to various health centers in the State which is centralized at the divisional level. From the year 2016-17, the State has established a purchase unit namely Jammu Kashmir Medical Supply Corporation Ltd. (JKMSCL) for procurement of drugs and equipments. Directorate of Health Services assesses the need of drugs and equipments of various health institutions and grade different types of health facilities depending upon the work load and performance. The supplies are made available to various health institutions quarterly by the Directorate of Health Services Jammu on the basis of the requisitions from the health institutions. Besides, the health institutions also make some purchases from the

Hospital Development Funds (HDF) and Untied Funds. The items to be purchased are approved by the RKS and procured on the basis of lowest quoted rates through quotations.

Supply and distribution of drugs is monitored by the Comptroller and Auditor General by undertaking audit and stock verification of drugs. There is a Quality Assurance Committee headed by one Nodal Officer that ensures the quality of drugs that are being purchased by the Jammu Kashmir Medical Supply Corporation Ltd. The Kashmir division had been divided into zones. Each zone consists of three/four districts with one Nodal Officer. In this way the districts of Bandipora, Baramulla and Kupwara have been identified as a zone and its headquartered is in district hospital Baramulla. One physician of district hospital Baramulla has been nominated as Nodal Officer for the warehouse.

District hospital has almost all essential drugs available required in the labour room and operation theatre. Drugs for hypertension and diabetes and other common ailments are also available in the hospital. However, it was also reported that none of the drug was stock out during the last 3 months. It was also found that the list of drugs was displayed in the hospital but computerized inventory management of drugs is not maintained in the hospital. It was found that list of medicines is displayed and updated at the CHC. Computerized inventory management of drugs is not yet in place. However, the medical officer of CHC revealed that they are in need of the medicines at the centre like as Inj. Adrenaline, Inj. Aminophylline and Inj. Derriphyline. Most of the drugs were found available at the PHC and the supply of drugs was reported as sufficient at PHC. Essential drug list is found displayed in the Pharmacy. Management of the inventory of drugs is manual. Family planning contraceptives like oral pills daily, ECPs, IUCDs and condoms are available at PHC. Drugs provided to sub centre are limited. Antibiotics like as ampicillin, gentamycin, tab. metronidazole is not available at the SC. So far as contraceptives are concerned all of them were found available at the SC except IUD. Sanitary napkins are also provided to the SC.

7.4 EDL

An essential drug list (EDL) has been developed for various types of health facilities depending upon work load and performance. EDL was displayed in all the visited health facilities in the district. The health facilities are provided drugs as per the EDL. The EDL for DH and CHC contain drugs for MCH, safe abortion and RTI/STI. The quantity of drugs supplied to health institutions is generally displayed publicly and is updated on a monthly basis in the district. The drug stores at the DH and CHC maintain a daily consumption register of drugs. Now both the generic and non-generic drugs are prescribed by the doctors. None of the health institutions in the district is doing a prescription audit.

7.5 AYUSH

The district ISM unit is co-located with DH in the district. The District ISM Medical Officer and the PHC AYUSH Medical Officers are the members of the respective RKS committees in the district. AYUSH doctors at PHC level are involved in the implementation of National Health Programmes. All the PHCs where an AYUSH doctor is posted also have an AYUSH Pharmacist in place. AYUSH drugs are generally available at the visited health facilities. Besides, AYUSH treatment has created large demand in the district.

8. Maternal Health

8.1 ANC and PNC

ANC services are available at all health facilities in the district. A total number of 4115 women have been registered for ANC services in the district during April, 2019 to September, 2019. Registration for ANC generally takes place at DH, CHCs, PHCs and SCs and each facility registers women on RCH registers belonging to its catchment area. DH registers women only of their catchment area. Therefore, there are 1435 women registered for ANC services with the district hospital. It is very unfortunate that at DH the ANC 3rd /ANC 4 /TT injection information is not available in the registers at the hospital. AS per the information provided by the CMO office it was reported that all women registered for ANC-1 have received IFA tablets during the two quarters and all the women registered get the requisite number of TT doses at their respective health facilities. But at the same time the data reveals that only 2737 women have received the IFA. The information on child immunization reflects that a total of 1368 children were given OPV0/HB0 and BCG was also provided to 1787 children during the two quarters. The doses of Pentavalent-1 have been given to 4001 and Pentavalent-3 to 3909 children. The number of children given Measles-I amounted to 3827 and measles-II to 3514 children during the two quarters under reference. RCH entry on percentage of women registered in the first trimester is low in the district. On verification of the records at the visited health facilities it was found that the first trimester registration of the ANC cases is only 75 percent which indicates that there are still 25 percent of pregnant woman who are not being registered in the first trimester due to one or the other reason. Hence there is dire need to reorient the ASHAs including the FMPHWs/ANMs regarding the early registration of the pregnant woman. The records verified in the visited health facilities further shows that the documentation and records regarding the line-listing of severely anaemic, hypertensive identified, blood sugar, U-sugar and protein tests is poor at most of the facilities, however, the documentation of follow-up, TT injection is maintained in all the visited health facilities except the DH.

District Hospital: During the two quarters of the reference period 1435 pregnant women are registered for ANC-1 at DH. As reported earlier the DH has not maintained most of the information on RCH indicators and family planning methods. It was reported that there is scarcity of staff for maintaining the same. From the exit interviews of some of the women who came for ANC checkups at district hospital, it was observed that the pregnant get most of the medicines from the hospital and same is the case with the CHC and PHC. At all the facilities tests like as blood tests, urine investigations, measurement of BP and weight and USGs are freely available. Most of the women have in fact been tested for anemia etc. This information is documented in the lab records in a separate register under JSSK and maintained properly in the ANC registers. Similarly, DH records separately the number of other investigations like blood sugar, urine sugar and protein tests carried for pregnant women and in fact they have maintained information about free blood and urine tests conducted under JSSK. District hospital receives delivery cases not only from its catchment area but health facilities located in all other blocks of the district. During the referenced two quarters DH has conducted 864 deliveries, of which 36 percent are C-section deliveries. With regard to PNC services, women who deliver normally are advised to stay at least 48 hours after delivery but due to the accommodation problem in the DH wards the delivery cases are forced to leave the hospital before 48 hours. However, women with C-section deliveries are discharged at least after 72 hours.

