

# MONITORING OF PROGRAMME IMPLEMENTATION PLAN UNDER NATIONAL HEALTH MISSION OF DISTRICT KISHTWAR, J&K, INDIA



Galaxy A71

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## Acknowledgement

Since the dawn of independence, various nationally designed Health and Family Welfare Programs have been implemented in all states of India to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the States in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, which started recently, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. In order to assess the performance of the flagship initiative the Ministry of Health and Family Welfare undertakes the Monitoring and Evaluation activities of the NHM. The Ministry of Health and Family Welfare has established a network of 18 PRCs for quality monitoring of State PIP components, such as the core elements like HR strengthening, infrastructure development, drugs and financial implications, etc. During 2023-24, Ministry has identified 18 districts in Jammu & Kashmir for PIP monitoring in consultation with PRC Srinagar. The staff of the PRC, Srinagar is visiting these districts in a phased manner. The present report is drafted to showcase the monitoring of the programs and activities under National Health Mission in context of district **KISHTWAR** of Jammu and Kashmir for the financial year 2023-24. In this report we have attempted to explore the status of health infrastructure and human resource of the district. Insights related to service availability, referral transport, role of ASHAs and perception of community has also been elaborated. The strength and weaknesses observed during the field visit along with the opinion of the beneficiaries are discussed in this PIP report.

Our special thanks goes to, Mission Director, Ms. Ayush Sudan, NHM for her cooperation and timely support rendered to us while PIP monitoring in J&K. We wish to place on record the coordinator of our Centre Dr. Bashir Ahmad Bhat for his timely support, guidance and encouragement. Special thanks are due to CMO of district Kishtwar, Medical Superintendent of District Hospital, **KISHTWAR**, BMO of **CHC ATHOLI**, BMO of **PHC CHATROO** and MLHP of H&WC **UDIL GUJRAN** for sharing their experiences and timely support. We would like to appreciate the cooperation rendered by the officials of District Programme Manager (DPM), **Mrs. Monika Sharma**, District Manager and Evaluating Officer (DMEO), **Mr. Manoj Kumar**, Block Monitoring and Evaluating Officers (BMEOs) of DH Kishtwar, PHC, Chatroo, CHC Atholi, for helping us in the collection of information. Special thanks are also to the staff at DH, CHC, PHC and H&WC 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 UT Govt., of Jammu & Kashmir in taking necessary changes.

**Farida  
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Dated: 20/10/2023

### **Executive Summary:**

In four health blocks of district **KISHTWAR**, a total of 148 established public health facilities including 01 district hospital, 03 community health centres, 21 primary health centres, 27 Additional primary health centres and 96 sub health & wellness centres are providing service delivery. The district has upgraded almost all the sub-centres and primary health centres into health and wellness centres. During the PIP monitoring and evaluation exercise, the PRC team has visited four health facilities including District Hospital **KISHTWAR**, CHC **ATHOLI**, PHC **CHATROO**, H&WC **UDIL GUJRAN** and had a comprehensive community visit also in order to understand the behaviour of service providers and status of service delivery at all levels in the district. The team has also interviewed most of the front line workers like ASHSs, Panches and Sarpanches of the community for making a wide range of understanding regarding the implementation of NHM programmes and schemes and to understand the issues in implementing these programmes. The summary of the report are summarized below:

The National Health Mission has played a critical role in terms of manpower and equipments in justifying the needs of health care services in the district because most of the existing staff at all the levels especially at the lower level health facilities like Sub-centres, primary health centres and even at CHC level are performing well in providing services delivery and community people as well as the service seekers are highly satisfied with the nature, behaviour and service delivery of staff posted at these centres.

The current District Health Action Plan (DHAP) has been formulated for the two financial years namely 2022-2023 to 2023-2024 and accordingly the Chief Medical Officer of district Kishtwar has prepared the budget allocation and first installment of fund was released on 18/05/2023 through the Single Nodal Account on the basis of the demand. The district Kishtwar has received the approved DHAP on 22-06-22 for two consecutive financial years i.e., 2022-23 to 2023-24. Moreover, the CMO Office has also prepared the PIP for the financial year 2024-25 and has submitted the same on 29-09-2023.

District Kishtwar is one of those districts where there is acute shortage of doctors. Due to the terrain topography, remoteness, adverse climatic conditions, accessibility and transportation issues, doctors generally are not willing to serve in this district. Although, under public pressure, orders for posting of doctors in the health institutions in district Kishtwar are issued by the government and some doctors do join their duties but they also either manage to get themselves transferred from the district or prefer to get leave and consequently most of the health institutions including the district hospital and CHC Atholi remain without doctors for most part of the year.

District Hospital and CHC has acute shortage of specialists in general and Gynecologists and Anesthetists in particular. PHCs also have shortage of both male and female doctors. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to move to other hospitals located in districts of Jammu and Srinagar or visit a private clinic for treatment. Therefore, there is an immediate need to address the shortage of specialist doctors in the CHC Atholi and district hospital on priority basis.



Although, the district has only 46.31 percent of specialists in place from regular side but overall the district is performing well in providing service delivery while as in case of paramedical staff, the district has around 75.54 percent of staff in place. In case of NHM, the district has around 70.69 percent of specialists and 92.61 percent of paramedical staff in place.

Since the establishment of Jammu & Kashmir Medical Supplies Corporation limited (JKMSCL) in the Union Territory of Jammu & Kashmir procures and distributes the drugs and equipments under Drug and Vaccine Distribution Management System (DVDMS) and overall the supply chain to the public health facilities has improved exemplary. However, at times delay in supply of some essential drugs at the visited health facilities are from JKMSCL and these drugs were found to be substantiated through the purchase from the market by tender system using GeM Portal.

The Union Territory of Jammu & Kashmir had announced the policy of providing free drugs to all irrespective of economic status, and all the visited health facilities of the district are not practicing the free drug policy under JSSK, Ashman Bharat, elderly people, children and Golden card holders while for the general patients, around 20 percent of medicines are being provided free of cost to all the patients irrespective of economic status from all levels of health facilities.

The hospital as well as the ASHA workers complained that the hospital is unable to provide home to facility referral transport services to expectant mothers due to the cause of hilly terrain which is difficult for them to capture the mothers from their residence but at times the hospital manages to provide drop back from facility to home referral transport services only to those who are extremely poor delivered mothers. Further, the hospital management complained that they are unable to provide the referral transport to pick and drop back of pregnant mothers, free diet, free medicine and diagnostics to pregnant women because of non availability of funds said, the Chief Medical Officer (CMO), Dr. M. Yaqoob Mir.

Most of the patients complained that though the UT Govt. and the health department are claiming that all is well unfortunately the fact remains that government run district hospital including community health centres, Primary Health Centers, and Sub-centres established in various towns of Kishtwar district are facing dearth of doctors' especially specialist like Surgeons, Physicians, Radiologists, Ophthalmologist and Dermatologist due to which patients are facing tremendous problems. The patients have no choice other than to move either to GMC Anantnag or to GMC Jammu.

Normal deliveries are conducted on 24x7 basis but C-section deliveries are conducted on need basis subject to the availability of anesthetist and gynecologist at district hospital Kishtwar (DHK). The local people demanded that at CHC **Atholi** and PHC **Chtroo** should have at least a female Gynecologist or a Medical Officer during night so that a normal delivery could be done.

State government has made it mandatory for doctors to write only generic names of drugs in capital letters on prescriptions, but all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. Therefore, there is a

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

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

Most of the NHM programme suffers especially JSSK, JSY, ASHA incentives, referrals, HBNC due to the non availability and timely the release of funds said the CMO Dr. Mohammad Yaqoob.

The total bed capacity of district hospital at present is 100 which is insufficient keeping in view the population of the district and its topography which is prone to fatal road accidents. Due to the inadequate number of beds, sometimes a bed is being shared by more than one patient.

Information about JSSK and JSY entitlements, user charges, HIV/AIDS, family planning, immunization, breastfeeding, etc is **not** displayed prominently in all health facilities. The updated Essential Drug Lists (EDLs), Citizen's Charter, timings of the facility, availability of services, protocol posters are also **not** displayed in all the visited health facilities except DH. There is also a need to display IEC material emphasizing the importance of staying in the facility for at least 48 hours after delivery as it has been observed that no woman stayed more than 10 hours after the normal or C-section delivery.

The district is not practicing with letter and spirit, all the entitlements under JSSK including diet, medicine, diagnostics, respect, care and transport. During an interaction at the visited health facilities, delivered mothers reported that they have purchased most of the drugs or diagnostic services from the market during their nine months of pregnancy. Although, after the delivery, the delivered mothers were given a proper maternity care but they complained that they have not been provided, diet and referral transport of 102 for pick-n-drop.

Skill of ASHA workers was assessed at the sub-centre and primary health centre and most of the ASHA workers performing well and have good knowledge of various components like filling-up of CBAC forms, HBNC visits, immunization, family planning and reporting about various other schemes. The delivered women as well as the ANCs patients and community people at large are highly satisfied with the ASHA workers and their work culture. Further, the staff posted at the visited health facilities is also satisfied with the dedication and work culture of ASHA workers in the district.

The ASHA workers of the district are **not** getting their assured incentives on the regular basis because of non-availability of funds. Most of the ASHA workers in the district complained of less incentive and more workload. They added that HBNC kits have not been provided to them

since the couple of years and they purchased some instruments for HBNC kits but they have not been provided any compensation till date.

Although, the performance of ASHA workers is extremely poor especially of the visited health facilities but they are currently on strike since August 2023 because they are generally interested in claiming their increments on their incentives and demands of regularization rather than facilitating in providing quality services. They need to be further reoriented on different schemes and programmes of MoHFW like HBNC, filling up of HBNC forms, NCDs, CDPs and reporting of data on various other components.

District Hospital Kishtwar has a 05 bedded functional SNCU with 01 stepdown care and has 01 Kangaroo mother care (KMC) unit and a total of 172 inborn and 97 out born babies were admitted during 2022-23. The staff at SNCU is following the rules and regulations as per IPHS 2022. The SNCU is functional with the qualified nurses and pediatrician. The NBSU at CHC Banihal and PHC Ukheral are also functional with the required instruments.

Sick Newborn Care Unit (SNCU) is operational at the district hospital Kishtwar but the Newborn specialized Unit (NBSU) at CHC Atholi are non-operational due to the lack of human resource as well as the flow of normal deliveries. Information about services provided by the SNCU shows that referral of infants from SNCU to GMC Jammu has not showed any signs of decline. No infant is shown to have died in SNCU or NBSU during the last one year. This indicates that all high risk neonates are immediately referred to tertiary care hospitals such as GMC Anantnag or GMC Jammu.

The imaging services like USG, x-ray and dialysis services are available at the district hospital Kishtwar and PHC Chatroo but these services such as imagining services like USG as well as x-ray services are not available at the CHC Atholi. The normal as well as C-section delivery services are available only at DH Kishtwar on 24x 7 basis while the normal delivery services are also available at PHC Chatroo and CHC Atholi on day time basis.

The RBSK teams in district Kishtwar are performing well and on an average around 130 children are being screened per day by each RBSK team against the given guidelines of 100 children per day. During an interaction, the RBSK team have complained that referral patients are not been taken care off in the territory hospitals and they urged that whenever a patient is being referred from the RBSK team, a timely intervention is required by the territory care. They added that when any RBSK team member visits territory care hospitals for the referral case, they should be given a priority and welcome at the territory care otherwise they said that they have to wait hours in the waiting line.

District Kishtwar has not progressed well in terms of quality assurance and till date no facility are accredited with any quality assurance programme such as Kayakalp, NQAS or LaQshya during 2023-24. However, PHC Chatroo and HWC Udil Gujran has initiated of the external assessment for the certification of NQAS but CHC Atholi has not yet initiated any process in



case of Kayakalp or NQAS due to the lack of non-availability of specialists as well as the basis diagnostic services like x-ray, USG and etc. The district hospital has initiated for the LaQshya certification in case of Labour room and OTs.

Institutionalized mechanism for grievance redressal was not evident in all the visited health facilities and complaint boxes are also not displaced at the entrance of every visited health facility. However, the complaints are been received through 104 toll free number which has been established by the State Health Society of Jammu & Kashmir. Most of the service seekers have knowledge and awareness about the grievance redressal mechanism. In case of 'Mara Aspatal' portal, almost all the visited health facilities are operationalizing it fully and this app is now being taken care through **e-sehaj** portal.

Home Based Newborn Care kits have not been provided to ASHA workers of **Padder** and Chatroo block of district Kishtwar but by somehow they are managing to conduct the Home Based Newborn Care visits. However, the use of Home Based Newborn Care skills is an issue including filling up of Home Based Newborn Care forms and therefore, the ASHA Coordinators and Facilitators of the district need to be closely monitor the HBNC visits and provide on spot feedback to ASHA workers especially Padder block of district Kishtwar.

Most of the visited health facilities of the district have not received the new HMIS formats including the district hospital Kishtwar and the DPMU had not also provided them any training about the capturing of data on these new elements. However, the data entry operators posted at PHC Chatroo have started the process of uploading data on the new data elements and have also opened the page on the registers for the same. He added that he has recently received the training about the new data elements from the block and he need not require any training for the same. However, the staff of various sections insisted that a training session may be arranged for them so that they understand the new data elements fully.

Almost all the visited health facilities in the district have uploaded and updated the HMIS portal regarding the delivery services, infrastructure & human resource. However, during our visit to these health facilities, a few on-the-spot instructions were given to all the data entry operators and the incharge of the facility as to how the recording and reporting of data can be improved.

Although the Mobile Medical Unit (MMU) is operational and is functional in the district but due to the death of medical officer couple of years back, a new MO has not been recruited till date due to which they are facing number of challenges in the field. The MMU team complained that most of the times, medicines are not being provided to them due to which they are not able to organize medical camps. However, they added by saying that on the request of CMO, the homeopathic medicines are being provided to them for organizing the medical campus. The Peer Education Programme is functional in the district with the letter and spirit and is performing well. Nutritional Rehabilitation Unit is not functional in the district because the district administration has not received any approval for its establishment form the UT Administration till date.

## 1: INTRODUCTION

All States in the country submit Programme Implementation Plan (PIP) under National Health Mission (NHM) every year covering programs, activities and interventions to be implemented during the forthcoming year, along with budget requirement to achieve the targeted goals. The Ministry of Health & Family Welfare (MoHFW), Govt., of India, initiated monitoring of PIP activities at district level throughout the country during 2012-13, by deploying 18 Population Research Centres (PRCs). Accordingly, MoHFW assigns districts (focusing on high priority/Aspirational districts) every year to all the PRCs to monitor the implementation of PIP activities. During the year 2023-24, 18 districts located in Jammu & Kashmir are assigned to PRC, Srinagar and this report pertains to district **KISHTWAR** of Union Territory of Jammu & Kashmir.

### 1.1: Main Objectives of the Study

In consonance with the Program Implementation Plan (2023-24), 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 UT/district.

### 1.2: Data Collection & Methodology

The methodology for monitoring of State PIP has been worked out by the Ministry of Health & Family Welfare (MOHFW) in consultation with PRCs in workshop organized by the Ministry at NIHFV on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2022-23, this PRC has been asked to cover 18 districts of the Union Territory of Jammu & Kashmir. The present study pertains to district KISHTWAR. A schedule of visits was prepared by the PRC and two officials consisting of 01 Associate Professor and 01 Research Investigator visited the district and collected information from the Office of Chief Medical Officer (CMO), District Hospital **KISHTWAR**, CHC **ATHOLI**, PHC **CHATROO** and Health & Wellness Centre (H&WC) **UDIL GUJRAN**. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during the visit. A community interaction was also held at the PHC and H&WC 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.

