

**MONITORING OF NHM STATE PROGRAMME
IMPLEMENTATION PLAN-2023-24: JAMMU & KASHMIR
(A Case Study of Shopian District)**



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LIST OF ABBREVIATIONS

AD	Allopathic Dispensary	GOI	Government of India
AEFI	Adverse Effect of Immunization	HBNC	Home Based New Born Care
AMC	Annual Maintenance Contract	HCV	Hepatitis- C Virus
AMG	Annual Maintenance Grant	HFDs	High Focus Districts
ANC	Anti- Natal Care	HFWTC	Health & Family Welfare Training Centres
ANM	Auxiliary Nurse Midwife	HIV	Human Immuno-deficiency Virus
ANMT	Auxiliary Nursing Midwifery Training	HMIS	Health Management Information System
ASHA	Accredited Social Health Activist	H&WCs	Health & Wellness Centres
ARSH	Adolescent Reproductive & Sexual Health	ICDS	Integrated Child Development Scheme
AWC	Anganwadi Centre	IDD	Intellectual Developmental & Disabilities
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Sidha& Homeopathy	IDSP	Integrated Disease Surveillance program
BeMOC	Basic Emergency Obstetric Care	IEC	Information Education & Communication
BHE	Block Health Educator	IFA	Iron & Folic Acid
BHW	Block Health Worker	ILR	Implantable Loop Recorder
BMO	Block Medical Officer	IMNCI	Integrated Management of Neo-natal & Child Infections
BPL	Below Poverty Line	IMR	Infant Mortality Rate
BPMU	Block Programme Management Unit	IPD	In- Patient Department
CCU	Critical Care Unit	IPHS	Indian Public Health Standards
CBC	Complete Blood Count	ISM	Indian System of Medicine
CeMOC	Comprehensive Emergency Obstetric Care	IUD	Intra- Uterine Device
CHC	Community Health Centre	JSY	Janani Suraksha Yojna
CHE	Community Health Educator	JSSK	Janani Sishu Suraksha Karyakaram
CHO	Community Health Officer	KFT	Kidney Function Test
CMO	Chief Medical Officer	LFT	Liver Function Test
COPD	Chronic Obstructive Pulmonary Disease	LHV	Lady Health Visitor
C-Section	Caesarean Section	LMP	Last Menstrual Period
CTG	Cardiotocography	LT	Laboratory Technician
CVD	Cardiac Valvular Dysplasia	MCH	Maternal and Child Health
DEIC	District Early Intervention Centre	MD	Mission Director
DDK	Disposable Delivery Kit	MDT	Multi Drug Treatment
DDO	District Data Officer	MIS	Management Information System
DH	District Hospital	MMPH W	Male Multi-Purpose Health Worker
DHO	District Health Officer	MMUs	Medical Mobile Units
DOTS	Directly Observed Treatment Strategy	MO	Medical Officer
DPMU	District Programme Management Unit	MOHF W	Ministry of Health and Family Welfare
DTO	District Tuberculosis Officer	MoU	Memorandum of Understanding
ECG	Electrocardiogram	MS	Medical Superintendent
ECP	Emergency Contraceptive Pill	MTP	Medical Termination of Pregnancy

EDD	Expected Date of Delivery	NA	Not Available
EDL	Essential Drug List	NBCC	Newborn Care Unit
ENT	Ear, Nose and Throat	NCD	Non -Communicable Diseases
FDS	Fixed Day Static	NGO	Non-Governmental Organisation
FMPHW	Female Multi-Purpose Health Worker	NO	Nursing Orderly
FRU	First Referral Unit	NQAS	National Quality Assurance Scheme
GIS	Geographical Information System	NIHFW	National Institute of Health & Family Welfare
GNM	General Nursing & Midwifery	NLEP	National Leprosy Eradication Program
NPCB	National Program for Blindness Control	SNCU	Sick New-born Care Unit
NRC	National Resource Centre	SPMU	State Program Management Unit
NRHM	National Rural Health Mission	SRS	Sample Registration System
NPHCE	National Program for Health Care of the Elderly	ST	Scheduled Tribe
NSSK	NavjatShishu Suraksha Karyakram	STI	Sexually Transmitted Infection
NSV	Non-Scalpel Vasectomy	STLS	Senior T.B Laboratory Supervisor
NVBDC P	National Vector Born Disease Control Program	STS	Senior Treatment Supervisor
OP	Oral Contraceptive Pills	TB	Tuberculosis
OPD	Outpatient Department	TBA	Traditional Birth Attendant
OPV	Oral Polio Vaccine	TFR	Total Fertility Rate
ORS	Oral Rehydration Solution	TSH	Thyroid-stimulating hormone
OT	Operation Theatre	TT	Tetanus Toxoid
PNC	Post- Natal Care	USG	Ultra Sonography
PCB	Pollution Control Board	VBD	Vector Born Disease
PHC	Primary Health Centre	VDRL	Venereal Disease Research Laboratory
PHN	Public Health Nurse	VHND	Village Health and Nutrition Day
PIP	Program Implementation Plan	VHSC	Village Health and Sanitation Committee
PMU	Programme Management Unit	WIFS	Weekly Iron Folic Acid Supplementation
PPI	Pulse Polio Immunization		
PPP	Public Private Partnership		
PRC	Population Research Centre		
PSC	Public Service Commission		
QAC	Quality Assurance Cells		
RBSK	Rashtriya Bal Swasthya Karyakram		
RCH	Reproductive & Child Health		
RKS	Rogi Kalyan Samiti		
RMP	Registered Medical Practitioner		
RNTCP	Revised National Tuberculosis Control Program		
RPR	Rapid Plasma Reagin		
RTI	Reproductive Tract Infection		
SCs	Scheduled Castes		
SC	Sub Centre		
SN	Staff Nurse		

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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 a 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, 2023-24 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, the Ministry has also decided to regularly monitor the implementation of various components of State PIP by the Population Research Centre (PRC), Srinagar on a monthly basis. During 2023-24, the Ministry has identified 18 Districts of J&K for PIP monitoring by PRC Srinagar. These districts are Kupwara, Baramulla, Bandipora, Ganderbal, Budgam, Pulwama, Shopian, Shopian, Anantnag, Kishtwar, Doda, Ramban, Reasi, Poonch, Rajouri, Udhampur, Samba and Kathua. The PRC officials are visiting these districts in a phased manner. Reports of a few districts have already been submitted to the Ministry and the present report presents findings of the monitoring exercise pertaining to Shopian District of J&K.

The study was successfully completed due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals at different levels. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India, for giving us such an opportunity to be part of this monitoring exercise of National importance. We are highly thankful to Chief Medical Officer, Shopian, Dr Arshid Hussain Tak and Medical Superintendent, District Hospital Shopian Dr Rubina Maqbool for extending their full cooperation and sharing with us their experiences for the successful completion of this exercise. We also place on record our thanks to Incharge MO CHC Keller, Dr Idrees Andrabi and MO of PHC Sedow for their cooperation in data collection. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit of Shopian District. Special thanks are also to the staff members posted at PHC and SC Chotipora 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 making necessary changes.

Srinagar
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1. EXECUTIVE SUMMARY

The objectives of the exercise is to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by various districts and the State. The present study was conducted in Shopian district of Jammu and Kashmir and information was collected from the office of CMO, District Hospital Shopian, CHC Keller, PHC Sedow and H&WC Chotipora the first week of October, 2023. We also interacted with the community members and conducted some exit interviews with some respondents who had come to receive ANC/PNC, child immunization and delivery care services at the selected facilities. Main findings of the study are as follows:

- a) The availability of doctors at DH Shopian has improved but still few positions of doctors are vacant. As some part of the district is hilly and is prone to accidents, there is therefore an urgent need to put in place an Orthopaedic specialist. The posts of ENT Specialist are vacant forcing the parents to visit private clinics for treatment.
- b) NHM support has led to improvement in human resource, infrastructure facilities, drugs and fund availability. This has resulted in improving the delivery of health care services in the district.
- c) The Skills of ASHAs were checked using a checklist 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 other activities also, therefore their main activities have suffered.
- d) JKMSCL should address the issue of delay of drugs, equipment and consumables though the supply of drugs and equipment 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 demand and well in time.
- e) The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities just meet 30-60 percent of their demand of drugs; therefore, the 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.
- f) State government has made it mandatory for doctors to write only generic names of drugs in capital letters on prescriptions, but all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. Therefore there is a need that free generic drugs, as promised by the government, are made available in all hospitals so that doctors can write generic names of the drugs.
- g) Despite irregular/late release of funding, facilities are in a position to provide free drugs, diagnostics and diet under JSSK. But patients also reported that they purchased few drugs from the market at the time of delivery. So far as free transport is concerned, only free referral transport for deliveries and neonates is ensured in all facilities visited by us.
- h) The Government has introduced the 102/108 referral transport system in the district, but it was found that the No. of ambulances attached with 102/108 do not meet the full demand of the patients. Mostly the patients use public transport to reach health facilities. Home to facility and drop back facility under JSSK is not ensured in all of the cases.
- i) C-section deliveries are on the rise in the district, which should be a cause of concern. More than half of deliveries at DH and 40 percent at CHC Keller are conducted through C-section.