CHC Sumbal: A total number of 164 women are registered for ANC services at CHC Sumbal during the two quarters April, 2019- September, 2019. The CHC provided ANC-4 services to 116 women during the two quarters. More than one-fifth of ANC cases registered in the first trimester have also been captured under RCH by the CHC. Line listing of severely anaemic pregnant women is not available at the CHC. IFA tablets were provided to 126 registered pregnant women. Facilities for testing of blood and urine are freely available at the CHC. Separate register is maintained for ANC and Non-ANC cases at the laboratory. About 14206 blood related investigations and urine investigations have been performed during the two quarters. There is also facility for conducting C-section deliveries at the CHC, therefore, it has resulted in decrease in the number of referrals from CHC to DH Bandipora.

PHC Naidkhai: A total of 130 women were registered at the PHC for ANC-1 services during the two quarters April, 2019- September, 2019. Women generally visit this facility for ANC-3rd or 4th, even if no gynaecologist doctor is available at the PHC, but still 100 women visited for 3rd ANC and 83 women visited the PHC for availing ANC 4th check up. The PHC did also conduct blood related and urine related tests as it has maintained a well established laboratory. Information about anaemic women and hypertensive women is available at the PHC. It was observed that the PHC is doing tremendous job in its area as there are 10668 OPD cases and 930 IPD cases during the reference period. The Ayush services are also provided as such 3010 OPD cases have visited the PHC for availing the AYUSH services. Moreover, the PHC also did 443 minor surgeries during the same period. The ANC register is properly maintained. RCH uploading of women registered at PHC is done at block. List of severely anaemic women is also available at the PHC.

SC Hakabara: Health officials mentioned that all pregnant women are registered at the local SCs for ANC services to minimize duplication of ANC registration. During the referenced two quarters a total number of 80 women are registered for ANC services at the SC. Similarly, 47 women are reported to have received 3- ANC checkups and 38 received the 4 ANC checkups. The ANM at the SC opined that women do visit this SC for ANC-4. High risk pregnancies are identified and referred to DH (Table.6).

Table 6: Facilities provided to ANC cases at visited health facilities & in the district during April, 2019 - September, 2019.

Service	DH Bandipora	CHC Sumbal	PHC Naidkhai	SC Hakabara	District
ANC1 registration	1435	164	130	80	4115
ANC 3 Coverage	NA	126	100	47	3211
ANC 4 Coverage	NA	116	83	38	2911
TT1, TT2 and Booster	NA	280	210	122	7139
Pregnant women given IFA	245	126	33	11	2737

8.2 Institutional Deliveries

One of the priority areas of the State is to improve maternal health. DH, CHCs and some PHCs have been upgraded and strengthened to provide facilities for conducting deliveries. The facility of institutional deliveries in Bandipora district is available at DH and CHCs. Hardly any PHC or SC conducts normal deliveries due to lack of requisite space, infrastructure and manpower. C-

section deliveries in the district are conducted at DH and 1 CHC. However normal deliveries are conducted on 24x7 bases at all the identified institutions.

A total number of 1347 institutional deliveries were conducted during the 1st two quarters of 2019 in the district and out of these, 47 percent (627) deliveries have been performed at DH alone. The percentage of C-section deliveries during the two quarters in the district is about 24 percent. The CHCs alone have conducted about 34 percent of the deliveries in the district during the two quarters. But PHCs took least risk in conducting normal deliveries and have performed 6 percent deliveries during the same period. Lastly, there are some SCs who are officially identified as a delivery point and have conducted a good number of deliveries that is 14 percent in the district during the two quarters. Among the institutional deliveries 28 percent were carried out by C-section. Majority of the C-section deliveries were conducted by DH that 51 percent and 14 percent were conducted by one of the CHC in the district.

Facility for the management of common obstetric problems and abortion services are not available at all the PHCs in the district. Management of RTI/STI services is not available at the PHCs. All SCs provide ANC services, IFA, and refer complicated cases and severe anaemia cases to higher facilities. In addition to this the performance regarding the C-section deliveries conducted at visited health facilities shows that a total of 318 deliveries were performed at DH during the two quarters. CHC Sumbal conducted 205 normal deliveries and PHC Naidkhai performed 1 normal delivery during the two quarters.

However, it was observed during our visit that the nurses and doctors posted at the health facilities are counselling the women about early and exclusive breast feeding. This has a significant impact on initiating early breast feeding. In fact, almost all the women who delivered at DH except C-section deliveries during our visit initiated breastfeeding soon after the delivery (Table. 7).

Table 7: Proportion of C-section deliveries out of total institutional deliveries performed at different health facilities in district Bandipora during April, 2019 - September, 2019.

Facilities	Identified delivery points	C-Section deliveries out of total deliveries	Total No. of Deliveries
DH	1	318 (51%)	627 (47%)
CHCs	3	65 (14%)	459 (34%)
PHCs	5	0	76 (6%)
SCs	13	0	185 (14%)
Total	22	383 (28%)	1347

8.3 Janani Sishu Suraksha Karyakaram (JSSK)

The JSSK scheme is functioning smoothly in all the districts. There are already 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 Bandipora. 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 are as follows (Table.8).

Table 8: Services given to pregnant women under JSSK at selected health facilities in district Bandipora during April, 2019 - September, 2019.