### 1.3: Overview of Jammu & Kashmir

The Union Territory of Jammu and Kashmir came into existence on 31-10-2019 in terms of Jammu and Kashmir Reorganization Act 2019. The Union Territory of Jammu & Kashmir has been carved out of the erstwhile State of Jammu and Kashmir that came into being as a single

political and geographical entity following the Treaty of Amritsar between the British Government and Maharaja Gulab Singh signed on March 16, 1846. The Treaty handed over the control of the Kashmir to the Dogra rulers of Jammu who were already controlling the Ladakh region. Thus, the new region comprising three distinct regions of Jammu, Kashmir and Ladakh was formed with Maharaja Gulab Singh as its founder ruler.

The UT is bounded by Ladakh in the East and North and Pakistan in the West. The Southern boundary is contiguous with Himachal Pradesh and Gurdaspur District of Punjab. The UT of Jammu & Kashmir with its summer and winter capitals at Srinagar and Jammu, respectively, consists of 20 districts, 10 in Kashmir valley and 10 in Jammu Division. It has three geographical zones of i) Sub-mountain and semi-mountain plain known as kandi or dry belt, ii) the Shivalik ranges, iii) the high mountain zone constituting the Kashmir valley, Pir Panchal range and its offshoots including Doda, Poonch and Rajouri districts and part of Kathua and Udhampur districts.

The climate varies from tropical in the Jammu plains to semi-arctic cold in Kashmir and Jammu mountainous tracts having temperate climate conditions. The annual rainfall also varies from region to region with 650.5 mm in Srinagar and 1115.9 mm in Jammu. The J&K is geologically constituted of rocks varying from the oldest period of the earth's history to the youngest present day river and lake deposits.

The total geographical area of erstwhile Jammu & Kashmir State has 1, 01, 387 sq km as per the 2011 census but aftermath of 5<sup>th</sup> August 2019 reorganization act, the erstwhile Jammu & Kashmir has been divided into two union territories i.e., the union territory of Ladakh of 59,146 square kilometers and the union territory of Jammu & Kashmir of 42,241 square kilometers.

**Before 5th August, 2019**



**After 5th August, 2019**



The Union territory of Jammu and Kashmir has a total population of 1,42,67,013 and the sex ratio is around 889 female population per one thousand of male population. Around 924,485 (7.54 percent) of the population is scheduled caste and 1,275,106 (10.39 percent) belong to the scheduled tribes, mainly Gujjar, Bakerwal, and Gaddi. The Scheduled Casts are mostly concentrated in the Jammu region (Census – 2011).

The infant mortality rate (IMR) has come down to 16 as per the NFHS – 5 data compared to 32 (NFHS – 4) and in case of under 5, the mortality rate has declined from 19 as per the NFHS – 5 results as compared to 38 (NFHS – 4) while in case of neonatal, the mortality rate has turned down to 10 as per the NFHS – 5 data compared to 23 during the NFHS-4.

The family planning methods in the union territory of J&K have shown an increasing trend from 57 percent (NFHS – 4) to 60 percent (NFHS – 5) and the unmet need for family planning has decreased from 12 percent to 8 percent. The institutional deliveries in the union territory of J&K have increased from around 86 percent during NFHS – 4 to 92 percent as per the results of NFHS – 5 and the fully immunized children have increased from 86 percent from NFHS – 4 to 96 percent during NFHS – 5.

#### **1.4: Overview of District Kishtwar**

District Kishtwar has been carved out from the erstwhile District Doda in 2007 and started its functioning as an independent administrative unit on 01 – 04 – 2007. Kishtwar town is situated at a distance of 234 kilometers from the winter capital of Jammu division and around 280 kilometers from the summer capital of Srinagar city.

District Kishtwar is bordered by the districts of Anantnag and Doda in the west and northwest, by the **Chamba district** of Himachal Pradesh in the south and the district Kargil of Ladakh in the east and northeast. The Chenab River flows through the district Kishtwar, forming the Chenab valley in the southern areas of the district.

District Kishtwar has 155 villages covering an area of **7,7,37** square kilometers and has **2,30,696** population including 120,165 (52.08 percent) males and 110,531 (47.91 percent) female. Thus, the density of population is around 30 inhabitants per square kilometer. As per the estimates of Unique Identification Authority of India, the total population of district Kishtwar in 2023 is 3,20,668 souls.

Around 93.56 percent of population lives in rural areas while as only 6.44 percent of population of the district is urban (Census – 2011).

District Kishtwar has a sex ratio of around 938 females for every one thousand males and child sex ratio is 924 girls per one thousand boys while as the literacy rate of the district is 58.54 percent including 71.75 percent of male and 44.13 percent of female.

#### **1.5: Health Infrastructure of District Kishtwar:**

With 155 villages, district Kishtwar has been divided into 04 medical blocks. Without private health facilities, the health services are being provided through a network of 114 established health institutions including 01 District Hospital (DH), 01 Sub-district hospital (SDH), 01 Community Health Centre (CHC), 24 Primary health centers (PHCs), 87 Sub-health & Wellness Centers (SH&WCs). The district has not any established Urban Primary Health Centre or Urban community health centre (Source: CMO).

Besides these established health facilities, the district Kishtwar has 01 Sick Newborn Care Unit (SNCU), 01 District Early intervention Centre (DEIC), 02 First Referral Units (FRUs), 01 Designated Microscopy Center, 01 Tuberculosis unit, 0 CBNAAT/TruNat Site, 01 Drug Resistant TB Centre, 01 Blood Bank and 01 Blood Storage unit which are functional with the required facilities. The district has converted/upgraded all the 87 Sub-centres and 24 Primary health centres into Health & Wellness Centres (HWCs) till date.

The district has 01 non-communicable disease clinic which is functional at District hospital Kishtwar. Further, the district has 01 health facility which is providing comprehensive first as well as second trimester abortion care services and this facility is available at District hospital Kishtwar.

#### **1.6: District Health Action Plan (DHAP):**

District Health Action plan (DHAP) is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process. It is a document that depicts the need at sub-district level units for programme implementation in terms of infrastructure, Human Resource, procurement, trainings and various schemes running and provides an overall budget required to execute those activities. The CMO of the district said that the Govt., of J&K exclusively prepares a District Health Action Plan (SHAP) itself on the basis of performance of various health indicators and accordingly prepares the budget for the same. However, the State administration constitutes an executive body including the CMO, Dy. CMOs, Medical Superintendents and some other essential persons of the district for the preparation of the District Health Action Plan (DHAP). As such the district has no direct role in the process and preparation of DHAP. However, the CMO office submitted their DHAP on January 2022 for two financial years 2022 – 23 & 2023 – 24. The district has received the approved DHAP on **22 – 06 – 23** for two consecutive financial years i.e., 2022-23 to 2023-24 and the first installment of budget was released on **23 – 05 – 2022** in the account of CMO through the Single Nodal Account. Moreover, the District Kishtwar has prepared and submitted the DHAP on **29 – 08 – 2023** for the financial year 2024 – 25.

#### **1.7: Recruitment Policy in District Kishtwar**

Since recruitment of regular staff is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level. The positions of doctors are filled through J&K Public Service Commission (JKPSC) and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB) of J&K. Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled up by the office of the Mission Director (DM) at the Central level while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Development Commissioner. The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances.

In district Kishtwar, despite the various rounds of recruitment as well as the announcements for the vacant seats, a total of 194 posts remained vacant from regular side and 54 positions are also



vacant from NHM side during the financial year 2022-23. Out of the 54 vacant positions of NHM, a total of 02 positions were filled up by the UT Govt., of J&K while 07 positions were filled at the district level (Source: CMOH).

### **1.8: Status of Human Resource of District Kishtwar**

On the regular side, district Kishtwar has 117 sanctioned strength of specialists including 04 Gynecologists/Obstetricians, 03 Pediatricians, 03 Anesthetist, 03 Surgeon, 03 Physicians, 01 Radiologist, 01 Pathologist, 01 Ophthalmologists, 02 Orthopedics, 01 ENT, 12 Dental Surgeons, 83 Medical Officers(MOs) but presently 51 (43.58 percent) positions of specialists are in place including 02 Gynecologists/Obstetrician, 02 Pediatricians, 02 Anesthetists, 02 Surgeons, 02 Physicians, 01 Radiologist, 0 Ophthalmologist, 01 Orthopedic, 06 Dental Surgeon, 33 Medical Offices and 66 (56.41percent) positions of specialists are vacant (Table 1) till date.

On the other hand, District Kishtwar has 213 sanctioned strength of paramedical staff including 13 Dental technicians, 11 Radiographers/x-ray technicians, 20 Lab technicians, 07 OT technicians, 07 CHO/MLHP, 26 ANMs/FMPHWs, 06 MPW (Male), 28 Staff Nurses/JSNs, 84 Pharmacist (Allopathic) but presently 122 positions of specialists are in place including 11 Dental technician, 09 Radiographer/x-ray technicians, 14 Lab technicians, 03 OT technician, 02 CHO/MLHP, 16 ANM/FMPHW, 05 MPW(Male), 15 Staff Nurses/JSN, 38 Pharmacist (Allopathic) and only 91( percent) positions of paramedical staff are vacant (Table 1).

On the NHM side, district Kishtwar has 47 sanctioned strength of specialists including 03 Gynecologists/Obstetricians, 01 Anesthetist, 01 ENT, 21 Medical Officers, 20 AYUSH MOs and 01 Dental MOs but presently 34 (72.34 percent) positions of specialists are in place including 01 ENT, 12 Medical Officers, 20 AYUSH MOs 01 Dental MOs. Further, the district has 268 sanctioned strength of paramedical staff including 02 Dental technician, 04 Radiographers/x-ray technician, 12 Lab technicians, 04 OT technicians, 87 CHOs/MLHPs, 07 AYUSH Pharmacists, 77 ANMs/FMPHWs, 18 MPW (Male), 52 Staff nurses/JSNs and 01 Pharmacists (Allopathic) while of these, a total of 238 (88.80 percent) positions of paramedical staff are in place and only 30 (11.19 percent) positions of CHOs/MLHPs are vacant.

Although, the district has only 43.59 percent of specialists in place from regular side but overall the district is performing well in providing service delivery while as in case of paramedical staff, the district has around 57.28 percent of staff in place. In case of NHM, the district has around 72.44 percent of specialists and 88.81 percent of paramedical staff in place.

**Table 1: Details of Healthcare staff – Medical in District Kishtwar during 2023-24**

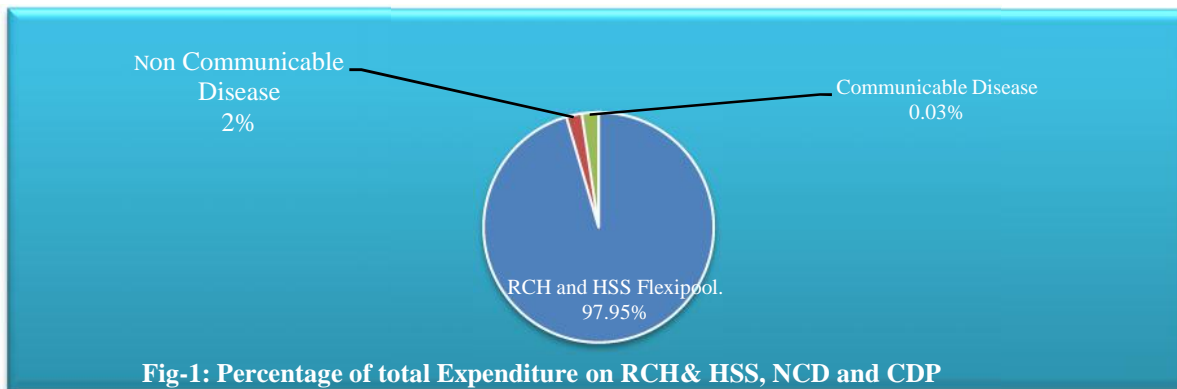
Human Resource	Regular			NHM		
	Sanctioned [A]	In place [B]	% Vacant [B-A/A]*100	Sanctioned [A]	In-place [B]	% Vacant [B-A/A]*100
<b>Specialists</b>	<b>117</b>	<b>51</b>	<b>56.41%</b>	<b>47</b>	<b>34</b>	<b>27.65%</b>
Gynecologist	4	2	50	3	0	100

Pediatrician	3	2	33.34	1	0	100
Anesthetist	3	2	33.34	0	0	0
Surgeon	3	2	33.34	0	0	0
Physician	3	2	33.34	0	0	0
Radiologist	1	0	100	0	0	0
Pathologist	1	0	0	0	0	0
Ophthalmologist	1	1	0	0	0	0
Orthopedic	2	1	50	0	0	0
ENT	1	0	100	1	1	0
Dental Surgeon	12	6	50	0	0	0
MOs (MBBS)	83	33	60.24	21	12	0
AYUSH (MOs)	0	0	0	20	20	0
Dental MOs	0	0	0	1	1	0
<b>Paramedical Staff</b>	<b>213</b>	<b>122</b>	<b>42.72%</b>	<b>268</b>	<b>238</b>	<b>11.19%</b>
Dental technician	13	11	15.38	2	2	0
Radiographer	11	9	15.38	4	4	0
Lab Technician	20	14	30.0	12	12	0
OT Technician	7	3	57.14	4	4	0
CHO/MLHP	7	2	71.42	87	57	34.48
AYUSH Pharmacist	0	0	0	7	7	0
ANM/FMPHW	26	16	38.46	77	77	0
MPW(Male)	0	0	0	18	18	0
Staff Nurse/JSN	6	5	16.67	52	52	0
Pharmacist(Allopathic)	28	15	46.42	1	1	0

Source: The district CMO office, Kishtwar during 2023-24.

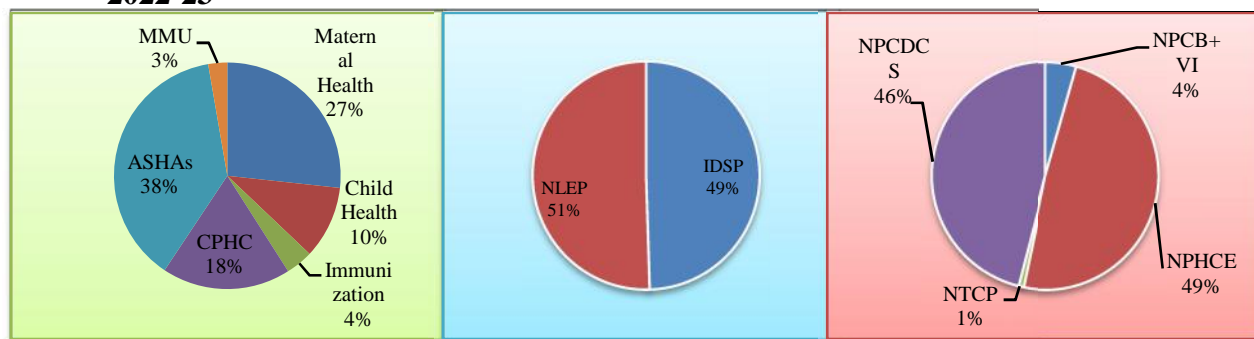
### 1.9: Status of Budget Utilization/Expenditure:

District Kishtwar has received Rs. 13.87 Crores from NHM under different heads including Rs 13.59 (97.95 percent) crores under RCH and HSS Flexipool while as only Rs. 0.049 (0.035 percent) crores under Communicable disease flexipool and Rs. 0.27(2.004 percent) crores under Non-communicable disease flexipool during the financial year 2022-23 (Fig-1).