- j) SNCU is functional in the district. The establishment of these SNCUs have resulted in improving the health of neonates and minimize the referrals from DH to tertiary care hospitals. The services of NBSU at CHC Keller are utilized but more staff trained staff is needed at both the facilities.
- k) A Maternal and Infant Death Review Committee has 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.
- l) Institutionalized mechanisms for grievance redressal were 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.
- m) 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. Screening of women for breast and cervical cancer has not started because of non availability of trained staff and equipments.
- n) The district has been declared as TB free. A total of 102 TB cases have been notified in the district during 2023-24. All of them are receiving free treatment. The benefit of Nikshay Pashayan (NPY) has been initiated in case of 95 and 67 have been paid NPY through DBT during the same period 26 have been registered under Nikshay Mitras in the district.
- o) The dialysis Centre with a bed capacity of 6 has been established at DH Shopian. It has been provided with requisite infrastructure and manpower. The patients availing dialysis services from this Centre are highly satisfied with its services.
- p) Ten facilities have been awarded Kayaklap award during 2022-2023. But none of the facilities in the district are LaQshya or NQAS certified. Baseline assessment has been completed in DH and LR and OT of DH has is being upgraded to improve the scoring DH has scored 75+ in internal assessment so as to qualify for external assessment. CHC Keller and PHC Sedow have completed the internal assessment in NQAS and are now waiting for external assessment.
- q) All families are to be covered under the Ayushman Bharat scheme in Shopian. The district has enrolled all the households under the scheme and Golden Cards have been issued in case of more than 90 percent of households. DH, CHCs and all private institutions have been empanelled to provide free services and separate counters with requisite infrastructure under PM-JAY help-desk have been established in the district hospital and CHCs. But patients who reported that doctors posted at Government health facilities generally recommend them to avail the surgical facilities on Golden cards from private hospitals rather than from government health facilities.
- r) Data reporting is regular on the new HMIS portal. However, the DH has not regularly uploaded data pertaining to all the elements from August, 2022. For example, OPD attendance for Allopathic and AYUSH, Surgeries conducted, have not been uploaded on HMIS after August, 2022. The overall data quality of the DH Shopian, CHC and PHC has improved. The DH have also distributed a new revised HMIS format to health facilities. Besides, the training has not yet been imparted on the revised HMIS formats at PHC and SC level. Only the BMEOs have received training on new HMIS formats. Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village and field level. Reporting and recording under RCH has improved and various data elements related to RCH are now being recorded on a regular basis but still few important data elements are not taken seriously by the staff while recording on RCH registers.

2. INTRODUCTION

The 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 2022-23 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, there was hardly any mechanism in place to know how far these PIPs are implemented. However, from 2013-14, the 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 the states/districts assigned to them on a monthly basis. During 2023-24, the Ministry has identified 18 Districts of J&K for PIP monitoring by PRC Srinagar. Reports of a few districts have already been submitted to the Ministry and the present report presents findings of the monitoring exercise pertaining to Shopian District of J&K.

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.

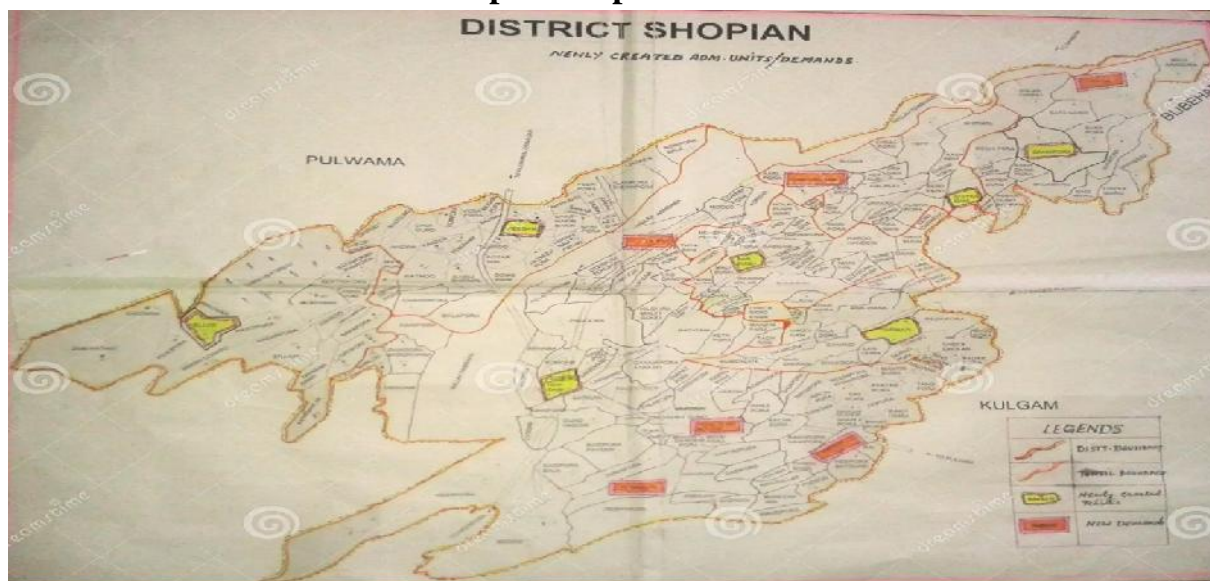
2.2. Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in a 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 the NHSRC with all the PRCs of the country. During 2023-24, this PRC was asked to cover 18 districts all in the Union Territory (UT) of Jammu and Kashmir. These districts are Kupwara, Baramulla, Bandipora, Ganderbal, Budgam, Pulwama, Shopian, Shopian, Anantnag, Kishtwar, Doda, Ramban, Reasi, Poonch, Rajouri, Udhampur, Samba and Kathua. The PRC officials are visiting these districts in a phased manner and in the current phase we covered Shopian district. A schedule of visits was prepared by the PRC and two officials consisting of one Associate Professor and one Research Assistant visited Shopian District in the month of October 2023. A schedule of visits was prepared by the PRC and two officials consisting of one Associate Professor and one Research Assistant visited Shopian District and collected information from the Office of CMO, District Hospital (DH), CHC Keller, PHC Health and Wellness Centre (HWC) Sedow and Sub Centre (HWC) SC Chotipora. 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. STATE AND DISTRICT PROFILE

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

Map of Shopian District



Shopian is relatively a new district which was carved out of Pulwama district in 2006. The district is spread over an area of 2502 square kilometres constituting 1.9 percent of the total area of the State. Most of the cultivated land in the district is under horticulture, particularly apple cultivation. The horticulture products of Shopian, particularly delicious apples, are famous throughout the country. According to the 2011 Census, the total population of the district was 266215 which constituted about 2.1 percent of the total population of the state (Table 1). The density of population of the district on the basis of revenue area is 852 persons per square km. The district is by and large is rural in character as about 95 percent of the population live in rural areas. Large majority of the population follow Islam. The district has a significant concentration of Scheduled Tribe Caste (8 percent) and Scheduled Caste population is almost non-existent in the district. The decadal population growth rate is about 25.85 percent which is higher than the State average of 23.7 percent. The overall sex ratio has almost remained unchanged in the district during 2001-2011 but the child sex ratio has sharply declined during the decade. According to the latest census, the overall sex ratio was 851 and the

child sex ratio has declined from 1011 in 2001 to 883 in 2011. About two-third of the population aged 7 and above is literate (63 percent) with male literacy (72 percent) higher than female literacy (53 percent). The district consisted of 2 medical blocks namely Shopian, Keller and Zainapora block. The health services in the public sector are delivered through a network of 70 health institutions consisting of 1 District Hospital, 2 Community Health Centres (CHCs), 16 Primary Health Centres (PHCs) including New Type PHCs (NTPHCs) all have been converted to HWCs, 55 SCs which are now HWCs and 2 Mobile aid Centers for nomadic population. Simitis (RKS) have been constituted for DH, CHCs and PHCs. Village Health Nutrition and Sanitation Committees (VHNSCs) have been constituted for all the villages but are non functional due to the non-functioning of Panchayats.