Services	DH Bandipora	CHC Sumbal	PHC Naidkhai	District
Home to facility	747	0	1	822
Referral	456	720	2	1264
Facility to Home	857	235	1	1347
Medicine	864	270	1	1583
Ultrasound	1456	344	0	3088
Blood Tests	2898	9872	130	NA
Urine tests	2112	4334	130	NA
Diet	857	270	0	1326
Free blood	4	0	0	NA
Total Institutional Deliveries	864	270	1	1347

8.3.1 Transportation

As reported by the CMO the Toll Free No (102) for availing free transport facility under JSSK is still not established and is presently under process. Pregnant women occasionally contact the ASHAs for availing free transport. But health officials reported that due to the shortage of ambulances, they are unable to provide transport to all delivery cases from home to facility. Usually most of the pregnant women cases reached the delivery point by their own transport or by public transport. This is substantiated by the fact that only 61 percent (822) women who delivered in a health facility in the district have been provided free transport for reaching a health facility. District hospital has provided such a facility to 91 percent of the pregnant woman during the two quarters. CHC Sumbal has 2 on road ambulance and they have provided none of the pregnant women free transportation to reach the health facility from their home. Free referral transport from facility to facility is provided in most of the cases. During the two quarters, free referral transport has been provided to 94 percent that 1264 pregnant women in the district, accounting to all the referral cases. DH has referred 456 pregnant women to other district. CHC Sumbal has provided free referral facility to all the 720 referred pregnant women for delivery. The officials reported that the drop back facility for women who are discharged at least after 48 hours of delivery is also ensured in most of the cases in district and in this regard the information collected shows that the drop-back facility has been provided to all the 1347 delivered women during the first two quarters accounting for about 100 percent of institutional deliveries. Lastly the free meals which the district has provided are 1326 beneficiaries. As per the reports most of the normal deliveries leave the health institutions before 48 hours. But at the same time while our interaction with the IPD patients especially with the women who delivered with caesarean and it was found that at the time of their delivery and after delivery, all of them received the required medicines from the hospital free of cost.

8.3.2 Diagnostics

Officials at all levels maintain that all available diagnostics for pregnant women and sick newborns in public health facilities are free of charge. Free diagnostic facilities (urine test, various blood tests, etc) are provided to pregnant women at DH, CHCs and PHCs in the district. As mentioned above, reagents for thyroid detection are not available at any of the health facility, therefore, thyroid testing is not done at DH and CHC. The CHC do not have any position of sanctioned radiologist in place. USG is conducted at DH and CHC on daily basis.

8.3.3 Meals

The free meal to delivered women is provided under JSSK in J&K. State has issued orders to the districts to provide hot cooked meals to women under the scheme. Official information shows that meals have been provided to all the women who delivered in various health facilities in the district during the last two quarters. However, it was observed that health facilities in the district do not have kitchen facility. The dietary facility provided to the delivered cases at the DH is outsourced to one local person who is carrying a restaurant outside the hospital. The diet is provided thrice in a day that is Breakfast, Lunch and Dinner. The meals contain the following items as Breakfast with (1 egg, 1 cup of milk, 1 bread slice). The Lunch contains as simple Rice and Vegetable and the dinner also includes the Rice and Vegetable. CHC Sumbal has also outsourced the job of providing meals to a local canteen and women are provided breakfast (1 cup of tea, 1 bread), lunch (Rice +Dall+Egg) and dinner (Rice +Dall+Egg). All women admitted in the DH and CHC Sumbal mentioned to have received free meals during their stay in the hospital. However, it needs to be mentioned that no meals are provided to delivery cases at PHC Naidkhai. Due to non availability of canteen and nearby market facility no outsourcing arrangement has been made so far.

8.3.4 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. Free consumables are also provided to them.

8.3.5 Blood Transfusion

District Hospital Bandipora has no registered blood bank. Generally, all patients who need blood transfusion have to arrange a donor themselves and simply blood is transfused to the needy one. Even after more than ten years since Bandipora became a district the four main CHCs of the district i.e., Bandipora, Sumbal, Gureze and Hajin did not have a single blood bank despite 890 major and 6413 minor surgeries being conducted during last 6 months (April-September, 2019). In absence of blood bank the trauma section of Bandipora district hospital is virtually lying defang. The doctors at district hospital are unable to cure any high risk, anaemic or emergency patient who are in need of blood when admitted in hospital. Doctors mostly prefer to refer these high risk or anaemic patients to Srinagar whenever admitted. There are chances that these high risk patients' especially pregnant women can lose their lives during the referral process. The hospital has a blood storage facility and 4 units of blood have been transfused during the reference period.

8.4 JSY

In district Bandipora, JSY cards are prepared and updated as per the JSY guidelines. However, there is no time frame for making JSY payments in the district. Timing of payment depends upon the availability of funds. JSY payments are generally paid after delivery. Information provided by office of CMO shows that of the 1347 institutional deliveries occurred during the two quarters April-September, 2019, the JSY payment has been made to all the beneficiaries including the 281 pending cases. A few women who deliver at home have not been paid any cash incentive under JSY (Table. 9).

Table 9: JSY Status of District Bandipora during April, 2019- September, 2019

Type of Delivery	Total Deliveries	No. of women paid JSY	Amount Disbursed	JSY cases pending
Institutional	1347	1628	22,79,200	0
Home	49	0	0	0
Total	1396	1628	22,79,200	0

8.5 Maternal and Infant Death Review

There are spatial orders and guidelines for the reporting of maternal deaths and their audit to all health facilities. Maternal and Infant Death Review Committee has been established in the district. As per these orders, maternal death reviews are to be done by the CMO and district magistrates. ASHAs are to be given incentives to report maternal deaths and Rs. 250 is kept for maternal death investigation. As per the information, the district has reported none of the maternal death during the 2 quarters but 10 infant deaths occurred during the same period. The Infant death review committee is working properly and has reviewed all the infant deaths. Reporting of deaths has improved in the district especially at PHCs and SCs. ASHAs/ANMs generally are not aware of infant death review/verbal autopsy reports but they have received the incentives.

9. Child Health

9.1 Facility Based Newborn Care (FBNC)

The district has sanctioned 2 SNCUs. One of the SNCU is established at the DH and another one is planted at CHC Gureze. Both of the SNCUs are fully equipped including the in place staff and are functioning smoothly at the said places. All the necessary equipment for the SNCUs has been received. A few posts are still vacant at both the SNCUs. The district hospital reported that there are 8 beds reserved for the SNCU. The information provided by the DH SNCU indicates that 876 infants are admitted in the SNCU during 2019-20 (all inborn). Among the admitted infants some 39 infants were referred to higher facility in other district for treatment and the remaining 837 were discharged from the DH. None of the infant died in SNCU. It was further reported that all the children born at the DH are kept for some time in the SNCU.

