MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION PLAN 2021-22: JAMMU & KASHMIR

(A Case Study of Ramban District)

Submitted to

Ministry of Health and Family Welfare

Government of India

New Delhi-110008

Bashir Ahmed Bhat

Jaweed Ahmad Mir

POPULATION RESEARCH CENTRE

UNIVERSITY OF KASHMIR

SRINAGAR-190 006

December, 2021

	CONTENTS	
	LIST OF ABBREVIATIONS	**4**
	PREFACE	**6**
1	**EXECUTIVE SUMMARY**	**7**
2	**INTRODUCTION**	**11**
2.1	Objectives	**11**
2.2	Methodology and Data Collection	**11**
3	**PROFILE OF UNION TERRITORY OF JAMMU AND KASHMIR**	**12**
3.1	Overview of the Kupwara district	**12**
4	**HEALTH INFRASTRUCTURE**	**14**
4.1	Up gradation of SCs/ PHC/U-PHC to HWCs.	**14**
5	**DISTRICT HEALTH ACTION PLAN (DHAP)**	**15**
6	**STATUS OF HUMAN RESOURCE**	**16**
6.1	Availability of Human Resource at selected Health Facilities	**18**
6.2	Recruitment of various posts	**19**
6.3	Trainings	**20**
7	**STATUS OF SERVICE DELIVERY**	**20**
7.1	Free drugs and diagnostics services	**20**
7.2	Dialysis Services	**20**
7.3	Rashtriya Bal Swasthya Karyakaram (RBSK)	**21**
7.4	Mobile Medical Unit (MMU)	**22**
7.5	Referral Transport	**23**
7.5.1	*Key observation and challenges related to referral transport mechanism*	**23**
7.6	Special New-born Care Unit/New-born Stabilization Unit	**23**
7.7	Home-Based New-born Care (HBNC)	**23**
7.8	Maternal and Infant Death Review	**24**
7.9	Peer Education (PE) Programme	**24**
7.10.	Reproductive Health Services	**25**
7.11	Immunization	**26**
7.12	Family Planning	**26**
7.13	Adolescent Friendly Health Clinic (AFHC)	**27**
8	**ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAS)**	**27**
9	**SERVICE AVAILABILITY PERCEIVED BY THE COMMUNITY**	**28**
9.1	Lifestyle and living conditions	**28**
9.2	Awareness about the services available, and accessibility	**28**
9.3	Availability of HR and behaviour of staff	**28**
9.4	ASHAs visits to the households for consultation/ services	**29**
9.5	Health seeking behaviour and utilisation of services	**29**
9.6	Key challenges pertaining to utilization of health services from public facilities	**30**
9.7	Suggestive changes in the current programme	**30**
10	**SERVICE AVAILABILITY AT THE PUBLIC FACILITIES**	**30**
10.1	Sub Centres/ HWCs	**30**

10.1.1	*Availability of Services*	**30**
10.1.2	*Availability of drugs and diagnostics*	**31**
10.1.3	*Whether services are optimally utilized, average workload of staff*	**31**
10.1.4	*Key challenges observed in the facility and the root cause*	**31**
10.2	Primary Health Centre (PHC)	**31**
10.2.1	*Availability of Services*	**32**
10.2.2	*Availability of drugs and diagnostics*	**32**
10.2.3	*Whether services are optimally utilized, average workload of staff*	**32**
10.2.4	*Key Challenge*	**32**
10.3	Community Health Centre (CHC)	**33**
10.3.1	*Availability of Services*	**33**
10.3.2	*Availability of drugs and diagnostics*	**33**
10.3.3	*Service Utilization*	**34**
10.3.4	*Key challenges observed in the facility and the root cause*	**34**
10.4	District Hospital Handwara	**34**
10.4.1	*Availability of Services*	**35**
10.4.2	*Availability of drugs and diagnostics*	**35**
10.4.3	*Whether services are optimally utilized, average workload of staff*	**36**
10.4.4	*Key challenges observed in the facility and the root cause*	**36**
11	**COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)**	**37**
11.1	Universal Health Screening (UHS)	**37**
12	**COMMUNICABLE DISEASES PROGRAMME**	**38**
13	**QUALITY ASSURANCE**	**39**
13.1	Grievance Redressal	**39**
13.2	Payment Status	**40**
14	**QUALITY IN HEALTH SERVICES**	**40**
14.1	Infection Control	**40**
14.2	Biomedical Waste Management	**40**
14.3	Information Education and Communication (IEC)	**40**
15	**STATUS OF FUNDS RECEIVED AND UTILIZED**	**41**
16	**CONCLUSION**	**42**
17	**PHOTO GALLERY**	**46**

LIST OF ABBREVIATIONS			
AD	Allopathic Dispensary	IPHS	Indian Public Health Standards
AEFI	Adverse Effect of Immunization	ISM	Indian System of Medicine
ALS	Advanced Life Support System	IUD	Intra Uterine Device
AMC	Annual Maintenance Contract	IYCF	Infant and Young Child Feeding
AMG	Annual Maintenance Grant	JSY	Janani Suraksha Yojana
ANC	Ante Natal Care	JSSK	Janani Sishu Suraksha Karyakaram
ANM	Auxiliary Nurse Midwife	LHV	Lady Health Visitor
ANMT	Auxiliary Nursing Midwifery Training	LMP	Last Menstrual Period
ASHA	Accredited Social Health Activist	MAC	Medical Aid Centre
ARSH	Adolescent Reproductive & Sexual Health	MCH	Maternal and Child Health
AWC	Anganwadi Centre	MCTS	Mother and Child Tracking System
AYUSH	Ayurveda, Yoga & Naturopathy,Unani, Sidha& Homeopathy	MD	Mission Director
BeMOC	Basic Emergency	MDT	Multi Drug Treatment
BHE	Block Health Educator	MDR	Maternal Death Review
BHW	Block Health Worker	MIS	Management Information System
BLS	Basic Life-support System	MLHP	Mid-Level Health Personnel
BMO	Block Medical Officer	MMUs	Medical Mobile Units
BPL	Below Poverty Line	MO	Medical Officer
BPMU	Block Programme Management Unit	MOHFW	Ministry of Health and Family Welfare
CAC	Comprehensive Abortion Care	MoU	Memorandum of Understanding
CCU	Critical Care Unit	MPHW(M)	Multi-Purpose Health Worker-Male
CBC	Complete Blood Count	MS	Medical Superintendent
CeMOC	Comprehensive Abortion Care	NA	Not Available
CHC	Community Health Centre	NBCC	New Born Care Corner
CHE	Community Health Educator	NBSU	New Born Sick Unit
CHO	Community Health Officer	NCD	Non-Communicable Diseases
CMO	Chief Medical Officer	NGO	Non-Governmental Organisation
C-section	Caesarean Section	NHRC	National Health Resource Centre
DEIC	District Early Intervention Centre	NO	Nursing Orderly
DEO	Data Entry Operator	NIHFW	National Institute of Health & Family Welfare
DDO	District Data Officer	NLEP	National Leprosy Eradication Program
DH	District Hospital	NRC	National Resource Centre
DHO	District Health Officer	NHM	National Health Mission
DOTS	Directly Observed Treatment Strategy	NVBDCP	National Vector Born Disease Control Program
DPMU	District Programme Management Unit	OP	Oral Contraceptive Pills

DTO	District Tuberculosis Officer	OPD	Out Patient Department
ECG	Electro Cardio Gram	OT	Operation Theatre
ECP	Emergency Contraceptive Pill	PHC	Primary Health Centre
EDL	Essential Drug List	PIP	Program Implementation Plan
ENT	Ears, Nose and Throat	PMU	Programme Management Unit
FBNC	Facility Based New-born Care	PNC	Post Natal Care
FMPHW	Female Multi-Purpose HealthWorker	PPP	Public Private Partnership
FRU	First Referral Unit	PRC	Population Research Centre
GNM	General Nursing and Midwife	QAC	Quality Assurance Cells
HBNC	Home Based New Born Care	RBSK	Rashtriya Bal Swasthya Karyakaram
HDF	Hospital Development Fund	RCH	Reproductive & Child Health
HFDs	High Focus Districts	RKS	Rogi Kalyan Samiti
HFWTC	Health & Family Welfare Training Centre	RNTCP	Revised National Tuberculosis Control Program
HIV	Human Immunodeficiency Virus	SBA	Skilled Birth Attendant
HMIS	Health Management Information System	SC	Sub Centre
HR	Human Resource	SN	Staff Nurse
ICDS	Integrated Child Development Scheme	SNCU	Sick New-born Care Unit
IDSP	Integrated Disease Surveillance program	SRS	Sample Registration System
IEC	Information Education & Communication	ST	Scheduled Tribe
IFA	Iron & Folic Acid	STI	Sexually Transmitted Infection
IDR	Infant Death Review	STLS	Senior T.B Laboratory Supervisor
IMNCI	Integrated Management of Neonatal & Child Infections	STS	Senior Treatment Supervisor
IMR	Infant Mortality Rate	TBA	Traditional Birth Attendant
IPD	In-Patient Department	USG	Ultra Sonography

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in Jammu and Kashmir to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the States in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, which started recently, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. The State Programme Implementation Plan (PIP)of Jammu and Kashmir, 2021-22 has been approved and the UT has been assigned mutually agreed goals and targets. The UT is expected to achieve them, adhere to the key conditionalities and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre (PRC), Srinagar on a monthly basis. During 2021-22, Ministry has identified 20 Districts for PIP monitoring in consultation with PRC in Jammu and Kashmir and Haryana. The staff of the PRC is visiting these districts in a phased manner and in the 1stphase we visited districts located in Kashmir Valley and in the second phase districts located in Jammu are being covered. The present report presents findings of the monitoring exercise pertaining to Ramban District of Jammu and Kashmir.

The study was successfully accomplished due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks to Mission Director, NHM Jammu and Kashmir for his cooperation and support rendered to our monitoring team. Special thanks are due to Chief Medical Officer Ramban, Medical Superintendents, District Hospital Ramban and BMO Batote for sparing their time and sharing with us their experiences. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit Ramban and Block Programme Management Unit Batote for their cooperation and help in the collection of information. Special thanks are also to staff at Primary Health Centre Chanderkot and HWC Nera for sharing their inputs.

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

Bashir Ahmad Bhat

Srinagar
15-12-2021

1. EXECUTIVE SUMMARY

The objectives of the exercise is to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by various districts and the State. The present study was conducted in Ramban district of Jammu and Kashmir and information was collected from the office of CMO, District Hospital Ramban, CHC Batote, PHC Chanderkot and H&WC Nera in the first week of November, 2021. We also conducted some exit interviews with some service seekers for ANC/PNC, child immunization and delivery care at the selected facilities. Main findings of the study are as follows:

1. District Hospital and CHC Batote has acute shortage of specialists in general and Gynaecologists, Paediatrician and Anaesthetists in particular. The Surgeon, Gynaecologist and Anaesthetist posted at CHC Batote are attached Sib District Hospital Ramban. This is severely affecting the delivery of health care at CHC Batote. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to utilize the services from other districts or from private clinics. Therefore, there is an immediate need to address the shortage of specialist doctors in the DH and CHCs on priority basis.
2. Trauma centre established at DH Ramban is non functional due to the non availability of staff.
3. NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. This has resulted in an increase in OPD services. But since there is a lot of disparity in the service conditions and salaries between the NHM staff and regular staff and this has started to discourage the NHM staff to take full interest in their duties. There is a need to look into the grievances of the NHM staff and redress their genuine demands.
4. Skill of ASHAs was checked using a check list and most of them had fairly good knowledge of ANC, immunization, PNC etc. However, their performance on account of HBNC was poor. Since most of them are asked to help the District administration in the COVID related activities, therefore their main activities have suffered.
5. The supply of drugs and equipments in the health institutions has improved with the establishment of J&K Medical Supplies Corporation limited. However, it was reported by the facilities that they do not get supplies as per the actual demand. Besides, there are delays in the supply of drugs. JKMSCL should address this issue of delay of equipments and consumables.
6. Essential Drug List has been prepared for various facilities but an updated list of drugs available at the facility is not displayed in any of the facilities visited by us.
7. The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities just meet 60-70 percent of their demand of drugs; therefore, free drug policy is partly implemented in the district. There is a need to assess the actual demand of various drugs and provide them to the health facilities.
8. As all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. The drugs brands they prescribe are not available at the hospitals; therefore, patients are compelled to purchase drugs from the market. Therefore there is a need that free generic drugs, as

