

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



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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 BUDGAM 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 Budgam, Medical Superintendent of District Hospital (DH) Budgam, Incharge as well as the Medical Officers of DH Budgam, MOs CHC Nagam, MO of PHC Khag and CHO of H&WC Summerbugh for sharing their experiences and timely support. We would like to appreciate the cooperation rendered by the officials of District Programme Manager (DPM), Mr. Nisar Nabi and Data Entry operators of DH Budgam, CHC Nagam 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.

**Mrs Farida Qadri
Mohammad Ibrahim Wani**

Dated: 01/09/2023

Executive Summary:

In ten health blocks of district Budgam, a total of 208 established public health facilities including 01 district hospital, 6 sub-district hospitals, 03 community health centres, 70 primary health centres and 128 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 **Budgam**, CHC **Nagam**, PHC **Khag**, H&WC **Summerbugh** 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 Budgam 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.

Overall the district is performing well in providing service delivery because around 87 percent of specialists and 88 percent of paramedical staff from regular side are in place while in case of NHM, almost 95 percent of specialist and 93 percent of paramedical staff are 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 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 practicing the free drug policy under JSSK, Ashman Bharat, elderly people, children and Golden card holders while for the general patients, around 79 percent of medicines are being provided free of cost to all the patients irrespective of economic status from all levels of health facilities.

The updated Essential Drug List and Citizens Charter are displayed at the entrances as well as drug store rooms of all the visited health facilities of the district which are clearly visible to all. However, the EDL and Citizens charter are not displayed at the entrance as well as in the drug store room of PHC Khag due to the under construction building.

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 getting their assured incentives on the regular basis and however, at times the delay in their incentives is subject to the 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 complained that they had purchased some instruments for HBNC kits but they have not been provided any compensation till date.

The district is 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 not purchased even a single drug or diagnostic from the market during their nine months of pregnancy. They added that during and after the delivery, they were given a proper respect, care, balance diet and referral transport of 102 for pick-n-drop.

District Hospital Budgam has a 10 beded functional SNCU with no Stepdown care but has 01 Kangaroo mother care (KMC) unit and a total of 204 inborn and 34 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 Nagam and PHC Khag are also functional with the required instruments.

The imaging services like USG, x-ray and dialysis services are available at the district hospital Budgam while the imaging services like USG as well as x-ray services are also available at the CHC Nagam and PHC Khag. The normal as well as C-section delivery services are available at DH Budgam and CHC Nagam while the normal delivery services are available at CHC Khag and SC Summerbugh. The C-section deliveries at DH Budgam and CHC Nagam are performed on 24x7 on daily basis.

The RBSK teams in district Budgam are performing well and on an average around 89 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 especially they talked about SKIMS Soura 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 respect and welcome at the territory care otherwise they said that they have to wait hours in the waiting line.

District Budgam has progressed well in terms of quality assurance and a total of 13 health facilities including 03 CHCs, 01 PHC and 09 H&WCs have qualified the Kayakalp through external assessment and received the commendation awards during 2023-24. The district currently preparing for the NQAS certification and in this regard some health facilities have already been notified for the same. The district has also initiated for the LaQshya certification in case of Labour room and OTs.

The district hospital has not initiated for the Certification of NQAS, Kayakalp and LaQshya due to the old structure and improper design of the building. However, the district hospital has done internal assessment but has not scored well due to the space constraint and various infrastructural issues like compound boundary wall and space crunch. The CHC Nagam has initiated for the certification of Kayakalp but has not scored well; a total of only 70 points obtained and received a commendation award. The PHC Khag has initiated for the Kayakalp but has not scored well due to under construction building. The SC Summerbugh has obtained 71.25 points in case of Kayakalp and received a commendation award.

Institutionalized mechanism for grievance redressal was evident in all the visited health facility and complaint boxes are displaced at the entrance of every visited health facility and these boxes remains open for any redressal. The complaints are also been received through 104 toll free number which has been established by the State Health Society of J&K. 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 have operationalize it fully.

Most of the visited health facilities of the district have received the new HMIS formats except the district hospital Budgam but the DPMU had not provide them any training about the capturing of data on these new elements. However, the data entry operators posted at CHC Nagam and PHC Khag have started the process of uploading data on the new data elements and have also opened the page on the registers for the same. They added that they read about the new data elements from internet and they need not require any training for the same.

Almost all the visited health facilities in the district have not uploaded and updated the HMIS portal regarding the infrastructure & human resource till date and during our PIP 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. However, the CHC Nagam has no mismatch in the data and has already updated the workdone as well as infrastructure and human resource on the HMIS.

Medical Mobile Unit(MMU) is not functional in the district because the district is adjacent to district Srinagar and Nutritional Rehabilitation Unit is also not functional in the district because the district is housed in a single two storey building which has space constraint. The Peer Education Programme is not function in the district due to unknown cause.

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 BUDGAM 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 State/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 NIHFW on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2022-23, this PRC has been asked to cover 18 districts of the Union Territory of Jammu & Kashmir. The present study pertains to district BUDGAM. A schedule of visits was prepared by the PRC and two officials consisting of 01 Research Assistant and 01 Research Investigator visited the district and collected information from the Office of Chief Medical Officer (CMO), District Hospital **Budgam**, CHC **Nagam**, PHC **Khag** and Health & Wellness Centre (H&WC) **Summerbugh**. 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 off-shoots 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 J&K State has 1, 01, 387 sq km as per the 2011 census but aftermath of 5th August 2019 reorganization act, the erstwhile J&K has been divided into two union territories i.e., the union territory of Ladakh of 59,146 sq km and the union territory of Jammu & Kashmir of 42,241 sq. km.