The NBSU is established at CHC Sumbal. This NBSU has 2 Radiant Warmers, 1 in labour room and another 1 in its NBSU. But unfortunately both the radiant warmers are become non functional, hence the NBSU is not up to the mark presently. The NBSU has been provided with requisite equipments but it is not fully staffed with the result affects its functioning. Currently, it is manned only by 2 NHM ANMs. No record at the NBSU is maintained nor there is any register since June, 2018 as reported and observed on spot. All the babies delivered at CHC are examined and weighted at labour room. Hence during the year 2019-20, none of the neonates were admitted in the NBSU as per the reports. This was discussed with the concerned medical officer who expedite the fact that until there is no radiant warmer and the required staff this type of situation will continue. Simultaneously, PHC Naidkhai has a New Born Care Corner (NBCC) which is performing its duty with the existing regular staff. But at the same time none of the neonate has been admitted in the NBCC at the PHC during the reference period. All the referred cases by the DH, CHC and PHC are being provided free transportation. Similarly, all those infants who required any tests are reported to have been provided free diagnostics under JSSK in respective institutions (Table 10).

Table 10: Status of stabilization units in the district

Type of facility	Target	No. established	No. Functional	No provided essential equipments	No. Having Trained manpower in place
SNCU	2	2	2	2	2 Partial
NBSUs	3	3	3	3	3
NBCC	6	6	6	6	6

9.2 NRCs

State has established 2 NRCs, one each in G.B. Pant Hospital Srinagar and SMGS Hospital Jammu. The NRCs established in Srinagar is fully functional. But no centre has been established at DH Bandipora.

9.3 Child Immunization

The facility of birth dose and routine immunization is available on daily basis at district hospital. CHC is providing the birth dose once in a week that is on every Wednesday and routine immunization twice in a week that is on every Wednesday and Saturday. Similarly, the facility of immunization at PHC is also provided twice in a week that is on every Wednesday and Saturday. The SC provides the immunization on twice in a month on 2nd and 4th Wednesday and also provide birth doses (BCG) to home delivered neonates. Outreach sessions are conducted to net in drop-out cases/left out cases. VHNDs, outreach secessions have improved DPT-1 booster and measles-II. Further mobility support for supervision and monitoring has been approved in the district. AEFI committee and Rapid Response Team (RRT) have been constituted but usually no meetings of AEFI and RRTs have been taken place. Immunization cards and MCP cards are available at DH, CHC, PHC and SC. All the visited facilities reported regular supplies of vaccines.

9.4 Rashtriya Bal Swathya Karyakaram (RBSK)

RBSK has been launched in Bandipora district and is functioning smoothly. There is sanctioned strength of 38 positions and 34 of them have already been put in place. There are 6 mobile screening teams (2 teams in each block) in the district and each team consists of 2 AYUSH Medical Officers, 1 FMPHW and 1 Pharmacist. All positions of AYUSH Doctors, Pharmacists and ANMs have been put in place. District Early Intervention Centre (DEIC) has been set up at district hospital. Except DEIC manager, audiologist, EISE and ophthalmic assistant, all other positions at DEIC are in place. Child health screening cards have also been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. The information provided reflects that during the year 2018-19, a total of 142730 children of different age groups are screened and out of those 24336 found positive for selected health conditions and get treatment. Further a total of 29 children referred to territorial hospitals for specialised treatment. The breakup of the age group is as follows. During the year 2018-2019 a total of 3621 children of the age group of 0-6 weeks were screened and 305 of them found positive for selected health conditions and 10 children were referred to higher facility for specialised treatment. Further a total of 66459 children of the age group of 6 weeks to 6 years were screened and 9500 children found positive for selected health conditions and get treatment, besides, 9 among them referred to territorial hospitals for specialised treatment. In addition to this during same year a total of 72659 children of the age group of 6 years to 18 years were screened

in the district and 14531 found positive for selected health conditions and got treatment. In addition, 10 children referred to tertiary hospitals for specialised treatment. However, it was observed that referral mechanism under RBSK is currently a week area in the implementation of RBSK. Medical officers mentioned that they do not have adequate kits and drugs available to meet the latent demand of drugs during screening. They mentioned that funds are not being released in time which is affecting their mobility and also mentioned that the existing funds should be increased. They also mentioned that RBSK increased the demand for health care services and the referral facilities have been geared to meet this growing demand. Patients referred to these institutions are given special treatment. The MS of the DH reported the main problems in the functioning of the RBSK programme are lack of equipments, lack of medicines and above all the important facility of internet (Table.11).

Table 11: Service delivery under RBSK during 2018-2019

Type	No. Screened	No Treated	No Referred to Tertiary hospital
0-6 weeks	3621	305	10
6 weeks- 6 years	66459	9500	9
6 years – 18 years	72659	14531	10
Total	142739	24336	29

An attempt was also made to gauge the children who need financial assistance for their specialised treatment. In this regard the information collected from the CMO office shows that during the year 2019-20, a total of 73 children were identified under RBSK and for each of the children the cost incurred upon them individually was sent to the higher authority for release of assistance and in this connection only 13 cases were approved and an amount of Rs. 8, 88,000 was sanctioned for their treatment. All of them got the required treatment at the appropriate health facility (Table.12).

Table 12: Specialised treatment under RBSK during 2019-20 in district Bandipora

Type	Total Cases
N0. of cases identified for specialised treatment	73
N0. of cases for whom financial assistance sanctioned	13
Total amount sanctioned	8,88,000
N0. of cases pending for sanction	38

10. Family Planning

Family planning sterilization is available in the district. As reported there is shortage of trained service providers for minilap, laprolization and NSV. There are only a few doctors in the district who are trained to provide laprolization services. No sterilization camp has been organized since April, 2019 up to ending September. The district performed 56 female sterilizations during the two quarters and these were conducted at DH and CHCs. Besides, 203 IUCD insertions performed in the district while as other contraceptives like as OP Cycles, EC Pills and Condoms also attracted a good number of beneficiaries in the district. A new contraceptive is also introduced in the district that is inj. Antara which has been provided to 118 beneficiaries in the district during April, 2019 to September, 2019.