The maximum expenditure under RCH Flexipool was observed in ASHA workers (38 percent) followed by maternal health (27 percent), followed by CPHC (18 percent) followed by child health (10 percent) followed by immunization (4 percent). Under the communicable disease flexipool, the maximum expenditure was done on NLEP (51 percent) followed by IDSP (49 percent) while as the maximum expenditure was done under the Non-communicable disease flexipool on NPCDCS (46 percent) followed by NHPCE (49 percent), followed by NPCB+VI (4 percent) and followed by NTCP (1 percent) shown in Fig – 2.

**Fig-2: Expenditure on different components under RCH & HSS, NCD and CDP during 2022-23**



### 1.10: Status of Trainings

With regard to the trainings, the CMO office organized around 04 training courses including 01 Navjat Sishu Suraksha Karyakaram (NSSK), 01 Induction Training ASHA workers, 01 Module VI and VII and 01 Elderly Palliative Care during 2022-23.

However, during the field visit, we interact with many front line workers like ASHA workers, ANMs, CHOs and paramedical staff. Some of the ASHA workers agreed that they received the training on Module VI and VIII during 2022-23. However, the data entry operators viewed that training for new data elements of HMIS is meant for them and a training course may be organized for them on priority. Further, the CHOs, ANMs and paramedical staff of the visited health facilities insisted that they need a training on various components related to RCH, Immunizations, NCD screening and other varied types of trainings related to their job profile and said that trainings increases their efficiency of work.

## 2: STATUS OF DELIVERY SERVICES IN DISTRICT KISHTWAR

The status of services delivery under different NHM programmes and schemes of District Kishtwar are discussed herewith:

### **2.1: Free Drugs & Diagnostic Services:**

In order to improve the quality of health care services and to address the out of pocket expenditure on drug-n-diagnostics services, the government of Jammu & Kashmir under the National Health Mission launched the free drug and diagnostic initiatives since the couple of years back. The essential drug lists (EDLs) have been prepared for all types of health facilities and drugs are centrally procured by the UT Govt., of Jammu & Kashmir. The Govt of J&K has notified (221 at DHs, 72 at CHCs, 32 at PHCs, 11 at UPHCs and 32 at SC) drugs in EDLs and all the drugs in the EDLs were not found available during the day of our visit at all the visited health facilities. It was found that all the drugs prescribed by the doctors at CHC and DH were provided free of cost under JSSK patients, children and old aged persons only and all other patients have to purchase around 13.67 percent of medicines from the market. However, during the exit interviews it was observed that the visited health facilities especially PHC as well as H&WC are providing hypertension, diabetes and some other medicines free of cost to all the patients irrespective of their economic status.

So far as diagnostics services are concerned, the district has notified 731 diagnostics tests in general but DH has notified 49 diagnostics tests, CHCs has 13 notified diagnostic tests and PHC has 19 notified lab tests while SCs perform only 9 rapid tests because they do not have any instruments like Analyzer for lab tests. However, whatever diagnostic facilities are available at the visited health facilities, the diagnostics services are provided free of cost under JSSK, elderly people as well as children and in addition these services (at all the public health facilities) are provided free of cost to Golden card holders, BPL patients, NCDs patients, Hypertension, ANC and maternal mothers too.

### **2.2: Reproductive Health Care (RHC) Services:**

In line with the record of delivery points, district Kishtwar has two (02) PHCs conducting more than 10 deliveries, one (01) CHCs conducting more than 20 deliveries while as the district has 01 district hospital conducting more than 50 normal as well as C-section deliveries per month. Besides, the district has only six (06) institutes with Ultrasound facilities and all these health facilities are registered under PC-PNDT Act. Further, in order to identify the high risk pregnancies and provide them comprehensive and quality antenatal care, free of cost to all the pregnant women on the 9<sup>th</sup> of every month. District Kishtwar has five (05) designated health facilities for PMSMA activities in which all these facilities provides the quality services to Pregnant Women on 9<sup>th</sup> of every month as per the given procedure and protocol since their inception and all the identified high-risk women are taken care as per their obstructed and medical history. The district has investigated around 3,862 pregnant women, of these; around

1,379 (35.70 percent) pregnant women have been diagnosed high risk during 2022-23. Most of these high risk women are anemic and weak.

### **2.3: Rashtriya Bal Swasthya Karyakaram (RBSK)**

District Kishtwar has been demarcated among four (04) medical blocks. The district has 08 sanctioned RBSK teams and all these 08 RBSK teams are functional with the required human resources as well as the infrastructure. Each block has two dedicated RBSK teams and each team has a dedicated vehicle. In order to screen and identify the defects of children at birth, each RBSK team is being provided a vehicle for visiting various schools and Anganwadi Centres and on an average, each team screens around 60 children per day, a total of 5897 children have been screened for defects at birth during 2022-23. The society, Anganwadi centres and schools are highly satisfied with the dedication, hard work and nature of RBSK teams. During an interaction, RBSK teams have complained regarding the referral cases. They said that whenever they referred any patient to the territory care hospital for the special and advanced treatment, the patients are not been taken care of and they demanded, a 'timely intervention' from the concerned authorities especially CMO of the district.

### **2.4: Sick New-born Care Unit (SNCU)**

District Kishtwar has a 12 bedded approved Sick New-born Care Unit (SNCUs) but it is not fully established with the required manpower as well as instruments like radiant warmers, Kangaroo Mother Care, phototherapy and stepdown care. However, out of 20 radiant warmers, a total of only 08 radiant warmers of are fully functional at the district hospital, 04 at SNCU, 02 at Truma Centre and 02 at labour room while as the 05 radiant warmers, 01 Kangaroo Mother Care (KMC) Unit and 01 phototherapy are non functional for the last eight months due to some technical errors. Further, the rest 08 radiant warmers have not been installed which are lying in the store room of the hospital due to the space constraint of SNCU. Although, the hospital administration have service maintenance contact with the manufacturer (Mediciti) but these non functional radiant warmers, Kangaroo Mother Care Unit and Phototherapy Unit have not been serviced till date. During the field visit, it was observed that the staff posted (Nurses as well as Pediatrician) are following the protocol and overall cleanliness of the SNCU is good in all respects. However, it is being suggested that the conditions in terms of servicing the non-functional radiant warmers and other care units need to improve.

A total of 573 inborn babies have been admitted in this SNCU during 2022-23, of which 519 babies have been discharged after the proper treatment while 33 babies have been referred to the territory care of SMGS HOSPITAL SHALIMAR JAMMU for the special treatment, 18 babies died due to some medical cause and 03 babies have been left at LAMA. Further, 71 outborn babies have also been admitted during 2022-23, of which 59 have been discharged after the treatment while 12 babies have been referred for the advanced treatment to SMGS HOSPITAL SHALIMAR JAMMU. The referral transport of 102 was arranged for all these referral babies/patients.



### **2.5: Newborn Stabilization Unit (NBSU)**

District Kishtwar has 04 established Newborn Stabilization Units (NBSUs) which are functional with the required infrastructure and manpower and these NBSU are established at CHC Atholi, CHC Thatri and CHC Marwa of the district. A total of 14 inborn babies were admitted during 2022-23 and all these 14 babies have been discharged after the treatment. Further, as a total of 07 out born babies were admitted during 2022-23 and a total of 05 babies were discharged after the treatment and 03 babies have been referred to territory care to SMGS HOSPITAL SHALIMAR JAMMU for the special treatment. The referral transport of 102 was given to all these referral babies/patients.

### **2.6: Nutrition Rehabilitation Centre (NRC)**

Nutritional Rehabilitation Centre (NRCs) has not been established because district administration was unable to identify the land to construct a building for the establishment of NRC. However, the CMO of the district viewed that this year (2023-24) they have initiated of the approval for the establishment of NRC and accordingly they will identify the land to construction a dedicated building for the same.

### **2.7: Home-Based New-born Care (HBNC)**

In line with the record, around 1,8,82 home based newborn babies have been visited by the ASHA workers during 2022-23. There was no HBNC and DRUG KITs available with the ASHA workers 2022-23. During an interaction, the newly recruited ASHA workers complaint that they have not been given HBNC kits since they have been employed and it was also reported by them that at times they purchased some required equipments for HBNC visits but they have not been given any compensation till date. Further, ASHA workers said that HBNC drug kits are being refilled at their respective health facilities on need basis. During the PIP monitoring, we tried to contact the ASHA workers at various visited health facilities but it was not possible because all ASHA workers were found on strike due to some service issues. However, based on the feedback, society seemed to be satisfied with the dedication, knowledge, conduct, work culture and nature of visits of ASHA workers as it appears that ASHA workers are well versed with the knowledge and objectives of activities associated to home based newborn babies (HBNC).

### **2.8: Review of Maternal and Infant Deaths**

As per the record, received from the Chief Medical Officer (CMO), shows that 127 deaths were reported including 01 maternal death, 03 child deaths, 18 infant deaths and 105 still births during the financial year 2022-23 while as 12 infant deaths were reported during the financial year 2023-24 till date. During the day of the visit, it was found that 01 maternal and 18 child deaths have been reviewed during 2022-23 and all the 12 infant child deaths were also reviewed during 2023-24. On the day of our visit, minutes of the reviews were found available with regard to the cause of deaths. Further, during the visit, it was found that data was maintained regarding the maternal as well as child deaths. However, during the visit, it was found that all the health facilities of the district, updates the data on the HMIS portal and same has been reported to the concerned CMO of the district.

### **2.9: Peer Education Program (PEP)**

The Peer Education Program is fully established in the Kishtwar District since couple of years back and around 180 Peer Educators (*Saathiya*) were selected which covers almost 44 villages of the district. The district has conducted around 48 Adolescent Friendly Clinic (AFC) meetings during 2022-23.

### **2.10: Mobile Medical Unit (MMU)**

Mobile Medical Unit (MMU) vehicle is functional and is operational in district Kishtwar but due to the death of Medical Officers, the MMU is facing a lot of challenges. The MMU team viewed that a small van may be provided to them because the existing Mobile Medical Unit vehicle is not suitable for terrain topography where the roads are bumpy and narrow. The Mobile Medical Unit is not able to move on hilly and narrow roads particularly in remote villages. Further, the vehicle is also not fuel efficient as it consumes more than 03 litres of fuel per kilometre. The haired staff also complained that due to the non-availability of allopathic medicines, the MMU is not able to organise medical campus. However, on the request of CMO, the MMU received homeopathic medicine from the district administration. Although, the MMU is manned by 01 pharmacist, 01 helper and 01 driver but it was observed that they are doing their work with dedication. The MMU staff viewed that the existing vehicle requires some servicing because the vehicle was on road since 2012 without any repairing and servicing. As per the record, the MMU covers around 180 villages and is doing 15 trips per month. On an average, the MMU has around 1350 OPDs and 390 investigations per month during 2022-23. The MMU has collected around 310 blood smears and has also collected around 205 sputum to detect the tuberculosis per month while as, the MMU refers around 50 patients to higher health facilities for advanced treatment.

### **2.11: Status of Referral Transport**

Given the load of health services, District Kishtwar has 09 ambulances available on road for referral transport that are GPS fitted and handled through a centralized call centre of toll free number of 102 and 108. Of these ambulances, 02 are Basic Life Support (BLS) and 09 are Advanced Life Support (ALS) ambulances and however, all these ambulances are available 24x7 on need based. On an average each Basic Life Support (BLS) ambulance are supposed to have at least 03 trips with 50 kms while as ALS has 05 trips with 91 kms per day and each ambulance are supposed to receive approximately 39 to 28 calls per day respectively. Further, district Kishtwar has also 18 ambulances of 102 while these ambulances are supposed to travel around 95 kilometers per day in 36 trips. During an interaction with CMO, the referral transport is not being provided to expectant mothers for pick and drop due to the non-availability of funds. However, at times, 102 ambulances are being provided only to those expectant mothers who are extremely poor and belong to far off places of district Kishtwar.

### **2.12: Comprehensive Primary Health Care (CPHP)**

Under the Ayushman Bharat, district Ramban has converted/upgraded a sizeable number of Sub-centres and Primary health centres into Health & Wellness Centres (H&WC) and have initiated the process of screening for various non-communicable diseases in the first phase. In district

Kishtwar, different Health & Wellness Centres (H&WC) have planned to enumerate 85845 lakh of individuals for various non-communicable diseases, of which around 46720 (54.42 percent) target were completed so far while as these Wellness Centres have also targeted to fill up around 85485 CBAC forms but these H&WCs have completed more the target and filled around 69839 (81.69 percent) CBAC forms during 2022-23.

In this regard, around 111 Health & Wellness Centres of the district including 87 Sub-Health & Wellness Centres (SHC-HWCs) and 24 Primary Health & Wellness Centres (PHC-HWCs) have planned to start the process of screening for various non communicable diseases. Of these HWCs, a total of 57 SC-HWCs and 11 PHC-HWCs have started the process of screening and all these Centres have completed around 9.6 percent in hypertension, 2.64 percent in diabetes, 0.2 percent in oral cancer, 2.89 percent in Breast cancer and 0.7 percent in Cervical cancers of their target in the process of screening during 2022-23.

District Kishtwar has around 32 health & wellness centres which are providing tele-consultation services and almost all these health & wellness centres are also organizes the wellness activities like Yoga in the district.

### **2.13: Universal Health Screening (UHS)**

In case of Universal Health Screening Programme (UHSP), district Kishtwar has planned to enumerate around 85485 individuals for various non communicable diseases and out of these, the district has completed around 69839 (81.69 percent) CBAC forms. The district has screened around 10251 suspected individuals for hypertension and of these around 2681 (3.83 percent) individuals have been diagnosed hypertension. Almost 2081 (77.62 percent) individuals were treated and only 81 (3.02 percent) patients were referred to the territory care hospital Jammu for the special treatment. In case of diabetes, the district has screened around 6950 suspected individuals and out of these, a total of 1413 (20.33 percent) individuals have been diagnosed diabetes. Almost 1389 (98.30 percent) patients were treated and only 24 (1.69 percent) patients were referred to the territory care hospital Jammu for special treatment. Further, the district has screened around 17201 suspected individuals for both hypertension as well as diabetes, of these, around 4094 individuals have been diagnosed both hypertension as well as diabetes and all these patients were referred to the territory care hospital for the special treatment.

In case of various types of cancers, the district has randomly screened around 8,978 suspected individuals and out of these only 01 patient diagnosed lung cancer in the district.

### **2.14: Grievance Redressal**

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the entrance of each facility and these boxes are opened on regular basis by the officials of concerned health facilities to resolve the complaints if any. During the current financial year 2023-24, the district has received around 13 complaints through 104 toll free numbers and almost 100 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. However, a 104 toll free

number was established by the district which is functional at the State Health Society (SHS), Jammu & Kashmir and grievances are received through this toll free number. All most all the visited health facility is serious about the grievance redressal set-up and it was also observed during the visit that “*Mera-Aspatal Aap*” has also been initiated at all the visited health facilities of the district. The Mera-Aspatal Aap is now being taken care of through **e-Sehaj** portal at all the levels.