Before 5th August, 2019



After 5th August, 2019



The Union territory of Jammu and Kashmir has a total population of 12,267,013 and the sex ratio is 889 females per 1000 males. Around 924,485 (7.54%) of the population is scheduled caste and 1,275,106 (10.39%) belong to the scheduled tribes, mainly Gujjar, Bakerwal, and Gaddi. The SCs 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 as 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 Budgam

Geographically, the District Budgam occupies an area of 13, 61 sq., kms and is centrally located district of Kashmir province. The district is bounded by Baramulla in the North-West, by Srinagar in the North-East, and by Pulwama in the South-East while the Pir Panchal Range separates the district Budgam from Poonch on its South-West side.

The District Budgam consists of 470 inhabited villages and 13 uninhabited villages while the district consists of 6 towns excluding some urban areas of outgrowths that fall in the urban augmentation of District Srinagar. District Budgam is a constituent of 09 tehsils namely Budgam, Beerwah, Chadoora, KhanSahib, Khag, Charisharief, B. K. Pora, Narbal and Magam. Besides sub-districts namely Beerwah, KhanSahib, Chadoora was created in the latest delimitation of District/Sub-District/Tehsils, for administrative convenience as well as for balanced economic development. The District has been further divided into 17 C. D blocks namely Chadoora, Budgam, Beerwah, KhanSahib, Khag, B. K Pora, Narbal, Nagam, Soibugh, Waterhail, Parnewa, Surasyar, Charisharief, Pakherpora, Sukhnag, Ratsun, and SK. Pora. These Blocks are further divided into 281 Panchayats for administrative convenience.

As per the estimates of Unique Identification Authority of India, the total population of district Budgam constitutes 1,047,706 in 2023 while as, the district has a population of 7,53,745 as per the 2011 census, out of which 3,98,041 (52.80%) are male and 355,704 (47.19%) are female.

The district Budgam has a sex ratio of 883 females for every 1000 males, and child sex ratio is 832 girls per 1000 boys while, the literacy rate of the district stands 56.08 percent (males 66.30% and females 44.85%), an increase from 42.20 percent (males 53.13% and females 30.29%) in 2011.

The district Budgam, has estimated 12,9,79 deliveries including 3035 (23.38%) C-sections deliveries during 2023-24 while the district has estimated 1,26,6,28 eligible couples, and 11,6,34 live births during 2023-24. The district has targeted to notify 130 TB cases including 110 TB cases from public sector and 20 TB cases from private sector but the district has achieved the target to notify 115 TB cases, of which, a total of 249 TB cases are known with HIV tests (Source: CMO).

1.5: Health Infrastructure of District Budgam:

With 470 villages, district Budgam has been divided into 10 medical blocks. Without private health facilities, the health services are being provided through a network of **208** established health institutions including 01 district hospital, 06 Sub-District Hospitals, 03 Community health centres (CHCs), 70 Primary health centers (PHCs), 128 Sub-health & Wellness Centers. The district has not any established Urban Primary Health Centre or Urban community health centres (Source: CMO).

Besides these established health facilities, the district has 01 Special Newborn Care Unit (SNCU), 01 District Early intervention Centre (DEIC), 05 First Referral Units (FRUs), 14 Designated Microscopy Centers, 01 Tuberculosis unit, 01 CBNAAT/TruNat Site, 02 Blood Banks and 03 Blood Storage units which are functional with the required facilities. The district has converted/upgraded all the 128 Sub-centres to Health & Wellness Centres (HWCs).

The district has 04 non-communicable disease clinics in which 01 is functional at district hospital and the other 03 are functional at SDH Chadoora, SDH Beerwah and SDH Chattergam while the district has a comprehensive first and second trimester abortion services available which are being provided by around 07 health facilities of the district, of which 06 health facilities are providing 1st trimester services and only 01 facility i.e., District Hospital is providing 1st as well as 2nd trimester services.

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. The district has received the approved DHAP for two consecutive financial years 2022-23 to 2023-24 and the first installment was directly released on 18/05/2023 into the account of CMO through the Single Nodal Account.

1.7: Recruitment Policy in District Budgam

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. However, in district Budgam, despite the various rounds of recruitment as well as the announcements for the vacant seats, a total of 143 posts remained vacant from regular side and 43 posts from NHM side till date (Source: CMOH).

1.8: Status of Human Resource of District Budgam

On the regular side, district Budgam has 368 sanctioned posts of specialists, of which 318 (86.41%) posts are in place including 11 Gynaecologists/Obstetrician, 07 Paediatricians, 08 Anaesthetist, 07 Surgeons, 08 Physicians, 01 Radiologists, 01 Pathologists, 03 Ophthalmologists, 06 Orthopaedics, 01 ENT, 01 Dermatologists, 219 Medical Officers (MOs), 02 AYUSH MOs, 54 Dental MOs and only 02 Surgeons, 01 Physician, 01 Orthopaedic, 32 MOs and 03 Dental MOs are vacant (Table-1).

On the other hand, District Budgam has 794 sanctioned posts of paramedical staff on the regular side in which 697 (87.78%) posts are in place including 70 Dental technician, 48 Lab technician, 10 OT technician, 37 x-ray technician, 19 CHO/MLHP, 163 ANMs/FMPHWs, 49 MPW(Male), 50 Staff Nurses, 97 Pharmacist and only 12 dental technician, 45 Lab technician, 12 OT technician, 33 x-ray technician, 15 CHOs/MLHP, 45 ANM/FMPHW, 46 Staff nurses and 43 pharmacists are vacant positions.