Table 1 : Demographic Profile of District Shopian	
Demographic Character	Number/Percentage/Ratio
Total Population as per census 2011	266215
Male	136480
Female	129735
Urban Population	16360 (6.5%)
ST Population	21820 (8%)
SC Population	43 (0.1%)
Literacy Rate Total	63.0%
Literacy Rate Male	72%
Literacy Rate Female	53%
Population Growth rate	25.85
Sex Ratio (F/M)	851
Child Sex Ratio (0-6) (F/M)	883
Total No. of Medical Blocks	3
Total No. of Health Institution	70 (1 DH, 2 CHC, 3 24X7 PHCs, 7 NTPHCs and 57 SCs)
No. of RKS Registered	13
No. of VHNSCs constituted	229
Total No. of ASHA's in Position	298
Total Villages (Revenue)	229

4. HEALTH INFRASTRUCTURE

The health services in the public sector are delivered through a network of healthcare facilities which include 1 District Hospital, 3 CHCs, 16 PHCs (HWCs), 55 SCs (HWCs) and 2 MACs. All the 16 PHCs and 55 SCs in the district have been upgraded into Health and Wellness Centers. Shopian district has also established DEIC under RBSK, NCD Clinic, and SNCU at the DH. The district has a well established blood bank at DH. Comprehensive 1st and 2nd trimester abortion services are provided by 3 health facilities in the district.

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.

6. STATUS OF HUMAN RESOURCE

Appointment of human resources on a regular basis is a centralized process. The recruitment of Gazetted positions is done by the State Public Service Commission and non gazetted positions are recruited by the State Services Selection Board. Further due to the deputation and attachments, the districts don't have the clear idea about the sanctioned strength of various regular posts in the district and therefore it is difficult for the monitoring teams to ascertain the actual deficiencies of human resource at various levels in the district. However, the details provided by the CMO/DPMU regarding the overall staff strength for regular and NHM positions in the district shows that among the regular staff, one posts of Paediatrician, Orthopaedics, ENT specialists and 10 posts of MOs were found vacant. The district doesn't have any sanctioned positions of Cardiologist, Pathologist, Dermatologist and Radiologist.

As far as the paramedical staff is concerned, 23 percent positions of Female Multipurpose Health Worker (FMPHW) and 52 percent positions of Staff Nurses, 100 percent of Operation Theatre Technicians (OTT) and 60 percent Laboratory Technician (LT) were vacant in the district. Similarly, 50 percent of X-Ray Technicians and 48 percent of pharmacists are also vacant in the district.

As far as the availability of NHM staff is concerned, information provided by the DPM shows that all the sanctioned positions of Gynaecologists, Medical Officers, AYUSH MOs and Dental Surgeons are in place. Further all the positions of LTs, OTT, MLPHP, FMPHW, MPW (Male), and Pharmacist are in place while 5 positions of Staff Nurses and 3 positions of MLHP are vacant in the district.

6.1 Recruitment of various posts

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 the 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 the total number of vacant posts at the beginning of the financial year were 79 posts from regular side and 9 positions from NHM side and only 3 posts were filled during the year 2022 and still these posts are vacant in the district.

Table 6.1: Details of Regular Human Resource sanctioned, available and percentage of vacant positions in selected Health facilities and in the district Shopian as a whole

Staff details	District Shopian			DH Shopian			CHC Keller			PHC Sedow 24X7 (HWC)			SC Chotipora		
	S	IP	V%	S	IP	V%	S	IP	V%	S	IP	V%	S	IP	V%
Gynaecologist/ Obstetrician	04	04	00	2	2	00	1	1	00						
Paediatrician	04	03	00	2	2	00	01	01	00						
Anaesthetist	04	04	57	1	1	00	01	01	00						

Surgeon	05	04	15	3	2	33	01	01	00							
Physician	04	04	25	3	2	33	01	01	00							
Radiologists																
Pathologist																
Ophthalmologist	01	01	00	1	1	00										
Orthopaedic	01	0	33	1	0	100										
ENT	01	0	66	1	0	100										
Dermatologist																
Dental surgeon	10	10	03	02	33	01	01	00								
Other Specialists																
Medical Officer MBBS	66	56	19	19	19	00	07	06	15	02	01	50				
AYUSH MO	03	01	66	1	1	00										
Dental MO	0	0	0	2	2	00										
Paramedical staff																
Dental technician	13	8	28	5	2	60	01	01	00	01	01	00				
Laboratory Technician	15	6	60	4	3	25	01	0	100	01	00	100				
OT Technician	4	0	100	01	00	100										
X-Ray Technician	6	5	28													
ANM/FMPHW	57	44	20	07	01	86	01	01	00	01	01	00	1	0	100	
MPW (Male)	7	5	00													
Staff Nurse/JSN	57	44	31	7	4	43	06									
Pharmacist (Allopathic)	23	12	24	0	0	00	01	01	01	01	01	00				

Table 6.2: Details of NHM Human Resource appointed in selected Health facilities and in Shopian

Staff details	Shopian District			DH Shopian			CHC Keller			PHCSedow (HWC)			SC Chotipora (HWC)		
	S	IP	V %	S	IP	V%	S	IP	V%	S	IP	V%	S	IP	V %
MBBS (MOS)	11	11	00	07	07	00	02	02	00	01	01	00			
Gynaecologist	02	02	00	01	01	00	01	01	00						
Dental MOs	01	01	00	01	01	00									
MO Ayush	06	06	00	01	01	00				01	01	00			
Lab Tech	10	10	00	03	03	00	03	03	00	01	01	00			
OT Tech	06	06	00	02	02	00	02	02	00						

Radiographer	06	06	00	02	02	00	02	02	00							
Pharmacist Allopathic																
Pharmacist Ayush	06	06	00							01	01	00				
Staff Nurse	53	48	09	45	41	09	03	03	00	02	02	00				
ANM	63	63	00	04	04	00							1	1	00	
MPWs	07	07	00													
DEIC Unit																
MO	1	1	00													
Paediatrician	1	0	100													
Dental Surgeon	1	1	00													
Dental Technician	1	1	00													
MO Ayush	8	8	00													
Lab Technician	1	1	00													
Dental Technician	1	1	00													
IYCF Councillor	1	1	00													
Optometrist	1	1	00													
Physiotherapist	1	1	00													
Speech Therapist	1	0	100													
Psychologist	1	1	00													
DEIC Manager	1	1	00													
Social Worker	1	1	00													
Early interventionist	1	0	100													
Pharmacist	4	4	00													
FMPHW	4	4	00													
SNCU																
MBBS Doctors	2	2	One attached at PHC Drar Kalipora													
Lab Tech	1	1	0													
FMPHW	2	2	0													
JGN	1	1	0													
RBSK																
MOs	8	8	0													
ANM	4	4	0													
Pharmacist	4	4	0													
MLHPs	55	52	0										1	1	00	

6.2. Trainings

A variety of training for various categories of health staff are being organized under NHM at the National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies and the CMO office maintains information about the trainings imparted to its workers from time to time. The district has not yet received any funds for trainings during 2023-24, but 3 training courses (NSSK, NCD and NOIS) Dakhsha training

for postoperative abortion family planning for medical and para-medical staff were approved under ROP and the district has not conducted any training courses due to non-availability of funds.

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 also receive drugs free of cost. Thus, 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 50-60 percent of the current demand of drugs. The MO at the PHC and MLHP at H&WC reported that they are in a position to provide iron, ORS, TT, paracetamol, IV fluids 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 a syringe for having an injection.

Similarly diagnostic facilities are free only under JSSK and for BPL families. Diagnostic facilities for detection of NCDs are also free. 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 services, drugs and investigations.

7.2 Dialysis Services

The Dialysis unit with a bed capacity of 5 has been established at the DH in 2019. One of the beds is reserved for hepatitis B and C viruses infected patients and 4 are for normal dialysis patients. It has been provided with requisite infrastructure and manpower. The centre has been equipped with 5 HD machines, two crash carts, monitors, portable ECG machine, refrigerator and other required material. Four Staff Nurses and two dialysis technicians have been appointed under NHM for the dialysis unit which are presently running the centre efficiently. The hospital has not engaged any additional manpower; however, some internal arrangement has been worked out to keep the unit functional.

The unit provides dialysis services to 8-10 patients on a daily basis. A total 2693 dialysis sessions have been conducted from August 2021 to August 2023. The services at the dialysis centre are provided free under PM-JAY Ayushman Bharat Pradhan Mantri Jan Arogya Yojana but it covers only dialysis sessions and does not cover medicines. The patients mentioned that the payment through Golden card has been curtailed from Rs1800/= to Rs 1000/= per session. As the drugs required by dialysis patients are not included in the essential drug list, therefore patients have to buy the medicines from the market resulting in huge out of pocket expenditure. At present 27 patients are registered who are availing the dialysis services and we interacted with 4 of them at the day of our visit. All were satisfied with the services of this centre. Presently 17 patients are waiting for availing the dialysis services at DH Shopian because they are getting the services either from private centres or from the dialysis centres which are far from their homes which is a burden for them to visit twice or thrice in week to these centres. Hence it is requested that dialysis centres need to be strengthened by providing space, staff and equipment as per need and requirement.