### **2.15: Status of Payments of JSY and ASHA workers**

In district Kishtwar, out of 1923 JSY beneficiaries and around 100 percent of JSY beneficiaries have received their benefits through DBT and nothing is backlog in this case. In case of payments and incentives of different categories such as incentives and payments of ASHA workers, pregnant women, children and eligible couples, all is being recorded and is being directly transferred in their accounts through DBT system by the UT Govt., and therefore, the *DPMU* does not have any information available related to the ASHA worker’s payments. However, 405 ASHA workers have received their assured payments through DBT and nothing have been left backlog in this case.

Nothing have been shown backlog in case of beneficiaries who are receiving routine and recurring amount of Rs. 2000 per month and also nothing has been shown backlog in case of ASHA facilitators payments as per the revised norms (of a minimum of Rs 300 per visit). In case of incentives under different health programmes, out of 45 beneficiaries in which all beneficiaries have received the incentives under National Tuberculosis Eradication Programme (NTEP) and nothing is backlog in this case till date.

In case of patient incentives under National Leprosy Eradication Program (NTEP), out of 01 beneficiaries, in which all beneficiaries received the incentives whereas in case of provider’s incentive under NTEP programme, out of 17 beneficiaries, in which all beneficiaries received the incentives and in case of treatment supporters under NTEP programme, out of 21 beneficiaries, of which all these received the incentives. Further, around 07 individuals have received the family panning compensation and in all the above cases, nothing has been left in backlog till 17/10/2023.

## **3: STATUS OF COMMUNICABLE DISEASES PROGRAMMES**

In order to identify and examine the eventuality of diseases, district Kishtwar has implemented various surveillance programmes under the National Health Mission (NHM) in which some of the programmes have been reviewed as:

### **3.1: Integrated Disease Surveillance Programme (IDSP):**

District Kishtwar has constituted a Rapid Response Team (RRT) under the Integrated Disease Surveillance Programme (IDSP) both at district as well as at the block level. The Rapid Response Team has been constituted under the supervision of CMO including different specialists such as DHO, Physician, Pediatrician, District Epidemiologist, Microbiologist, Health Educator, Lab Technician, Specialized doctors (Medicine), Assistant Veterinary Surgeon

Pharmacist and 07 members from block under the supervision of CMO of the district. In district Kishtwar, no outbreak was reported during 2022-23 and 2023-24.

In district Kishtwar, all the designated health facilities are regularly uploading the weekly data under the IDSP on the portal. The data is continuously monitored, and early signs of epidemics are being detected in time. The visited health facilities of the district shows that SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet that they have been provided by the SHS while as, at the PHC level of HWC, the data on IDSP has been uploaded on weekly basis as reported by the concerned MOs. Further, the information collected from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis and it was found that the DH is also providing such information on the portal for IDSP.

The online data of IDSP is utilized to for planning and implementation of health programs and to detect the various health related issues or major outbreaks in the areas which are proven to diseases. In district Ramban, the IDSP data has been utilized for disease surveillances mainly fever (including Dengue & Malaria) as well as diarrhea investigations and preventions. With regard to the proportion of private health facilities reporting weekly data of IDSP, no private health facilities are providing the weekly data under IDSP in the district.

### **3.2: National Vector Borne Disease Control:**

Even though, the district Kishtwar is not prone to any Vector Borne Disease but National Vector Borne Disease Control Programme found functional in the district with the letter and spirit as the district monitors the epidemiological and entomological situations on weekly basis and the micro plans are also found available at the visited health facilities of the district.

### **3.3: National Tuberculosis Elimination:**

District Kishtwar has implemented the national tuberculosis elimination program and the district has notified a target to screen around 300 persons from the given load of population but due to one or the other reason, the district has completed the screening of around 279 (93 percent) persons and all these individuals are known with HIV status but 112 individuals are eligible for UDST testing. The drugs for both such as drug sensitive and drug resistant TB patients are available in adequacy in the district.

Out of the notified 279 TB patients, 227 (81.36 percent) patients have been notified by the public sector while as around 52 (18.63 percent) patients have been notified by the private sector. So far as the notified 227 TB patients, of which around 04 are MDR patients while as no MDR patient has been identified by the private sector. Of the notified TB patients, the success rate for the treatment of TB patients in public sector was around 92 percent whereas the success rate for the treatment of TB patients in the private sector was around 100 percent.

In case of payments of beneficiaries, out of 227 beneficiaries, no beneficiary have been brought under the Nikshay Poshan Yojana (NPY) by district Kishtwar and DBT installments have also



not been initiated in their favour till date because the district has some technical issue with the Nikshay Poshan Yojana portal.

### **3.4: National Leprosy Eradication Programme (NLEP):**

National Leprosy Eradication Programme (NLEP) is in vogue in the district and under this programme, 01 new case of leprosy and no G2D case has been reported in the district during the current financial year 2023-24. The district has not yet conducted any reconstructive surgeries for G2D cases. The MCR footwear or self-care kits are available in the district. The district has 01 Model Treatment Centre (MTC) for viral hepatitis in the CMO office which is functional with the required infrastructure and human resources. The health workers in the district are fully vaccinated against hepatitis “B” such as in first dose around 31 percent, in second dose 42 percent and in third dose 27 per cent have been completed till date.

Under National Tobacco Control Programme, the district has conducted 203 awareness programs under the IEC component of the ROP at facility as well as at Panchayat level. Out of these 203 awareness programmers, in which 89 training of health Professionals, 13 Orientation of Law Enforcers, 11 Coverage of Public Schools, 36 Coverage of Private Schools, 9 Sensitization campaign for college students, 08 DLCC, 07 DLMC meeting, 13 Enforcement Squads, 14 Sensitization Programme for FGD, and 03 Monthly meeting with the hospital staff.

### **3.5: Accredited Social Health Activists (ASHAs)**

The District Kishtwar requires 405 Accredited Social Health Activist (ASHA) workers as per the population and all these ASHA workers are in position but, a total of around 390 (96.29 percent) ASHA workers are trained in Module 6 and Module 7. Around 402 ASHA workers covers the 1500 rural population while as only 03 ASHA workers covers around 3000 urban population and therefore, no rural or urban slum areas are without any ASHA workers. However, during an interaction, the ASHA workers complained that more ASHA workers need to be employed because most of the population are living in up-hills, rocky hills and are scattered where there is need of around 01 ASHA workers per 300 population.

A sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district such as, a total 149 ASHA workers have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and 170 ASHA workers have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY) while as around 13 ASHA works have been brought under Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY). None of the ASHA facilitators of the district have brought any social benefit scheme to till date.

The role of ASHA workers is also highlighted in the Mahila Arogya Samiti’s (MAS) where they are expected to create awareness regarding the health facilities and services in the communities where they have been placed in. The district has limited urban/slum population and this programme has not find any scope in the district.

### **3.6: Village Health Sanitation and Nutrition Committee (VHSNC):**

The role of identifying the children in the early malnutrition stage and attaching them to the NRC alongside assuring regular follow up, is one of the key responsibilities of the village health sanitation and nutrition committee (VHSNC). In this regard, a total of 155 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and all 155 VHSNCs were trained but their accounts have been frozen due to the unknown cause and no direct benefit transfers (DBT) till date.

### **3.7: Quality Assurance**

A District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs, etc. DQAC hold meetings on regular basis to ensure the rollout of standard protocols for RMNCHC+A services, disseminate quality assurance guidelines and tools, monitor health facilities for improving quality measures by mentors, payment of family planning compensation, and compile and collate outcomes as well as complications in maternal, neonatal and child health. In order to address the issues of low-quality of services in the healthcare premises, the Govt., of India has introduced a set of quality-oriented programs under the National Health Mission. Quality care improvement initiatives i.e., Indian Public Health Standard, NQAS, Kayakalp, Mera Aspatal, LaQshya, have revolutionized the pathways of public healthcare service delivery in the country. As such it was found that the district has not progressed in case of Kayakalp as well as in NQAS program implementation across the visited health facilities.

The district has neither any Community Health Centre, Primary Health Centre (PHCs) nor any Sub-health and wellness centre which are certified under Kayakalp during 2022-23. However, the district has notified some health institutions for the external assessment for accreditation of NQAS and Kayakalp during 2023-24. Keeping in view the performance under various quality assurance initiatives, recently the UT govt., has also started a mission “**Ayushman Bhav-2023-24**”, under which all the downtime instruments, labour rooms, operation theatres & etc., have started to fill in the gaps in infrastructure so that all the facilities are in a position to apply for NQAS and Kayakalp.

### **3.8: Biomedical Waste Management (BMW):**

The Government of Jammu & Kashmir has outsourced the disposal of Biomedical Waste to various private agencies that usually collect the waste from health facilities, transport it and dispose it. Bio medical waste is segregated in colour coded bins which were found available in all most all the visited health facilities. The awareness amongst the staff regarding segregation of waste was found satisfactory and practice of segregation by staff was being done properly at the DH and CHC but it was found that patients and their attendants have not full knowledge about the proper segregation of waste and they are not following the guidelines for dumping waste material in these dust bins. All the visited health facilities have outsourced the biomedical waste management to private agencies namely **ANMOL** Health Care System (AHCS) Samba of Jammu.

### **3.9: Information Education and Communication (IEC):**

By and large, the display of appropriate IEC material in all the visited health facilities is satisfactory at all the levels. Most of the health facilities have not increased their visibility in terms of IEC by displaying citizen's charter at entrance and banners for various services they are providing. However, the IEC material related to NCDs, MCH, FP services available, clinical protocols, etc., were displayed at the district hospital (DH) and Health & Wellness Centre (HWC) while the IES material has not been displayed at community health centre(CHC) Atholi and primary health centre(PHC) Chatroo.

### **3.10: Health Management Information System (HMIS):**

HMIS is a Government-to-Government (G2G) web-based Monitoring Information System that has been put in place by the Ministry of Health & Family Welfare (MoHFW). Data on this website is regularly uploaded by all the health facilities of the district. Though, the data quality in the district has improved to a great extent, but there is still a lot of scope for improvement in all the facilities, particularly at SC, PHC and DH in the district.

The CMO has issued an order to the health facilities of the district regarding the uploading of information on HMIS portal with all new variables included in it, and also all have been asked to maintain the registers to record information on all the new data elements that have been included in the HMIS formats recently. In all the visited health facilities, it was found that they have not started to capture the data on the new data elements introduced in the new HMIS formats from April 2023. Also no training was given to the health officials regarding the data capturing on new data elements till date. During our visit to various health facilities, a few on-the-spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved. However, there is a need to provide further training to all the stakeholders in this regard so that misconceptions regarding, reporting and recording can be corrected.

### **3.11: Reproductive and Child Health (RCH)**

Integrated 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. The data on “**Anmol Aap**” is uploaded by all the visited facilities on regular basis as every health facility has been provided with a tablet to ensure timely updation of data on all the indicators.

### **3.12: Adolescent Friendly Clinic (AFC)**

District Kishtwar has established the adolescent friendly clinic (AFC) and under this programme, a total of around 180 Peer Educators including males as well as females were formed during 2022-23. These peer educators have conducted around 48 adolescent friendly clinic (AFC) meetings during the financial year 2022-23. The Infant and Young Child Feeding (IYCF) Center has also been established at the DH in the district and services are provided to eligible women from this centre on regular basis.

### **3.13: Pradhan Mantri National Dialysis Programme (PMNDP)**

The Dialysis unit was established at District Hospital on Oct 11, 2019, and has been made functional. Since its establishment, 35 patients have received dialysis services. The dialysis centre has 04 functional beds with internal adjustment staff to run the centre smoothly. During the current financial year 2023-24, 17 patients have availed the dialysis services and during 2022-23, a total of 18 patients have availed the dialysis services. The Dialysis Centre is manned by 01 Medical Officer (MBBS), 01 Staff nurse and 02 dialysis technicians and all these are from NHM side and the Centre is also being run on an internal arrangement basis with the available human resources of different units of the hospital. All the necessary equipments at the dialysis centre are functional. However, the staff urged that the centre may be provided full strength of the manpower like staff nurses so that they could start two sessions in a sing day.

## **4: STATUS OF SERVICES AT THE VISITED HEALTH FACILITIES**

Keeping in view the program implementation plan visits to the mentioned health facilities, following health centres have been taken for the case studies in district Ramban of Jammu & Kashmir:

### **4.1: DISTRICT HOSPITAL, KISHTWAR**

District Hospital, Kishtwar is first referral unit standalone institute accessible from the nearest road connectivity with the capacity of 100 functional beds including 16 Intensive Care Unit (ICU) beds. The Hospital is situated at the centre of KISHTWAR town and is housed in a newly well constructed building without a compound boundary wall. The hospital complex consists of two buildings of three stories. The first referral point for District Hospital is GMC Doda which is located around 60 kms away from RAMBAN town. The hospital operates from 10:00 AM – 2:30 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is maintained well and all the basic amenities such as 24x7 running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area, drug store room and a complete power back up which is maintained through a generator. The hospital is getting electricity and water supply on 24x7 bases and has a dedicated back-up for both electricity and water supply. The hospital has colour coded bins for segregation of waste and the biomedical waste management is outsourced to a private agency namely **ANMOL** Health Care System (**AHCS**) Samba of Jammu.

On the regular side, District hospital has 43 sanctioned strength of specialists including 02 Gynaecologist/Obstetrician, 02 Paediatrician, 02 Anaesthetist, 02 Surgeon, 02 Physicians, 01 Radiologist, 01 Pathologist, 01 Ophthalmologists, 01 Orthopaedic, 0 ENTs, 01 Dermatologist, 02 Dental Surgeons, 02 Other specialists, 22 Medical Officers and 02 AYUSH MOs but presently 25(58.13 percent) posts of specialists are in place including 02 Gynaecologist/Obstetricians, 01 Paediatrician, 02 Anaesthetists, 02 Surgeons, 02 Physicians, 01 Radiologist, 0 Pathologist, 01 Ophthalmologist, 01 Orthopedics, 0 ENT, 0 Dermatologist, 02 Dental Surgeons, 18 Medical Officers and 02 AYUSH MOs which simply indicates that district

hospital has 18(58.13 percent) vacant positions of specialists. The District hospital Kishtwar has 78 sanctioned strength of paramedical staff including 05 Dental technicians, 0 Radiographer, 07 Lab technicians, 06 OT technician, 05 x-ray technicians, 06 ANMs/FMPHWs, 15 Staff Nurses/JSNs, 11 Pharmacists (Allopathic) and 23 Other Paramedics but currently 57 (73.07 percent) positions of paramedical staff are in place including 03 Dental technicians, 0 Radiographers, 05 Lab technicians, 03 OT technicians, 05 ANMs/FMPHWs, 12 Staff nurses, 08 Pharmacists (Allopathic) and 18 Other Paramedics which simply indicates that district hospital has around 21 (26.92 percent) vacant positions of paramedical staff. Thus the overall position of doctors in district Kishtwar is pathetic and patients in general have no choice but to either visit GMC Doda/GMC Anantnag or to get the treatment from the private clinics.

On the NHM side, district hospital Kishtwar has only 10 sanctioned strength of specialists including 01 Anesthetist, 01 ENT, 01 Dental Surgeon, and 07 Medical Officers but presently 07 (70 percent) positions are in place including 01 ENT, 01 Dental Surgeon and 05 MOs which simply indicates that only 03 (30 percent) positions are vacant including 01 Anesthetist, 02 MOs. Further, district hospital have 70 sanctioned strength of paramedical staff including 05 Lab technicians, 02 OT technicians, 02 x-ray technicians, 10 ANMs/FMPHWs and 51 Staff Nurses and all these positions of paramedical staff are in place.