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

9. Despite irregular/late release of funding, facilities are in a position to provide free drugs, diagnostics and diet under JSSK. So far as free transport is concerned, only free referral transport for deliveries and neonats is ensured in all facilities visited by us.
10. Home to facility and drop back facility is not ensured in all of the cases. This supports the need for operationalization of a fully functional patient transport system that is easily accessible so that pregnant women and emergency patients could avail of transport facilities from home to facility and also drop back home for JSSK beneficiaries.
11. JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs.
12. SNCU at DH is functional in the district. The establishment of the SNCU has resulted in improving health of neonats and minimize the referrals from DH to tertiary care hospitals. The services of NBSU at CHC Batote are underutilized, as very few deliveries take place at CHC.
13. Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started improving. There is a need to appreciate those ANMs/ASHAs who are reporting such events.
14. Institutionalized mechanisms for grievance redressal was not evident in any of the facilities visited by us. Often complaint boxes are seen to be having 'token' presence, and the boxes remained un-opened. Patients visiting the health facilities largely lacked awareness and knowledge regarding the grievance redressal mechanism.
15. The ASHAs have started filling CBAC forms and some of the ASHAs have completed this exercise. But we verified some of the CBAC forms and also tried to assess the skills of ASHAs on this subject and found that the quality of information in these forms is not so accurate, making this exercise somewhat redundant.
16. Screening for NCD at H&WCs, PHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for appropriate confirmation of diagnosis, treatment & follow-up. Besides, there is a need to provide various combinations of NCD drugs.
17. The dialysis Centre with a bed capacity of 5 has recently been established at DH Ramban. It has been provided with requisite infrastructure and manpower. The patients availing dialysis services from this Centre are highly satisfied with its services.
18. None of the facilities in the district are Laqshya or INQAS certified. Although DH and CHC Batote has done the internal assessment but due to the shortage of space and non availability of manpower as per IPHS, they have not scored enough in internal assessment so as to qualify for external assessment.
19. It was reported by the District Accounts Manager (DAM) that financial limits for various heads of accounts have been fixed by the Directorate without taking into account our actual demand, and this has created some delays in the payments.

Facility wise Challenges

District Hospital

a) The District Hospital currently has space constraint. The hospital is located in the middle of town, traffic jams are the order of the day, making it time consuming for the patients to reach hospital for availing the services.
b) Trauma Hospital was established in the DH but is without doctors.
c) Shortage of specialist doctors particularly cardiology, dermatology, radiology and Neurology is impacting the service delivery.
d) Shortage of drugs and prescription of non-generic drugs raises questions about the efficacy of free drug policy of the government.
e) The Mobile Medical Unit provided to Ramban is not suitable for terrain topography of Ramban district. It is not able to move on hilly and narrow roads particularly in remote villages. There is a need to replace the MMU in accordance with the topography of the region and nature of roads.

CHC Batote

a. The main challenge is the non-functioning of Gynaecology unit and Operation Theatre as both the posts of Surgeon and Gynaecologists are vacant at the CHC. Although an Anaesthesiologist is posted at the CHC, but his posting has no meaning with the availability of a Surgeon and Gynaecologist.
a. The area is prone to accidents and an Ortho was sanctioned at the CJC, but he has been attached with DH Udhampur. This is severely affecting the delivery of health care services at CHC Batote. Further, due to the non availability Critical ambulance, CHC finds it difficult to transport critical cases to Jammu.
b. There is no Jan Aushadhya Store at CHC, therefore in case of shortage of drugs and consumables, CHC is compelled to procure drugs and consumables from open market.
c. The hospital is not properly fenced and therefore posing a security threat to the hospital and its infrastructure.
d. The hospital does not have a proper space as no new building has been constructed/upgraded after the PHC was upgraded to CHC.
e. Due to the limited staff at CHC, very few services are available at CHC. NCD clinic is not available and NCD screening is part of the routine OPD.
f. Due to the non availability of staff, space, CHC has not progressed in terms of Laqsha certification.

PHC Chanderkot

a) The PHC has acute shortage of space for OPD services, IPD, lab, Pharmacy, store, LR, OT, delivery room etc. Due to shortage of space, the PHC has only 5 beds to accommodate.
b) The PHC also has acute shortage of staff and only 1 MBBS doctor, 1 FMPHW and 1 Pharmacist is posted at the PHC. Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services on 24X7 basis.
c) Although the facility has all the equipments and infrastructure for conducing normal deliveries, but due to the non availability of staff, not a single delivery has been conducted at the facility.

d) The area is prone to motor vehicle accidents but there is no ambulance at the facility.
e) Shortage of most of the drugs is severely impacting the delivery of health care services.

H&WC Nera

a) One of the key challenges faced by the facility is that it does not have proper road connectivity. There is no ambulance in the area, which can be used in case of emergency.
b) Another issue is the shortage and irregular supply of drugs. During winter there is a huge increase in the number of patients complaining of fever, cough, cold and chest infections, but the facility has hardly any drugs for the treatment of these ailments.
c) Although the facility has been upgraded to H&WCs but it does not have adequate space for various services like store, lab, wellness activities, waiting area.
d) The facility is located at a distance of about 8 Kms from DH, therefore people generally prefer to visit DH even for minor ailments, ANC and child immunization. Therefore, the services at the H&WCs are not optimally utilized.

2. INTRODUCTION

Ministry of Health and Family Welfare, Government of India approves the state Programme Implementation Plans (PIPs) under National Health Mission (NHM) every year and the state PIP for year 2021-22 has been also approved. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalities and implement the road map provided in each of the sections of the approved PIP document. Though, States were implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to know how far these PIPs are implemented. However, from 2013-14, Ministry decided to continuously monitor the implementation of State PIP and has roped in Population Research Centres (PRCs) to undertake this monitoring exercise. During the last virtual meeting organised by the MoHFW in March 2021, it was decided that all the PRCs will continue to undertake qualitative monitoring of PIPs in country. During 2021-22, Ministry has identified 20 Districts for PIP monitoring in consultation with PRC in Jammu and Kashmir and Haryana. The staff of the PRC is visiting these districts in a phased manner. The present report presents findings of the monitoring exercise pertaining to Ramban District of Jammu and Kashmir.

2.1 Objectives

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

2.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in workshop organized by the Ministry at NIHFW on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2021-22, this PRC has been asked to cover 20 districts (15 in the Union Territory (UT) of Jammu and Kashmir and five districts of Haryana). The present study pertains to district Ramban. A schedule of visits was prepared by the PRC and two officials consisting of one Associate Professor and one Research Assistants visited Ramban District during 21-24 November, 2021 and collected information from the Office of Chief Medical Officer (CMO), District Hospital (DH) Ramban, CHC Batote, PHC Chanderkot and Health and Wellness Centre (HWC) Nera. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during our visit. A community interaction was also held at the PHC and HWC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

3. Profile of Union Territory of Jammu and Kashmir

After the bifurcation of the State of Jammu and Kashmir on 5th August, 2019 into two Union Territories (UTs), the UT of Jammu and Kashmir which is situated in the extreme north of India, occupies a position of strategic importance with its borders touching the neighbouring countries of Afghanistan, Pakistan, China and Tibet. The total geographical area of the UT is 42241 square kilometres and presently comprises of 20 districts in two divisions namely Jammu and Kashmir. According to 2011 Census, Jammu and Kashmir has a population of 12.30 million, accounting roughly for one percent of the total population of the country. The sex ratio of the population (number of females per 1,000 males) in the UT according to 2011 census was 872, which is much lower than for the country as a whole (940). Twenty- seven percent of the total population lives in urban areas which is almost the same as at the National level. Overall Scheduled Castes (SCs) account for 8 percent and Scheduled Tribe (ST) population accounts for 11 percent of the total population of the UT. As per 2011 census, the literacy rate among population age 7 and above was 69 percent as compared to 74 percent at the National level. The population density of Jammu and Kashmir is 56 persons per square kilometres. The crude birth rate of J&K is continuously declining and as per the latest estimates of Sample Registration System the UT has a CBR of 15.4 per thousand population, CDR of 4.9 and an IMR of 22 per thousand live births.

As per the recently concluded National Family Health Survey-5(NFHS-5) data, the UT has improved in most of the critical indicators related to health. The infant mortality rate (IMR) has come down to 16 as compared to 32 during National Family Health Survey-4 (NFHS-4). Similarly, there is a decline (as per NFHS-5) in under 5 mortality rate as compared to NFHS-4 results as it has come down to 19 from 38. Further the data shows that the neonatal mortality rate has come down to 10 as compared to 23 during NFHS-4.The use of any family planning method has also gone-up from57 percent (during NFHS-4) to 60 percent during NFHS-5. Similarly, the total unmet need for family planning in the UT has decreased from 12 percent to 8 percent. The percentage of institutional delivers has gone up to 92 percent from 86 percent as compared to NFHS-4 in the UT. Similarly, the percentage of fully immunized children has gone up to 86% during NFHS-5 as compared to 86 percent during NFHS-4.

3.1 Overview of the Ramban District

Ramban is one of the eight districts which came into being in the year 2007 and was carved out from the erstwhile Doda district. Ramban is located in the lap of Pir Panjal range of the mighty Himalayas along Chenab River on National Highway at about 150 km both from Jammu and Srinagar thus making it almost a central point on Jammu-Srinagar National Highway. The longest rail tunnel of the country (11.2 kms) is under construction in the district which after completion will provide rail connectivity between district Ramban and Kashmir valley. The district spans an area of 1,329 Sq. km and is headquartered at Ramban town. The district is 1,156 metres (3,792 feet) above sea level. It is located at Latitude -33.2, Longitude -75.2. The boundary lines of Ramban district encompass hill station Patnitop as its southern most point, Assar on its eastern edge, Banihal to the west, and Banihal to the north. Terrain of district Ramban is tough and hilly.

District Ramban shares its boundary with other districts like as Reasi, Udhampur, Doda, Anantnag and Kulgam.

According to the 2011 census the district has a population of 2, 83,713 souls which constitutes 2.4 percent of the total population of the UT of Jammu and Kashmir. Ninety six percent of the population of district lives in villages and agriculture is the mainstay of the majority of the people in the district. The ST population of the district constitutes 14 percent of the total population. Forty–six percent of the population in the district is still illiterate. The population growth rate is 32 percent and the sex ratio is 902 per thousand males which is much higher than the sex ratio of the State 883.

Table 1: Demographic Profile of District Ramban

Indicator	Remarks/ Observation
1. Total number of Districts	1
2. Total number of Blocks	4
3. Total number of Villages	127 Habitant and 2 inhabitant Total=129
4. Total Population	2.83,713 (2011 Census)
• Rural population	271902
• Urban population	11811
5. Literacy rate	54.27
6. Sex Ratio	902
7. Sex ratio at birth	973
8. Population Density	213
9. Estimated number of deliveries	5887
10. Estimated number of C-section	1012
11. Estimated numbers of live births	5780
12. Estimated number of eligible couples	52847
13. Estimated number of leprosy cases	1
14. Estimated No. of cataract surgeries to be conducted	20

NFHS-5 data of the district shows that the both overall sex ratio and sex ratio at birth in the district has declined between 2006 and 2020. The overall sex ratio has declined from 978 in 2016 to 915 in 2020. Similarly Sex Ratio at Birth (SRB) has declined from 1066 to 1022 during the same period. The NFHS-5 data further shows that there has been an improvement in most of the MCH indicators over the last five years as ANC check-up among the pregnant women in the first trimester has increased from 62 percent during NFHS-4 to 85 percent during NFHS-5 while as four ANC check-ups among the pregnant women has also increased from 83 percent to 93 percent during NFHS-5. Similarly, PNC care within two days after delivery by a health professional has also increased significantly as shown by the results of NFHS-5. There has been an increase in institutional deliveries during NFHS-5 and such deliveries have gone-up from 61 percent in 1996 to 80 percent during NFHS-5 and major chunk (84 percent) of these deliveries have taken place in public health facilities in the district. However, C-section births have increased

from 11 percent in 1996 to 17 percent in 2020.Use of modern methods of contraception in te district has doubled between 2016-2020 and currently 53 percent of couples are using a modern method of family planning and consequently, the unmet need for family planning has declined to 10 percent in 2020. Child vaccination has improved much during the last 5 years. Full immunization has improved from 57 percent in 2016 to 79 percent in 2020.