7.3 Rashtriya Bal Swasthya Karyakram (RBSK)

Like other districts of the State, RBSK was launched in Shopian district in March 2014. There is a sanctioned strength of 30 positions and 28 of them have already been put in place. There are 04 RBSK teams (2 teams in each block while no RBSK team is sanctioned for CHC Zainpora) in the district and each team consists of 2 AYUSH Medical Officers, 1 FMPHW and 1 Pharmacist. All the posts of AYUSH MOS, ANMs and Pharmacists are in place.

The district has established a District Early Intervention Centre (DEIC) at the District Hospital. The DEIC is presently functioning from a makeshift room and has an acute shortage of space. The DPR for the construction of a separate building for DEIC has been finalized. The all-important position of Paediatrician and Audiologist is vacant.

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. During the first five months of 2023-24, RBSK teams are visiting schools and AWCs and are screening children for identified health conditions. Those found with diseases, disability and deficiencies are referred to appropriate health facilities for treatment.

During our interaction with the community members and teachers, it was found that they are highly satisfied with the working of RBSK teams.

The district has no Nutrition and Rehabilitation Centre (NRC). Infant and Young Child Feeding (IYCF) Centre has also been established with a counsellor but without any Medical officer.

7.4 Mobile Medical Unit (MMU)

The purpose of MMU is to provide medical preventive and curative services in order to ensure the availability of qualitative health care services for people in need in remote and underserved areas for patients who need various types of medical care provided in a cost-effective way. Though some of the districts in J&K have been provided MMUs, such a facility has not been provided to Shopian district, despite the considerable area of this district being hilly.

7.5 Referral Transport

The district has 17 ambulances with Basic Life Support (BLS) and 04 ambulances with Advanced Life Support and is operational on a need basis for 24X7. One each of these Vehicles is placed at DH and CHCs. Eight ambulances with BSL and ASL are fitted with GPS and handled through a centralized call centre. However, it was reported by the CMO that there is acute shortage of ambulances and the facilities are unable to provide ambulances to all the patients who need them or to pregnant women who need them from home to health facility.

7.5.1 Key observation and challenges related to referral transport mechanism

Some areas of the 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 102/108 for free transport to reach a health facility for delivery, more than 90 percent of the women use private transportation to reach a health facility mainly due to unreliable 102/108 service.

8. Reproductive & Child Health Services

8.1 Reproductive Health Services

As far as the delivery points are concerned, the information collected from the DPMU/CMO office shows that deliveries are not conducted at any of the Sub Centres and PHCs. However, few deliveries are conducted at one of the 24X7 PHC in the District. All the 2 CHCs in the district are conducting more than 20 deliveries per month. DH Shopian is designated as FRU and both normal and C-section deliveries are performed in this health facility on a 24x7 basis. More than 100 deliveries take place at DH Shopian per month. The C-section deliveries are conducted at the DH and CHCs Keller and Zainapora during day time only. However, C-sections in case of emergency are conducted during night also.

During 2023-2024, a total of 2291 deliveries were performed in the district. C-section deliveries accounted for 50% of all deliveries. Large majority of deliveries performed at DH Shopian and CHC Keller are through C-section. In fact, C-section deliveries account for 55% of all deliveries performed at DH and 40% at CHC Keller while at CHC Zainapora the C Section delivery rate is more than 80% as per HMIS data 2023-24 till the month of August.

JSY payments to both beneficiaries and ASHAs are paid in DBT mode at block level. The district has paid JSY payments to all the women up to August, 2023. As far as the availability of JSSK entitlements 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. Our interaction with the women and relatives of these patients who were present at the DH and CHC Keller (maternity wards, post-operative wards, labour rooms, OPD,) confirmed that medicines and all diagnostics facilities were provided free of cost at the time of delivery. But a free diet was provided partially. Only referral transport was made available to the women. Women generally manage their own transport for reaching a health facility at the time of delivery and for reaching home after the delivery.

PMSMA services on 9th of every month is a routine feature at all the designated health facilities in the district since its inception and all the identified high-risk women are taken care of as per their obstructed and medical history. It was reported by all the selected health facilities that line listing of all the high-risk pregnancies is maintained and pursued accordingly but during our record checking exercise at visiting health facilities, it was found that such records have not been maintained properly at all the health facilities.

The WHO's "Recommendation on Respectful Maternity Care" ensures freedom from harm and. During our visit to the selected health facilities, it was reported by all the women that they were treated with dignity but privacy is not ensured in postpartum wards.

Comprehensive abortion care (CAC) which is an integral component of maternal health interventions as part of the NHM is available at DH and CHC Keller.

8.1.1 Family Planning

Facilities for sterilization, mini lap, Postpartum Sterilization IUD and PPIUD are available at DH. These services are generally provided on designated days. NSV is not available in the DH. CHC Keller only provides IUD, PPIUD services. Spacing methods of family planning (Oral Pills and condom) are available at all health facilities in the district. Sterilization camps are generally organized on the eve of World Population Day to provide various types of family planning services. However, during 2022-23, no such camps have been organized in the district. There is no provision of home delivery of contraceptives to beneficiaries in the district. During April to September 2023, the DH has performed 10 sterilizations and has inserted 13 IUDs while CHC Keller has inserted 9 IUDs and none PPIUCDs. Quality Assurance Cells (QAC) for monitoring of family planning activities have been constituted at district level. The QAC normally meets twice a year but during 2023-24, no meeting of QAC has taken place. It was found that proper attention is not paid by the health facilities to maintain information about various methods of family planning. Family Planning now seems to be 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.

8.2 Child Health Services

8.2.1 Special New-born Care Unit (SNCU)/New-born Stabilization Unit (NBSU)

The SNCU has been established in the DH Shopian and has a bed capacity of 8 beds. All the SNCU beds are functional. The SNCU has 8 radiant warmers, 4 step down care but has no Kangaroo Mother Care (KMC) unit due to space constraints as the hospital has many construction mistakes. The SNCU has 11 sanctioned positions. Both the posts of Child Specialists are in place but one Mo has been attached at PHC Darare Kalipora. Among other positions 4 posts of Staff Nurses are also in place. A total of 107 inborn admissions and 103 out born admissions are reported in the SNCU during 2023-24. Of the 210 inborn, 56 (26%) were referred to Children's Hospital, 74% were discharged after treatment. Free medicines and diagnostic services are generally available at the SNCUs but it was reported by the parents that they have to purchase some medicines from the market.

The district does not have any sanctioned Nutrition Rehabilitation Centre (NRC). NBSUs have been established at the CHCS. Although a NBSU was established at CHC Keller it is also functional. The NBSU Keller is one of the best NBSUs in the district. PHC Sedow has a NBCC but very few deliveries take place at this PHC, because DH is just 11 kms away from the PH. During the month of August one normal delivery has been conducted at this PHC.

8.2.2 Home-Based New-born Care (HBNC)

There are 335 ASHAs working in the district and 298 (88%) have been trained in MODULE 6-7 and all the 335 ASHAS have been provided HBNC kits. It was reported by the ASHAs that these kits were partially filled as some of the items were missing from these kits and have become non-functional. During the current financial year (till September, 2023) ASHAS have made 3076 HBNC visits and have visited 78% of the newborns. On the basis of our feedback received from the community, it was found that ASHAS generally pay 3-4 visits only. The ASHAS however, mentioned that parents generally do not welcome them for HBNC as they prefer to consult child specialists for the treatment. It appears that ASHAS probably are not well versed with the objectives of HBNC and their role in HBNC.

8.2.3 Maternal and Infant Death Review

ASHAs have been involved in reporting of maternal and Child deaths but during the current year no maternal death has been reported in the district. Last year 4 maternal deaths were reported and reviewed. Information on the infant deaths during the current year shows that no deaths have been reported. Last year also 34 infant deaths were reported and are also reviewed. Further, it was also found that all the visited health facilities maintain the data regarding the maternal and child deaths and report the same to the CMO and also upload this information on HMIS portal on monthly basis.

8.2.4 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. 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, they do not open the BCG vial and instead ask the 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. The District Immunization Officer is in place in the district and is looking after the immunization. Almost all the SCs in the district have 2nd FMPW/ANMs in place. Micro plans for institutional immunization services are prepared at sub centre level in the district. 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 have been established while Rapid Response Team has not yet been formed in the district. The information collected from the selected health facilities shows that all the health facilities including SCs hub cutters while vaccines are 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.