On the NHM side, district Budgam has 123 sanctioned positions of specialists in which 116 (94.30%) posts are in place including 02 Gynaecologists, 02 Paediatricians, 32 Medical Officers (MBBS), 79 AYUSH MOs and 01 Dental MO while only 06 MOs and 01 AYUSH MO is vacant till date. On the other hand, district Budgam has 501 sanctioned posts of paramedical staff from NHM side in which 465(92.81%) are in place including 01 Dental technician, 32 Lab technicians, 17 OT technicians, 18 x-ray technicians, 115 CHO/MLHPs, 32 AYUSH Pharmacists, 166 ANM/FMPHWs, 05 MPW(Male), 58 Staff nurses and 20 pharmacists and only 01 Lab technician, 01 OT technician, 13 CHO/MLHPs, 08 AYUSH Pharmacists, 01 ANM/FMPHW and 13 Staff nurses are vacant. The district does not have any sanctioned post with regard to trained super specialist in Life Saving Anaesthesia Skills (LSAS) and EmOC doctors.

Overall the district is performing well in providing service delivery because around 87 percent of specialists and 88 percent of paramedical staff from regular side are in place while in case of NHM, almost 95 percent of specialist and 93 percent of paramedical staff are in place.

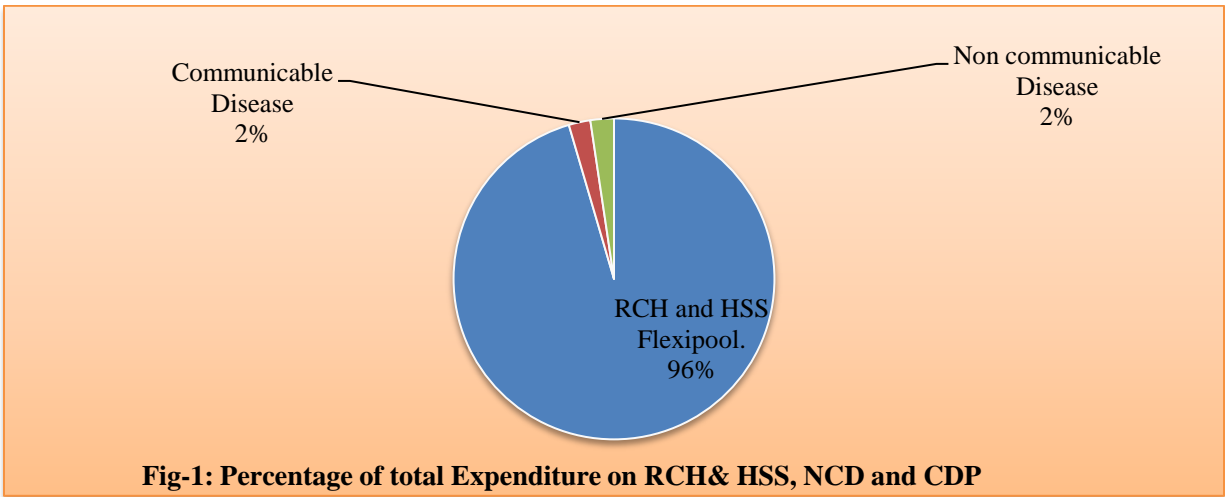
Table 1: Details of Healthcare staff – Medical in District Budgam during 2023-24

Human Resource	Regular			NHM		
	Sanctioned [A]	In place [B]	% Vacant [B-A/A]*100	Sanctioned [A]	In-place [B]	% Vacant [B-A/A]*100
Specialists	368	318	13.58	123	116	5.69
Gynecologist	11	11	0	2	2	0
Pediatrician	7	7	0	2	2	0
Anesthetist	8	8	0	0	0	0
Surgeon	9	7	11.11	0	0	0
Physician	9	8	11.11	0	0	0
Radiologists	1	1	0	0	0	0
Pathologist	1	1	0	0	0	0
Ophthalmologist	3	3	0	0	0	0
Orthopedic	7	6	14.28	0	0	0
ENT	1	1	0	0	0	0
Dermatologist	1	1	0	0	0	0
MOs (MBBS)	251	219	12.74	38	32	15.78
AYUSH MOs	2	2	0	80	79	1.25
Dental MOs	57	54	5.26	1	1	0
Paramedical Staff	794	697	12.21	501	465	7.18
Laboratory Tech	93	48	48.38	33	32	3.03
OT Technician	22	10	54.54	18	17	5.55
X-Ray Tech	70	37	47.14	18	18	0
CHO/MLHP	34	19	44.11	128	115	10.15
AYUSH Pharma	0	0	0	40	32	20
ANM/FMPHW	208	163	21.63	167	166	0.59
Staff Nurse/JSN	96	50	47.91	71	58	18.30
Pharmacist(Allopathic)	140	97	30.71	20	20	0

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

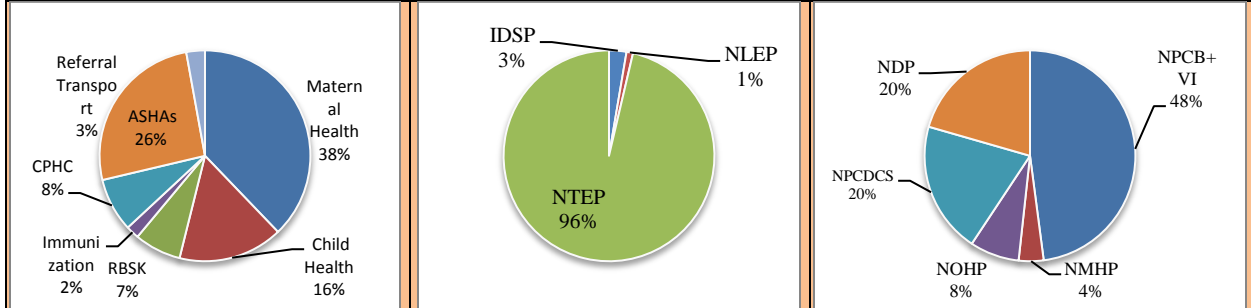
1.9: Status of Budget Utilization/Expenditure:

District Budgam has received Rs. 39,09,72,269.87 funds from NHM side under different heads including Rs 373,683,307.87 (95.57%) under RCH and HSS Flexipool, Rs. 85,28,838 (2.18%) under Communicable disease flexipool and Rs. 87,60,122 (2.25%) under Non communicable disease flexipool during the financial year 2022-23 (Fig-1).