The hospital has dedicated desktops for data entry and internet connectivity. The hospital has done the process of internal assessment for the certification of Kayakalp and has obtained a score of 70 percent points. The hospital has done internal assessment in case of NQAS and scored around 80 percent points while as the hospital has also done internal assessment in case of LaQshya and scored 85 percent points in case of labour and 70 percent in case of OT. The hospital has initiated of external assessment for the certification of NQAS, Kayakalp during 2023-24 which is still under process. The hospital has also initiated the external assessment for LaQshya in case of labour room as well as Operation theatre which is also under process. However, recently first meeting of NQAS was held at the DH for assessment of infrastructure and service delivery gaps, so that the same can be plugged to get the DH, NQAS as well as Kayakalp certified.

#### **Status of Services:**

Apart from emergency services, the DH provides services like ANC, General OPD, IPD, Delivery, PNC, Immunization, Family Planning and laboratory services. The hospital provides services for general medicine, O&G, pediatrics, general surgery, Anesthesiology, x-ray, ECG, USG, CT, ENT, Orthopedics, Ophthalmology, Radiology, dental, imaging services, labour room complex, ICU, Emergency care OTs and AYUSH services, DEIC, SNCU, MICE, dialysis unit are available at DH except some of the few services such as NRC, CLMC, PICU, NICU, Dermatology and Brunt unit and Skill Lab, teaching block for medical, nursing as well as paramedical staff services are not available at DH. Therefore, without these facilities, the hospital is facing a challenge. However, the hospital administration has initiated the process for the same and shall be functional these units in the next financial year 2024-25. The hospital is



functioning and following the essential and emergency services like Triage, Resuscitation and Stabilization. The labour room as well as the OT is operational and functional with the required infrastructure. District Hospital of Kishtwar has done 1173 normal deliveries and 545 C-section (LSCS) deliveries during 2022-23. A total of 1718 newborns have been immunized for the birth dose while as the same 1718 were breastfed within one hour during the same period.

The District Hospital, Kishtwar has a registered Blood Bank and is functional with the required manpower and other infrastructure like storage facility. On the day of our visit 56 blood units were available on 07/10/2023 and 102 blood transfusions were done during the last one month in the hospital. The blood is not free for all irrespective of any category. However, only any emergency like accidental cases, the blood is being provided free of cost irrespective of economic status. OTs for general, Anesthesiology, orthopedic, ophthalmology and ENT were found available at District Hospital Kishtwar. The hospital is providing tele-consultation (tele-radiology) services to the patients and a very efficient team of doctors have been put on the panel for tele-consultation and on an average attend around 232 cases per month.

District Early Intervention Centre (DEIC) is functional with the required human resource and infrastructure but the staff complained that the DEIC have not been provided any specific space and all the staff has been engaged in other sections of the hospital. They viewed that DEIC be provided a particular space in the hospital premises so that they will perform their work properly. The SNCU, an Adolescent Friendly Health Clinic (AFHC) and DNB programmes are also running at the District Hospital Kishtwar. The screening for non-communicable diseases such as diabetes, hypertension and their treatment is also available at the DH. The NCD clinic has an optimal workload and is performing well in terms of screening, treatment, referral and follow up patients. The DH is also organizing various national health programs such as HIV/AIDS, control of water borne disease, jaundice, control of blindness, elimination of tuberculosis, leprosy, RBSK, PMJA and PMSMA.

All the JSSK entitlements including free delivery services, diet, drugs and diagnostics, transport, PMSMA services are provided free of cost irrespective of economic status. Registers for entering births and deaths have been maintained. The hospital has not reported any maternal death but has reported 107 child deaths during 2022-23 while as 26 child deaths has been reported during 2023-24. It has been reported that vaccines, hub cutters are available and staff is aware about the open vial policy.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 0.03% of the OPD cases are tested for the same. The anti tuberculosis drugs are available in adequate quantity and the confirmed tuberculosis patients are taking anti-tuberculosis drugs from the hospital. The hospital has 01 instrument of TruNat Machine for drug resistance and 2.89 percent of patients have been tested through TruNat since the last six months. The transport mechanism is not in place for investigations within the public sector for tuberculosis testing and for others too. All the tuberculosis patients are tested for HIV and diabetes Mellitus. The facility had

disbursement of Nikshay Poshan installment through DBT and around 89.03 percent beneficiaries received installments till date. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy. The DH Kishtwar had done a field survey but had not identified any Leprosy case through the RBSK teams since the last 12 months but the hospital has diagnosed 03 HIV patients during 2022-23 through lab testing. All these patients have been referred for advanced treatment to the territory care hospital GMC Jammu.

The District Hospital received an amount of Rs. 2.10 crores under NHM during 2022-23 and hospital has utilized around 100 percent of the received budget. The hospital has utilized this amount in buying the emergency medicine and equipments, campus cleaning and buying contingency items and printing various forms and IEC etc. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available and complaints have been also received through 104 toll free number which has been established by the J&K State Health Society. The complaints are also received through e-Sehaj. Mostly the complaints are reported verbally and solved on spot.

#### **Status of Drug and Diagnostics:**

The District hospital KISHTWAR has a designed laboratory manned by 10 lab technicians and remains functional from 10:00 AM – 2:30 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides almost 69 test services like blood chemistry, Platelet, PCV, MCV, MCH, MCHC, BT, CT, CBC, Blood sugar, Urine albumin and sugar, TB, HIV, VDRL, Malaria, LFT and KFT, Creatinine, Uric Acid, TSH, RA, ASO, CRP, HPLC, TG, HDL, LDL, VDRL, HBsAg, and VBG..... etc. It was observed that DH has adequate supplies of reagents and consumables for conducting these investigations. The imaging service such as x-ray, CT Scan and USG are available on daily basis and is functional with the required infrastructure but the hospital does not have the availability of important services like MRI, Vitamin D3, Biopsy, Pus Culture, LDH, FSH, LH, Anti AMP, P&L, Coaglogram, Torch but have been outsourced to a private company. However, most of the necessary and advanced instruments of OT, Labs, Labour room and other sections equipments were found available up to date.

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of around 221 drugs was displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of the visit, around 113 (51.13 percent) drugs were available out of the EDL drug list. As such some shortage of essential drugs has been found since last six months. Management of the inventory of drugs is manual and all drugs are provided free of cost to all JSSK patients irrespective of economic status. All the essential drugs including drugs required during labour or delivery and essential obstetric and emergency obstetric care were found available at the hospital under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, no IUCDs and no PPIUCDs were available at the DH. The staff complained that family planning items like

injectable, IUCD, Antra and Chaya was in short in supply. A total of only 04 female sterilization were reported by the District Hospital Kishtwar during 2022-23.

### **Workload and Utilization of Services:**

The services which are available at the district hospital have been optimally utilized as the hospital has huge rush of patients especially OPD as well as IPD. On an average, more than 300 patients' visits the OPDs and around 89 admissions have been reported in the IPD at district hospital Kishtwar per day. The surgical facilities are optimally utilized because most of the specialists are in place. Around 1718 institutional deliveries including 1173 (68.27 percent) normal and 545 (31.72 percent) C-section deliveries have been reported at the DH during 2022-23. As per the record, around 111689 in-house lab investigations including 7593 Serology, 5722 Biochemistry, 75795 Hematology and around 123 outsourced lab investigations were done during the financial years 2023-24. During the last one month prior to this monitoring activity, District Hospital has referred around 558 patients to various higher level health facilities for treatment of various severe ailments such as surgical, Medical, delivery related issues and other emergencies whereas only 13 cases were referred from various health facilities including Neurosurgical cases, very sick new born babies, sever burn injury cases and complicated delivery and accidental cases. However, all these patients were given referral transport by the concerned hospital. District Hospital has 07 dedicated ambulances for referral services under toll free numbers of 102 and 108. These services are available free of cost to JSSK and children only. However, the hospital as well as the ASHA workers complained that the hospital is unable to provide home to facility referral transport services to expectant mothers due to the cause of hilly terrain and far off places which is difficult to capture the mothers from their residence but at times the hospital manages to provide drop back from facility to home services only to those who are extremely poor delivered mothers.

As per the NCD screening records of DH, a total of 5883 suspected patients have been screened for hypertension and 2216 patients for diabetes, of these, a total of 828 patients have been diagnosed hypertension while as 674 patients have been diagnosed diabetes during 2022-23 and 2023-24 prior to our visit. Further, the hospital has screened around 2189 suspected patients for both hypertension as well as for diabetes and a total of 609 patients have been diagnosed both hypertension as well as diabetes. The hospital has not initiated the process of screening for various types of cancers and therefore, no case of any type of cancers was reported by the District Hospital during 2022-23 and 2023-24. The district hospital has 04 bedded functional PM National Dialysis ward with the required infrastructure and a total of 550 sessions was done during 2022-23 among 18 patients while as 307 sessions were done during 2023-24 among 17 patients at DH.

### **Status of Health Information Management System (HIMS)**

Although the district hospital has updated and uploaded the information regarding service delivery, infrastructure & human resources till date but the hospital has not yet started the reporting and recording of data on the new data elements. The Data entry operator has received

the new formats from the PMU but the data entry operator has not distributed these new formats to the concerned section of the hospital. The data entry operator has also not informed the incharge for the reporting and recording of data on these new elements because the data entry operator has not received any training for the same. Therefore, not even a single section of the hospital has started or opened the page for reporting the data on the new data elements. The data entry operator also complained that the section incharge are reluctant to provide him data (monthly workdone of delivery services) on monthly basis. The data entry operator as well as all the section incharge opined that a training course may be arranged for them as to how the data on new data elements can be captured. During, our PIP visit to DH, a few on-the-spot instructions were given to the data entry operator and the incharge of the facility as to how the recording and reporting of data can be improved.

## **Key Challenges of District Hospital KISHTWAR**

Following are some of the key challenges which have been observed during our field visit to District Hospital Kishtwar:

Most of the washrooms of the DH have seepage issue due to which the white washing of the hospital got washed off. However, the hospital administration has contacted the contractor but due to one or the other reasons neither the renovation nor the repairing of washrooms was done. Therefore, the whole building needs renovation, repairing and whitewashing.

Most of the staff posted at DH Kishtwar complained that Intensive Care Unit (ICU) and HDU ward are not operational since its establishment because of the non-availability of trained staff like nurses due to which these wards are locked and patients have to be referred either to GMC Doda or GMC Anantnag for the advanced treatment.

The rainy water percolates either sides of the hospital which makes the hospital a bad look during the rainy season and therefore, the hospital needs a proper drainage system with designated parking space and complete boundary wall. The hospital also needs an OPD shed because most of the patients have to wait outside in an open area without any roof during the hot and cold days which creates problems for the patients.

The total bed capacity of the district hospital at present is 100 which are insufficient keeping in view the population of the district and its proximity to its terrain topography which is prone to fatal road accidents. Due to the inadequate number of beds, sometimes a bed is being shared by more than one patient especially in Causality Ward. The building also needs the installation of fire emergency extinguishers as the staff viewed that they have apprehensions of fire accidents at times.

Most of the expectant mothers, their attendants, physically challenged and staff complaint that hospital does not have installed a 'Left or Ramp Service' from ground floor to the upstairs as

most of the wards, OTs and labour room are upstairs. The patients have to go upstairs for the available services which are a challenging task for them.

Kishtwar is one of those districts where there is acute shortage of doctors. Due to the terrain topography, remoteness, adverse climatic conditions, accessibility and transportation issues, doctors generally are not willing to serve in this district. Although, under public pressure, orders for posting of doctors in the health institutions in Kishtwar district are issued by the government and some doctors do join their duties but they also either manage to get themselves transferred from the district or prefer to get leave and consequently most of the health institutions including the district hospital remain without doctors for most part of the year.

Most of the patients complained that though the UT Govt. and health department are claiming that all is well unfortunately the fact remains that government run district hospital including community health centres, Primary Health Centers, and Sub-centres established in various towns of Kishtwar district are facing dearth of doctors' especially specialist like Surgeons, Physicians, Radiologists, Ophthalmologist and Dermatologist due to which patients are facing tremendous problems and patients have no choice other than to move either to GMC Doda or GMC Anantnag.

The Medical Superintendent of DH complained that most of the times, the consumables remain short in supply and therefore, the x-ray films, CT Scan films, ECG rolls, ECG Jelly, Lab Regents, tubes and test kits need to be procure on priority. He added by saying that some percent of discretionary powers need to be given to MS with regard to procurement of emergency items like medicines and consumable in order to manage the emergency cases.

Most of the machines installed at district hospital Kishtwar are CR system based and the MS viewed that a new CR system machinery need to be installed in the district hospital. He added by saying that DR system based machinery especially a Thyroid Analyzer and Digital x-ray machine need to be installed in district hospital on priority.

Although, the climate of district Kishtwar is moderate during winter but the new hospital complex is not centrally air conditioned adding to the miseries of the patients as well as staff in general and IPD patients in particular.

The hospital was unable to qualify any national quality assurance programmes like Kayakalp, NQAS and LaQshya due to the non-availability of ETP/STP Plant and some other facilities like Audiometry room in OPD block, bio-medical carts, general waste containers, sanitation items, hospital signages, installation of illuminated electronic sign boards on main entry and other important entries and exits of the hospital.

The hospital administrations viewed that, community health centres as well as primary health centres from all four health blocks of the district refer patients to District Hospital Kishtwar but due to dearth of specialists, patients are left in lurch and they have to be moved to Jammu or Srinagar for treatment.



The posted staff complained that most of the lockers and broken beds are left either in wards like Labour room, dialysis unit or in the corridors of the hospital which gave the hospital a bad look and it seems that District Hospital Kishtwar is being neglected as the majority of population of this district is living in far flung areas and is dependent on this vital health institution.

There are many tests that aren't being conducted at the hospital including very basic pathology and thyroid tests. The Ultrasound, which is among the basic tests, isn't being conducted during the night hours leading to patients being referred to Jammu or Srinagar.

Most of the air conditioners of the main building are non-functional since its establishment due which most of the patients as well as the staff viewed that these air conditioner need to be installed on priority. Although the administration have contacted the servicing company but till date these air conditioners have not been serviced yet.

The Medical Officers added by saying that some aggressive patients and specially their attendants make the hospital a centre of chaos, this leads to difficulty in fulfilling the duties. Some strict norms are needed for proper functioning of hospital.

District Kishtwar area is proven to accidental cases and therefore, the Medical Officers viewed that consultants need to be KEPT in WAIT (means a room need to be kept for them within the hospital premises) rather than in CALL because at times Doctors in causality have to face the aggression and hostile environment from the public when they comes with an accidental case, risky expectant mothers and in other cases also. The doctors were seeking a timely intervention from the authorities for the same.

Most of the nursing staff as well as senior staff of the hospital said that the causality ward remains a hub of patients most of the times on the one hand and on the other the hospital area is prone to accidental cases and at times it becomes difficult for them to handle the hostile environment during any untoward or any eventuality. So the causality ward may be augmented via an additional human resource (male nursing staff) and dedicated security personals with arms.

The lockers, equipments, instruments & beds lying in worst conditions, dusted & corroded which are not functional and are lying outside the labour room and dialysis centre which gave the hospital a bad look. It seems that no one, not even the authorities are interested in keeping the hospital premises clean. Therefore, the most of the staff viewed that an auction for the junk material needs to be arranged on priority.