8.2.5 Breastfeeding

During our visit to DH and CHC, it was observed that women are counselled to breast feed their babies and adequate information is given about breastfeeding. It was found 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.

8.3 Adolescent Friendly Health Clinic (AFHC)

AFHC is functional at DH Shopian. Two counsellors (1 Male and 1 Female) are posted at the clinic but the post of Data Entry Operator is vacant. The counsellors provide services to adolescents and also provide information about various contraceptive methods. Oral pills, condoms, sanitary napkins are distributed through ARSH clinic. Weekly Iron Folic Strips are not available in the 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. The clinic has an acute shortage of space and therefore lacks proper infrastructure.

8.4 Peer Education (PE) Programme

Peer Education Programme has not been implemented in the district at any level as such no activity has taken place in any of the blocks of the district for this programme.

9. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Shopian District has a requirement of 358 ASHAs as per population of the district but at present 335 ASHAs currently working in the district have been selected till date but 14 tribal sanctioned has not been selected. The information further reveals that there is no village without an ASHA in the district.

Overall, 91 percent of the in-position ASHAs have been enrolled for PMJJBY 91 percent for PMSBY and 34 percent for PMSYMY but none of the ASHA Facilitator has been enrolled under any social benefit scheme in the district. Overall, 226 VHSNCs have been formed but so far, no training has been arranged for them till date. 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. 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, 226 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and their accounts have been opened in the bank. All the VHSNC members have received training. 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.

10. SERVICE AVAILABILITY AS PERCEIVED BY THE COMMUNITY

10.1 Lifestyle and living conditions

Shopian is a rural district. More than 80 percent of the population lives in rural areas. Large majority of the population is dependent on agriculture and horticulture. Various schemes have been launched to improve the overall socio-economic and development scenario of the district and the living conditions and the overall infrastructure has improved much during the last few years. People are well aware about various health programmes. More than 98 percent of the households have registered under Ayushman Bharat. The major health issues as perceived by the community are: Diabetes, hypertension, Thyroid disorders, asthma and water borne diseases and viral infections.

10.2 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 common services availed are Child immunization, Antenatal care, delivery care, treatment of hypertension, diabetes, diarrhoea, 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 and CHCs one of the key challenges in accessing health care at the public health facilities.

10.3 Availability of HR and behaviour of staff

An interaction with the community leaders reveals that both DH and CHCs have shortage of doctors. Due to the roster system, all doctors posted at a facility are not available for consultation. During off days, they generally indulge in private practice. They mentioned that heart attacks among youth are now a serious problem but there is hardly any Cardiologist at the DH or CHCs. Similarly, due to the non availability of Gynaecologist round the clock at CHCs, 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 that most of the health facilities including the DH wear a deserted look after 4 PM, as only emergencies are open and those needing services after 4 PM are generally referred to DH Pulwama or Lal Ded Srinagar. The public is generally satisfied with the behaviour of the staff. But due to the heavy work load at the OPD, they do not give enough time to patients.

10.4 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 newborn care. They provide information about and also are involved in 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.

10.5 Health seeking behaviour and utilisation of services

People generally use public health facilities in case they are sick. Utilization of Antenatal care services is very high. More than 96 percent of pregnant women receive antenatal services from a public health care facility. ASHAs play an important role in educating women about the importance of ANC. However, along with visiting a public health facility, women also visit a private practitioner for ANC services. Women generally receive TT, IFA and anaemia testing facilities from SCs and PHCs. Apart from utilizing ultrasound facilities 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 Shopian. 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.

Like other parts of Kashmir, waterborne diseases like diarrhoea, dysentery and viral diseases like fever, cold cough are more common in Shopian 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 there have been no major outbreaks in the district during the current and previous financial year in the district. In case people have diarrhoea or common colds, they either visit a SC/PHC and some visit a private practitioner or a local chemist.

10.6 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. Overcrowding of DH and CHCs and non availability of drugs is another issue. Further, there is a need to open a dialysis centre in each of the CHCs, as the patients needing dialysis have to visit Srinagar. Due to the non availability of adequate number of Gynaecologists at health facilities particularly at CHCs, women are forced to utilize the ANC and delivery services from private facilities.

During our interaction with the community, it was found that HWC provides health care services for minor ailments only. They mentioned that HWC has essential drugs and diagnostics as per the protocol and the services are provided to the locals on a daily basis. They were of the view that an ambulance needs to be placed at the disposal of SC for emergency referral services. Overall, the community was found satisfied with the services being provided by the PHC and SC for ANC, PNC, Contraceptive services, AH counselling, nutrition counselling for every individual. They also reported that most of the time people have to purchase medicines from their own pockets.

10.7 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 CHCs in the district.

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 district has enumerated about 231252 individuals so far and 109386 CBAC forms have been filled as per the target till date. In the 55 SHC-HWCs, and 16 PHC-HWCs have started NCD screening at their facilities in the district. Further, the information collected shows that the district has achieved 100 percent target in screening the planned individuals for various types of NCDs.

In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (H&WCs) 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. Out of 16 PHCs, all have been converted into H&WCs. Similarly, 57 SCs all have been converted into H&WCs. These Centres have initiated the screening for NCDs in the district. The district has enumerated 109386 individuals so far and their CBAC forms have been filled.

11.1 Universal Health Screening (UHS)

The district is actively involved in universal health screening under different components of NHM. Under universal health screening, the district has identified a target population of 98450 eligible persons. The Community Based Assessment Checklists (CBAC) forms have been filled for them and out of them 85800 have been screened for various non-communicable diseases like hypertension, diabetes and oral cancers. About 35 thousand women have been screened for breast cancer. Overall, among the screened population 3372 (4%) persons were diagnosed for hypertension, and about 1396 (2%) for diabetes in the district. Universal screening has not helped to diagnose cases of stomach cancers or in cases of breast cancer or cervical cancers because none of the visited health facilities had any trained staff of cancer services. The NCD clinics are functioning on daily basis at SC and PHC level while as at DH and CHC Keller; such services are provided on routine basis to the patients for all days of the week. SC-HWC Chotipora has a population out of 2953 individuals 1107 are above the age of 30 years in their area and 587CBAC forms were filled since last six months by the HWC.

The NCD record keeping at various facilities visited by us is extremely very poor but with the posting of MLHP at H&WC, the record keeping at H&WC has improved.

12. COMMUNICABLE DISEASES

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. 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 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 a weekly basis but it was found that the DH is not providing such information on the portal for IDSP.

National Tuberculosis Elimination Programme (NTEP) is also working in the district. Shopian has been declared as a TB free district. The district TB Unit is part of the Anantnag district and TB Unit has its headquarter at Anantnag. The information collected shows that 3 of the health facilities are having a Designated Microscopy Centre (DMC) and DH has TruNat facility also. The RNTCP lab at DH is manned by 1 STS, and 1 Lab Technician and all the 2 posts have been sanctioned under NHM. The district has an annual target of 11828 (4% of sputum collected) and the district has no record for conducted presumptive exams. A total of 121 cases have been notified. The details of the work done by various DMCs in the districts are presented in below Table.

Indicator	Achievement
Estimated Population	297977
Annual Target for Presumptive Sputum Exams @ 30 Sputum/1000 population	8936
Achieved in presumptive Exams	6624
Total cases Notified	102
Transferred In cases	52
Total Put on Rx	28
Released from Rx	69

On Treatment Patients	69
Eligible for NPY through DBT	95
Beneficiaries paid through DBT	67
Amount Paid for NPY through DBT	141500
Panchayats having TB cases	46
TB Free Panchayats	Nil
Nikshay Mitras Registered	26
No. of TB cases provided with Nutritional Support since inception of PMTBMBA	45

The drugs for TB patients were found available at DH and CHC while as PHC in charge reported that the drugs for TB patients are being provided at the block level by the concerned BMOs. Further, the information collected shows that the TruNat facilities are available at DH in the district. A total of 95 patients are eligible under the Nikshay PoshanYojana (NPY) and DBT instalments have been initiated in favour of 67 patients. Maintenance of records of TB patients on treatment, drug resistance and notification register were found updated.

13. QUALITY IN HEALTH SERVICES

13.1 Quality Assurance

DQAC is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. None of the health facilities in the district is quality NQAS certified. DH Shopian, CHC Keller, PHCs Sedow, Herman and D K Pora and H&WC Gadipora, Zawpora, Saidpora, Balal, Kanjiullar and Zampathri were conferred with Kayaklap awards during 2022-23.