The maximum expenditure under RCH Flexipool was observed in maternal health (38%), followed by ASHA workers (26%), followed by Child health (16%) and least amount of percentage was spend on referral transport (3%) followed by immunization (2%). Under the communicable disease flexipool, the maximum expenditure was done on NTEP (96%), followed by IDSP(3%) followed by NLEP (1%) while the maximum expenditure was done under the Non communicable disease on NPCB+VI(48%), followed by NPCDCS/NDP (20%, followed by NOHP (8%) and followed by NMHP (4%) shown in Fig-2.

Fig-2: Percentage of total expenditure on different components under RCH& HSS, NCD and CDP during 2022-23



1.10: Status of Trainings

As per the CMOs statement since the outbreak of Covid-19, most of the proposed trainings could not be organized in the district. However, out of 42 proposed trainings in 2022-23, all were organized including 34 with regard to expanded range of services like ENT, Palliative Care etc., in which 1346 participants have attended and 01 was organized for Dakshta in which around 22 participants have attended while 01 more training was also organized with regard to NSSK in which almost 29 persons have attended. Further 02 trainings were organized with regard to NPCC & HH in which around 220 participants have attended and 04 trainings were conducted with regard to ASHANIOS in which almost 161 ASHA workers have attended this training.

2: STATUS OF DELIVERY SERVICES IN DISTRICT BUDGAM

The status of services delivery under different programmes and schemes of District Budgam 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 DH, 72 at CHC, 32 at PHC, 11 at UPHC and 32 at SC) drugs in EDLs and all the drugs in the EDLs were not found available during the day of 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 49 percent medicines from the market. However, during the exit interviews it was observed that the visited health facilities are providing hypertension, diabetes and some other medicines free of cost to all the patients irrespective of economic status.

So far as diagnostics services are concerned, the district has notified 14,731 lab tests in general but DH has notified 132 lab tests, CHCs has only 89 notified lab tests and PHC has 21 notified lab tests while SCs perform only rapid tests because they do not have any instruments for lab tests. However, whatever diagnostic facilities are available at the visited health facilities, the diagnostics services are provided free of cost under JSSK only and in addition these services (at all the public health facilities) are free of cost to Golden Card Holders, BPL, NCDs, Hypertension, ANC and maternal mothers only.

2.2: Reproductive Health Care (RHC) Services:

In line with the record of delivery points, district Budgam has two (02) PHCs which are conducting > 10 deliveries per month and seven (07) CHCs conducting > 20 deliveries per month while only one (01) District Hospital conducting > 50 deliveries per month. Besides, the district has one hundred fifty three (53) institutes with Ultrasound facilities in which eighteen (18) are public whereas one hundred thirty five (35) are private and all these facilities are registered under PC-PNDT Act. Moreover, 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 9th of every month. District Budgam has nine (09) designated health facilities for PMSMA activities in which all these facilities provides the quality services to Pregnant Women on 9th 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 18,769 pregnant women in which 4,014 pregnant women have been diagnosed high risk during 2022-23.

2.3: Rashtriya Bal Swasthya Karyakaram (RBSK)

In-line with the record, District Budgam has ten (10) medical blocks and each block has two sanctioned RBSK teams and these teams are functional with the required manpower. 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 almost 100 children per day, a total of 2616 children have been screened for defects at birth during 2022-23. The society, Anganwadi centres and schools are satisfied with the dedication and work culture of the RBSK teams.

2.4: Special New-born Care Unit (SNCU)

District Budgam has a designated Sick New-born Care Unit (SNCUs) which one is fully established at District Hospital and is functional with the required manpower and other necessary instruments. The SNCU has 10 radiant warmers and 01 Kangaroo Mother Care (KMC) Unit. The condition of the SNCU is not very good because few of the beds are not functional. Although, the hospital administration have service maintenance contact with the manufacturer but these beds have not been serviced till date. During the visit, it was observed that the overall cleanliness and the staff nurses are good in all respects.

A total of 204 inborn babies have been admitted in this SNCU during 2022-23, of which 168 babies have been discharged after the proper treatment while 35 babies have been referred to the territory care to Srinagar for the special treatment and only 01 have been left at LAMA. Further, 34 outborn babies have also been admitted during 2022-23, of which 29 have been discharged after the treatment while 05 babies have been referred for the advanced treatment to Child & Maternity Care Hospital Srinagar. The referral transport was given to all the referred patients.

2.5: Newborn Stabilization Unit (NBSU)

District Budgam has 10 established Newborn Stabilization Units (NBSUs) which are functional with the required infrastructure and manpower and these NBSU are established at CHCs and SDS of the district. A total 2143 inborn babies were admitted during 2022-23, of which 2109 babies have been discharged after the treatment while 34 babies have been referred to territory care hospital Srinagar for the advanced treatment. Further, a total of only 44 outborn babies have been admitted, of which all 44 babies have been discharged after the full treatment and monitor.

2.6: Nutrition Rehabilitation Centre (NRC)

Nutritional Rehabilitation Centre (NRCs) has not been established because district hospital is housed in an old structured single two storey building with improver design having space constraint due to which the NRC has not been provided any space.

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

In line with the record, it was found that 9,1,57 home based newborn babies have been visited by the ASHA workers. During an interaction, the 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. However, based on the feedback, society seemed to be satisfied with the knowledge, conduct, work culture and nature of visits of ASHAs 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 41 deaths were reported including 05 maternal deaths, 07 child deaths, 21 infant deaths and 08 still birth during 2022-23 while only 05 infant deaths and 506 still births reported during 2023-24. During the day of the visit, it was found that all the 05 maternal and 28 child deaths have been reviewed and on the day visit, minutes of the reviews were found available with regard to the cause of death. Further, during the visit, it was found that data was not maintained regarding the maternal and 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)

Peer Education Program has not been launched in District Budgam due to the unknown cause.