4. HEALTH INFRASTRUCTURE

The district consists of 4 medical blocks namely Banihal, Batote, Ukheral and Banihal. The district has 124 revenue villages and village health sanitation committees have been formed in all these villages. A total of 23 Rogi Kalyan Samitis (RKS) have also been formed in the district of which 19 committees are functioning at PHC level. The health services in the public sector are delivered through a network of 1 District Hospital, 3 CHCs, 31 PHCs and 85 SCs. Twenty three of the SCs and 17 PHCs have been upgraded to Health and Wellness Centres. Ramban district has also established one DEIC under RBSK, an AFHC and an SNCU at the DH. The district Hospital has a registered blood bank while as blood storage facility is not available at any CHC. Special New Born Care units are functional at DH Ramban. Apart from district NCD clinic, there is a NCD clinic at CHC Banihal. There are 3 facilities which provide comprehensive Abortion Care (CAC), of these 3 provide 1st trimester services and 2 provide both 1st and 2nd trimester abortion services. District Early Intervention Centre (DEIC) has been established at DH Ramban. There are 5 Tuberculosis Units in the district.

On an average a CHC covers 1.0 lakh population, a PHC serves about 8000 rural population and a Sub Centre covers 3000. Comparing these figures with the IPHS norms, district has adequate number of primary secondary and Tertiary health care facilities. But keeping in view the terrain topography of district, there is a need to establish few more PHCs and Sub Centres in the district particularly in Gool health block.

4.1 Up gradation of SCs/ PHC/U-PHC to HWCs.

The district is in the process to convert all the existing SCs and PHCs into Health and Wellness Centres. Till date the District has already converted 17 PHCs into H&WCs and 6 more are planned to be upgraded to H&WCs this year. Similarly of the 233 SCs, 85 have already been upgraded to H&WCs and 5 more are planned to be converted this year. Initially, one-two facilities from each medical block which had good infrastructure in terms of accommodation and other logistic support were prioritized for up gradation to H&WCs. In the second phase, those SCs were upgraded to H&WCs which were housed in Government buildings. Subsequently, SCs located in rented building which had Two ANMs in place and had some basic infrastructure available were planned for conversion into H&WCs. All the remaining SCs are being planned now to be converted into H&WCs in a phased manner. Continuum of care has not been kept in mind while upgrading the facilities into H&WCs.

Table 2: Health Infrastructure (as on 31-11-2021) of District Ramban		
Name of Facility	Sanctioned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	0	0
3. Community Health Centers (CHC)	3	3
4. Primary Health Centers (PHC)	32	31
5. Sub Centers (SC)	85	85
6. Urban Primary Health Centers (U-PHC)	0	0
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU)	1	1
9. Nutritional Rehabilitation Centres (NRC)	0	0
10. District Early intervention Center (DEIC)	1	1
11. First Referral Units (FRU)	2	2
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	2	0
14. No. of PHC converted to HWC	17	17
15. No. of U-PHC converted to HWC	0	0
16. Number of Sub Centre converted to HWC	35	23
17. Designated Microscopy Center (DMC)	0	0
18. Tuberculosis Units (TUs)	5	5
19. CBNAAT/TruNat Sites	1	1
20. Drug Resistant TB Centres	0	0
21. Functional Non-Communicable Diseases (NCD) clinic • At DH • At SDH • At CHC	 DH 1 CHC 1	 DH 1 CHC 1
22. Institutions providing Comprehensive Abortion Care (CAC) services • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services	 3 3 2	 3 3 2

5. DISTRICT HEALTH ACTION PLAN (DHAP)

The PIP is mainly prepared on the basis of previous year performance of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Various sources of data which include HMIS data, data from the district authorities, Family Welfare data, Census projections and other relevant sources are being taken into account to prepare the annual PIP for the district. Overall, a total of 5 percent increase is being made for the previous year indicators in terms of allocation for deliveries, JSSK, JSY and other relevant indicators. Preparation of Health Action Plan for the district involves all the stakeholders right from the SC level up to the district level functionaries as such action plan is sought by the district authorities from all the BMO/MSs of the district. The PIP is then submitted to the SHS for further discussions and approval. After approval

of the district PIP, the SHS prepares a State level PIP and submit the same to the Ministry. The district had prepared the PIP for the current year and was submitted to the Mission Director (MD) NHM of the UT. The district has also received the approved DHAP in June 2021, though; the 1st instalment of funds was released in May, 2021 to the district. Under DHAP, staff quarters at DH Ramban are being constructed for the last 2 years and given the slow pace of work, it will take 1 more year to complete it. Building for CHC Banihal, NTPHC Dardhai, SC Kunda, Pogal, Tatarsoo, Bhimdasa and Gagra have also not yet been handed over to the health department.

6. STATUS OF HUMAN RESOURCE

Appointment of human resource on regular basis is a centralized process and even a large number of districts don't have the idea about the sanctioned strength of various regular posts for the district and thus makes it difficult for the monitoring teams to ascertain the actual availability/deficiencies of regular human resource at various levels in the district. The details provided by the office of the CMO regarding the overall staff strength for regular staff in the district shows that 40 percent of the positions of various categories of staff are vacant. The district has a sanctioned strength of 38 Consultants and 80 Medical Officers and 14 Dental Surgeons but only 31 percent are in positions of Consultants, and 50 percent positions of Medical Officers and Dental Surgeons is are in place.

Table 3: Status of Regular Manpower in Ramban District, November, 2021

	Total		DH Ramban		CHC Batote		PHC Chanderkot	
	San	IP	San	IP	San	IP	San	IP
MS/BMO	5	5	1	1	1	1		
Physician	2	0	1	0	0	0		
Surgeon	5	1	1	1	1	0		
Gynecologist	5	3	2	2	0	0		
Anesthetist	6	2	2	1	1	1*		
Dental Surgeon	1	1	1	1	0	0		
Dermatologist	1	0	1	0	0	0		
ENT	1	0	1	0	0	0		
Ophthalmologist	2	0	1	0	0	0		
Pathologist	1	1	1	0	0	0		
Radiologist	4	0	1	0	1	0		
Pediatrician	2	0	0	0	0	0		
Orthopedic	5	3	2	1	1	*1		
MCH	3	1	1	1	1	0		
Medical Officers	80	39	6	8	6	2	2	1
Dental Surgeon	14	7	2	2	1	1		
Total Doctors	**132**	**58**	**24**	**18**	**12**	**3**	**2**	**1**
Staff Nurse	12	7	8	4	3	2		
Junior Nurse	29	16	11	7	4	1		
FMPHW	31	31					1	1
Pharmacist	87	72	9	3	5	2	1	1

Lab Technician	27	17	5	3	3	3		
X-ray Technician	15	12			3	3		
Dental Technician	24	19			2	2		

So far the position of Staff Nurses, Multipurpose Worker (MPW), Pharmacist, and various types of Technicians are concerned, the district has a total strength of 225 and out of these 174b (77 percent) are in position. Almost all positions of FMPHWs are in place, but almost 45 percent positions of Staff Nurses are vacant. Almost 20 percent positions of Pharmacist, X-ray Technician and Dental technician and 37 % positions of Lab Technicians are vacant.

Table 4: Status of NHM Manpower in Ramban, Nov, 2021

S.NO.	CATEGORY	Total		DH		CHC Batote		PHC Chanderkoot	
		Per	IP						
1	Gynecologist	3	0	1	0				
2	Anesthetist	0	0						
3	Child Specialist	3	0	1	0				
4	Other Specialists	1	0						
5	MBBS Doctors	22	6	4	1	2	0	0	0
6	ISM Doctors	14	14					0	0
7	ISM Dawasaz	9	9					0	0
8	MLHP	23	23					0	0
8	Staff Nurse	39	38	21	20	2	2	0	0
9	Lab. Tech.	14	14	3	3	2	2	0	0
10	O.T. Tech.	8	8	2	2	2	2	0	0
11	X-ray Tech.	8	8	2	2	2	2	0	0
12	FMPHW/ANMs	86	86	2	2	2	2	0	0
13	MMPHW	15	14					0	0
14	Manager	13	12						
15	DEO	11	11						
16	Other Programmes	69	63						
	Total	338	306	**34**	**30**	**12**	**10**	**0**	0

So far as the availability of NHM staff is concerned, information provided by the DPM shows that the district has a sanctioned strength of 338 positions of various categories. Of these 306 (91 percent) are already posted at various health institutions. The vacancies are generally in case of Specialists and MBBS doctors. Few positions of in other programmes are also vacant. Of the 13 positions in Programme Management Units, only 1 is vacant.

Thus by and large except for consultants and Medical Offices, the position of NHM staff is satisfactory in the district.

6.1 Availability of Human Resource at selected Health Facilities

District Hospital Ramban was upgraded to District Hospital in 2006 but it is still working with the staff strength of a Sub District Hospital. Recently, few new positions of HR have been sanctioned by the UT administration which includes specialists, para medical staff and office staff. The DH has presently a sanctioned strength of 15 B-Grade Specialists, but of these only 9 are in place. The sanctioned position of Medical Superintendent is in place. There is 1 Surgeon, Pathologist, 1 Ortho, 1 Anaesthesia, 2 Gynaecologists and 1 B Grade MCH posted in the hospital. Both the posts of Sr. Consultant medicine and surgery, Ortho, Pathology, anaesthetist, Gynaecology, and surgery are vacant.. The hospital does not have any specialist in Ophthalmology, Orthopaedics, Dermatology, ENT and Radiologist. However all the 6 positions of Medical Officers in DH are in place. The Trauma Centre has a sanctioned capacity of 8 Specialists and 23 paramedical staff but all are vacant.

The DH has a sanctioned strength of 69 paramedical staff and of these 43 positions (62%) are in position. These include 5 Laboratory Technicians, 4 Pharmacists, 3 X-ray technicians, 1 ophthalmic technician, 5 FMPHWs and 3 Dental Technicians. Of the 19 positions of Staff Nurses/GNMs, 10 are working in the hospital. Two doctors are EmoC trained and LSAS trained. Apart from ANC, PNC, immunization, family planning services, medicine, gynaecology, surgery, pathology, orthopaedics, and dentistry are provided in the hospital; however the general line duty doctors with master's degrees in radiology, ENT are providing specialized services in the fields of specialization. The non availability of the specialized services is badly affecting the delivery of health care services and most of the patients needing such services have either to visit a private clinic or have to obtain the services from tertiary care hospitals located in Srinagar/Jammu.

District hospital has a sanctioned strength of 54 positions under NHM other than DEIC staff and 52 positions are already working in the hospital. These include 1 position of Medical Officers, 25 positions of Junior/Staff Nurses, 1 ARSH Counsellor, 1 District Accounts Manager and 1 HMIS Data Entry Operator.

Under NHM, District Early Intervention Centre (DEIC) under RBSK has been established in the DH. DEIC has sanctioned staff strength of 14 positions and 9 are already in place. The position of Paediatrician, MO, Psychologist, Optometrist and Speech Therapist is vacant. The SNCU has also been established in DH Ra and 3 positions of FMPHW out of 5 are vacant.

The NCD Clinic is also functional at the DH and has all the permissible positions in and 1 Lab Technician, and DEO in place. Further, a mental Health unit under National Mental Health Programme (NMHP) has also been established in the DH and has all the permissible positions which include 1 JSN and 1 Physiologist. RNTCP lab has a position each of STLS and STS. The DH has also a DEO and an Adolescent Friendly Health Clinic (AFHC) Counsellor, Accounts Manager and an IYCF Counsellor in position.

CHC Batote has sanctioned strength of 13 doctors which include 1 BMO, 1 B Grade Surgeon, 1 Anaesthetist, 1 Ortho, 1 MCH, Radiologist, 1 Dental Surgeon and 6 Medical Officers. Of these sanctioned posts, 7 are in position. The post of Surgeon, Radiologist, MCH, and 3 positions of MBBS are vacant. Due to the non availability of Gynaecologists and Surgeon, the Anaesthetist is almost of no utility at the CHC presently. Of the 57 sanctioned positions of paramedical staff, only 28 (50 percent) are in place. The vacancies are in case of SN/GNM, LTs, X-ray Technician and Nursing Orderlies. The CHC does not have any doctor trained in EmoC or LSAS.

The details regarding the engagement of NHM staff at CHC Batote shows that all the 12 paramedical positions have been put in place at CHC, but the two positions of Medical Officers are vacant. The positions put in place are 2 LTs, 2 X-ray Technicians, 2 OT Technicians and 4 FMPHW/JSN. The post of Accounts Manager, BMEO and DEO are also in place.