The district has identified DH, CHC Keller and PHC Sedow for NQAS. Internal assessment has been done for these facilities and assessment from the State Team is awaited. DH Shopian, CHC Keller and PHC Sedow have initiated and undertaken internal assessment for NQAS and DH has 75+% while CHC has 58 % while PHC Sedow has scored 82% points and is in the process to plug in the shortcoming identified during internal assessment. None of the facilities in the district is LaQshya certified but DH is working on it after the State health society has given some instructions to improve the services equipment and other infrastructure to achieve this award. The infrastructure at the labour room of DH is being upgraded to score more than 75% so as to qualify for State Assessment. DH has received cash of 3 lakh rupees under Kayakalp and has qualified for award during 2022-23. CHC Keller has qualified for Kayakalp award and received a cash award of rupees one lakh during 2022-2023.

13.2. 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 a regular basis by the officials of concerned health facilities to resolve the complaints if any. During the current financial year, out of total complaints, 90 percent of them have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far.

13.3 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 and PHC. The facilities are not maintaining any information about post surgical site infection cases..

13.4 Biomedical Waste Management

The segregation of bio-medical waste was found satisfactory in all facilities. The awareness amongst the staff was found satisfactory and the practice of segregation of waste was being done properly at the DH, CHC and PHC. Bio-medical waste at DH, CHC and PHC has been outsourced and regularly lifted by Health Care Biomedical Waste Lassipora, the concerned agency. SC Chotipora buries the waste material in pits constructed for the purpose.

13.5 Information Education and Communication (IEC)

Display of appropriate IEC material in Health facilities was found by and large satisfactory at all the levels. 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.

14 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

The Shopian district had taken an early lead in the facility reporting of HMIS and also had shifted to a new HMIS portal for uploading of information. The data quality of various health facilities particularly District Hospital had improved a lot. However, DH has a sanctioned post of Data Entry Operator under ARSH who had the responsibility of collecting work done reports from various sections of the Hospital and uploading it on HMIS website. This is substantiated by the fact that although DH has uploaded the HMIS data for all the 6 months of 2023-24 but data uploading is incomplete for surgical site infections for all the months. Information about breast feeding is also recorded on registers and it was found uploaded on HMIS.

The DPM has distributed a new revised HMIS format to health facilities. Besides, the training has not yet been imparted on the revised HMIS formats at PHC and SC level. Only the BMEOs have received training on new HMIS formats. So, the district is following the new HMIS formats and as such there is a lot of misunderstanding in place to record or report information for new data elements in the district.

The monitoring team discussed this issue with the CMO and we were informed that new HMIS formats will be made available to all the health facilities from the month of August 2023 and a plan has been devised to organise training on new HMIS formats at block level in the month of August, 2023.

15. STATUS OF FUNDS RECEIVED AND UTILIZED

During 2023-24, funds are released as per demand from time to time, and the district has utilized all the funds of 1st quarter of 2023-24 under different account heads. It needs to be mentioned here that the funds allocation is done through Single Nodal Agency (SNA) to all the districts in Jammu and Kashmir and this has brought maximum transparency in allocation and expenditure of funds. The information collected from the CMO office regarding the receipt and utilization of funds for the financial year 2022-23 reveals that the district has utilized 100 percent of funds received from

various sources. District has made about 100 percent expenditure on all the major heads including RCH Flexi pool, Mission Flexi pool, and Immunization.

Overall, the district has utilized 13.12 lakh of funds that were received under different schemes of NHM. The district has utilized around 100 percent of funds received through NHM for various NCD programmes which include NMHP, NPCB+VI, PCDCS and NRCP during 2022-23. DH Shopian has been able to utilize Rs. 30748246 lakh (100 percent) funds received during 2022-23, CHC Keller has spent Rs 9272531 of the received amount. But PHC Sedow and HWC Chotipora have received no funds since 2019.

15.1 Payment Status

The information provided by the CMO office shows that overall, the district has no backlog of JSY beneficiaries during the current financial year and 100 percent JSY beneficiaries have received the payments. All the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till the month of September 2023. During the last 6 months, 71 percent of TB patients have received incentives under the Nikshay Poshan Yojana (NPY) through DBT. The information collected from the selected health facilities shows that DH, CHC and PHC have no funds for payments to ASHAs under NLEP scheme.

16. SERVICE AVAILABILITY AT THE PUBLIC FACILITIES

16.1 District Hospital Shopian

District Hospital Shopian is situated at the centre of the town and is housed in a 3-story new building. The 1st referral point for the district is DH. It has a bed capacity of 100 but a few blocks of the hospital are still under construction. The accommodation for medical and para medical staff is not available. The hospital is getting 24X7 electricity and water supply. Power backup supply is available in the OT, labour room and wards. Water is available in the wards, labour room, OTs, and labs. Adequate toilet facilities are available in the wards and were found somewhat clean. Citizen's charter, timings of the facility, list of services available, protocol posters are displayed properly. Complaint box is also available for registration of complaints and grievances.

DH Shopian was upgraded to District Hospital some 15 years back but it was working with the staff strength of a Sub District Hospital till 2020. Recently new positions of HR have been sanctioned by the UT administration which includes specialists, Paramedical staff and office staff. According to the information provided by Medical Superintendent (MS) of DH Shopian, the DH presently has a sanctioned strength of 63 from regular side staff, out of these 46 (73%) are in place. One post each of Surgeon, Physician, Orthopaedic, ENT and Dental Surgeon is vacant. The DH does not have a sanctioned position of Cardiologist, Pathologist and Dermatologist. The hospital also has 7 positions of doctors from NHM side and except the one position of Paediatricians all other posts of doctors are in position. Of the 28 positions of paramedical staff from the regular side, 14 (50%) are in place. The vacancies are in case of Operation Theatre Technicians, FMPHWs and Staff Nurses. The hospital also has 75 positions of paramedical staff from NHM side, which include 45 Staff Nurses. Of these 41 positions, 91 are in place.

Under NHM, DH has a functional District Early Intervention Centre (DEIC) under RBSK which is being looked after by the MO. The DEIC has a sanctioned staff strength of 14 and 12 of them are in position. The post of Child Specialist and District Early Interventionist is vacant. The SNCU has also been established and has a strength of 6. The NCD Clinic is also functional at the DH and has all

the permissible positions, which include one each MO, Physiotherapist, Counsellor, SN, 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 the required staff. The DH has also established one Dialysis Centre run with 4 staff nurses and two dialysis technicians. NHM staff is being used in the DH as per the requirement of the hospital and not used only for those schemes for which it has been engaged. It was found that NHM staff is playing a vital role in the smooth functioning of the DH.

Most of the basic equipment required in a district hospital are available but it does not have a CT-Scan and MRI facility. Thyroid profiling facility is also not available in the hospital and imaging service (USG) is done during the day time only as the hospital doesn't have any radiologist. Jan Aushadhi shop is available in the DH premises. It has 340 products, but it was found that all the doctors do not prescribe generic drugs. Therefore, there is less demand for generic drugs among patients. The hospital procures medicines from the Jan Aushadhi shop.

DH has initiated Kayakalp and has received 71 points as a result of internal assessment. The hospital is not yet LaQshya or NQAS certified. Cleanliness of the facility was found satisfactory at all levels in the hospital. Citizen's charter, timings of the facility and list of services available are displayed properly.

16.1.1 Availability of Services

Almost all the necessary services which include general medicine, O&G, labour room complex, ICU, dialysis unit, NCD, mental health, paediatric, surgery, anaesthesiology, ophthalmology, dental, imaging services, DEIC, SNCU, NRC and emergency care are available at the hospital. The Blood Bank is established and fully functional. The hospital doesn't provide any Teleconsultation services to the patients. Doctors on call are available for emergency purposes during night hours. Cardiology services are provided through the NCD clinic. C-section deliveries are conducted thrice a week. Facilities for mini laparoscopy and IUD/PPIUD services are available on select days. NSV services are not available at the DH. Child immunization is available on a daily basis. There is a functional SNCU in the hospital which is co-located with the labour room and is equipped with required equipments. Blood bank services are available at DH and have issued 8 in the month of September, 2023 and 25 blood units were available in the blood bank.

16.1.2 Availability of drugs and diagnostics

All drugs in the EDL list of DH are available in the DH. As most of the people have received the Golden Cards, the DH is in a position to provide free drugs to more than 90 percent of IPD patients. As far as OPD patients are concerned, the hospital is in a position to provide 45-50 percent of prescribed drugs to OPD patients. There are two reasons for this. As most drugs available at DH are generic but doctors do not prescribe generic drugs. Secondly, the supply of drugs is not demand driven and therefore hospitals are not in a position to provide free drugs to all. However, DH provides all drugs and consumables free of charge in case of JSSK. List of Essential Drugs is displayed in the DH but quantity of available drugs is not displayed in the OPD, OT and labour room. Computers have been provided but computerized inventory management of drugs is partly in place. Our interaction with the OPD patients revealed that only 40 percent of the drugs prescribed to them were provided from the hospital pharmacy.