2.10: Mobile Medical Unit (MMU)

Mobile Medical Unit is not functional in District Budgam because the district is adjacent to district Srinagar.

2.11: Status of Referral Transport

Given the load of health services, the district Budgam has 12 ambulances available on road for referral transport that are GPS fitted and handled through a centralized call centre through toll free 102 and 108. Of these ambulances, 04 are Basic Life Support (BLS) while 08 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 01 trips with 103 kms while ALS has 02 trips with 101 kms per day and each ambulance are supposed to receive approximately 02 to 05 calls per day respectively. Further, the district has 14 ambulances of 102 which are connected with GPS and are controlled through centralized call centre and on an average performs 02 trips with 94 kms per day per ambulance.

2.12: Universal Health Screening (UHS)/CPHC:

Under the Ayushman Bharat, district Budgam 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 Budgam, different Health & Wellness Centres (H&WC) have planned to enumerate 7,35,747 individuals for various non communicable diseases, of which only 5,85,339 (57.55%) target were

completed so far while as these Wellness Centres have also targeted to fill up 2,72,229 CBAC forms, of which 3,13,173 (11.52%) CBAC forms have been completed during 2022-23.

In this regard, 198 Health & Wellness Centres of the district including 128 Sub-Health & Wellness Centres (SHC-HWCs) and 70 Primary Health & Wellness Centres (PHC-HWCs) have planned to start the process of screening for various non communicable diseases. All these health and wellness centres have started the process of screening and all these Centres have completed around 100% of their target in the process of screening.

The record reveals that, out of 276172 suspected patients whom have been taken randomly for screening, of which 12894 (4.67%) were diagnosed hypertension and 5168(1.87%) patients were diagnosed diabetes and all these diagnosed patients were treated accordingly. Further, 1790 suspected patients have also been screened for both of hypertension as well as diabetes, of which 1790 patients were diagnosed hypertension and diabetes and out of these only 466 patients were treated.

In case of various types of Cancers, out of 275738 suspected patients whom have been taken randomly for screening in which 11 have been diagnosed Oral cancer and out of these 07 patients were treated while 132885 suspected patients were also screened for Breast as well as cervical cancers, of which 02 patients diagnosed Breast and 02 patients cervical cancers and all were treated accordingly. The district has done 38582 tele-consultations and 2325 wellness activities by the Health & Wellness Centres during 2022-23.

2.13: 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 167 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 are 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.

2.14: Status of Payments of ASHA workers and JSY

In case of JSK payments, the information, reveals that out of 8,6,14 beneficiaries of JSK in which only 2980 (34.59%) received the benefits through DBT which clearly indicates that 5634 (65.40%) remained backlog due to the fact that they do not have either correct bank account numbers or some other issues in their documents. 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 works payments.

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 67beneficiaries 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 1067 beneficiaries, in which all beneficiaries received the incentives whereas in case of provider's incentive under NTEP programme, out of 1500 beneficiaries, in which all beneficiaries received the incentives and in case of treatment supporters under NTEP programme, out of 23000 beneficiaries, of which all received the incentives. Further, around 75 individuals have received the family panning compensation and in all the above cases, nothing has been left in backlog till 03/09/2023.

3: STATUS OF COMMUNICABLE DISEASES PROGRAMMES

In order to identify and examine the eventuality of diseases, district Budgam 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:

District Budgam 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 Dy. CMO, District Epidemiologist, Entomologist, ADD ARD(DI), Specialized doctors (Medicine & Paediatric), Microbiologist and 05 members from bloc under the supervision of CMO of the district. In district Budgam 4 outbreaks have been reported during 2022-23 and 03 outbreaks have been reported during 2023-24. All the designated health facilities in the district 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 information collected from the visited health facilities 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. Moreover, the information collected from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis but it was found that the DH is not providing such information on the portal for IDSP.

In District Budgam, 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 Budgam, 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:

In case of National Vector Borne Disease Control Programme, the information reveals that district Budgam is not prone to any Vector Borne Disease and therefore, this programme is not functional in the district during 2023-24.

3.3: National Tuberculosis Elimination:

District Budgam has implemented the national tuberculosis elimination program and the district has notified a target to screen 300 persons from the given load of population but due to one or the other reason, the district has completed the screening of 115 (39%) persons in which 249 patients are known with HIV status. However, out of the given HIV known (249) TB patients, in which only 198 (66%) patients are eligible for UDST testing and drugs for both such as drug sensitive and drug resistant TB patients are available in the district.

Out of the notified 300 TB patients, of which 62 (21%) patients have been notified by the public sector whereas 06 (2%) persons have been notified by the private sector. So far as the public sector is concern, out of 62 notified patients, in which 01(1.61%) patient was identified as MDR which have been kept on for the special surveillance-n-treatment whereas from the private sector, out of 06 notified patients, no one has been detected for MDR patient.

In line with the record, the success rate for the treatment of TB patients in public sector is 91% whereas the success rate for the treatment of TB patients in private sector is 92% out of the notified TB patients respectively. In case of payments of beneficiaries, out of the 130 notified TB patients in which 77 beneficiaries have been brought under the Nikshay Poshan Yojana (NPY) by district Budgam and DBT installments have been initiated in their favour and Rs. 1067500 amount have paid to them till 03/09/2023 and 82 patients have not received any amount till date due to the one or the other reason.