IUCD 380A services are usually available at all the health facilities. All the FMPHWs/ANMs of the visited health facilities are trained to provide IUCD services. There are no fixed days for IUCD services at DH or CHC, instead, services are available on all days. Postpartum IUCD services are also available at DH and this service is provided to 15 beneficiaries. The number of IUD acceptors at DH and CHC Sumbal are 14 beneficiaries to each.

Condoms and Oral Pills (OPs) are available at all the visited facilities. ECPs were also available at the CHC, PHC and SC. ASHAs have been given the responsibility of delivering contraceptives at the doorstep of beneficiaries in the district. However, the health facilities did not record the contraceptives given to the beneficiaries through the ASHAs. The information regarding various methods of family planning is also provided through VHND sessions at the SC level (Table 13).

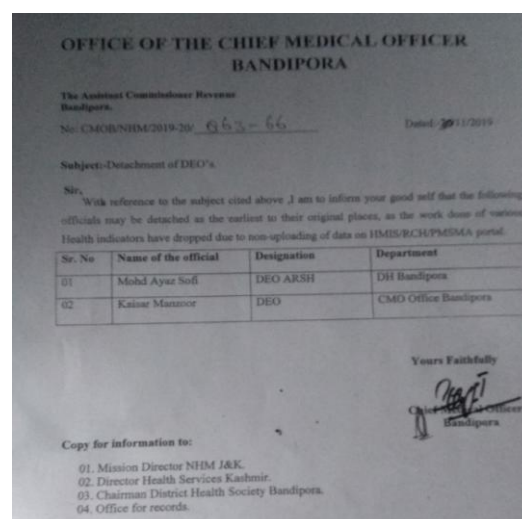
Table 13: Coverage of various modern family planning methods at selected health facilities in the district during April, 2019-September, 2019

Service Utilization	District	DH Bandipora	CHC Sumbal	PHC Naidkhai	SC Minjee
Female Sterilization	56	13	7	0	0
No. of IUCD Insertions	203	14	14	5	0
No. Of PPIUCD Insertions	39	0	0	0	0
No. of PP Sterilization	15	0	0	0	0
No. of Vasectomy	0	0	0	0	0
No. of IUCD removals	36	0	0	2	0
Oral Pill cycles distributed	6691	NR	570	239	35
ECP distributed	1004	NR	0	10	5
Condom pieces distributed	19338	NR	188	290	50
Antara dose1,dose2,dose3	544	NR	0	0	0

NR=No Record

11. Adolescent Reproductive & Sexual Health (ARSH)

ARSH clinic at DH Bandipora has been established before some years back but it is presently non functional. Some of its staff has been attached to one block that is CHC Hajin and works there. But no service delivery information is available with the CMO office not with the district hospital. It was further reported by CMO that the Deputy Commissioner of the district Bandipora issued one order in the month of October, 2019 in which he attached two NHM personal to his office with immediate effect and those two persons are presently working in the office of deputy commissioner. These persons are DEO ARSH posted at DH Bandipora and another DEO posted at CMO office Bandipora. In this connection the CMO issued one letter to the assistant commissioner revenue and to request him to detach DEOs to their original places so that the district hospital data is to be uploaded. But there was no response from their quarter. It is because that the RCH register is not maintained at the DH nor any HMIS data is maintained properly.



12. Quality in Health Services

12.1 Infection Control

The general cleanliness at DH was not found satisfactory. The IPD wards, operation theatre, laboratory and OPD were not clean. The fumigation did not take place in the operation theatre of the hospital and the regular fogging in the hospital is also very poor. The bath rooms are not cleaned regularly. Regarding the cleanliness at CHC, PHC and SC, it was up to mark. PHC Naidkhai is accommodated in old type government building with almost all facilities available. Labour rooms, IPD and OPD are cleaned on daily basis. This PHC as already mentioned is designated as H&WC in 2018-19. But on the ground level no such development of the PHC is visible. As per the reports, Rs 4 Lakh has been released for the development of the PHC. The visited SC is also in a good condition having 5 rooms with electricity but stored water supply. This SC has also been designated as H&WC.

12.2 Biomedical Waste Management

All the visited health facilities use colour coded bins for the segregation of waste but it was found that 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. DH and CHC have out sourced for disposal of solid waste/bio medical waste. Sharpens, needles were not visible in the premises of DH and CHC. Biomedical waste at PHC is buried in a pit while as SC also buried in the premises of SC.

12.3 IEC

Information about JSSK, JSY, family planning, immunization, NCDs, TB and RBSK is displayed in all health facilities. Citizen's charter, timings of the facility, availability of services is also displayed in all health facilities. Information about the provision of diet under JSSK and information about diet to mothers whose kids are admitted in SNCU/NBSU is also displayed on boards.

13. Clinical Establishment Act

The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics.

14. Referral Transport and Medical Mobile Unit (MMU)

The information collected from the CMO office indicates that the district has a total of 54 vehicles which are used as ambulances of which 48 of them are on road and are in working condition to cater the needs of various health facilities. NHM logos are displayed on most of the vehicles in the district. Only 6 of the vehicles are fitted with GPS facility. Out of the total ambulances, 8 are donated by MPs/MLAs etc in the district. District hospital has 7 ambulances and presently all the 7 ambulances are on road. All the 7 ambulances are from regular health side. CHC Sumbal is also having 2 on road ambulances and 1 is donated. There is 1 on road ambulance of PHC Naidkhai and that is from regular health side. An effective and transparent system of monitoring of usage of vehicles is not put in place by the health facilities in the district.

The J&K has procured MMUs and these MMUs have been handed over to some districts. The CMO reported that no such MMU has been provided to the district but at the same time he opined that he had purchased the MMU for one of its block that is Gureze. He further added that the

MMU is presently non-functional due to staff and fuel maintenance. In addition to this there is also one critical care unit functioning at the DH (Table 14).