The security provided at the hospital required to be strengthened with the arms as at times they have to face challenges and pressure of local people which leads to fearful work environment in medico-legal cases. At times of critical medical situation as hospital staff said that the response of the community is very bad.

Some patients and specially their attendants make the hospital a centre of chaos in emergency cases as well as in examining of expectant mothers which leads to difficulty in fulfilling the duties. Some strict norms are needed for proper functioning of this health facility.

Most of the staff posted at DH Kishtwar viewed that district hospital lacks a separate space for expectant mothers. While examining such type of patients, even at times drunkards appear in the emergency ward or in labour room. This results in both male and female staff members infringing upon the privacy of the mothers and putting their dignity at risk.

In order to strengthen the district hospital, the hospital administration would like to start the DNB course but due to the lengthy process of NOCs from various department such as NOC from EO, NOC from Fire, Registration of Hospital, NQAS certification and installation of CCTVs cameras with all the allied accessories for the security purposes, the hospital was unable to start the course.

The district hospital has only 07 ambulances including 06 of 102 and 01 of 108 ambulances and all these ambulances are available on 24x7 on need based but due to some servicing issues, only three ambulances are functional. Of these ambulances, no one is ALC ambulance. Therefore, the Medical Superintendent of the hospital viewed that at least three ALC and three of 108 ambulances may be provided to the hospital on priority.

During the monitoring exercise, it was observed that most- of the nursing staff and other paramedical staff including doctors are absent, and female volunteers are running most of the sections of the hospital and when asked about their cause of absence, the voluntaries denied replying to our query.

Most of the staff posted at DH especially Medical Superintendent complained that most of the times, drugs, surgical items and consumables remains in delayed due to the laxity of JKMSCL. They added by saying that the expiry date of the medicines supplied by the JKMSCL have short period of expiry compared to the drugs available in the market.

The hospital is without compound boundary wall due to which the animals such as donkeys, houses, cows & bulls trespasses in the hospital premises and at times enters the causality and OPD wards of the hospital which creates the problems for the patients in general and staff in particular. Therefore, compound boundary fencing is must.

## **4.2: COMMUNITY HEALTH CENTRE, ATHOLI**

Community Health Centre (CHC) of ATHOLI is first referral unit, standalone institute accessible from the nearest road connectivity with the capacity of 50 functional beds and has no Intensive Care Unit (ICU) beds. The Hospital is situated at the centre of ATHOLI town and is housed in a newly and well designed constructed building with a compound boundary wall. The hospital complex consists of one main building with three stories but the building requires. The first referral point for CHC Atholi is district hospital Kishtwar which is located around 65 kms away

from Atholi town. The CHC covers around 1912 population of area and 03 PHCs, 02 NTPHC and 13 HWCs are working under this CHC. The hospital operates from 10:0 AM – 2:30 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is maintained well and it has all the basic amenities such as 24x7 running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area, drug store room and a complete power back up which is maintained through a generator. The hospital is getting electricity and water supply on 24x7 bases but has not a dedicated back-up for both electricity and water supply. The hospital has the availability of color coded bins for segregation of waste and the biomedical waste management is outsourced to a private agency namely ANMOL Health Care System (AHCS) Samba of Jammu.

This Community Health Centre (CHC) has 14 sanctioned strength of specialists from regular side including 01 Gynecologist, 01 Pediatrician, 01 Anesthetist, 01 Surgeon, 01 Physician, 01 Radiologist, 01 Pathologist, 01 Ophthalmologist, 01 Orthopedics, 01 Dental Surgeon and 04 Medical Officers but currently only 02 (14.28 percent) Medical Officers are in place and all the 12 (85.71 percent) posts of specialists are vacant. In case of paramedical staff, the hospital has 13 sanctioned strength of Paramedical staff including 01 Dental technician, 01 Radiographer/x-ray technician, 01 Lab technician, 01 OT technician, 01 AYUSH Pharmacist, 01 ANMs/FMPHWs, 02 Staff Nurses/JSNs, 01 Pharmacist (Allopathic) and 04 Other Paramedics but currently 10(76.92 percent) are in place including 01 Dental technician, 01 x-ray technician, 01 lab technician, 01 AYUSH pharmacist, 01 ANM/FMPHW, 01 Staff Nurses, 01 Pharmacist and 04 Other Pharmacist which simply indicates that only 03 (23.07 percent) are vacant. On the NHM side, the CHC ATHOLI have 08 sanctioned strength of posts including 02 Medical Officers, 02 AYUSH MOs, 01 Lab technician, 01 AYUSH pharmacist, 02 staff nurses and all these posts are in place. Due to the non-availability of specialists, patients have no choice other than to visit the DH Kishtwar which increases the load of patients at DH. It is therefore suggested that the hospital may strengthened with the specialists so that the local public will not suffer during the harsh weather conditions.

The hospital has dedicated desktops for data entry and internet connectivity (broadband) is good. The hospital has initiated the process for the internal assessment of Kayakalp and obtained the score of 35 points during 2022-23 but the hospital has not yet initiated for the certification of Kayakalp and NQAS. The hospital has not initiated the external assessment for LaQshya in case of labour room and Operation theatre due to the non-availability of specialists services like Gynecologist as well as surgeons and other necessary surgical instruments like Laparoscope, Video Laparoscope, Multifunctional Ortho Drill, LMA (I-Gel) Asserated size, Sigmordscop, Gaffing knife(Ortho), Reduction Clamp(Ortho), Bone holding clamp/reduction holding clamp, Cutter and retreaters, Saw, T-handle.

#### **Status of Services:**

Apart from emergency services, the CHC provides services like ANC, General OPD, Delivery, PNC, Immunization, Family Planning, laboratory services and general medicine and no other

services like O&G, pediatrics, general surgery, Anesthesiology, Ophthalmology, Dermatology, Orthopedics, Radiology, dental, imaging services (x-ray, USG), labour room complex, NBCU, Emergency care OTs, DEIC, NRC, CLMC, NICU, PICU, ICU, Burnt Unit, dialysis unit, Skill Lab and teaching block for medical, nursing as well as paramedical staff are available at CHC ATHOLI. Due to the lack of these services, the local public suffers and they have no option other than to visit the DH Kishtwar. However, the hospital administration has initiated the process for the same and shall be functional these units in the next financial year 2024-25. Further, the hospital is also not functional with the emergency services like Triage, Resuscitation and Stabilization. As the conditions of labour room is good and is functional with the required infrastructure, the CHC ATHOLI has done around 186 deliveries including 84 (45.16 percent) normal and 102 (54.83 percent) home deliveries have been reported at CHC during the financial year 2022-23. A total of 186 newborns have been immunized for the birth dose and same has been breastfed within one hour during the financial year 2022-23.

The hospital does not have the facility of OTs for general, Anesthesiology, orthopedic and ophthalmology and has neither a registered Blood Bank nor has designed blood storage unit. The hospital is providing tele-consultation services to the patients and on an average 04 cases may be attend per day.

The CHC, ATHOLI does not have functional Dialysis Unit, the District Early Intervention Centre (DEIC), the SNCU, the Adolescent Friendly Health Clinic (AFHC) and CLMC programmes due to the unknown cause. However, the screening for non-communicable diseases such as diabetes, hypertension and their treatment is available at CHC ATHOLI. The NCD clinic has an optimal workload and is performing well in terms of screening, treatment, referrals and follows up patients. The CHC ATHOLI is also organizing various national health programs such as HIV/AIDS, control of water borne disease, jaundice, control of blindness, elimination of tuberculosis, leprosy, RBSK, PMJA and PMSMA activities.

All the JSSK entitlements including free delivery services, diet, drugs and diagnostics, transport, PMSMA services are not provided free of cost irrespective of economic status of the patients. During the interaction, the delivered mothers and staff incharge complained that free medicine is not being provided mothers and they are purchasing medicines from the market most of the times. Registers for entering births and deaths have been maintained. The hospital has not reported either any maternal deaths or child deaths during 2022-23 and 2023-24. It has been reported that vaccines, hub cutters are available and the staff is aware about the open vial policy. In case of respectable maternity care, the hospital under takes the strict privacy measures and birth attendant is allowed with patient only. With regard to the FP services, the hospital has basket of choices and provides as per the choice of patient.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 0.25 percent of the OPD cases were tested for the same. The anti-tuberculosis drugs are available at the facility and currently 09 confirmed tuberculosis patients are taking anti-tuberculosis drugs

from the hospital. The hospital does not have any instruments of CBNAAT/TruNat for drug resistance but 0.029 percent of patients have been tested through CBNAAT/TruNat since the last six months through PPP mode. The transport mechanism is not in place for investigations within the public sector for tuberculosis testing and for others too. All the tuberculosis patients are tested for HIV and diabetes. The facility had done the disbursement of Nikshay Poshan installments through DBT and nothing have been left backlog in this case since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy. The CHC ATHOLI had done a field survey but had not identified any Leprosy case through the RBSK teams since the last 12 months. The CHC ATHOLI has not identified any HIV patients during 2022-23. The CHC had received an amount of Rs. 2.32 crores under NHM during 2022-23 and has utilized almost 100 percent of received fund during the same year. The hospital has utilized this amount in buying the emergency medicine and equipments, hospital upkeep, sanitation, patient amenities, campus cleaning and buying contingency items and quality programmes etc. Citizen's charter, timings of the facility and list of services available are displayed properly at the entrance gate of the hospital. Complaint box is available and complaints are also received through the 104 toll free number, the number is functional at State Health Society Kashmir. Mostly the complaints are reported verbally and solved on spot.

#### **Status of Drug and Diagnostics:**

The CHC Banihal has a designed laboratory manned by 02 Lab technicians and remains functional from 10:00 AM – 4:00 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides almost 32 test services like Haematology: HB, BT-CT, Blood Group, CBC, PBF, ESR), Bio-Chemistry: Blood Sugar, KFT, LFT, Amylase, Uric Acid, Lipid Profile, Serology: HbsAg, HIV, HCV, VDRL and Others: WIDAL Test, RF, CRP, ASO, TROP-T, Sputum for AFB, Urine Analogy, GT, Stool & etc. The Lab technician complained that all the Analyzers installed in the Central lab of CHC Atholi are not operational due the non availability of reagents and consumables for conducting these investigations. The imaging service such as x-ray (300 MA with CR system) and USG services is available also not functional due the technical errors. The hospital does not have the availability of some important services like MRI and CT scan on daily basis and therefore, the hospital has outsourced these imaging services to a private agency. However, most of the necessary and advanced instruments of Labs, Labour room and other sections equipments are not up to date and are not available in adequacy.

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of 121 drugs was also not displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of the visit, 113 (93.38 percent) drugs were available out of the EDL drugs. As such no shortage of essential drugs has been found since last one month. Management of the inventory of drugs is manual and all drugs are provided free of cost to all the JSSK patients irrespective of economic status of the patients. The drugs are also being provided free under Golden Card, Ashman Bharat, BPL and elderly people. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency



obstetric care were found available at the hospital under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 50 IUCDs and no PPIUCDs were available at the CHC ATHOLI. A total of zero female sterilization was performed at the CHC during 2022-23.

#### **Workload and Utilization of Services:**

The services which are available at the CHC ATHOLI have been optimally utilized as the hospital has the rush of patients especially OPD as well as IPD. On an average, more than 300 patients' visits the OPDs and around 15 admissions have been reported in the IPD at CHC ATHOLI on the monthly basis. As per the record, no lab investigations were done during the financial year 2023-24 prior to this monitoring activity. The CHC ATHOLI has referred around 206 severe patients to higher level health facilities like DH Kishtwar for special treatment such as Delivery cases, Accidental cases, and hypertensive etc., due the non availability of specialized services whereas only 17 cases were referred from various sub-centres including high risk pregnancy and accidents etc. All these patients were given referral transport by the hospital. The CHC has 04 dedicated ambulances for referral services under toll free numbers of 108 and 102. The referral transport of 102 is available free of cost under JSSK, accidental cases and children only. However, the hospital as well as the ASHA workers complained that the hospital is unable to provide home to facility transport services to expectant mothers due the cause of hilly terrain which is difficult to capture the mothers from their residence but at times the hospital manages to provide drop back from facility to home referral transport services only to those who are extremely poor delivered mothers.

The CHC ATHOLI has functional NCD Clinic in 01 day within a week and a total of 4843 suspected patients have been screened for hypertension and diabetes, of these at total 356 patients have been diagnosed hypertensive and 25 patients have been diagnosed diabetes whereas 23 have been diagnosed both hypertension as well as diabetes during 2022-23 and 2023-24 prior to our visit. The hospital has also initiated the process of screening for various types of cancers but no such patient has been reported Oral, breast or any other type of cancers till date. However, the facility has referred around 10 suspected patients of breast and 02 suspected patients of Oral to DH Kishtwar for further examination.

#### **Status of Health Management Information System (HMIS):**

The district hospital has updated and uploaded the information regarding service delivery, infrastructure & human resources till date and the hospital has started the reporting and recording of data on the new data elements. The Data entry operator has received the new formats from the PMU and the data entry operator has also distributed these new formats to the concerned section of the hospital. The data entry operator has informed the incharge for the reporting and recording of data on these new elements and the data entry operator has also received the training for the same. Therefore, all the sections of the hospital have started and have also opened the page for reporting the data on these new data elements. During, our PIP visit to CHC, a few on-the-spot

instructions were also given to the data entry operator and the incharge of the facility as to how the recording and reporting of data can be improved.

## Key Challenges of CHC ATHOLI

Following are some of the key challenges which have been observed during our field visit to CHC ATHOLI:

Most of the staff viewed that, although the Analyzers installed in the central Lab of the CHC Atholi but due the non availability of regents and other technical faults in these Analyzers, these analyzers are not operational since their instalment. However, the staff has contract the servicing company but till date these analyzers have not been serviced.

Most of the staff viewed that, the hospital is located around 65 kilometers away from DH Kishtwar and more so the road connectivity is also not good which is bumpy and risky due to which the ambulance drivers complained that the chance of accidents happen to be more during the night when they have to take a patient from Atholi to DH Kishtwar. On the other hand, people are living in scattered on the risky hilly slopes and it is difficult from them during any emergency to take patient to CHC Atholi. Therefore, they urged that an **Air Ambulance** services may be provided to block Padder on priority.

Even though, the facility has been upgraded to the CHC level since couple of years but the specialized services has not been upgraded up to the CHC level due to which the medical officer posted urged that most of the patients have to be referred to DH Kishtwar which leads to the load of patients' at DH Kishtwar.

Even though the CHC Atholi is designated as first referral unit (FRU) but due to the non availability of specialists including Surgeons, Physicians, Radiologists, Pathologist, Ophthalmologist, ENT and dermatologist due which people have no choice other than to visit the district hospital Kishtwar which leads to over exertion of the available strength at DH. So, the human resource with the required infrastructure may be provided to the CHC Atholi.

Even though the CHC Atholi is designated for conducting '*Open General Surgeries* (OGS), but the hospital is facing the shortage of all the surgical instruments like Laparoscope, Digital x-ray and High Resolution USG Probe, Video Laparoscope, Multifunctional Ortho Drill, LMA (I-Gel) Asserated size, Sigmordscop, Gaffing knife(Ortho), Reduction Clamp(Ortho), Bone holding clamp/reduction holding clamp, Cutter and retreaters, Saw, T-handle due to which the hospital has to refer patients to its first referral point for these services.