3.4: National Leprosy Eradication:

National Leprosy Eradication Programme (NLEP) is in vogue in the district and under this programme no new case of leprosy and no G2D case has been reported in the district during the current year 2023-24 and therefore, district has not conducted any reconstructive surgeries for G2D cases. The MCR footwear or self-care kits are not 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 56 per cent, 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 89 awareness programs under the IEC component of the ROP at facility as well as at Panchayat level. Out of these 89 awareness programmers, in which 03 (1.17%) is training of health Professionals, 03 (4.70%) are Orientation of Law Enforcers, 29 (36.47%) are Coverage of Public Schools, 07 (8.23%) are Coverage of Private Schools, 09 (10.58%) are Sensitization campaign for college students, 01 (1.17%) is DLCC, 01 (1.17%) is DLMC meeting, 10 (11.76%) are Enforcement Squads, 06 (07.05%) are Sensitization Programme for FGD, and 15 (17.64%) are Monthly meeting with the hospital staff.

3.5: Accredited Social Health Activists (ASHAs)

The District Budgam requires 884 Accredited Social Health Activist (ASHA) workers as per the population, but currently the district has 851 (96.27%) ASHA workers in position which clearly indicates that only 33 (3.73%) of ASHA workers are vacant till date. A total of 797 ASHA workers are trained in Module 6 and Module 7 while a total of 61 ASHA workers covers the 1500 rural as well as the 3000 urban population and therefore, on rural or urban slum areas are without any ASHA workers.

A sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district such as, a total 520 ASHA workers have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) while 840 ASHA workers have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY). 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. Since the district has limited urban/slum population but therefore, 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 473 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed in which all 473 VHSNCs were trained and accounts have been opened in case of all 473 VHNCs for the direct benefit transfers (DBT).

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 ASPATAAL, LaQshya, have revolutionized the pathways of public healthcare service delivery in the country. As such it was found that the district has exemplary progressed in KAYAKALP as well as in NQAS program implementation across all the health facilities.

The district has 03 Community Health Centres (CHCs), 01 Primary Health Centres (PHCs), 09 Sub-health and wellness centres which are certified under Kayakalp during 2022-23. Further, the district notified some health institutions for the external assessment for accreditation of NQAS during 2023-24. However, keeping in view the performance under various quality assurance initiatives, recently the UT govt., has also started *XV-FC-2022-23*, under which all the downtime instruments, labor 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.

3.8: Biomedical Waste Management (BMW):

The Government of J&K 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 bins. All the visited health facilities have outsourced the biomedical waste management to a private agency namely **Kashmir Health Care System (KHCS) of Lassipora, Pulwama.**

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 increased their visibility in terms of IEC by displaying citizens at entrance and banners for various services they are providing. The IEC material related to NCDs, MCH, FP, services available, clinical protocols, etc., were displayed at the district hospital, community health centre, primary health centre as well as Sub-centre levels also.

3.10: Health Management Information System:

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 all health facilities of the district regarding the uploading of information on HMIS portal with all new variables included in it, and 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 Health Clinic (AFHC)

The AFHC at DH Budgam was established and presently the clinic is functioning properly. A female AFHC counselor and the DEO are in-position at the clinic. The clinic has a separate counselor for males also. 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: Dialysis Services Programme

The Dialysis unit was established at District Hospital on March 13, 2019, and has been made functional. Since its establishment, 248 patients have received dialysis services. The dialysis centre has 05 functional beds with internal adjustment staff to run the centre smoothly. During the current financial year 2023–24, 227 patients have availed the dialysis services. Due to a shortage of staff, the dialysis service functions for only one session a day. The Dialysis Centre is manned by only 02 technicians who 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 so 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 Budgam of Jammu & Kashmir:

4.1: DISTRICT HOSPITAL, BUDGAM

District Hospital, Budgam is first referral unit standalone institute accessible from the nearest road connectivity with the capacity of 102 functional beds including 06 Intensive Care Unit (ICU) beds. The Hospital is situated at the centre of Budgam town and is housed in a spacious but repairable (renovation of windows, indoor as well as outdoor white wash) building with space constraint without a boundary wall. The hospital complex consists of a single building and the main building is three stories but requires an immediate renovation because the condition of interior is worst as the last renovation were done before ten years. However, hospital administration initiated the process for renovation this year. The first referral point for District Hospital is Bone & Joint Hospital Barzulla Baghat, SKIMS JVC and GMC Srinagar which are located almost 13.6 kms away from Budgam town. The hospital operates from 9:00 AM – 4:00 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is not maintained cleanly but it has all 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 color coded bins for segregation of waste and the biomedical waste management is outsourced to a private agency namely **Kashmir Health Care System Lassipora (KHCL)**, Pulwama.

On the regular side, District hospital has 59 sanctioned strength of specialists which include 03 Gynaecologist/Obstetricians, 01 Pediatrician, 03 Anaesthetists, 04 Surgeons, 03 Physicians, 01 Radiologists, 01 Pathologist, 0 Ophthalmologists, 02 Orthopaedics, 01 ENTs, 0 Dermatologist, 03 Dental Surgeon, 35 Medical Officers, 02 AYUSH Medical Officers and 0 Dental MO but presently, the hospital has 51 in place specialists which include 03 Gynaecologist/Obstetricians, 01 Pediatrician, 03 Anaesthetists, 02 Surgeons, 02 Physicians, 01 Radiologist, 01 Pathologist, 02 Orthopedics, 01 ENTs, 03 Dental Surgeon, 32 Medical Officers and 02 AYUSH Medical Officers. The District hospital has 08 vacant positions of specialists. On the other hand, District hospital has 110 sanctioned posts of paramedical staff which include 04 Dental technicians, 07 Lab technicians, 07 OT technician, 07 X-ray technician, 01 ANM, 15 Staff nurses, 07 Pharmacists (Allopathic) and 62 other paramedics but presently the hospital have 55 posts in place which include 04 Dental technicians, 03 lab technicians, 04 OT technicians, 04 x-ray technicians, 01 ANM, 05 Staff nurses, 03 pharmacists and 31 other paramedics which clearly indicates that hospital has around 55 (50 percent) vacant positions.