Table 14: Number of ambulances available on 30-11-2019 and on road at selected health facilities in the district Bandipora

Department/Agency	DH Bandipora		CHC Sumbal		PHC Naidkhai		District	
	Available	On Road	Available	On Road	Available	On Road	Available	On Road
Health	7	7	1	1	1	1	41	35
NHM	0	0	0	0	0	0	5	5
Supervisory	0	0	0	0	0	0	0	0
Donated (MP, MLA)	0	0	1	1	0	0	8	8
Others (NGO=1)	0	0	0	0	0	0	0	0
Total Ambulances	7	7	2	2	1	1	54	48

15. Community Processes

15.1 ASHA

There are a total of 425 ASHAs in place out of a total sanctioned of 425 in district Bandipora. Keeping in view the population of 2011 one ASHA caters a population of 923 persons. CMO reported that they have an additional need of 35 more ASHAS so that the beneficiaries can be reached and cached easily. There are 3 ASHA coordinators and 31 ASHA facilitators identified and trained in the district. Uniform is provided in the month of October, 2019 and diary is provided in the month of April, 2019. ASHA kit was replenished in the current financial year that is in the month of April, 2019. A rest room has been established at DH for ASHAs who accompany the pregnant women. SIM card for mobile phones is being provided to ASHAs and an amount of Rs. 1200 is provided annually to each ASHA as mobile charges. No ASHA day is celebrated in the district.

15.2 Skill Development

Skill development of the ASHAs is a continuous process in the district. The district has already identified ASHA coordinators and facilitators. There are 3 block ASHA coordinators working in the district. Similarly, there are 31 ASHA facilitators in the district. Module 6-7 (IMNCI) training has been provided to all the 425 ASHAs. Monthly meetings of ASHAs took place regularly at the block headquarter and information regarding various components of NHM are being provided to ASHAs in these meetings. The district has put in place a mechanism to monitor performance of ASHAs such as HBNC formats and assured incentive format and none of the ASHA have been disengaged in the district on the basis of non/under performance so far. Therefore, monitoring of ASHAs is currently done on the basis of ASHA functionality formats which has been provided by the office of the Mission Director, NHM. The ASHA day is not celebrated in the district.

15.3 Home Based New-born Care (Functionality of the ASHAs)

ASHAs reported that they are motivating women for ANC, institutional delivery, PNC and child immunization, family planning, etc. They also help in VHNDs and also carry out many other activities. All the 425 ASHAs are trained in HBNC and out of these about 400 ASHAs have been provided the HBNC kit. The information provided reflects that 1128 women have been visited for HBNC during the referenced two quarters. Further the services provided by ASHAs during these visits indicate that 319 post-partum check-ups were conducted, 1114 doses of BCG were provided and 826 HB0/Polio0 was given. The incentives given to ASHAs for home visits reflect that during

April, 19 to September, 2019, all the 425 ASHAs received the incentive and none of them is pending during the same time. Their payments are made through their bank accounts. Most of the interviewed ASHAs reported that on an average they earn about Rs. 4,000 per month.

16. Disease Control Programmes

16.1 TB

The RNTCP centre is looked after by one District Health Officer (DHO) Dr. Syed-ur-Rahman. The RNTCP services are provided by 1 tuberculosis unit in the district. As such Tuber Closes Unit Bandipora is monitoring the whole district. There are 4 different categories of sanctioned positions in the TB centre and out of which all the 4 positions are in place. The testing facility is available in the district hospital, CHCs and PHCs. The information collected from the district depict that the prevalence of TB in the district is not too alarming. A total of 6764 cases were screened and out of those 842 sputum tests have been conducted in the district during the two quarters and only 25 cases are found positive patients. The position of visited health facilities implies that at DH, 532 tests were conducted during the two quarters and 29 cases were found positive. Similarly, at CHC, 194 cases were tested and only 1 of them was found positive. The CMO further reported that all the positive cases 63 (old & new) under the reference period are taking medicines. The drugs for the treatment of TB is being provided free of cost to all the patients at all levels. The district Bandipora has a post of 1 senior treatment supervisor (STS), 1 senior tuberculosis laboratory supervisor (STLS), 1 TB health visitor (TBHV) and 1 lab technicians. The TB Control programme is working smoothly in the district. ANMs and ASHAs work as DOT providers at SCs and village level. The screening is done on regular basis at the DH level.

16.2 NLEP

NLEP programme is looked after by DHO Bandipora. Most of the positions under NLEP are vacant. Currently the NLEP is not managed by any of the health personal in the district. There is 1 person working as PMA under NLEP. Screening for leprosy is done at the DH and CHCs. There is presently a total of 1 case of leprosy in the district who is taking the MDT (Table. 15).

Table 15: Service delivery of communicable diseases during April, 2019-September, 2019 at visited health facilities in district Bandipora.

Service Utilization Parameter		DH Bandipora	CHC Sumbal	PHC Naidkhai	Total District
Malaria	OPD	0	0	0	0
	Tests conducted	0	0	0	0
	Tested positive	0	0	0	0
	Cases treated	0	0	0	0
TB	OPD	532	194	0	6764
	Tests conducted	532	194	0	842
	Tested positive	29	1	0	25
	Treated (Old & New)	37	2	0	63
	Cases referred	0	0	0	0
NLEP	OPD	0	0	0	0
	Tests conducted	0	0	0	0
	Tested positive	0	0	0	0
	Cases treated(Old &New)	2	0	0	1

17. Non-Communicable Diseases

The district has been covered under screening for NCDS and it is looked after by one medical officer posted at DH District. The district has a well-established centre located at district hospital Bandipora which has been established in the year 2016-17. There are a total of 11 sanctioned positions in NCDS and some of them are vacant. The screenings of patients are done in the district hospital and besides camps are held at the block level. Under this programme 47 pieces of glucometers have been issued to 5 PHCs and 42 SCs. Besides Gluco strips were also distributed to the health institutions. The NCD cell has organized 8 screening camps during 2019-20 till September, 2019 for non-communicable diseases such as diabetes and hypertension under which 5500 patients were screened for different diseases out of which 197 were found for diabetes and 142 of them found for hypertension. Similarly, 6 patients were found for cancers other than oral and cervical cancers. No such geriatric ward under the National Programme for Health Care of Elderly (NPHCE) has been established at the DH so far.