PHC Chanderkot has been converted into a HWC and has 1 sanctioned position of MOs but the MO posted at PHC is currently attached with Covid-19 sampling at Nashri-Chennani Tunnel. The PHC is currently served by an FMPHW and Pharmacist.

Sub-Centre Nera has been converted into a HWC. Both the posts of FMPHWs are vacant. One MMPHW is posted at the H&WC. The post of Pharmacist is attached with DH Ramban for COVID-19 duty. Recently, 1 Mid-Level Health Personnel (MLHP), has also been posted at the Centre.

It was observed that a transparent policy of transfers and postings is not in place and there are pressures on transfers and postings from various quarters which have affected the proper functioning of various health institutions. The other issue that was observed in the field is “attachment” of various positions. This has also proved fatal in the health care delivery system.

6.2 Recruitment

Since recruitment of regular staff is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level. The positions of doctors are filled through State Public Service Commission and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB). Thus, district authorities do not have any role in the recruitment of regular staff and hence no information was found available with the district.

Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled by the office of the Mission Director (DM) at the central level while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Magistrate (DM) of the district. The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances. The information collected from the office of DPM shows that 51 positions were vacant during 2020-21 and 19 were filled up but during 2021-22, 31 positions are vacant and 23 are to be filled in by State and

8 are to be filled up by the District Health Society. The last appointment under NHM was made some three months back.

6.3 Trainings

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 and CMO office maintains information about the trainings imparted to its workers from time to time. The information provided by the CMO office informed that almost every year various training courses are held at the district headquarter approved under the PIP in which different categories of health personnel participate. Due to COVID-19, most of the proposed training courses could not be conducted during 2020-21. However, during 2021-22, 6 types of training courses for medical and para medical staff have been approved under ROP and out of these only three have been conducted so far. These are NSSK training of MOs, one day orientation of ASHAs/ANMs on Anaemia Mukht Bharat and Training cum review of HMIS and MCTS. During 2020-21 and 2021-22, main training programmes have generally been compromised and been compromised priority has been given to trainings related to COVOID-19.

7 STATUS OF SERVICE DELIVERY

7.1 Free drugs and diagnostics services

As per the information received from the CMO office, free drug policy has been implemented in the district at all health facilities. It was however found that free drugs are provided during ANC, and delivery. NCD patients also are provided diabetes and hypertension drugs free of cost. Patients who are very poor patients also receive drugs free of cost. Thus, free drugs are not provided free of cost to all. Medical Officers mentioned that the drugs supplied to DH and CHC are limited and meet only 40-50 percent of the available demand. The MO at the PHC and MLHP at H&WC reported that they are in a position to prove iron, ORS, TT and some diabetes and hypertensive drugs to the patients. While interacting with the patients at various health facilities, it was found that doctors generally prescribe branded drugs which are not available at the health facilities. It was also found that patients at PHC and SC had to arrange even for a syringe for having an injection.

Similarly diagnostic facilities are free only under JSSK and for BPL families. It was found that the rates for various diagnostic investigations have been fixed by the Government and are prominently displayed in the DH, CHC and PHCs. People in general have to pay for various investigations. Now the whole UT has been covered under Ayushman Bharat PM-JAY Scheme and all the Golden Card Holders admitted in the hospitals are provided free drugs and investigations.

7.2 Dialysis Services

The dialysis Centre with a bed capacity of 5 has been established at the Trauma Centre of DH Ramban in August, 2021. It has been provided with requisite infrastructure and manpower. There are 4 dialysis units in it. The centre has been equipped 4 HD machines,

two crash carts, monitors, portable ECG machine, refrigerator and other required material. The Centre has space constraint, as there is hardly any space for staff and store. Further, the Centre has only one washroom which is used by patients. One Medical Officer, 4 Staff Nurses have been posted under NHM in this Centre. Two posts of Dialysis Technicians are vacant. A total of 8 patients are availing the services from the Dialysis Centre and till date 106 dialysis sessions have been conducted since its inception. The services at the Dialysis Centre are free of cost for BPL families only. Other patients manage manages services free of cost through Golden Card Scheme of Ayushman Bharat. We interacted with 2 patients who are availing dialysis services from this Centre and both were highly satisfied with the services of this centre and particularly with the behaviour of staff posted at Dialysis Centre. The community members also mentioned that the Dialysis Unit has come as a huge relief to the patients and their relatives who had to travel to Jammu or Srinagar hospital for dialysis. The new unit at DH allows the patients to save time, energy and money and also they get timely dialysis services.

7.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

Like other districts of the State, RBSK has been launched in Ramban district in March 2014. There is sanctioned strength of 46 positions and 41 of them have already been put in place (Table 5). There are 8 RBSK (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 Medical Officers, Pharmacists and ANMs have been put in place. The district is in the process of establishing fully functional District Early Intervention Centre (DEIC) at the District Hospital. Besides other paramedical and management staff, it also has a post of 1 Paediatrician and 1 MBBS Medical Officer but both these positions are vacant. There is a post each of Staff Nurse, Physiotherapist, Social Worker, Tab Technician, Dental Technician, Optometrist, DEIC Manager and DEO and all these positions have been filled up. The posts of Audiologist, Psychologist, and Early Intervention cum Special Educator are vacant and these posts were advertised a number of times but no suitable applicants applied for these positions. Child health screening cards have also been prepared. Each RBSK Team has been provided a vehicle for visiting various schools and Anganwadi Centres (AWC) for screening of children.

Child health screening cards have also been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. Due to the COVID-19, during 2020-21 and 2021-22, schools and AWCs remained closed for most of the time and consequently, RBSK teams could not undertake screening of children in any of the schools or AWCs. However, they have been deployed on COVID duty and have played an important role in the vaccination of population. During COVID duty they have also screened 299 infants at delivery points during first 6 months of 2021-22. Further, RBSK vehicles have been vigorously used in COVID-19 related activities. CMO informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for COVID duty by the department since the outbreak. Community was not happy with the overall working of the RBSK since its beginning as not much has been delivered by the RBSK for the society.

Table 5: Status of RBSK Manpower in Ramban District December 2021.			
S.No	**Name of the Category**	**Sanctioned**	**IP**
1	Pediatrician	1	0
2	MO, MBBS	1	0
3	MO Dental	1	1
4	MO AYUSH	16	16
5	SN	1	1
6	Physiotherapist	1	1
7	Audiologist / Speech Therapist	1	0
8	Psychologist	1	0
9	Social Worker	1	1
10	Lab. Technician	1	1
11	Dental Technician	1	1
12	Optometrist	1	1
13	Pharmacists	8	8
14	ANMs	8	8
15	Early interventionist cum special educator	1	0
16	DEIC Manager	1	1
17	DEO	1	1
	Total	**46**	**41**

7.4 Mobile Medical Unit (MMU)

The State has procured 11 MMUs and some districts have been prioritized for putting in place these vehicles. One such MMU has also been provided to Ramban district. Manpower for this MMU has been engaged which includes 1 MBBS Doctor, 1 Jr. Pharmacist, 1 helper and a driver. The post of Lab Technician is vacant.

Schedule of visits has been developed keeping in view the topography and outbreak of epidemics. The Dy. CMO approves the movement plan of MMU. The MMU generally covers the remotest areas of the district. MMU offers general examination, family planning, ANC services and also help the RBSK teams in screening of children. During the last 6 months (April-September, 2021), the MMU Team has made about 72 trips and has visited 106 villages. Overall the MMU has examined 3600 patients during these 6 months. It has also provided ANC services to 56 women, and about 94 couples have been provided family planning services. As the lab technician is not available, therefore the MMU is not in a position to conduct lab investigations. On an average referral services have been provided to 7 patients per trip. Further MMU Team was also involved in the IEC activities pertaining to COVID 19 and also in the COVID vaccination. This shows that if used effectively MMU has a lot of potential to meet the health care demand of the district particularly in far flung areas.

The funds for POL and maintenance of the vehicle are limited and therefore its services remain under utilized. Further, due to the hilly terrain of the district and the road connectivity issues, the Vehicle is unable to reach the far flung areas of the district.

7.5 Referral Transport

The district has 4 ambulances with Basic Life Support (BLS) and 3 ambulances with Advanced Life Support and are operational 24 X7 basis. One each of these Vehicles is placed at DH and CHCs. These ambulances with BSL and ASL are fitted with GPS and handled through centralized call centre. Average calls received are 4 (2 for each) and a vehicle pays 2 trip a day. Average number of Kms travelled by these referral vehicles is 250.

The district has 26 vehicles under 108/102 on road and are GPS fitted and handled through centralized call centre. These vehicles are generally used for patient transport from various health facilities and for transportation of women under JSSK. On an average an ambulance makes two trips and covers a distance of almost 750 Kms per day. Due to shortage of vehicles and the difficulty terrain, these vehicles are fully utilized for transport referral and due to COVID-some of these vehicles are also used for movement of staff.

7.5.1 Key observation and challenges related to referral transport mechanism

Most areas of district are hilly, although, road connectivity is better but due to the limited number of ambulances, most of the villages are not served by the referral transport services. Ambulances are generally stationed at health facilities for referral of patients. Most of the patients needing a referral from a CHC or DH are provided an ambulance on payment of fuel charges. But, the facilities are not in a position to provide ambulances for transporting patients from home to facility due to shortage of ambulances. Therefore by and large people visit a health facility either through private transport or use public transport to reach a health facility. Although pregnant women under JSSK are supposed to call 108 for free transport to reach a health facility for delivery, but more than 90 percent manage their own transportation to reach a health facility mainly due to unreliable 102/108 service.

7.6 Special New-born Care Unit (SNCU)/New-born Stabilization Unit

The district has established 1 SNCU at DH, 3 NBSUs at CHC level (Banihal, Batote and Gool) and 5 NBCCs at PHC level. All these units have been provided requisite infrastructure. The SNCU at the district hospital Ramban has a capacity of 4 beds. There are 4 Phototherapy Units, 10 radiant warmers, 4 Step down care units, 2 Kangaroo Mother Care (KMC) units and Two Air Conditioners but 4 Radiant Warmers and ACS were not functional. It has sanctioned staff strength of 2 Medical Officers, 3 Staff Nurses and 1 Lab Technician. Except the post of 2 MOs, all other positions in SNCU are in place. One of the ANMs posted at SNCU has undergone NSSK training and the other has participated in both FBNC and NSSK training.

A total of 121 infants have been admitted in SNCU during 2021-22. Of these infants, 41 (33 Percent) have been referred to Jammu and 70 infants (58 percent) were discharged

after check up. Matching this information with the last year's performance, the referral of neonates from District Hospital Ramban to Jammu/Srinagar has not declined even after the establishment of the SNCU in the district. Five infant deaths have been recorded in the SNCU during 2021-22. This shows that all complicated and high risk cases are immediately referred to Jammu. SNCU has been provided computers and data of SNCU is uploaded online.

There are 4 NBSU in the district. All are equipped with the required equipments and staff. Of the 4 NBSUs, only NBSU Banihal has optimal work load. A total of 158 admissions (91 inborn and 67 out born) have been reported in the NBSUs, of these 55 (35%) were discharged and 65% were referred to SNCU Ramban and other tertiary care facilities. Referral rate is higher in case of inborn (68%) than in case of out born (61). NBSU at CHC Batote has been a non-starter due to very few births taking place at the CHC. The NBCC at PHC Chanderkot PHC is also non-functional. The district doesn't have any sanctioned Nutrition Rehabilitation Centre (NRC) and therefore, have no such admissions or referrals in this regard.

7.7 Home-Based New-born Care (HBNC)

District Ramban has a requirement of 452 ASHAs and currently 424 ASHAs are working in the district. 280 ASHAs have been provided HBNC kits. It was reported that these HBNC kits were partially filled as some of the items from these kits have become non functional. During the current financial year (April-September, 2021 31st 2021) a total of 712 newborns have been visited by the ASHAs under HBNC. Presently all the ASHAs have been involved with the vaccination drive for Covid-19 which has severely affected the working of HBNC and other related service being provided by the ASHAs. District ASHA Coordinator and ASHA facilitators were also contacted during the PIP visit and various issues related to BNC were discussed with them. On the basis of the feedback from the ASHA Coordinators and community, it was felt that ASHA are not fully trained to conduct HBNC visits, identify the childhood diseases and fill up the forms. They need further orientation and continuous monitoring and supervision to improve their working.

7.8 Maternal and Infant Death Review

Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started but is still poor. During the first two quarters of 2021-22, no maternal deaths were reported and reviewed. Four infant deaths have been reported in the district but none were reviewed. This indicates that reporting and their review is very poor in the district.