On the NHM side, district hospital Budgam has 12 sanctioned positions of specialists including 02 Pediatricians, 01 Dental Surgeon, 09 Medical Officers but presently 10 positions are in place and only 02 positions have been left vacant including 01 Pediatrician & 01MO while the hospital has 53 sanctioned positions of paramedical staff including 01 Dental technician, 06 Lab technician, 02 OT technician, 24 Staff Nurses, 20 other paramedics but presently the hospital has 41 positions in place including 01 dental technician, 06 Lab technician, 02 OT technician, 16 Staff Nurses, 17 other paramedics and only 12 positions have been left vacant.

The hospital has dedicated desktops for data entry and internet connectivity. The hospital has initiated the process for internal assessment in case of Kayakalp and NQAS during 2024-25 but has not obtained the best score (i.e., 42 percent in case of Kayakalp and 67.30 percent in case of NQAS) due to the infrastructure such as old structure of the building, renovation and hygiene practices. The hospital has initiated the internal assessment for LaQshya in case of labour room as well as Operation theatre and has scored 75.75 percent in case of Labour room and 70.28 percent in case of OT. Moreover, the hospital has neither undertaken any activity for getting certification under NQAS and Kayakalp nor has initiated any process for LaQshya in case of labour room as well as OT due to unknown cause. 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 and Kayakalp certified.

Status of Services:

Apart from emergency services, the DH provides services like ANC, General OPD, Delivery, PNC, Immunization, Family Planning and laboratory services. The hospital provides services for general medicine, O&G, pediatrics, general surgery, Anesthesiology, Ophthalmology, ENT, Dermatology, Orthopedics, Radiology, dental, imaging services, labour room complex, ICU, Emergency care OTs and AYUSH services, DEIC, SNCU, NICU, PICU, dialysis unit are available at the hospital except some of the services such as NRC, CLMC Burnt Unit, skill lab services and teaching block for medical, nursing as well as paramedical staff. Therefore, without these facilities, the hospital is facing a critical challenge. The hospital is functioning and following the essential and emergency services like Triage, Resuscitation and Stabilization. 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 labour room as well as the OT is functional with the required infrastructure, District Hospital of Budgam has done 648 normal deliveries and 1385 C-section deliveries during 2022-23. A total of 2077 newborns have been immunized for the birth dose while out of these only 471 was breastfed within one hour during the same period.

The District Hospital, Budgam has a registered Blood Bank and is functional with the required manpower and other infrastructure like storage facility. On the day of our visit 45 blood units were available and 29 blood transfusions were done during the last one month in the hospital. The blood is free for all irrespective of any category. OTs for general, Anesthesiology, orthopedic, ophthalmology and ENT were found available at District Hospital Budgam. Given

the availability of Operational theatres, the hospital has done 3029 operations in which 1203 (39.71%) are Gynecology & Obstetrics, 98(3.23%) are Elective OT-Major (General), 24 (0.79%) are Elective OT-Major (Ortho.), 623(20.56%) are Ophthalmology, 600 (19.80%) are ENT and 479(15.81%) are Emergency operations during 2022-23. The hospital is providing tele-consultation 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 15 – 30 cases per day.

District Early Intervention Centre (DEIC) has is functional with the required human resource and infrastructure. The SNCU, an Adolescent Friendly Health Clinic (AFHC) and DNB programmes are also running at the District Hospital Budgam. 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 organising 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 JSY 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 neither reported any maternal as well as any child deaths during 2022-23 nor any maternal death as well as any child deaths 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 3.07% 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 02 instruments of CBNAATs for drug resistance and 1.3% of patients have been tested through CBNAAT since the last six months. The transport mechanism is 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 disbursement of Nikshay Poshan instalment through DBT and around 89 percent beneficiaries received instalments since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy.

The DH had received a total amount of Rs. 3,30,13,326 under NHM during 2022-23 and has utilized Rs. 27,27,506 (8.26 percent) till date. 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. Mostly the complaints are reported verbally and solved on spot.

Status of Drug and Diagnostics:

The District hospital Budgam has a designed laboratory manned by 10 lab technicians and remains functional from 9:00 AM – 4:00 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides almost 53 test services like blood chemistry, Platelet, PCV, MCV, MCH, MCHC, BT, CT, CBC, Blood sugar, Urine albumin and sugar, TB, HIV, VDRL, Malaria, Dengue (elisa), LFT and KFT, Creatinine, Uric Acid, TSH, RA, ASO, CRP, HPLC, TG, HDL, LDL, Semen, VDRL, HBsAg, Covid..... etc. It was observed that DH has adequate supplies of reagents and consumables for conducting these investigations. The imaging service such as X-ray and USG are available on daily basis and is functional with the required infrastructure but the hospital does not have the availability important services like MRI and CT scan on daily basis but have been outsourced due to the unknown cause. 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 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, 105 (47.51%) 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, 07 IUDs and no PPIUCDs were available at the DH Budgam. A total of 29 female sterilizations were performed at the District Hospital 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 159 patients' visits the OPDs and 123 admissions have been reported in the IPD at the hospital of district Budgam of Jammu & Kashmir. The surgical facilities are optimally utilized because all types of specialists are in place. Around 2033 institutional deliveries including 648 normal and 1385 C-section deliveries have been reported at the DH during 2022-23. As per the record, around 1, 12, 429 lab investigations (in house tests) were done during the last six months of 2022-23. During the last one month prior to this monitoring activity, District Hospital has referred more than 03 patients to various higher level health facilities for treatment of various severe ailments such as include 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 cases. However, all these patients were given referral transport by the hospital. District Hospital has only (03) dedicated ambulance for referral services under toll free numbers of 102 and 108. These services are available free of cost to JSK and children only.