18. Ayushman Bharat

World's largest health care scheme-Ayushman Bharat Yojana or Pradhan Mantri Jan Arogya Yojana (PMJAY) or National Health Protection Scheme or Modi-Care is a centrally sponsored scheme launched in 2018, under the Ayushman Bharat Mission of MoHFW for a New India - 2022. The scheme aims at making interventions in primary, secondary and tertiary care systems, covering both preventive and pro-motive health, to address healthcare holistically. It is an umbrella of two major health initiatives namely, Health and Wellness Centres (H&WCs) and National Health Protection Scheme (NHPS). The scheme has been formed by subsuming multiple schemes including Rashtriya Swasthya Bima Yojana, Senior citizen health Insurance Scheme (SCHIS), etc. Further, the National Health Policy, 2017 has envisioned Health and Wellness Centres as the foundation of India's health system which the scheme aims to establish.

Ayushman Bharat was also launched in Jammu and Kashmir on December, 1st 2018. Almost all the district of J&K has started working on the programme. District Bandipora has also implemented the scheme in October, 2018. The district has not made a committee so far. The district in the first phase has listed 4 health institutions as Health and Wellness Centres (HWCs) in different medical blocks and up-gradation of few more such centres is under process. The district has to cover 93, 000 beneficiaries as per the surveyed list under the scheme. The district has so far registered 57, 000 beneficiaries that is more than 61 percent of beneficiaries from the list. The information further provided that 'Golden Cards' have been issued to 36, 908 (65 percent) of beneficiaries. During the period April, 2019 to September, 2019, a number of beneficiaries (178) have benefitted from the scheme and Rs. 4.00 lakh has been spent for treatment of the beneficiaries under PMJAY scheme. The DH has also start the PMJAY scheme and some 36 beneficiaries has benefitted from the DH so far. CHC Sumbal is also empanelled under the PMJAY scheme and this facility has provided treatment to 128 out of which surgical benefits have been provided to 98 beneficiaries under the scheme. A few of the beneficiaries were contacted on phone and verified about the treatment. The beneficiaries pointed out that they get the treatment out of their pocket expenses.

18.1 H&WCS: The district has established 32 H&WCs in 3 medical blocks and all of those are PHCs and SCs. In this connection the CMO reported that they have received additional funding for up gradation of these PHCs and SCs. It was further reported that some additional space is

created for drug dispensation and other activities at the centres. Some additional drugs were also received after up gradation of these centres. An attempt was made to cover the performance by indicator wise of these H&WCs after their up gradation but no such information was provided. The yoga activity is not yet placed in the visited H&WCs. It was also reported that the scheme is regularly monitored by the concerned BMOs, Dy. CMO and CMO of the district.

19. Other Schemes:

19.1 Kayaklap: The district hospital has not received the Kayaklap certification so far and the MS reported that they have not applied for the same. He further opined that they are making best efforts to improve the quality of services, improve the developmental infrastructure at the DH. CHC Sumbal has also not applied for its certification.

19.2 NQAS: Both the visited health facilities DH and CHC have not received the NQAS certification and nor they have applied for the same. The MS was very upset when asked to give reasons for not starting any activity for NQAS certificate. He reported that this hospital is in a very bad condition and conjucted. He is accommodating 50 beds in place of 20 bed hospital. This hospital is practically still a new type of CHC, how it is possible to implement the new schemes like as Kayaklap, LaQshya and NQAS etc. The CHC also have not applied for the NQAS certification.

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

19.4 Dialysis Centre: The district hospital is not in a position to accommodate any more facility in its existing place. Presently some of the facilities are provided under the local tin sheds. The MS reported that he cannot think about any newer scheme to launch in the district until they shift to the new hospital building. CHC Sumbal also did not have such a facility at its disposal.

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

All the facilities are regularly submitting HMIS formats on monthly basis. HMIS data is uploaded at block head quarters. New RCH register has been introduced in all the districts including Bandipora. RCH register is available in all the facilities except DH and the FMPWHs have been trained to fill various columns in the RCH register. The health facilities have completed household survey in their catchment areas. Hard copies of HMIS formats are available in all the visited facilities except DH. DEOs have been posted at DH and CHCs and required computing and net facilities are available at CMO, DH and CHCs. DH and CHCs upload the data directly on 25th. PHCs and SCs submit the monthly information on 21st of every month to BMO office. The reporting period is 21st to 20th every month. BMO office takes 2-3 days to verify the data and gives one day to PHCs and SCs to rectify the mistakes/inconsistencies in data. Finally, data of PHCs and SCs is uploaded at block head quarter on 25th of every month. Feedback on data quality issues is also provided by DMEO during monthly review meetings.

As the pregnant women generally visit multiple facilities for ANC 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 around 4 lakh ANC registration compared to around 2.25 lakh expected ANC registration. To stop such type of reporting of duplication, 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 report services provided to clients belonging to their catchment area and as well as services rendered to outside clients. This system has helped Bandipora district to minimize the duplication of ANC registration, PNC and child immunization.

Information about pregnancy outcome, institutional delivery, sex of child, birth weight is maintained and reported properly. Information about permanent methods of family planning and IUDs is correctly recorded and reported. However, information about spacing methods is not properly maintained. The burden of spacing methods has been shifted to on the shoulders of ASHAs and they also not maintained the records. While, the reported figures pertaining to OPD, IPD and surgery match with recorded figures in all facilities except DH.