7.9 Peer Education (PE) Programme

Peer Education Programme has been implemented in 4 blocks of the district and 127 villages are being covered under it. A total of 636 PEs have been selected but due to COVID no activities could be undertaken in this area.

7.10. Reproductive Health Services

ANC services are available at all health facilities in the district and each facility registers women belonging to its catchment area. This has reduced the ANC load of DH and CHCs. Facility of ANC registration, ANC checkups, measurement of height, weight, BP and HB, is available at all SCs and PHCs. Delivery facilities are available at 2 PHCs, all CHCs, District Hospital. Three CHCs are conducting more than 20 deliveries per month and DH is conducting more than 50 deliveries per month. C-section facility is available at DH only. Ultrasound is available at DH, 3 CHCs and 6 private facilities. All the 6 private USG clinics are registered under PCPNDT act. PMSMA activities are performed at 10 health facilities, which include DH, 3 CHCs and 6 PHCs to ensure comprehensive and quality checkups to pregnant women on 9^{th} of every month.

More and more women are now utilizing maternal and child health services. Almost, 85% of pregnant women are registered for ANC services in the first trimester and of these 79% have visited a health facility 4 or more times for ANC visits. Almost 93% have received TT but IFA has been received by only 15 percent women. Institutional deliveries in the district are rising and currently 80 percent of births are delivered in a health facility. Public health facilities account for about 80 percent of institutional deliveries. The number of C-section deliveries is also increasing and at present almost 17 percent of the births are delivered through c-section.

JSY payments are disbursed at the block level. The JSY incentive is directly transferred into the bank accounts of beneficiaries and ASHAs. Information collected from the office of CMOs shows that due to the delays in release of funds, they are not in a position to pay incentive soon after delivery. Normally, there is a delay of 2-3 months in the payment of JSY incentive to women. JSY incentive has been transferred into the accounts of 75 percent of women during 2021-22. So far as the ASHAs are concerned assured amount of Rs. 2000 has been paid to all the ASHAs till September, 2021. But their other incentive have not yet been paid to them. As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery. But, our interaction with the women who were present at the DH or CHC Batote (maternity wards, post-operative wards, labour rooms, OPD, and relatives of these patients), revealed that women do not had not to pay for medicines. But free diet was provided partially. Only referral transport was made available to the women. Women have managed their own transport for reaching a health facility at the time of delivery and for reaching home after the delivery.

The WHO's "Recommendation on Respectful Maternity Care" ensures freedom from harm and mistreatment and enables informed choice and continuous support during labour and childbirth. The Government of India has adapted RMC under LaQshya to provide dignified care to pregnant women while in the health facility. During our visit to the selected health facilities, it was reported by all the women that they were treated with dignity and privacy was ensured at various levels and none of the women complained about any problem/deviation with regard to RMC.

Comprehensive abortion care (CAC) is an integral component of maternal health interventions as part of the NHM. Abortion is a cross cutting issue requiring interface with not just girls and women but across all age groups. Comprehensive post-abortion care aims to reduce deaths and injury from either incomplete or unsafe abortion by: evacuating the uterus; treating infection; addressing physical, psychological and family planning needs; and referring to other sexual health services as appropriate. It was however found that CAC services are provided in the district at DH Ramban and CHC Banihal. CAC services are not available at any other CHC or PH due to non availability of staff.

7.11 Immunization

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH, CHC, and PHC only. Very few SC-HWCs in the district also provide BCG doses of immunization to infants. In district there is practice that as long as the health facility (where the BCG is administered) does not get the requisite number of children on a particular day and they do not open the BCG vial and instead ask their parents to wait for the next time till they get the requisite number of infants. This practice is followed at all levels including the DH and CHC. Outreach sessions are conducted to net in drop-out cases/left out cases. District Immunization Officer is in place in the district and is looking after the immunization. Most of the SCs in the district have 2nd MPW/ANMs in place. Micro plans for institutional immunization services are prepared at sub centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for the preparing micro plans. Almost 78% of children age 12-23 months fully vaccinated, and 93% of children age 12-23 months have received BCG, 80% of children age 12-23 months have received 3 doses of polio vaccine and 87% children age 12-23 months have received 3 doses of pentavalent and children age 12-23 months have received 3 doses of rotavirus vaccine. Almost 98% of children have received most of their vaccinations in a public health facility.

Cold Chain Mechanics for the maintenance of Cold Chain Machine and paramedic trained in Cold Chain Handling is in place in the district. VHNDs, outreach sessions are used to improve Pantavelent-1 Booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. AEFI committees and Rapid Response Team has been formed in the district. The information collected from the selected health facilities shows that all the health facilities including SCs have hub cutters while as vaccine is not usually stored at SCs. Awareness among the ANMs about the immunization schedule and vial open policy was found satisfactory both at SC and PHC level HWCs.

During our visit to DH and CHC, it was observed that the practice of early initiation of breastfeed (with 1st hour of delivery) is followed at both the places for normal deliveries but such practice was not followed for C-section deliveries and it was observed that few women had resorted to bottle-feed at these health facilities also.

7.12 Family Planning

Facilities for sterilization, mini lap, Post Partum Sterilization IUD and PPIUD are available at DH. These services are generally provided on designated days. NSV are not available in the DH. CH Batote only provides IUD, condom, oral pills and injections. Spacing methods

of family planning (Oral Pills and condom are available at PHC Chanderkot and H&WC Nera. IUD services are not available at H&WC Nera..

Sterilization camps are generally organized on the eve of World Population Day to provide various types of family planning services. However during 2020-21, no such camps have been organized in the district. A total of 3 Laproscopic Sterilizations have been performed in the district during the last month (November). No PP sterilization has been performed during the last two months. Quality Assurance Cells (QAC) for monitoring of family planning activities have been constituted at district level. During the last three months meeting of the committee has not taken place

IUCD 380A services are available at DH, CHCs and few PHCs in Ramban block. None of the SCs provides IUCD services in the district. PPIUCD services been introduced at all CHCs. But information regarding the number of IUCDs and PPIUDs was not made available to the monitoring team.

Condoms and Oral Pills (OPs) were available in all the 4 facilities visited by us. Weekly Oral Pills and Emergency Contraceptive Pills (ECP) are also available at these facilities. ASHAs have been given the responsibility of delivering contraceptives at the homes of beneficiaries in the district. The information regarding various methods of family planning is also provided through VHND sessions at the SC level. Further ARSH clinics also provide information about condoms and OPs. It was found that proper attention is not paid by the health facilities to maintain information about various methods of family planning. Family Planning seems to be an ignored area even during monthly review meetings. Family Planning Logistic Management and Information System (FPLMIS) has been integrated with the HMIS Portal in the district besides, the family welfare department of the UT.

7.13 Adolescent Friendly Health Clinic (AFHC)

ARSH clinic at DH Ramban has been established and 1 ARSH Counsellor and 1 Data Entry Operator is posted in both these. Space for ARSH clinic at DH is inadequate. ARSH counsellor provides ARSH related services and also provides information about various contraceptive methods. Oral pills, condoms, sanitary napkins are distributed through ARSH clinic. Weekly Iron Folic Strips are not available in the ARSH clinic, although ARSH clinics have a lot of potential to distribute it among adolescents. There is no system of follow up of the adolescents attending the clinic. Due to COVID-19, AFHS staff is involved in COVID related activities. This has made the AFHS scheme almost non functional currently.

8. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Ramban district has a requirement of 452 ASHAs as per the population of the district and out of these, 424 (94%) ASHAs are currently working in the district. None of the ASHA covers 1500 or more population for rural and 3000 or more population in urban areas. The information further revels that there is no village/slum without an ASHA in the district.

A sizable number of ASHAs have been brought under various social benefit schemes in the district. Overall, a total of 401 (95 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and all the 424 ASHAs have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 398 (94 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) in the district. None of the ASHA Facilitators have yet been covered under any of these schemes.

Since the district has a very limited urban/slum population and NUHM has not been extended to the district and thus no MAS have been formed in the district. On the other hand, 124 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and all the members of the VHSNCs have been trained.

Though health officials maintained that they have put in place a mechanism to monitor performance of ASHAs and have also identified non/under-performing ASHAs, but none of the ASHAs has been disengaged from the system. Therefore, monitoring of ASHAs and identification of non-performing ASHAs raises some important questions regarding the functioning of the whole institution of ASHAs and the credibility of this monitoring mechanism.

9. SERVICE AVAILABILITY AS PERCEIVED BY COMMUNITY

9.1 Lifestyle and living conditions

Ramban is a rural district. More than 95 percent if the population lives in rural areas. Large majority of the population is dependent on agriculture. The living conditions and the overall infrastructure has improved much during the last few years. People are well aware about various health programmes. Almost 70 percent of the households have registered under Ayushman Bharat. The major health issues as perceived by the community are: Diabetes, hypertension, Thyroid disorders and water borne diseases and viral infections.

9.2 Awareness about the services available and accessibility

The local people are generally well aware about the location of health facilities and the services available there. The most commonly services availed are Child immunization, Antenatal care, delivery care, dental care, treatment of hypertension, diabetes, diahorrea, cataract, IPD services, and treatment of minor diseases. The services are available irrespective of economic status. However, the community perceives shortage of doctors at the DH, CHCs and PHCs as the main key challenge in accessing health care at the public health facilities. The district is completely hilly and households are scattered over mountains, without road connectivity, therefore topography and non availability of roads and transportation is another impediment in accessing health care.,

9.3 Availability of HR and behaviour of staff

Interactions with the community leaders reveal that health facilities in the district particularly both DH and CHCs have acute shortage of doctors. Specialized services in the DH and CHCs are not available. Due to the roster system in DH and CHCs, all doctors posted at a facility are not available for consultation on all working. During off days and

morning and evening hours they generally indulge in private practice and reach office late. They mentioned that Ramban is a hilly district and fatal road accidents are a common affair, but the Trauma hospital and CHCs do not have required staff and facilities to attend and save accident patients and such patients are generally referred to Jammu, and thereby precious lives are lost in transit. Similarly, due to the non availability of Gynaecologist at CHC Batote, women prefer to deliver at private health facilities or visit a public health facility of some adjacent district. It was also reported by the community members that most of the health facilities including the DH wear a deserted look after 4 PM, as only emergency is open and those needing services after 4 PM are generally referred to Udhampur or Srinagar. The public is generally satisfied with the behaviour of the staff. But due to heavy work load at the OPD, they do not give enough time to patients.

9.4 ASHAs visits to the households for consultation/ services

ASHA are visiting the households particularly those households which have young infants and pregnant women. They motivate the women for ANC and child immunization. They also visit the infants for home based new born care. The provide information about and also are involved immunization, breastfeeding, nutrition, contraception. They also collect information from adult men and women about non communicable diseases and accompany them for screening for diabetes and hypertension. However, it was also reported by the community members that their household visits have declined after the emergence of COVID-19.

9.5 Health seeking behaviour and utilisation of services

People generally use public health facilitates in case they are sick. Utilization of antenatal care services is very high. More than 96 percent of the pregnant women receive antenatal services from a public health care facilities. ASHAs play an important role in educating women about the importance of ANC. Women generally receive TT, IFA and anaemia testing facility from SCs and PHCs. Apart from utilizing ultrasound facility from a public health facility, women also visit a private facility for a final sonography. Immunization facilities are available at all public health facilities and almost all the children receive various doses of immunization from a public health facility in Ramban. So far as childhood diseases are concerned, people generally visit a private service provider for consultation.

NCD clinics have been established at DH and CHCs. Facility for the screening of hypertension and Diabetes is now available at all PHCs and H&WCs. However, screening of oral cancers, breast cancer is in infancy as the staff posted at the H&WCs is not yet fully trained to screen patients for these cancers. Overall, people prefer to seek treatment for NCDs from private health care providers.

Waterborne diseases like diahorrea, dysentery and viral diseases like fever, cold cough are more common in Ramban also. The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Team (RRT) has been constituted under the supervision of District Health Officer (DHO) in the district. Our interaction with the community members revealed that have been no major outbreaks in

the district during the current and previous financial year in the district. In case people have diahorrea or common colds, they generally visit a public health facility for treatment.