Although the hospital is designated general surgeries but the hospital has no registered blood storage unit and therefore, the authorities insisted that the hospital should have its own blood storage unit because at times they have to face difficulty in arranging blood units during the emergency cases like accidental cases and most of the times they have to refer patients to DH Kishtwar.

Some patients and specially their attendants make the hospital a centre of chaos in emergency cases as well as in examining of expectant mothers which leads to difficulty in fulfilling the duties. Some strict norms are needed for proper functioning of this health facility.

Further, the RBSK team added by saying that most of the people have hope from RBSK teams especially CSD patients but they are not capable to provide them any support in terms of medicine, operation fee and etc., other than to refer. They also complained that they have not been provided screened tools since couple of years. However, they somehow managed to purchase these screened tools but they have not been provided any compensation till date.

Although the normal delivery services are available at CHC Atholi on 24x7 bases but at times during the night hours, the hospital has to refer the expectant mothers to DH Kishtwar which a herculean task for them due the non availability of female medical officers. The incharge of the labour room insisted that a female medical officer need to be posted here at CHC Atholi so that the patients need not to be referred to the territory care hospital for the normal during the night hours.

Most of the expectant mothers, their attendants, physically challenged and staff complaint that hospital does not have installed a 'Left' from ground floor to the upstairs as most of the wards, OTs and labour room are upstairs. The patients have to go upstairs for the available services which is challenging task for them.

Although, the hospital does not have any dermatologist, ENT and Radiologist in place, but on the public demand, the BMO of the hospital has made an internal arrangement for the same through, the trained MOs who are currently posted at this hospital.

### **4.3: PRIMARY HEALTH CENTRE (PHC), CHATROO:**

The Primary Health Centre is located at a distance of around 35 kms from its first referral point of DH Kishtwar. This Primary Health Centre covers almost 4391 population of the area including 08 villages. This PHC is 24x7 designated and 03 Sub-Centres and 07 ASHA workers are attached with this Primary Health Centre. The PHC is standalone and is housed in a two storey government building and condition of the building is not good due its old structure and all the washrooms of the building are blocked due to the non availability of water. Currently, this Primary Health Centre has 10 functional beds with residential quarters for the doctors as well as for the nursing staff. The PHC has almost all the basic facilities like drinking water, functional toilets, drug store room and a designated power backup but has no running water facility. The PHC operates from 10:00 AM – 4:00 PM for OPD patients whereas it remains 24x7 for IPD patients. The premise of the PHC has maintained well and clean. The PHC has compound boundary fencing. The PHC have color coded bins for segregation of waste. The biomedical waste management has been outsourced to a private agency namely **KASHMIR** Health Care System (KHCS) Lassipora of Pulwama.

The PHC has a desktop which is functional with the required instruments and tablets have also been given to ANMs but smart phones are not available with the ASHA workers. Internet connection is available with 4G speed through mobile net. The PHC has initiated for the external assessment for the certification of Kayakalp and have scored 79.59 percent points during 2022-23. The facility has initiated for the certification of NQAS assessment, but has not initiated for LaQshya assessment due to some issues in infrastructure (all washroom has been blocked due the non availability of water, white washing etc.,) and hospital upkeep. However, the facility has done internal assessment in case of NQAS and obtained a score of around 79 percent points.

The information reveals that PHC Chatroo has 09 sanctioned strength of posts from regular side including 03 Medical Officers, 01 Staff nurse, 01 FMPHW, 01 Lab technician, 01 x-ray technician, 01 Dental technician, 01 Pharmacist and all these posts are in place. In case of NHM side, the PHC has 08 sanctioned strength of posts including 01 Medical Officer, 01 AYUSH MO, 02 FMPHW, 01 Lab technician, 02 Pharmacist, 01 AYUSH Pharmacist and all these posts are in position.

#### **Status of Services:**

The basic services such as medical as well as essential OPD, IPD Gyne section, x-ray, ECG, referral (108, 102), delivery, dental services, antenatal care, post natal care, immunization, basic laboratory services, treatment for minor ailments, screening as well as treatment of hypertension, diabetes, spacing methods of family planning, counseling for ANC and telemedicine/consultation and tele-radiology are available at this primary health centre.

The NCD services are being held 01 days in a week and the GNMs are trained in screening of breast as well as Cervical Cancers. However, the PHC has screened 71 suspected patients for hypertension as well as diabetes. Of these, only 12 (16.90 percent) patients have been diagnosed hypertension whereas only 09 (12.67%) patients have been diagnosed diabetes during 2023-24. The registers for different aspects have been maintained properly and the registers for follow-ups as well as referrals were maintained well. The PHC has also started screening for various types of cancers but the PHC didn't found any positive case of any type of cancers and therefore, no patient has been reported Oral, breast or any other type of Cancers at the PHC. The PHC organizes wellness activities regularly on selected days in a week especially on Friday.

The PHC Chatroo is Microscopy Designated Centre (DMC) and the percent of OPD whose samples were tested for tuberculosis is 6.65 percent. Anti tuberculosis drugs were available at the facility and currently 18 patients are taking drugs. Since the last six months 0.57 percent of patients were tested through TruNat and all the tuberculosis patients were tested for HIV and Diabetes. The facility had done almost 100 percent disbursements of installment through DBT since the last six months. The PHC Ukheral had not identified any Leprosy cases through the RBSK teams since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy.

Under the Integrated Disease Surveillance Programme, the PHC uploads the weekly data through P & L forms and also updates the information on all portals such as HMIS, IHIP and HWC portals. The PHC organizes monthly JAS meetings and the minutes of the meetings were found available on the day of our visit. On an average, the PHC organizes 01 meeting per month. Since the last six months, there were 274 referred in cases like hypertension and accidental while as around 39 referred out cases have been reported and all these cases are high risk expectant mothers and accidental.

### **Status of Drugs and Diagnostics**

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of around 32 drugs was displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of our visit, around 29 (90.62 percent) drugs were available out of the EDL drugs. As such no shortage of essential drugs has been reported since the last one month. Drugs for hypertension and diabetes are available in sufficient quantity. It was observed that PHC is in a position to meet around 90 percent of the demand of drugs and other consumables. Management of the inventory of drugs is DVDMS and all drugs are provided free of cost to all JSSK patients irrespective of economic status. However, the drugs are also being provided free of cost under Golden Card, Ashman Bharat, elderly and children and around 32 percent of drugs providing free to the general patients. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were found available at the PHC under JSSK. Family planning items like IUDs, condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 07 IUCDs and 01 PPIUCDs were available at the PHC. A total of zero female sterilization was performed at the PHC during the last six months.

The PHC is providing in house essential diagnostics and the timing of these tests is from 10:00 AM – 4:00 PM. The PHC have the availability of imaging services such as x-ray and USG services. In total the facility has done around 4095 investigations and all these investigation are free of cost to all the JSSK patients irrespective of economic status. Further, these diagnostics are free of cost under Ashman Bharat, Golden Card holder and elderly people. However, minimum charges have to be paid by the general patients as per the government order. During the day of visit, it was observed that the facility has shortage of various necessary instruments such as RVG, Dental Autoclave (Front Locker), CBC Analyzer, Hb Analyzer, Biochemistry Analyzer (Automatic). The facility has x-ray processor out of service due to the technical fault and the incharge of the facility gave the contract to Medi-Citi (servicing Agency) for its repairment. The PHC has received around Rs. 2.126 crores from NHM and same amount were utilized for the upkeeping of hospital and salary of the employees.

### **Workload and Utilization of Services:**

Looking at the utilization of services from the PHC, Chatroo, it was found that OPD, ANC, Delivery, NCD, and immunization services have been optimally utilized. The record for referrals as well as follow ups patients have been maintained well. The labour room of the PHC is



functional with the required instruments such as Labour bag, Gyne table, Baby warmer, O<sub>2</sub> Concentrator, O<sub>2</sub> Cylinder, radiant warmer with neo-natal ambu bag. The condition of labour is exemplary and during 2022-23, the PHC has done around 266 normal deliveries and has referred around 39 high risk expectant mothers including 02 sick babies for advanced treatment to DH Kishtwar. On an average, the facility provides ANC services to almost 32 expectant mothers and have immunized with birth dose of 265 new born babies and around 259 babies breastfed within one hour of birth. Overall the services provided by this facility have been seen fully utilized.

#### **Status of Health Management Information System (HMIS):**

The PHC Chatroo has no mismatch in the data and has already updated the service delivery, infrastructure and human resource on the HMIS portal. The data entry operator has received the new formats regarding the new data elements and the facility has started the reporting and recording of information on the new data elements. The staff of the various sections as well as the data entry operator viewed that a training course may be arranged for them regarding the new data elements so that they can understand how to report and record the data on the new data elements. The data entry operator complained that staff of various sections is reluctant in reporting of data on monthly basis. However, during the PIP visit to PHC Chatroo, a few on-the-spot instructions were given to the data entry operator and the incharge of the facility as to how the recording and reporting of data can be improved.

#### **Key Challenges of PHC Chatroo**

Following are some of the key challenges which have been observed during our field visit to PHC Chatroo:

The PHC is housed in a hilly road side where the work for construction of road extension is going on due to which dumpers/trucks have damaged the water pipe lines. Due the non availability of water, all the washrooms of the facility are blocked since couple of years back. The patients as well as the staff posted urged that a water reservoir may be constructed in the premises of the facility on priority otherwise staffs have no choice other than to go in open field for defecation which can cause an infection to them.

Some patients and specially their attendants make the hospital a centre of chaos in emergency cases like accidents as this area is risky due to hilly terrain which leads to difficulty in fulfilling the duties. Some strict norms are needed for proper functioning of this health facility.

The PHC Chatroo is critically facing the shortage of some basic instruments such as CBC Analyzer, HB Analyzer, Biochemistry Analyzer (Automatic), digital weighing machine, digital x-ray machine. The facility has x-ray processor out of service due to the technical fault and the incharge of the facility gave the contract to Medi Citi for its repairment but it has not been serviced yet.

Most of the times, PHC has to refer the delivery patients to DH Kishtwar during the night hours because of the non availability of female officers during night. Therefore, the public urged a female medical officer may be posted at this PHC on priority.

Due the road extension, cuttings of the mountains and blasts in mountains, the environment is dusty due which the health conditions of the people of this area is not good and most of the patients comes with the complaint of chest pain due the dusty conditions around the area because of dumpers who are running with heavy loads of earths.

Due the hilly typography, the staff urged that the Centre should have at least 06 ambulances because most of the times it becomes difficult for the hospital to pick and drop back the pregnant women. They added by saying that the hospital is located in a hilly region and is far away from the nearest road connectivity where the chances of accidents happens to be more often on the one hand and on the other, the condition of the road is also not good. Therefore, at times it becomes difficult for the hospital to refer the patient and even at times patient die in the middle of the way due to the bad road conditions and hilly typography.

The ASHA workers of the facility received 02 days training with regard to NSSK and Family planning. They added that family planning services have a good demand from the public and available services are patient friendly but ASHA workers complained that their incentives for last six months are pending and they viewed that their incentives be released immediately.

ASHA workers complaint that they have not been provided full HBNC kits since 2014 onwards due to which they were not satisfied with their HBNC visits. However, somehow they managed to bring most of the necessary equipments for HBNC kits from their own packet money but they have not been provided any compensation till date.

The PHC Chatroo has been located far-away from the locality and is surrounded by hilly areas and risky slopes like area. In order to protect the Centre from the trespassing of wild animals like bulls, cows etc., and the staff on duty from vicious animals like Snakes and Scorpion, a compound boundary wall is urgently need so that the PHC may not get adversely affected.

The female medical officer of PHC Chatroo viewed that the USG machine which are available at PHC Chatroo is CR based and has some technical errors due to which most of the expectant mother have no choice other than to visit either to DH Kishtwar or to visit any private institution. Therefore, the female medical officer urged a new DR based USG machine may be provided to the facility so that the expectant mothers will be referred to DH Kishtwar which increases the load of patients at DH Kishtwar.

The local public demanded that PHC Chatroo need to be upgraded up to the level of CHC because there is no CHC level health facility in block Chatroo due to which most of the patients have to be referred to DH Kishtwar or GMC Anantnag. The public urged that a female Gynecologist need to be posted at PHC Chatroo so that C-section deliveries could be managed here at PHC Chatroo.

## 4.5: SUB-HEALTH & WELLNESS CENTRE (SH&WC), UDIL GUJARAN

This Sub-health and Wellness Centre is located at a distance of around 3 kms away from its first referral point of PHC Chatroo and is around 35 kms from DH Kishtwar. The Sub-centre caters to the population of around 1180 including 03 villages and 01 ASHA workers are also associated with this Sub-Centre. This Sub-Centre is housed in a government building, with 06 rooms, 02 wash rooms (Male and Female), 01 drug store, 01 kitchen and 01 lobby. One room is being utilized for OPD services, the other has been dedicated for meetings and yoga/other HWC activities while as 3<sup>rd</sup> room is utilized for other immunization, drug store, rapid tests and other activities. The condition of this single storey building is good in every respect. The branding of the facility has been done but the washrooms have not been made fully functional due the non-availability of running water. The facility has no 24x7 running water facility, no electricity supply and no colour coded dustbins. This Sub-centre has been converted into health and wellness centre in the year 2021, 07 Oct. The sanctioned strength of this Sub-centre is 01 ANM from regular side while as in case of NHM, the centre has sanctioned strength of 01 CHO and 01 ANM and 01 ASHA workers and all these are in place.

### Status of Services

This sub-centre used to provide around 05 services including OPD for ANC and other ailments, NCD screening, ANC checkup, short stay of patients, tele-consultation, IFA, TT injections, routine immunization once a week, temporary methods of family planning services such as condoms, Anta, Mala and oral pills, treatment of minor ailments like cough and cold, fever, diaherra, worm infection and first aid are available at this Sub-centre. The facility helps in the control of local epidemics, diaherra, dysentery, jaundice. The Centre has started the screening of adult population for hypertension as well as diabetes. The MLHP/CHO as well as the ANM of the Centre has given the functional tablets to upload the data of various schemes of NHM on regular basis.

There are around 433 individuals above 30 years of age in the population of HWC and out of these around 136 CBAC forms were filled during the last six months of 2023-24. However, of these 136 individuals whose CBAC forms have been filled, 53 (38.97 percent) individuals have score below 04 while 73 (53.67 percent) have score above 04. The facility has screened these 136 suspected patients for hypertension and diabetes. Of these screened cases 55 (40.44 percent) were diagnosed with hypertension whereas 12 (8.82 percent) were diagnosed diabetes. Further, of the 136 screened individuals, the facility has reported 03 (2.20 percent) patients who have diagnosed both hypertension as well as diabetes. The facility has screened these 136 suspected individuals for oral cancer, 31 suspected patients for Breast and Cervical cancers but as such no one has been diagnosed any type of cancers. The centre has advised for lifestyle management to 31 patients while the centre is providing hypertension medicines to around 21 patients, medicines of diabetes to 09 patients only and other medicines to almost 78 patients since last six months. The record reveals that the facility has not received any amount under NHM. However, the CHO directly sends a requisition to the BMO and same is being provided immediately. The ambulance

is not available at this Sub-centre but CHO manages in case of emergency through transport referral system 108 services. No maternal as well as child death has been reported at this sub-centre. Line listing of all the eligible couples in the area is available. The ANM of the Sub-Centre is experienced well trained for different activities such as family planning and other ANC activities.