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 which are not available at the facility and the services available but not utilized/delivered. They general put X mark or record 0 or leave the column blank in both cases. Further it was noted that FMPHWs at SC fill up weight, BP, HB of pregnant women in RCH registers without measuring the same or seeing the card. It was also found on RCH registers that all pregnant women are shown as “normal” HB. There is therefore a need to properly monitor the data recorded in the RCH registers and clear the confusion which the ANMs which they 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 now they also record the results of the investigations on these registers and therefore HB reporting in DH, CHC and PHC has improved. But at the time of reporting, due care is not taken to count the number of women with HB less than 11 and severely anaemic having less than 7. It was seen that the anaemic cases found at laboratory testing registers were neglected and were not reported in the HMIS format during the referenced two quarters. It was also seen that the RCH register is not presently maintained at DH.

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 mortally 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 DME&O and 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. It is also suggested that for filling up the monthly HMIS format, a qualified person should be made available. It was found that usually some FMPHWs who have qualification high school only and is not capable to read the HMIS format.

21. Irregularities/Action Points

Different programmes under NHM have been implemented in the district but still there are issues and problems in functioning of these programmes. Based on the field visit following are the irregularities, recommendations and action points for further improvement:

- ❖ The district is supposed to have the Nodal Officers for different health schemes for proper implementation and monitor them seriously. In this regard all the schemes are carried out by different nodal officers in the district. Most of schemes are under the supervision of CMO.
- ❖ There is dearth of various categories of doctors in the district from regular side and because of this patient care is not done properly. Most of the specialist doctors/MOs are vacant.
- ❖ Some of the programmes implemented in the district are not fully staffed thus affecting the output of these schemes.
- ❖ Most of the women who deliver at the health facilities are not informed about early breast feeding as it was verified on spot that C-section deliveries had breast fed their infants after a long time of delivery.
- ❖ On verification of the records at the visited health facilities it was found that the first trimester registration of the ANC cases is only 75 percent.
- ❖ In most of the delivery cases, they reported that the ASHAs did not visit them during the ANC period and did not feel it necessary to accompany them to the health facility at the time of delivery.
- ❖ The SNCU and NBSU is without a Paediatrician and the NBSU is defang just run by 2 FMPHWs.
- ❖ The child immunization is taking place at various facilities but BCG vial is opened only when the number of infants is 7-8 at all the levels but the SCs is not providing this facility.
- ❖ Prescription audit is not taking place in the district at any health facility.
- ❖ The NCD clinic established at DH is still in its infancy and no screening is done because of the non availability of the medical officer. Same is the case of visited CHC. No register was found available since July, 2018 at the CHC NBSU.
- ❖ The RBSK teams are not monitored properly by the concerned BMOs and other relevant officials. Only a few cases for specialised treatment did get the financial assistance.
- ❖ Record keeping in labs, stores, and other places are not being taken care of at higher level health facilities by the concerned officials especially at DH. A common register for ANC and non ANC is available at the OPD of the DH. No RCH register is maintained at DH presently because the services of 2 DEOs are utilised permanently by the deputy commissioner of the district.
- ❖ The district hospital is without the dialysis centre nor can it accommodate it in the existing place.

- ❖ An attempt was made to cover the performance by indicator wise of visited H&WCs after their up gradation but no such information was provided. The yoga activity is not yet placed in the visited H&WCs.
- ❖ Mismatch of data recording and reporting for HMIS was found very less at various levels in the district.

22. Key Conclusions and Recommendations

This study conducted in Bandipora district, is based on the information collected from the office of CMO, District Hospital, CHC Sumbal, PHC Naidkhai and SC Hakabara. A few patients at the OPD who had come to avail the services at DH, and CHC were also interacted. Similarly, few IPD patients were also interviewed at DH and CHC. From the information collected and physical verification there is the urgent need of some of the correctness with related to health issues in the district.

- The information provided depicts that there are 81 sanctioned MOs (both from regular & NHM) and out of which only 70 (86 percent) are in place. Further there are only 4 gynaecologists in place out of 7 positions. “The quality of services depends upon the human manpower.” Therefore, there is an urgent need to fill-up these positions on priority basis. It is further suggested that the attachment of the posts should be banned otherwise it badly affects the institution.
- Recruitment of remaining positions for DEIC, SNCU, ANMT School and NCD cell need to be initiated for smooth functioning of these programmes.
- It was verified from the RCH registers that all the pregnant women are not registered in the first trimester. Hence, there is urgent need to reorient the ASHAs including the FMPHWs/ANMs regarding the importance of early registration of the pregnant woman.
- A policy should be formulated to cover those women who give delivery at home so that the percentage of home deliveries comes to zero. As there are more than 3 percent home deliveries during April, 2019 to September, 2019 in the district.
- Sixty-one percent sub centres (SCs) and 33 percent of PHCs are functioning in rented buildings with lack of space and in depilated condition. Therefore, there is need to expedite the construction of SCs & PHCs in the district and provide them the requisite staff and equipments.
- The records pertaining to diagnostics, diet, transportation and medicines being provided under JSSK need to be kept properly maintained.
- Most of the pregnant women do not get transport facility from home to health facility at the time of their delivery and this is substantiated by the fact that at CHC out of total of 270 deliveries during April, 2019-September, 2019, none of them has been provided the facility under JSSK.
- In order to take care of both the mother and the child, the practice of discharging the women after delivery before 48 hours need to be stopped at all levels.
- The prescription audit for drugs and diagnostics need to be implemented in the district at least at the DH and CHC level.
- In order to bring the transparency and accuracy, it is recommended to computerize the drug stores, registration, testing facilities etc. at all the levels in the district.

- All the health facilities complained of inadequate number of ambulances to meet the requirements under JSSK therefore, there is a need to provide more ambulances to the district or to make some substitute to overcome demand of transport under JSSK.
- The IEC component for various programmes in the district was found weak and in this regard the services of different field staff such as CHOs, HIs and HEs, can be utilised to ensure improvement on ground level.
- Though there is some improvement in HMIS and RCH but further training regarding HMIS is needed to all the stakeholders. The information collected from registers and HMIS formats varies each other in number indicators. The need of the hour is to have strong monitoring to the field staff those are responsible for maintaining HMIS data.
- There is also need to improve the internet connectivity to the district for timely uploading and updating of RCH.
- The release of funds to the district for various activities should be in time so that these funds can be utilized properly in a time bound manner.