9.6 Key challenges pertaining to utilization of health services from public facilities

As per the community perception, shortage of doctors is a major challenge in the district and particularly during night. Trauma Centre is almost non functional due to non availability of staff. Overcrowding of DH and CHCs and non availability of drugs is another issue. Due to the non availability of a Gynaecologist at CHC Batote, women are forced to utilize the services from private facilities. The district has terrain topography, and road connectivity is a big issue but ambulance service is inadequate. Further the National high way from Banihal to Chanderkot remains jammed causing delays in accessing health care facilities.

9.7 Suggestive changes in the current programme to address any persisting

challenge observed during the visit in the community. C-section deliveries are rising and there is a need to introduce counselling on the benefits of vaginal delivery. Further necessary steps need to be taken to reduce the c-section in the DH and SDH Ramban. Non communicable diseases are rising; therefore adequate drugs need to be made available as per the requirement.

10. SERVICE AVAILABILITY AT THE PUBLIC FACILITIES

10.1 Sub Centres/ HWCs

10.1.1 Availability of Services

Sub Centre Nera has been converted into H&WC. It covers a population of 1748 persons and covers three villages. Three ASHAs are attached with this facility. The H&WCs is housed in government building and located at a distance of 13 Kms from PHC Chanderkot and some 8 Kms from DH Ramban. The centre is housed in a single story government building having three rooms. Branding of the facility as per H&WCs guidelines has been done. Bath rooms are partly functional. The facility does not have a proper approach road and the building is non-fenced.

All services as per IPHS are not available at the facility. Facility of ANC registration, ANC checkups, measurement of height, weight, BP, anemia is available the entre. TT and IFA is also provided to women. Among post natal services counseling on diet and breast feeding is provided. Child immunization facility is also available at the SC. Apart from counseling on birth spacing/limiting, temporary methods of contraception services like condom; oral pills are available at the facility. Treatment of minor ailments like cough and cold, fever, diahorrea, worm infestation and first aid is also available at the facility. The facility also helps in the control of local epidemics, diahorrea, dysentery, jaundice. VHND camps are organized at the facility. The facility also promotes condoms for controlling AIDS. Recently H&WC has started screening of adult population for diabetes and hypertension. This facility is also providing teleconsultation services to the needy patients. It is not functioning as a delivery point. MPW/ANM has given a tablet recently to upload the data of various schemes of NHM on regular basis. The ANM has received training on ANMOL and the RCH data is being updated on the tablet.

10.1.2 Availability of drugs and diagnostics

As per the Essential Drug List, H&WCs should have 23 drugs available Updated EDL was not found displayed at the facility.. It was found that most of the EDL drugs were available at the H&WC on the day of our visit. Although the facility had experienced shortage of iron, calcium, PCM few antibiotics drugs but the facility managed these drugs from the untied funds. The drugs available at the facility for management of NCDs are Metformin, Amlodipine and Glimpride. Diabetic drugs and combination of diabetic and hypertension drugs are also not available. Testing kits for checking haemoglobin, pregnancy status and blood sugar have been provided to the HWC in sufficient numbers. Thermometer and BP apparatus were also found at the HWC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc.

10.1.3 Whether services are optimally utilised, average workload of staff

Looking at the utilization of services from the H&WC, it was found that services are not optimally utilized. Although a MLHP and two FMPHWs are working at the centre, but on an average less than 15 persons visit the facility for treatment of minor ailments. The populace generally prefers to visit secondary or tertiary care health facilities where at least a MBBS doctor is available. However, immunization services and to some extent ANC services are fully utilized at the SC. On average in a month, the facility provides various ANC services to 16 women and immunization to 14 children. Very few women visit for contraception services. NCD screening is taking place at the facility Of the 68 persons age 30 and above who have been screened, 6 have been detected with hypertension and 4 persons have been detected with diabetes. The records pertaining to delivery of services are properly documented.

10.1.4 Key challenges observed in the facility and the root cause

a) One of the key challenges faced by the facility is that it does not have proper road connectivity. There is no ambulance in the area, which can be used in case of emergency.
b) Another issue is the shortage and irregular supply of drugs. During winter there is a huge increase in the number of patients complaining of fever, cough, cold and chest infections, but the facility has hardly any drugs for the treatment of these ailments.
c) Although the facility has been upgraded to H&WCs but it does not have adequate space for various services like store, lab, wellness activities, waiting area.
d) The facility is located at a distance of about 8 Kms from DH, therefore people generally prefer to visit DH even for minor ailments, ANC and child immunization. Therefore, the services at the H&WCs are not optimally utilized.

10.2 Primary Health Centre Chanderkot

PHC Chanderkot is a New Type PHC, which has been upgraded to a H&WC. It covers a population of about 4000. Five Sub Centres are attached with this PHC. The PHC has a good building consisting of 3 rooms only. Therefore, PHC has acute shortage of space for OPD services, IPD, lab, Pharmacy, store, LR, OT, delivery room etc. Due to shortage of space, the PHC has only 5 beds to accommodate. The PHC also has acute shortage of staff

and only 1 MBBS doctor, 1 FMPHW and 1 Pharmacist is posted at the PHC. The PHC has not initiated the process for Kayaklap or NQAS assessment

10.2.1 Availability of Services

Most of the services as per IPHS standards are not available at the PHC. The services available at the PHC are medical and essential OPD services like treatment for minor ailments, screening and treatment of hypertension and diabetes, antenatal care, immunization, spacing methods of family planning, counselling services for ANC. Periodic Health checkups and health education activities, awareness generation and Co-curricular activities are also undertaken at the PHC. Day care IPD services are available at the PHC but very few patients have been admitted in the facility during the last three months. Although a delivery room with a delivery table is available at PHC-HWC Chanderkot and one MO and FMPHW is trained available at the facility, but during the last three months no delivery has taken place at the PHC. NBCC at PHC Chanderkot is available but hardly any delivery has taken place at the PHC and therefore it is not currently in use.

10.2.2 Availability of drugs and diagnostics

Essential Drug List is displayed at the facility which shows that a PHC should have 23 drugs available. But it was found that out of these 23 drugs, PHC had only 15 drugs available on the day of our visit. Calcium tablets, paracetomol, pantop, cough syrup, ciprofloxaine and some other consumables were not available at the PHC. The facility also had shortage of syringes and intravenous drip sets. NCD drugs in adequate quqntity are available at the facility. However, an interaction with the patients revealed that hospital is in a position to meet only 40 percent of the demand of drugs and other consumables.

There is no laboratory or a post of Lab Technician at the PHC. However, facility for testing of HB, blood sugar and blood pressure is available at the PHC. X-ray services are also not available. These services are generally for ANC women and NCD screening. PHC has dire need of a fully equipped laboratory and a X-ray plant.

10.2.3 Whether services are optimally utilised, average workload of staff

Although limited staff and facilities are available at the PHC, but there is a MBBS doctor posted at the PHC. Most of the patients from the PHC area generally visit the PHC for consultation. Therefore OPD services are optimally utilized at the facility. ANC, immunization and family planning services are also optimally utilized. Although, the PHC does not have a laboratory and there is no LT, but still 176 lab investigations have been performed at the facility. Family planning services particularly condom and oral pills are also optimally distributed at the PHC. Day care IPD services are underutilized.

10.2.4 Key Challenge

a) The PHC has acute shortage of space for OPD services, IPD, lab, Pharmacy, store, LR, OT, delivery room etc. Due to shortage of space, the PHC has only 5 beds to accommodate.

b) The PHC also has acute shortage of staff and only 1 MBBS doctor, 1 FMPHW and 1 Pharmacist is posted at the PHC. Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services on 24X7 basis.
c) Although the facility has all the equipments and infrastructure for conducing normal deliveries, but due to the non availability of staff, not a single delivery has been conducted at the facility.
d) The area is prone to motor vehicle accidents but there is no ambulance at the facility.
e) Shortage of most of the drugs is severely impacting the delivery of health care services.

10.3 Community Health Centre (CHC) Batote

CHC Batote is situated at a distance of 28 Kms from District Hospital Handwara. The total population of the catchment area is around 120000. CHC Batote is located in an old building but the physical condition of the building is good. The building is not disabled friendly as there is no ramp. The functional inpatient bed capacity of the CHC is 20 beds with separate beds for males and females. The hospital is getting 24X7 electricity and water supply. The general cleanliness of the wards and IPD was satisfactory but wash rooms were untidy. 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. Colour coded waste bins (blue and yellow) are available in each section of the CHC for waste segregation. The CHC has out-sourced disposal of biomedical waste to a private agency which is collected on alternate days.

10.3.1 Availability of Services

Very few services as per IPHS standards for CHC are available at the CHC. Apart for emergency, ANC, child immunization and family planning (Spacing) services, the CHC provides services for general medicine, obstetric and gynecology, NCD, ophthalmic and dental services. Labour room is available but very few deliveries (less than 20 in a month) take place at the facility. NBSU is almost defunct. Blood Storage Facility is not available. The hospital doesn't provide any teleconsultation services to the patients.

NCD clinic has not been established at the CHC but the patients are screened for diabetes and hypertension during routine medical consultation. CHC is also participating in various national health programmes like HIV/AIDS, control of water borne diseases, jaundice, control of blindness, elimination of Tuberculosis, leprosy, RBSK, PMJA, PMSMA etc.

10.3.2 Availability of drugs and diagnostics

CHC Batote is providing various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, X-Ray, VDRL, LFT and KFT. RPR, T3, T4 testing facility, culture sensitivity, histopathology and USG facility is not available at CHC. ANC cases requiring these tests have to obtain these services from the private diagnostic facilities. Most of the necessary equipment for OTs, Labs, labour room and other sections are available in the CHC. However from surgical side, there is a need for a new general instrument set, OT Table and Suction apparatus. The hospital also needs a new Dental chair. The CHC needs a Bio Chemistry Analyser, Bilurubin Meter and Elisa Reader. It was

also found that CHC have adequate supplies of reagents and consumables in the laboratory.

Essential Drug List was displayed in the store and at the entrance also. Management of the inventory of drugs is manual. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. Family planning items like condoms, OCPs and EC pills and IUDs are also available at CHC. The CHC has no mechanism in place for online consultation for patients.

10.3.3 Service Utilization

Very few services are available at the CHC. The services at the CHC are optimally utilized keeping in view the staff available at the CHC. ANC, immunization, laboratory services, distribution of contraceptive services are optimally utilized. NCD services are also optimally utilized. The services which are not optimally utilized are delivery services, post natal care, OPD and IPD and NBSU services mainly due to shortage of staff.

10.3.4 Key challenges observed in the facility and the root cause

a. The main challenge is the non-functioning of Gynaecology unit and Operation Theatre as both the posts of Surgeon and Gynaecologists are vacant at the CHC. Although an Anaesthesiologist is posted at the CHC, but his posting has no meaning with the availability of a Surgeon and Gynaecologist.
b. The area is prone to accidents and an Ortho was sanctioned at the CJC, but he has been attached with DH Udhampur. This is severely affecting the delivery of health care services at CHC Batote. Further, due to the non availability Critical ambulance, CHC finds it difficult to transport critical cases to Jammu.
c. There is no Jan Aushadhya Store at CHC, therefore in case of shortage of drugs and consumables, CHC is compelled to procure drugs and consumables from open market.
d. The hospital is not properly fenced and therefore posing a security threat to the hospital and its infrastructure.
e. The hospital does not have a proper space as no new building has been constructed/upgraded after the PHC was upgraded to CHC.
f. Due to the limited staff at CHC, very few services are available at CHC. NCD clinic is not available and NCD screening is part of the routine OPD.
g. Due to the non availability of staff, space, CHC has not progressed in terms of Laqsha certification

10.4 District istrict Hospital Ramban

District Hospital Ramban is situated on the Srinagar-Jammu National Highway at Ramban at a distance of about 140 Kilometres both from Srinagar and Jammu. The hospital is accessible from the main road through a narrow road. Both the sides of this road are usually occupied by the shopkeepers making passage of even the ambulances very difficult. The hospital is functioning in a new building, which has been constructed a few years back. The total bed capacity of the hospital at present is 60 which is insufficient

keeping in view the population of the district and its proximity to national highway and the topography which is prone to fatal road accidents. Due to the inadequate number of beds, sometimes a bed is shared by more than one patient. Besides a small maternity ward, the hospital has separate general wards for male and female patients. There are no residential quarters for the medical and paramedical staff working in the DH. However, a residential quarter's complex is under construction for the last three years hospital. Normal power supply is irregular and erratic; however backup in the form of generator is available for various sections of the hospital. A solar power plant has also been installed at the DH, but it is currently non functional. Although, the climate of Ramban is very cold during winter but the new hospital complex is not centrally heated adding to the miseries of the patients in general and IPD patients in particular. Water is available in the wards, labour room, OTs, and labs. Toilet facilities in the hospital complex and in the IPD particularly for female visitors/patients are inadequate. Water in the toilets is available but they were not clean. Citizen's charter, timings of the facility, list of services available at the facility is properly displayed. Complaint box for registration of complaints and grievances is available in the hospital. The premise of the hospital area is partially fenced.