The Medical Superintendent mentioned that almost all the essential equipments/instruments and other laboratory equipment required in the OPD, OT, labour room, SNCU and laboratory are available and functional. However, laparoscopes, MRI and Endoscopes, CT Scan are not available. Further the lab of the hospital is in need of a fully automatic analyser to meet the growing diagnostic demand generated by JSSK.

16.1.3 Whether services are optimally utilised, average workload of staff

The services available at DH Shopian are optimally utilized. The hospital sees a huge rush of patients every day. A total of 158952 patients have visited the OPDs of DH during 2022-23. AYUSH OPD accounts for about 1 percent of the total OPD in the DH. A total of 2095 admissions have been made in the IPD of DH. Further 805 major and 393 minor surgeries have been performed in the hospital. Around 1357 institutional deliveries have been reported at the DH from April to September 2023. C-section deliveries account for 55 percent of total deliveries. Information collected from the laboratory shows that a total of 100811 lab investigations were performed during 2022-23 while Histopathology investigations (176 Tissue biopsy and 10 pus cell) have been done outside in PPP mode which has a contract with the DH.

16.1.4 Key Challenge

1. The infrastructure for the DH is yet incomplete as most of the blocks especially maternity section maternity OT have space constraints and delivery tables are almost nonfunctional which affects smooth and safe conducting of delivery services at the facility.
2. There is a single OT and one table available for General, Orthopaedic and ENT surgeries.
3. Gynae OPD is conducted in an 8x8 room where 4 doctors see the patients and it is very difficult to conduct the examination in such a short space for any doctor.

16.2 Community Health Centre (CHC) Keller

Community Health Centre Keller is situated in the east of Shopian district headquarter. It is housed in a new building but has no ground or outer space where hardly two ambulances can be parked. It is on a link road in Keller town and is a dedicated FRU and is the next referral point after DH Shopian which is at a distance of 15 kms. The functional inpatient bed capacity of the CHC is 30 beds with separate beds for males and females. The services that are available at CHC Keller include general medicine, general surgery, NCD, Dental, Gynae, Lab investigations and x-ray. But CHC Keller has no Orthopaedic, ENT, Ophthalmology, Pathology and Radiology are not available.

CHC has a sanctioned strength of 13 doctors and 10 para- medical staff from the regular side. There are currently 12 doctors posted at the CHC. Of the 10 positions of paramedical staff, 6 are in position. The vacancies are in the case of Staff Nurse, OT Technician, and Dental Technician. Apart from regular staff, CHC also has 2 positions of Medical Officer and 16 positions of paramedical staff from NHM side and all the 18 positions are in place.

CHC has initiated LAQSHA but is Kayakalp certified. A NCD clinic is also established but without staff and infrastructure. However, NCD screening is done through a routine OPD clinic.

Cleanliness of the facility was found satisfactory at all levels in the hospital. Colour coded waste bins (blue and yellow) are available in each section of the DH for waste segregation. The CHC has outsourced disposal of biomedical waste which is collected on a daily basis.

16.2.1 Availability of Services

Very few services as per IPHS standards for CHC are available at the CHC. Apart for emergency services, ANC and child immunization and family planning (Spacing), the CHC provides services for general medicine, NCD, O&G, General surgery, and dental services. Facility for normal delivery is available and c-section deliveries are also conducted. NBSU is also functional at the CHC. Blood storage facility is not available.

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.

16.2.2 Availability of drugs and diagnostics

The CHC has a functional lab which conducts basic blood and urine analysis like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, X-Ray, VDRL, LFT and KFT. It was also found that CHC has adequate supplies of reagents and consumables in the laboratory. Various tests like RPR, T3, T4 testing facility, culture sensitivity and histopathology are not available at CHC and the ANC cases requiring these tests have to obtain these services from the private diagnostic facilities. Further it has a functional X-ray. Thyroid profile is not done in the hospital. Blood Storage Facility is not available at the CHC. The Essential Drug List was displayed in the store and at the entrance of CHC 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 are available at facilities under JSSK. Family planning items like condoms, OCPs and EC pills are also available at CHC. CHC lab has conducted about 39777 tests during April to September 2023.

16.2.3 Service Utilization

The services at the CHC are not optimally utilized keeping in view the staff available at the CHC. OPD, ANC, delivery, immunization, laboratory services and family planning services are optimally utilized. NCD services are also optimally utilized. The services which are not optimally utilized are post natal care, IPD and NBSU services.

16.2.4 Key Challenge

1. CHC needs outer side space building and also has an acute shortage of space.
2. The facility has a dearth of medical and paramedical staff as all posts of specialists are vacant and thus affects the smooth functioning of various units of the CHC.
3. CHC needs some more equipment which includes Elisa Reader (Thyroid Analyzer), colour Doppler and Anaesthesia Work Station.
4. Digital x-ray is needed as the manual x- has less accuracy and cost burden.

16.3 PHC Sedow

PHC Sedow is the 24x7 PHC-HWC which was converted into a HWC in 2019. It is situated at a distance of 11 kms from block headquarter Shopian and is easily accessible by Mughal Road. It is functioning in a double-story government building along-with a new block but without a boundary wall. PHC is located in Sedow which is just 5 kms away from the famous Aherbal waterfall and gets heavy snowfall during winter which blocks the entry to the PHC, causing problems for both staff and patients especially during night hours. The PHC caters approximately to a population of 6226 persons. There are 4SCs and 4 villages in the PHC area. There are also 5 ASHAs working under the

PHC. The institution has a bed capacity of 10 beds with separate wards for male and female patients. The institution also has a staff quarter for its medical officer and other Paramedical staff. Backup for electric supply is available at the facility in the form of one solar inverter presently.

Out of two sanctioned doctors (MBBS) from the regular side one is in position. From NHM side one MO (MBBS) and 1 AYUSH MO are posted at the PHC. The post of Pharmacist, and dental technician both the positions of staff nurse and FMPHW are in position while the post of Lab technician is vacant. PHC has conducted 3 normal deliveries in the month of June 2 and in the month of August one during 2023. The PHC is three times Kayakalp awardee and now is preparing for NQAS where internal assessment has been done and PHC has 91% point in this assessment and are waiting for National Assessment which is scheduled very soon.

16.3.1 Availability of Services

Most of the services as per IPHS standards are available at the PHC. The services available at the PHC are medical and essential OPD services, referral, antenatal care, postnatal care, immunization, basic laboratory services, treatment for minor ailments, screening and treatment of hypertension and diabetes, spacing methods of family planning, counselling services for ANC. A neat and clean labour room is available, and due to the availability of well trained female staff (FMPHW/ANM) normal deliveries are conducted at this PHC.

16.3.2 Availability of drugs and diagnostics

As per the Essential Drug List, 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. Diclofenac, Cetirizine, Paracetamol, Albendazole, Inj PAM, Inj Hydrocortisone, Inj Dexamethasone and some of the NCD drugs were not available at the PHC. Diabetic drugs and combinations of diabetic and hypertension drugs are also not available. Updated EDL was also found displayed at the facility. Drug stores also have labels showing shelf life of each drug also. The facility also had a shortage of syringes and intravenous drip sets. It was found that the hospital is in a position to meet only 50 percent of the demand for drugs and other consumables.

16.3.3 Whether services are optimally utilised, average workload of staff

Although limited facilities are available at the PHC, there are two MO (MBBS) doctors posted at the PHC. Keeping in view the availability of doctors at the facility, we could not find many patients at the facility during our visit. Therefore, OPD services are not optimally utilized at the facility. However, ANC and immunization are optimally utilized. Family planning services particularly condom and oral pills are also optimally distributed at the PHC. The facility can easily conduct deliveries but due to the lack of interest on behalf of doctors and FMPHW/ANM deliveries do not take place here.

16.3.4 Key Challenge

1. Due to shortage of the staff, the health facility is not able to provide any delivery services (Normal deliveries), lab facility on 24X7 bases. No Teleconsultation service is provided by the facility.
2. There are no boundary walls for safety and cattle move inside the facility freely.
3. The ambulance at the health facility is insufficient and all the pregnant ladies are referred to other higher facilities thus need more ambulances for any emergency situation.