Under the Integrated Disease Surveillance Programme, the SC uploads the weekly data through P & L forms and also updates the information on all portals such as HMIS, IHIP and HWC portals. The SC organizes monthly VHSNC/MAS meetings and the minutes of the last meeting were found available on the day of our visit. On an average, the SC organizes 01 meeting per month and the centre has conducted around 06 village health & sanitation (VHS) days since last six months. Since the last one month the Centre has reported 07 referred out cases related to accidents, ANCs, HTN and DMs.

### **Status of Drugs and Diagnostics**

The facility has displayed the essential drug list on the entrance as well as in the drug store which is visible and clear to all. The drug list which was displayed in the drug store contains 32 essential drugs as per the guidelines but on the day of the visit, only 27 (84.37 percent) drugs were found available. As such no shortage of drugs has been reported since the last one month. NCD drugs are available in adequacy but tuberculosis drugs are not available at this Sub-centre. However, on demand, the TB drugs are being provided to the patients. The facility has sufficient supply of testing kits for checking hemoglobin, pregnancy status and blood sugar. Digital Thermometer and manual BP apparatus is available at this Sub-centre. The sub-centre has other functional equipments such as examination table, screen, and digital weighing machine (infant as well as adult etc).

### **Workload and Utilization of Services**

Looking at the utilization of services from the Sub-centre, it was found that the services are optimally utilized. MLHP/CHO as well as ANM is working at the Sub-centre and on an average more than 13 patients' visits the facility for minor treatment or minor ailments like fever, cough, diaherra, hypertension, diabetes & etc. The populace generally would like to visit this sub-centre because they are satisfied with the conduct and behaviour of the staff. The people are highly satisfied with immunization services as well as ANC services and on an average the facility provides ANC services to almost 03 expectant mothers and immunization to around 17 newborn children. The expectant mothers would love to visit this facility for ANC services which seems that the services are being fully utilized. It has been reported that large number of women are visiting this Sub-centre for spacing methods like condoms, contraceptives & others. The record of the visited health facility shows that the documentation and records regarding the line-listing of severely anemic and filling of MCP cards was satisfactory. The general cleanliness of the H&WC was satisfactory. This HWC has a proper mechanism for management of bio-medical waste as deep burial pit (sodium hypo-chloride) for waste management is available but has non availability of color coded dust bins for the segregation of biomedical waste. The

Complaint/suggestion box is found available at this HWC and complaints are also been received through 104 toll free number which is established at State Health System. ASHA workers are getting assured remuneration in time but incentives get delayed.

### **Status of HMIS Data Quality**

The health & wellness centre Udil Gujran received the new HMIS formats but CHO complained that DPMU had not provide them any training about the capturing of data on these new data elements nor have received any information about the new data elements. The MLHP urged that a training course may be arranged for them regarding as to how the data for new data elements can be capture. The sub-centre has uploaded and updated the HMIS portal with regard to the service delivery, infrastructure & human resource and no data mismatch found. However, during our visit to the centre, a few on-the-spot instructions were given to ANM as well as MLHP as to how the recording and reporting of data can be improved.

### **Challenges of the Sub-Health & Wellness Centre:**

Following are some of the key challenges which have been observed during our field visit to PHC Udil Gujran:

The sub-centre has an acute shortage of running water due to the regular movements of dumpers which has have damaged the water pipes of this area due to which the staff has to pass through various difficulties. The CHO viewed that a tube well may be provided them for the source of water.

The health and wellness centre does not have the authority for the disbursement of fund utilization and at times it turns difficult for the Centre to allot any amount for the installation of tube well for safe drinking water, gardening and etc., which is the basic requirements of any health and wellness centre.

The MLHP/CHO of the health & wellness Centre urged that the Centre should have its own ambulance service because the Centre is located in a remote area where the chances of accidents happens more often on the one hand and on the other, the condition of the road is also not good. Therefore, at times it becomes difficult for the Centre to refer the patient and even at times patients' may die in the middle of the way.

The local people demanded for the availability of diagnostics as well as the ambulance services at this health & wellness centre as they viewed that during any medical emergency, the locals first contact this sub-centre. Further, the MLHP/CHO demanded for a pharmacist and a laboratory technician and opinioned some training courses for making the full understanding of the NHM schemes and programmes.

The locals demanded that a female doctor or at least Medical Officer may be posted at this Sub-centre as they viewed that most of the times it becomes difficult for them to manage the delivery

cases because of terrain topography during the night hours. They added by saying that the female doctor need to be kept at night duty so that they take a sigh of relief.

Because of single ASHA worker, the Sub-centre is facing difficulty in doing health surveys especially on RCH compounds as the population of the area is scattered and are living in risky hilly slops.

## 5: Community and Patient Perceptions

During the course of facility visits, the Monitoring and Evaluation Team engaged with communities and patients to gauge their perceptions around common health service delivery domains in the district. The responses collected have been summarised below, disaggregated by domain specificity and respondent group:

<b>Health seeking behaviour</b>	:	<b>Responses</b>
Community perception:	:	Majorly tertiary health care facilities, specifically for specialized health care services for serious ailments.
Frontline worker's perception:	:	Sub-centres (SCs)/Health & Wellness Centres (HWCs) and PHCs are aiding in primary health care service delivery.
<b>Access to health:</b>	:	
Community perception:	:	Improved accessibility for primary care services, over-congested territory care facilities, improved delivery care accessibility needs to be prioritized.
<b>Behaviour of health service providers:</b>		
Patient's perception:	:	Overall, patients are well-satisfied with the health workers across the facilities.
<b>Out of Pocket expenditure in public health facilities:</b>		
Patient's perception:	:	OOPE incurred on Imaging and Diagnostics, specialized care-Oncology, Orthopaedics, Specialized Surgeries etc.
<b>Coverage, Knowledge and Skills of ASHA as perceived by the community:</b>		
Community perception:	:	Competent and Co-operative
<b>Availability of services for Immunization, ANC, PNC, AH Counselling, Contraceptive services, Nutrition counselling and preferred facilities for each:</b>		
Community perception:	:	Public health facilities like Sub-centres(SCs)/Health & Wellness Centres(HWCs), Primary Health Centres(PHCs)/UPHCs, Community Health Centres(CHCs)
<b>Screening for common NCDs and preferred facilities for seeking treatment:</b>		
Community perception:	:	Public health facilities like Sub-Centres, PHCs and preferred to seek treatment at CHCs/SDHs & ADH.



The collated community and patient perceptions call for strengthening delivery care services at lower health tiers, improving imaging diagnostics availability across the district, and developing ease of accessibility for specialized care as it accords for a major share of catastrophic OoPE. Rethinking referral transport availability in the district is undoubtedly required, along with strengthening referral linkages from lower tier health facilities to tertiary/specialized care health facilities in the district.

## 6: SUGGESTIONS

Keeping in view the observations, challenges of the visited health facilities, discussions with the concerned health authorities such as CMO, DPMUs, Dy. CMO, MOs, CHOs, data entry operators, NHM staff, local staff as well as the community perceptions including the school teachers, migrated population, shopkeepers, health seekers and front line workers including like ANM and ASHA workers, following observations were deduced:

District Kishtwar is geographically different region as its topography is bumpy, hilly and people are scattered either sides of risky mountain ranges of Chenab river due to which the population of the district have ‘N’ Number of challenges in terms of accessibility of health facilities. Most of the expectant mothers and ASHA workers complained that during the night hours they have choice other than to bear the labour pain or to wait for the day light to get a transport. They also complained that they have not been provided any pick and drop transport. They viewed that the district administration either to strengthen the HWCs or PHCs with the optimum health facilities which could be utilized during the harsh days of winter and night hours. They also viewed that a housing facility may kept available in the premises or near the jurisdiction of DH with all the facilities for few days till the delivery be done.

During an interaction, the district administration viewed that people are living in tough terrains and far off places. Moreover, the roads are bumpy and curved due to which the area is prone of accidents and other mishaps. Therefore, district Kishtwar need some special attention in terms of planning. A centrally sponsored team need, to be constituted under the supervision of some senior officials of the district like DC, Director Health, CMO, Dy. CMO in order to understand the basic issues of planning of the district.

The CMO of District Kishtwar viewed that most of the areas such as Marwah, Warwan, Dachhan, Nagseni, and some hard reach areas of Kishtwar block i.e., Padder and Bonjwah remains cut-off during the harsh weather and the internet connectivity of these areas also remains suspended due to which the headquarter is unable to keep information regarding health and more so the administration need to maintain an ‘**AIRBUS SERVICES OR AIR AMBULANCE SERVICES**’ for the people especially expectant mothers or to strengthen the block CHC with the trained staff. Moreover, the PHCs & SCs of these areas need to strengthen with the trained pharmacists and all doctors at these primary health centres need to be posted at block CHC in order to make them more strengthen.

The CMO of the district viewed that the administration is unable to provide the referral transport either to the expectant mother or the other referral patients due to the non-availability of budget allocation. He also said that due to the non-availability of funds, the district administration is unable to provide training to the ASHA workers and other paramedical staff. It is therefore, suggested that funds need to be released on time so that the system may not suffer.

ASHA workers have to be seen in strike as these ASHA workers are being utilized for a number of activities by other departments also but are paying nothing in return or compensation. The ASHA workers viewed that they should be provided compensation or at least they need to be engaged with the minimum wage rate.

The paramedical staff, front line workers, CHOs and data entry operators of the visited health facilities require the trainings in line with their job profile. Although, the data entry operators are updating the data on various portals but they are confused about the new data elements as how to report and record the data on these new elements. The CHOs, ASHA workers and staff nurses also viewed that a training course be arranged for them so that they can easily understand the newly established programmes and schemes of NHM.

During an interaction, the CMO and other stakeholders of district Kishtwar opined that all the block CHC and PHCs of the district need to be strengthened in respect of human resource, equipments plus trainings to all the paramedical staff so that load of district hospital can be reduced.

There is no need of posting of doctors in NTPHCs and PHCs which are outside block headquarter but to utilize the services of '*trained pharmacists and FMPHWs*' at block CHCs and block headquarter PHCs so that better patient care will be provided.

The district Kishtwar needs immediately a health infrastructure planning because whatever, infrastructure has been done is not as per the requirement. As a cost of two crore hospital has been constructed for One lakh sixty thousand population in Dachhan Marwa block and most of its units are without any infrastructure and human resources. Therefore, instead of it if a small hospital with small units might have been constructed with all the necessary facilities.

Most of the activity gets hampered and the district has problem in uploading the required information due to the non-availability of internet services in most of the highly areas. The CMO of the district viewed that the district needs the timely budget for running the V-Set and providing the chopper and full time air ambulance services such a hilly district like Kishtwar.

During the visit, it has been observed that the maternal mothers as well as the community people are highly satisfied with the dedication, nature, behaviour and service delivery of almost all the visited health facilities especially, PHC Chatroo and CHC Atholi and are also satisfied with the available services like free medicine, advices and diagnostic checkups and etc. This clearly indicates that people of the district have hope on the public health facilities of the district.

Therefore, the public health facilities need to be strengthened with more specialized human resources like Radiologists and Ophthalmologists which have been kept vacant couple of years.

The community viewed that people have first contact either the Sub-centres or primary health centres in order to treat any minor ailments and they added that around 96% of NCDs especially cancers of different types are treatable if it can be diagnosed at the early stage. In this regard, they stressed that a trained staff with the advanced instruments need to be provided to all the Sub-centres as well as primary health centres of the district on priority.

The community also desired that advanced imaging services such as x-ray machine, USG machine, CT scan machine, MRI machine and CBC Analyzers etc., need to be kept available at all the Sub-Centres as well as Primary Health Centres of the district because most of the expectant mothers, ANC patients and NCD patients visits these primary health centres first and the sign and eventuality of any serious ailment could be diagnosed at the earliest stage.

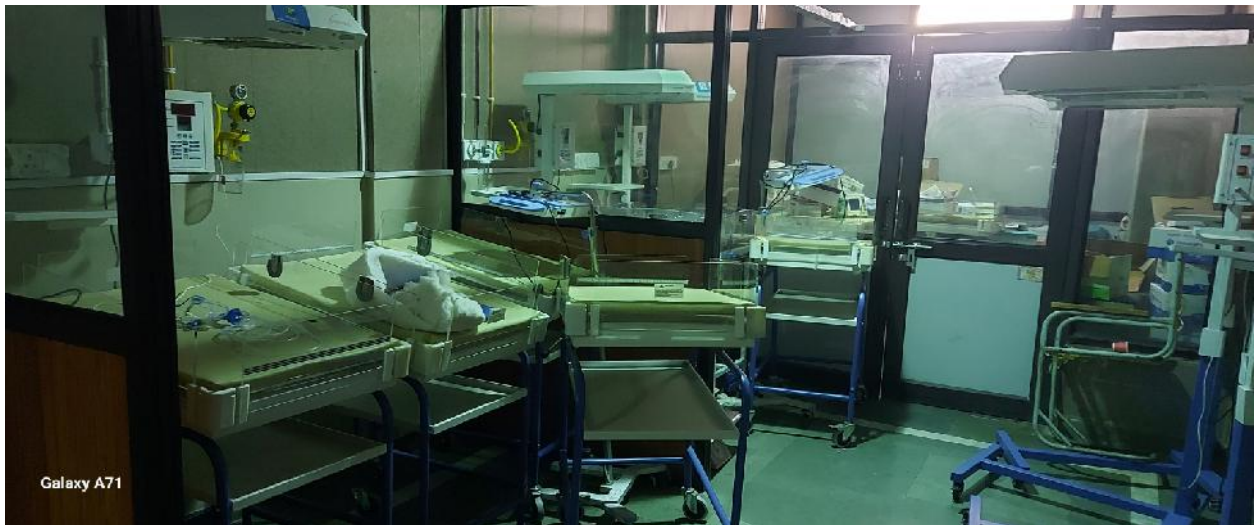
During an interaction with some of the health seekers, they viewed that in most of the health facilities of district Ramban, the NCD clinics are functional only once or twice in a week that leads to the over burdening as well as overcrowding of the population at the health facility. In this regard, the NCD screening need to be made functional in all days and some awareness announcements should also be done from the health departments regarding the life style ailments.

Although, the free drug policy is not being practised fully, but the community people largely demanded that all the diagnostic services should be provided free of cost irrespective of economic status of the patients. At times the vulnerable section of the society has to sell their property for some advanced tests such MRI, CT scan and thyroid like tests etc. They added that these facilities need to keep available at minimum charges at the district hospital and at CHC level.

## PHOTO GALLERY



Well Maintained Labour Room at DH Kishtwar but lack of privacy



Well Maintained SNCU at District Hospital Kishtwar



The Lab at District Hospital Kishtwar is equipped with all the required Analyzers.





The Blood Centre at DH Kishtwar is operational with all the protocols



The DH is properly following the procedure in Dialysis Unit and Drug Storage.



Interaction with delivered women regarding JSSK entitlements at DH Kishtwar



Interaction with Labour Room Incharge during the PIP Monitoring at DH Kishtwar



The main building of CHC Atholi is without Citizen Charter and other IEC Materials



All the newly Analyzers installed at CHC Atholi are non-operational due to some technical errors





Drug Storage at CHC Atholi is without racks and proper procedure



Labour Room at CHC Atholi is not in good conditions



PIP Monitoring PRC team with the Medical Staff of PHC Chatroo





USG machine at PHC Charoo is not functioning properly due to technical errors but at times it is being used in emergency cases



Labour Room at PHC Chatroo is clean and in good conditions



Well maintained Health & Wellness Centre at Udil Gujran in block Chatroo