10.4.1 Availability of Services

This hospital provides round the clock emergency services in case of trauma, gynaecology, medicine, minor surgery, orthopaedics and Ophthalmology. Dialysis Centre has also been established at the DH and has started providing dialysis services. C-section delivery facility is available during day time only. Services like dental, radiology, major surgeries, abortion, RTI/STI services are generally provided through its OPD and IPD during day time; however, in case of emergencies doctors posted in the hospital on call are available during night hours. The hospital presently does not have the manpower to provide services in the areas of cardiology, paediatrics, dermatology, ENT and major surgeries. Blood Bank facility is available at the DH and currently 12 points of blood are available at the BB. Laparoscopy and Minilap facilities are available. Facilities for insertion of IUD/PPIUCDs are available at DH. ANC and immunization services are also available at the DH. As the district Ramban is prone to serious motor vehicle accidents, therefore a trauma hospital was established at the DH but due to the non availability of staff it is not functional. ARSH services are available during day time only. There is a functional SNCU in the hospital which is co- located with the labour room and is equipped with required equipments. The district hospital also has a Registered Blood Bank and except for the post of Blood Bank Officer all other positions in Blood Bank are in place. Currently, a general Medical Officer from the regular side is looking after the working of BB.

10.4.2 Availability of drugs and diagnostics

All drugs in the EDL list of DH are not available in the DH. Calcium, Inj. Adrenaline, Inj. Ceftriaxone, IV PCM, iron folic tablets, calcium tablets, vitamin D and drip set, iron sucrose injection are not available at DH. It was mentioned by the MS of DH that they are in a position to provide 70 percent of the prescribed drugs free of cost to the OPD patients and almost 80 percent of drugs to IPD patients without a Golden Card. Further, IPD patients having Golden Cards are getting almost all drugs free of cost. But our interaction with the OPD and IPD patients revealed that 60 percent of the drugs prescribed to OPD

patients purchased by tem from the market. Similarly 40 percent to IPD patients who do not have a golden card had purchased medicines from market. There are two reasons for this. Most of drugs available at DH are generic but doctors generally do not prescribe generic drugs, instead they prescribe branded drugs, therefore, patients are compelled to purchase the drugs from the open market. Secondly, the supply of drugs is not demand driven and therefore hospital is not in a position to provide free drugs to all. However, DH provides all drugs and consumables free of charge in case of JSSK. EDL was found available in the DH but updated availability of drugs is not displayed in the OPD, OT and labour room. Computers have been provided but computerized inventory management of drugs is not yet in place.

Medical Superintendent mentioned that almost all the essential equipments/instruments and other laboratory equipment required in the OPD, OT, labour room, SNCU, dialysis unit and laboratory are available and functional. The DH is providing various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, testing for malaria, TB, HIV, X-Ray, ECG, VDRL, LFT, and KFT. Thyroid testing facility, culture sensitivity and histopathology is not available at DH. ANC cases requiring thyroid testing have to obtain these services from the private diagnostic facilities. CT scan and endoscopy and USG facility is available at the DH. The hospital has not entered into any private public partnership for diagnostic purposes. The diagnostic services are free in case of JSSK and other patients have to pay as per the user charges fixed by the Government.

10.4.3 Whether services are optimally utilised, average workload of staff

The services available at DH Ramban are optimally utilized. Despite COVID-19, DH witnesses a huge rush of patients every day. More than 60,000 patients have visited the OPDs of DH during 2020-21. A total of 4500 admissions have been made in the IPD of DH during the last 8 months. Around 1200 institutional deliveries have been reported at the DH during the last 8 months. Of these 123 deliveries were reported in November, 2021. C-section deliveries account for about 28 percent of the deliveries. Information collected from the Laboratory shows that a total of 56835 lab investigations were performed during the last 8 months.

10.4.4 Key challenges observed in the facility and the root cause

a. The District Hospital currently has space constraint. The hospital is located in the middle of town, traffic jams are the order of the day, making it time consuming for the patients to reach hospital for availing the services.
b. Trauma Hospital was established in the DH but is without doctors.
c. Shortage of specialist doctors particularly cardiology, dermatology, radiology and Neurology is impacting the service delivery.
d. Shortage of drugs and prescription of non-generic drugs raises questions about the efficacy of free drug policy of the government.
e. The Mobile Medical Unit provided to Ramban is not suitable for terrain topography of Ramban district. It is not able to move on hilly and narrow roads particularly in

remote villages. There is a need to replace the MMU in accordance with the topography of the region and nature of roads.

11 COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (HWCs) would be created by transforming existing Sub Health Centres and Primary Health Centres to deliver Comprehensive Primary Health Care (CPHC) and declared this as one of the two components of Ayushman Bharat. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. For primary health care to be comprehensive, it needs to span preventive, promotive, curative, rehabilitative and palliative aspects of care. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. In this background all the 17 PHCs and 23 SHCs out of 35 SHSc have been converted into HWCs. MLHPs have been posted at all 23 upgraded SC-H&WCs. ASHAs in all the H&WCs have initiated the filling up of Community Based Assessment Check Lists (CBAC). NCD drugs are generally available at most of the health facilities.

11.1 Universal Health Screening (UHS)

The district has started universal health screening under different components of NHM. Of the 17 PHC-HWCs and 35 SC-H&WCs, NCD screening has been started by 21 SHC-H&WCs and 14 PHC-HWCs. The district has a target to enumerate about 2 lac individuals age 30 and above but as per the information provided by the DPMU office only 12500 individuals have been targeted to be enumerated during April-October, 2021 and so far CBAC forms have been filled in case of 9658 persons. Although all SHC-HWCs, and PHC-HWCs have started NCD screening but the pace of enumeration and screening is very low. Due to COVID-19, there was some disruption in the enumeration process. It was also found that H&WCs had not maintained information about NCD screening properly, resulting in less number of cases screened. A total of 3141 individuals have been screened for hypertension, 1861 for diabetes, 1200 for oral cancers, 558 for breast cancers and 442 for cervical cancers in the district. But information about the individuals who are diagnosed with these diseases and number of persons treated was not made available to us, again indicating poor quality of NCD data management.

NCD screening at DH and CHC Batote is done during routine OPD on all working days. The DH has diagnosed 3214 patients for diabetes and 4235 persons for hypertension and out of these 21 have been detected to have diabetes and 59 with hypertension during the first six months of 2021-22. There is no NCD clinic at CHC Batote and screening of diabetes and hypertension is casually taking place at CHC. Information about the screened, conformed and treated patients was not available. However, records maintained at CHC show that a total of 91 persons have been confirmed with hypertension and 45 with diabetes. All the persons with these morbidities are provided free drugs from the CHC.

PHC Chanderkot does not have a fixed day NCD clinic; instead NCD screening for diabetes and hypertension is done on all working days. Screening for cancers is not undertaken as service providers are not trained in cancer screening. During the last 6 months PHC has screened 250 persons for Hypertension and 150 for diabetes and out of these 74 had hypertension and 15 had diabetes. There is no space for wellness activities at PHC and therefore wellness activities are not performed at PHC.

Table 6: NCD Screening in Ramban District-2021		
Indicator	**Planned**	**Completed**
1. Number of individuals enumerated	12500	9658
2. Number of CBAC forms filled	3200	2523
3. Number of HWCs started NCD screening:		
a. SHC- HWC	35	21
b. PHC- HWC	17	14
c. UPHC – HWC	0	0
4. Number of individuals screened for:		
a. Hypertension	4650	3141
b. Diabetes	2165	1816
c. Oral Cancer	1450	1200
d. Breast Cancer	950	558
e. Cervical Cancer	550	440
5. Number of HWCs providing Teleconsultation services	23	14
6. Number of HWCs organizing wellness activities	21	21

SC-HWC Nera has a target population of 548 and CBAC forms have been completed for 68 persons. We checked the CBAC forms but the quality of information contained in these forms is very bad. Of the 68 enumerated persons 23 (34%) had a score less than 4 and 45 (65%) had a score of 4 and above. All 68 persons have been screened for diabetes and hypertension and the number of persons diagnosed with hypertension and diabetes is 6 and 4 respectively. All the persons with a score of 4 and above have been advised for life style management, and provided free medicines. The facility has started using teleconsultation services. Wellness activities are not performed at the H&WC. Facility is reporting weekly data in S form under IDSP.

12. COMMUNICABLE DISEASES PROGRAMME

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Team (RRT) has been constituted under the supervision of District Health Officer (DHO) in the district. There have been no major outbreaks in the district during the current and previous financial year in the district. The information collected from the visited facility shows that the SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet they have been provided by the SHS while at PHC level HWC the data on IDSP has is uploaded on weekly basis as

reported by the concerned MO. Further the information collected from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis but it was found that the DH is not providing such information on the portal for IDSP.

Further, the information collected from the CMO office shows that the most areas of the district are not prone to malaria and therefore National Vector Borne Diseases Control Programme (NVBDCP) has not much importance for the district. However, the district has a macro plan for the implementation of NVBDCP and weekly epidemiological and entomological situations are monitored by RRT. National Leprosy Eradication Programme (NLEP) is in vogue in the district but no new case of leprosy has been reported in the district during the current year. Under National Tobacco Control Programme, the district has conducted few awareness programmes under IEC component of the ROP.

National Tuberculosis Elimination Programme (NTEP) is also working in the district but the Nodal Officer for the programme is based in the adjacent district as he looks after both the districts. Almost all CHCs and PHCs are Designated Microscopic Centres (DMC). During our visits to selected health facilities in the district, it was found that all the health facilities are actively involved in the eradication of TB and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs by the identified patients. Currently, ASHAs are engaged in Har Ghar Dastak Programme and are collecting sputum samples from the suspected patients. The information collected from the laboratory of DH shows that 2.8% of OPD samples were tested for TB (microscopy) during the last 6 months. Anti TB drugs are available at DH and CHCs. A total of 199 patients are taking anti-TB medicines in the district. The percentage of patients tested through TruNat in the district is 26%. All the TB patients are tested for the HIV and diabetes. Drug sensitive and drug resistance tests are available in the district hospital. The district authorities reported that all the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT installments have been initiated in their favour and the incentives have been provided upto November, 2021..

13. QUALITY ASSURANCE

As per the information, District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. None of the visited facilities (DH, CHC Batote, PHC Chanderkot or H&WC Nera) have received any award under Kayaklap. CHC, PHC and H&WC have done the initial assessment but have not scored enough to qualify for external assessment. Laqsha baseline assessment has been completed in DH Ramban and CHC Batote but due to the shortage of staff, infrastructure and space, they have not scored enough in internal assessment so as to qualify for external assessment.

13.1 Grievance Redressal

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the entrance of each facility and these boxes are opened on regular basis by the officials of concerned health facilities to resolve the complaints if any.

During the current financial year, all the complaints received have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far. None of the visited health facility was found much serious about the grievance redressal set-up and were of the opinion that all such issues are settled when brought in the notice of these health facilities but the community was not satisfied with this argument at any level and were of the opinion that community members need to be taken onboard for settling such issues with maximum transparency.

13.2 Payment Status

The district is using the EAT module of PFMS for all types of payments**. It was reported by the District Accounts Manager (DAM) that financial limits for various heads of accounts have been fixed by the Directorate without taking into account our actual demand, and this has created some delays in the payments.** The district has released the salaries of NHM staff for the month of November, 2021 and also the assured incentive of Rs. 2000 to ASHAs upto November, 2021. ASHAs have not yet fully received other incentives. JSY incentive to women is transferred by concerned BPMUs. Due to the delay in the release of funds, JSY incentive to women has been paid upto October 2021. It was reported that the funds have now been allocated to the district and JSY payments to women will be released shortly. So far as the incentive under Nikshay Poshan Yojana in the district is concerned, it was found that all TB patients are receiving payment. None of the patients or Provider has received any incentive under NTEP or NLEP.

14. QUALITY IN HEALTH SERVICES

14.1 Infection Control

Overall, the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the DH and CHC but at other levels such issues are not taken seriously.