16.4 Sub Centre Chotipora

This SC is located in an old rented building without HWC branding. This SC is within main habitation, 7 Kms away from block and 4Kms away from linked PHC. The SC caters to 2 villages with a catchment population of around 2953. The SC is housed in an old building, with 3 rooms and one nonfunctional washroom outside the building. One room is being utilized for OPD services and another room for routine immunization. The OPD room is being used as a drug store also. It is in a bad physical condition and is not connected with a registered electricity connection. The centre has no drinking water facility and without a registered electricity connection and wash room facilities.

SC-HWC Chotipora has a sanctioned position each of FMPHW and pharmacist from regular side but both are vacant while from NHM side one position of FMPHW and one MLHP/CHO is posted at the facility.

16.4.1 Availability of Services

All services as per IPHS are not available at SC Chotipora. Facility of ANC registration, ANC checkups, measurement of height, weight, BP and HB is available the entre. TT and IFA are also provided to women. Among postnatal services counselling on diet and breast feeding is provided. Child immunization facility is also available at the SC. Apart from counselling 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, diarrhoea, worm infestation and first aid is also available at the facility. The facility also helps in the control of local epidemics, diarrhoea, dysentery, jaundice. VHND camps are organized at the facility. The facility also promotes condoms for controlling AIDS. Recently H&WC has started screening the 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 a regular basis.

16.4.2 Availability of drugs and diagnostics

As per the Essential Drug List, H&WCs should have 23 drugs available. But it was found that out of these 23 drugs, SC had only 17 drugs available on the day of our visit. Diclofenac, Dexona injection, Citrizine, Paracetamol, Albendazole, Doxycycline, Ciprofloxacin and some of the NCD drugs were not available at the H&WC. Amlodipine tablets are available. Diabetic drugs and combinations of diabetic and hypertension drugs are not available at H&WC. Updated EDL was found displayed at the facility. The facility also has testing kits for checking haemoglobin, pregnancy status and blood sugar. Thermometer and BP apparatus are available at the HWC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc.

16.4.3 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 a FMPHW are working at the centre, on an average less than 5 to 7 persons visit the facility for treatment of minor ailments. The population 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 H&WC. On average in a month, the facility provides ANC services to 3 women and immunization to 8 children. Very few women visit for contraception services. However, 600 adults have been screened for

Hypertension among these 41 are confirmed and 600 adults are screened for Diabetes among these 23 are confirmed and adults confirmed with both HT and Diabetes are 19 by the H&WC.

16.4.4 Key challenges observed in the facility and the root cause

- a) One of the key challenges faced by the facility is 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.
- b) The H&WC was not branded as per the set guidelines of H&WCs. The building has an acute shortage of space. The toilets are almost not functional due to the non-availability of water and electricity.

17. CONCLUSION & RECOMMENDATIONS

1. There is visible improvement in the district in the implementation of different components of NHM but still there are some issues in running the programme more efficiently. Based on the monitoring exercise, following are the recommendations and suggestions for further improvement.
2. Human resource is amongst the basic pillars to run any programme and its rational use makes success stories. Though Shopian district has some shortage of human resource from the regular but the human resource provided under different schemes of NHM to the district has been a milestone in itself but still there is need of Specialists at CHC level. There is a need for audit and rationalization of human resources (both from the regular as well as NHM side) on the basis of workload and work done by different health facilities. There is an urgent need to appoint a Pathologist, Cardiologist, Dermatologist, Orthopaedics and ENT specialists at DH and CHC level to provide best possible services to the people. Radiologist is needed for performing USGs and other radiology related investigations as the district does not have a radiologist.
3. Availability of infrastructure is also an important component of service delivery and in this regard, the district has received very good support from the NHM as well as from other agencies and the district has been able to upgrade their health infrastructure as per IPHS standards but there are still some gaps which needs to bridge on priority basis. Among these, there is a need to complete the under construction building of the district hospital.
4. Another issue which needs to be addressed at the earliest is the non-availability of some equipment at various health facilities and in this regard, DH and CHC needs MRI and CT scan; these facilities will help in providing better services. Similarly, at PHC level old type X-ray machines should be replaced by the digital machines and few old type analysers can also be replaced by new multi-tasking analysers for better efficacy and output. Further, it is also suggested to provide Elisa reader (Thyroid Analyser) to DH and CHC as almost all the pregnant women under JSSK need to go for thyroid profile and Histopathology in the absence of such facility at these health facilities, these women have to get it done outside and thus put more burden on their pockets.
5. The district is without a MMU and as such it is suggested to provide a MMU to the district to net-in the hard-to-reach areas for various facilities through MMU.
6. Free drug policy at ground level needs to be implemented in a better way so that the population can get benefited. There is also a need to provide sufficient and multi-salt drugs to the HWCs for NCDs as they have become the primary source for providing drugs to such

patients at the grass root level. Prescription audit is not taking place in the district at any health facility therefore, there is a need for audit of diagnostic tests or drugs prescribed by the doctors at all the higher health facilities.

7. Though JSSK for pregnant women is in vogue, it was found that pregnant women get some food, drugs, referral transport and partly to-and-fro transportation. It was also observed that the monitoring mechanism for its implementation is poor.
8. The records pertaining to tests conducted in different labs, Breastfeeding within one hour, Weight at birth, transport facility (from home and back, referral), diet given during stay at the health facility, medicines being provided under JSSK need to be kept in proper shape and ready for any public scrutiny.
9. The institution of ASHA has proved to be an asset to the RCH as it has proved a vital role in immunization, ANC, PNC, institutional deliveries, and other related issues of RCH. Since these ASHAs are not highly qualified but still they have been performing better but need continuous monitoring and supportive supervision. It is therefore suggested to make these coordinators and facilitators answerable to a core group at the district level for better results in terms of regular orientation/training of ASHAs.
10. Though District Level Quality Assurance Committee (DQAC) is functional in the district but there is a need to use its expertise in a much efficient way so that various level health facilities can get accredited/certified for Kayakalp, NQAS, and other national level accreditations more in near future as till date the visited DH, CHC, PHC have not been awarded in NQAS or LaQshya in the district but DH Shopian, CHC Keller, PHCs Sedow, Herman and D K Pora and H&WC Gadipora, Zawpora, Saidpora, Balal, Kanjiullar and Zampathri were conferred with Kayakalp awards during 2022-23.
11. DH facility scored 75 points in NQAS in the internal assessment while CHC Keller has scored 58 points and PHC Sedow has scored 82 points in NQAS in Internal assessment.

18. PHOTO GALLERY



Clean SNCU at DH Shopian



Space constrains in Dialysis ward at DHShopian



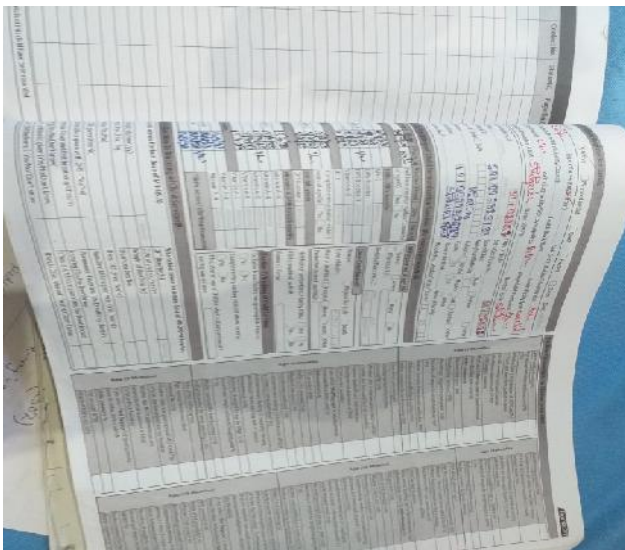
Space constrains at DH Shopian in Maternity Ward.



Well Equipped Laboratory at CHC Keller

Month	Target	Actual	%	Target	Actual	%	Target	Actual	%
JAN.	225	225	100	225	225	100	225	225	100
FEB.	150	150	100	150	150	100	150	150	100
MAR.	175	175	100	175	175	100	175	175	100
APR.	175	175	100	175	175	100	175	175	100
MAY	50	50	100	50	50	100	50	50	100
JUNE	50	50	100	50	50	100	50	50	100
JULY	175	175	100	175	175	100	175	175	100
AUG.	50	50	100	50	50	100	50	50	100
SEP.									
OCT.									
NOV.									
DEC.									

DMC work done at CHC Keller



Well maintained record of ANC at CHC Keller



instructions in local language at NCD Clinic Keller



Well labelled Drug Store showing Shelf life of drugs at CHC Keller



Separate counter for Senior Citizen and Ladies at PHC Sedow



Triage at PHC Sedow



Guiding Coded Lines for patients at PHC Sedow



Seven Try System at PHC Sedow



Baby Care Corner at PHC Sedow



Health and Wellness Centre/SC Chotipora



Interacting with staff at HWC/SC Chotipora