14.2 Biomedical Waste Management

The segregation of bio-medical waste was found satisfactory in the DH and CHC but at other levels, segregation of bio-medical was either unsatisfactory or not available at all. The awareness amongst the staff was found satisfactory and practice of segregation was being done properly at the DH and CHC. Bio-medical waste at DH, CHC and PHC has been outsourced to a Jammu based private agency (Anmol Health) and the agency regularly lifts the bio medical waste from the health facilities. These health facilities also bury some portion of the bio medical waste within the hospital premises. SC Nera buries the waste material in pits constructed for the purpose.

14.3 Information Education and Communication (IEC)

Display of appropriate IEC material in Health facilities was found by and large satisfactory at all the levels. Only at SC level not much attention has been paid in this regard. The IEC material related to MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the DH and CHC level but such material was insufficient at PHC and SC level.

15. STATUS OF FUNDS RECEIVED AND UTILIZED

The information collected from the CMO office regarding the receipt and utilization of funds during 2020-21 presented in Table 4: shows that the district has utilized more than 90 percent of funds received from various sources. The information collected further shows that the district has made more than 90 percent expenditure on all the major heads including RCH Flexipool, Mission Flexipool, and Immunization. Due to the COVID, most of the proposed trainings could not be organized in the district.

Table 4: Status of Funds released and Utilized in Ramban District April-September, 2021

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	% Utilization
1. **FMR 1:** Service Delivery: Facility Based	1270000	704043	55.43646
2. **FMR 2:** Service Delivery: Community Based	13000	12747	98.05385
3. **FMR 3:** Community Intervention	4000000	3584500	89.6125
4. **FMR 4:** Untied grants	900000	710462	78.94022
5. **FMR 5:** Infrastructure	400000	398754	99.6885
6. **FMR 6:** Procurement	1100000	1049437	95.40336
7. **FMR 7:** Referral Transport	800000	798106	99.76325
8. **FMR 8:** Human Resource (Service Delivery)	20600000	20502201	99.52525
9. **FMR 9:** Training			
10. **FMR 10:** Review, Research and Surveillance			
11. **FMR 11:** IEC-BCC	8000	7865	98.3125
12. **FMR 12:** Printing			
13. **FMR 13:** Quality			
14. **FMR 14:** Drug Warehouse & Logistic			
15. **FMR 15:** PPP	1200000	119990	9.999167
16. **FMR 16:** Programme Management	1000000	961544	96.1544
• FMR 16.1: PM Activities Sub Annexure	300000	287718	95.906
17. **FMR 17:** IT Initiatives for Service Delivery			
18. **FMR 18:** Innovations			
Total	31591000	29137367	92.23313

16. CONCLUSION

20. District Hospital and CHC Batote has acute shortage of specialists in general and Gynaecologists, Paediatrician and Anaesthetists in particular. The Surgeon, Gynaecologist and Anaesthetist posted at CHC Batote are attached Sib District Hospital Ramban. This is severely affecting the delivery of health care at CHC Batote. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to utilize the services from other districts or from private clinics. Therefore, there is an immediate need to address the shortage of specialist doctors in the DH and CHCs on priority basis.
21. Trauma centre established at DH Ramban is non functional due to the non availability of staff.
22. NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. This has resulted in an increase in OPD services. But since there is a lot of disparity in the service conditions and salaries between the NHM staff and regular staff and this has started to discourage the NHM staff to take full interest in their duties. There is a need to look into the grievances of the NHM staff and redress their genuine demands.
23. Skill of ASHAs was checked using a check list and most of them had fairly good knowledge of ANC, immunization, PNC etc. However, their performance on account of HBNC was poor. Since most of them are asked to help the District administration in the COVID related activities, therefore their main activities have suffered.
24. The supply of drugs and equipments in the health institutions has improved with the establishment of J&K Medical Supplies Corporation limited However, it was reported by the facilities that they do not get supplies as per the actual demand. Besides, there are delays in the supply of drugs. JKMSCL should address this issue of delay of equipments and consumables.
25. Essential Drug List has been prepared for various facilities but an updated list of drugs available at the facility is not displayed in any of the facilities visited by us.
26. The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities just meet 60-70 percent of their demand of drugs; therefore, free drug policy is partly implemented in the district. There is a need to assess the actual demand of various drugs and provide them to the health facilities.
27. As all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. The drugs brands they prescribe are not available at the hospitals, therefore, patients are compelled to purchase drugs from the market. Therefore there is a need that free generic drugs, as promised by government are made available in all hospitals so that doctors can write generic names of the drugs.
28. Despite irregular/late release of funding, facilities are in a position to provide free drugs, diagnostics and diet under JSSK. So far as free transport is concerned, only free referral transport for deliveries and neonats is ensured in all facilities visited by us.
29. Home to facility and drop back facility is not ensured in all of the cases. This supports the need for operationalization of a fully functional patient transport system that is easily accessible so that pregnant women and emergency patients could avail of

transport facilities from home to facility and also drop back home for JSSK beneficiaries.

30. JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs.
31. SNCU at DH is functional in the district. The establishment of the SNCU has resulted in improving health of neonats and minimize the referrals from DH to tertiary care hospitals. The services of NBSU at CHC Batote are underutilized, as very few deliveries take place at CHC.
32. Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started improving. There is a need to appreciate those ANMs/ASHAs who are reporting such events.
33. Institutionalized mechanisms for grievance redressal was not evident in any of the facilities visited by us. Often complaint boxes are seen to be having 'token' presence, and the boxes remained un-opened. Patients visiting the health facilities largely lacked awareness and knowledge regarding the grievance redressal mechanism.
34. The ASHAs have started filling CBAC forms and some of the ASHAs have completed this exercise. But we verified some of the CBAC forms and also tried to assess the skills of ASHAs on this subject and found that the quality of information in these forms is not so accurate, making this exercise somewhat redundant.
35. Screening for NCD at H&WCs, PHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for appropriate confirmation of diagnosis, treatment & follow-up. Besides, there is a need to provide various combinations of NCD drugs.
36. The dialysis Centre with a bed capacity of 5 has recently been established at DH Ramban. It has been provided with requisite infrastructure and manpower. The patients availing dialysis services from this Centre are highly satisfied with its services.
37. None of the facilities in the district are Laqshya or INQAS certified. Although DH and CHC Batote has done the internal assessment but due to the shortage of space and non availability of manpower as per IPHS, they have not scored enough in internal assessment so as to qualify for external assessment.
38. It was reported by the District Accounts Manager (DAM) that financial limits for various heads of accounts have been fixed by the Directorate without taking into account our actual demand, and this has created some delays in the payments.

Facility wise Challenges

District Hospital

f) The District Hospital currently has space constraint. The hospital is located in the middle of town, traffic jams are the order of the day, making it time consuming for the patients to reach hospital for availing the services.
g) Trauma Hospital was established in the DH but is without doctors.
h) Shortage of specialist doctors particularly cardiology, dermatology, radiology and Neurology is impacting the service delivery.

i) Shortage of drugs and prescription of non-generic drugs raises questions about the efficacy of free drug policy of the government.
j) The Mobile Medical Unit provided to Ramban is not suitable for terrain topography of Ramban district. It is not able to move on hilly and narrow roads particularly in remote villages. There is a need to replace the MMU in accordance with the topography of the region and nature of roads.

CHC Batote

b. The main challenge is the non-functioning of Gynaecology unit and Operation Theatre as both the posts of Surgeon and Gynaecologists are vacant at the CHC. Although an Anaesthesiologist is posted at the CHC, but his posting has no meaning with the availability of a Surgeon and Gynaecologist.
g. The area is prone to accidents and an Ortho was sanctioned at the CJC, but he has been attached with DH Udhampur. This is severely affecting the delivery of health care services at CHC Batote. Further, due to the non availability Critical ambulance, CHC finds it difficult to transport critical cases to Jammu.
h. There is no Jan Aushadhya Store at CHC, therefore in case of shortage of drugs and consumables, CHC is compelled to procure drugs and consumables from open market.
i. The hospital is not properly fenced and therefore posing a security threat to the hospital and its infrastructure.
j. The hospital does not have a proper space as no new building has been constructed/upgraded after the PHC was upgraded to CHC.
k. Due to the limited staff at CHC, very few services are available at CHC. NCD clinic is not available and NCD screening is part of the routine OPD.
l. Due to the non availability of staff, space, CHC has not progressed in terms of Laqsha certification.

PHC Chanderkot

f) The PHC has acute shortage of space for OPD services, IPD, lab, Pharmacy, store, LR, OT, delivery room etc. Due to shortage of space, the PHC has only 5 beds to accommodate.
g) The PHC also has acute shortage of staff and only 1 MBBS doctor, 1 FMPHW and 1 Pharmacist is posted at the PHC. Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services on 24X7 basis.
h) Although the facility has all the equipments and infrastructure for conducing normal deliveries, but due to the non availability of staff, not a single delivery has been conducted at the facility.
i) The area is prone to motor vehicle accidents but there is no ambulance at the facility.
j) Shortage of most of the drugs is severely impacting the delivery of health care services.

H&WC Nera

e) One of the key challenges faced by the facility is that it does not have proper road connectivity. There is no ambulance in the area, which can be used in case of emergency.

f) Another issue is the shortage and irregular supply of drugs. During winter there is a huge increase in the number of patients complaining of fever, cough, cold and chest infections, but the facility has hardly any drugs for the treatment of these ailments.

g) Although the facility has been upgraded to H&WCs but it does not have adequate space for various services like store, lab, wellness activities, waiting area.

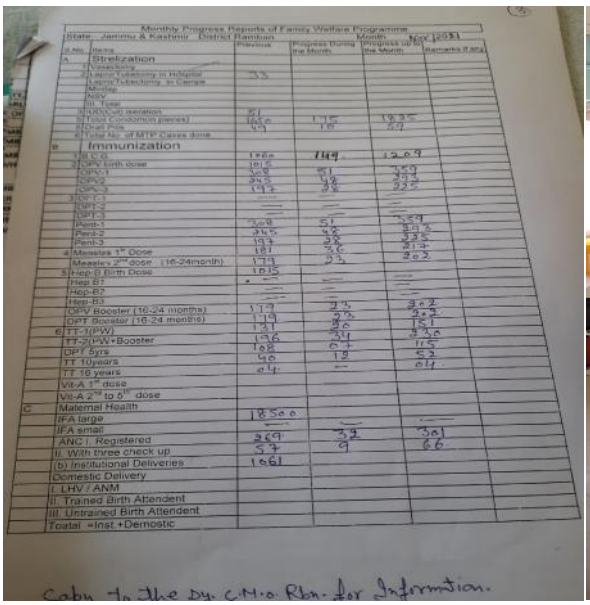
h) The facility is located at a distance of about 8 Kms from DH, therefore people generally prefer to visit DH even for minor ailments, ANC and child immunization. Therefore, the services at the H&WCs are not optimally utilized.

17. Photo Gallery


OFFICE OF THE CHIEF MEDICAL OFFICER
VICE CHAIRMAN
DISTT. RURAL HEALTH SOCIETY, RAMBAN
S.NO. NAME FROM TO
1. Dr. R.K KHUSHU 08-10-2007 04-03-2009
2. Dr. BASHIR AHMED BUTT 05-03-2009 09-09-2009
10-09-2009 28-02-2010
4. Dr. MOHD ASHRAF MIR 01-03-2010 30-09-2010
5. Dr. ANIL AMLA 01-10-2010 16-01-2011
6. Dr. SURESH CHANDER KHAJURIA 17-01-2011 06-02-2012
7. Dr. BEHARI LAL BHARDWAJ 07-02-2012 11-03-2012
8. Dr. MOHD ANWAR BHAT 12-03-2012 02-02-2014
9. Dr. S.D. KHAN 04-02-2014 16-08-2015
10. Dr. MOHD ANWAR BHAT 17-08-2015 28-02-2017
11. Dr. SAIF-UD-DIN-KHAN 01-03-2017 30-06-2019
12. Dr. MOHD IQBAL BHAT 01-07-2019 18-07-2019
13. Dr. JANAK RAJ 19-07-2019 30-04-2020
14. Dr. MOHAMMED FAREED BHAT 01-05-2020


FAMILY PLANNING
BOOTH
DISTRICT HOSPITAL
RAMBAN


SHER-E-KASHMIR MEMORIAL EMERGENCY HOSPITAL BATOTE


Monthly Progress Reports of Family Welfare Programme
Cabin to the Dy. C.M.O. Rbn. for Information.


REDMI NOTE 9 PRO MAX
AI DUAL CAMERA