As per the records of the NCD at District Hospital, a total of 11,102 suspected patients have been screened for hypertension and 9145 patients for diabetes and a total of 94 patients have been confirmed as hypertensive whereas 44 patients have been diagnosed diabetes since the last six months prior to our visit. Moreover, the hospital has screened around 9745 suspected patients for both hypertension as well as for diabetes and a total of only 18 patients have been confirmed both hypertension as well as diabetes. However, the hospital has not initiated the process of screening for various types of cancers and therefore, no patient has been reported Oral, breast or any other type of Cancers by the Sub-divisional Hospital. The district hospital has 05 bedded functional PM National Dialysis wards with the required infrastructure and a total of 1807 sessions was done during 2022-23 among 248 patients.

Key Challenges of District Hospital Budgam

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

Besides, the lack of some basic services, the district hospital, Budgam is facing with the shortage of some of the important wards and units such as Trauma Care Unit (TCU), Burn Unit(BU), Lactation Management Unit (LMU), Teaching-n-training block for medical nursing and paramedical staff as well as Skill Lab and Nutritional Rehabilitation Centre(NRC).

The hospital is housed in an old building and most of the space is wasted because of improper design due to which, the hospital has space constraint especially in the maternity ward, and at times more than two maternal mothers have to be arranged in a single bed;

The locals have identified and donated land to construct a hospital building and it was assured by the administration that a new building would come up once the Covid-19 pandemic subsides but till date no step has been taken to construct the new building due to the unknown cause.

Although, the operation theatre of district hospital Budgam is functional with the required infrastructure but due to the structure and no proper space for posh-op or pre-op in the OT's, most of the patients are often referred to Srinagar for treatment.

Having the shortage of imaging services especially MRI as well as CT scan facility which are not available in the hospital and insufficient residential accommodations for doctors and paramedics have adversely affected the delivery of services of district Hospital;

Due to the shortage of paramedical staff like, x-ray technician, AYUSH Pharmacist and many others, the hospital administration are unable to do many procedures properly which leads to over exertion of the available strength.

There is a lack of doctors including Neurologists, Plastic Surgeons, Nephrologists Ophthalmologists and Dermatologists. The Neurology ward is functioning without a consultant while the Dialysis ward is also without a Nephrology consultant.

Due to the lack of space, the hospital doesn't have room to maintain the records while many decayed and discarded beds and laboratory machines are lying outside the wards or in corners of the wards. Shortage of space has also added to patients being referred to Srinagar. The lack of parking spaces at the hospital and the blocked road towards the hospital, emergency patients often suffer.

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 conducted during the night hours leading to patients being referred to Srinagar.

During an interaction, the Medical Superintendent (MS) of the hospital said that the District Hospital has no scope of external assessment for any quality assurance programme especially Kayakalp, NQAS and LaQshya in case of labour room and OT because of old structure of the building and space constraint.

Most of the NHM staff especially RBSK teams and DEICs staff have been unnecessarily engaged with other activities other than their own workload due to which most of the NHM schemes and programmes have suffered a lot.

4.2: COMMUNITY HEALTH CENTRE, NAGAM

Community Health Centre (CHC) of NAGAM is first referral unit, standalone institute accessible from the nearest road connectivity with the capacity of 30 functional beds and has no Intensive Care Unit (ICU) bed. However, the hospital has arranged an E-R Emergency room for the ICU services. The Hospital is situated at the centre of NAGAM town and is housed in a newly constructed without a boundary wall. The hospital complex consists of one main building with three storey but the building requires an immediate renovation because of seepage problem in almost all the washrooms due to which the condition of the building is not good. The first referral point for CHC is SDH Chadoora which is located around 1.5 kms away from NAGAM town. The CHC covers around 10,3,24 population of area and 05 PHCs, 08 HWC and 01 NTPHC are working under this CHC. The hospital operates from 10:0 AM – 4:30 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is maintained well and it has all 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 the availability of color coded bins for segregation of waste and the biomedical waste management is outsourced to a private agency namely **Kashmir Health Care System (KHCS) of, Lassipora Pulwama.**

This Community Health Centre (CHC) has 19 sanctioned posts of specialists from regular side including 11 Medical Officers, 01 Gynecologist, 01 Pediatrician, 01 Anesthetist, 01 Surgeon. 01 Physician, 01 Ophthalmologist, 01 Orthopedic and 01 Dental Surgeon, of these only 02 MOs and

01 Ophthalmologist are vacant and all others are in place. In case of paramedical staff, the hospital has 42 sanctioned paramedical staff from regular side including 02 Dental technician, 02 x-ray technician, 03 Lab technicians, 02 X-ray technicians, 02 OT technician, 04 ANMs/FMPHWs, 25 Staff Nurse/JSN, 03 Pharmacist (Allopathic) and 17 other Paramedics but presently 01 x-ray technician, 02 Lab technician, 01 ANM, 04 Staff nurses, 01 pharmacist and other paramedics are vacant. On the NHM side, the CHC has 11 sanctioned posts of varied categories including 01 Gynecologist, 02 MOs, 02 Lab technicians, 02 OT technicians, 02 x-ray technicians, 02 ANMs but currently 02 MOs, 02 Lab technicians, 01 OT technician, 01 x-ray technician, 02 ANMs and 02 Staff are in place.

The hospital has dedicated desktops for data entry and internet connectivity (broadband) is exemplary. The hospital has initiated the internal assessment and scored 83.80 points and has also initiated for the external assessment for the certification of NQAS while the hospital is Kayakalp qualified and obtained the score of 70 points with the commendation award price of Rs. 1,00,000 through external assessment during 2022-23. However, the hospital was not able to get the highest score due to the seepage issues in the newly construction building, human resource and some infrastructure issues like compound boundary wall. The hospital has not initiated the external assessment for LaQshya in case of labour room because the conditions of the labour room is not good whereas the hospital has not also initiated the process for LaQshya in case of Operation theatre too due to the shortage of blood storage unit and the shortage of some necessary OT equipments like Laparoscopic.

Status of Services:

Apart from emergency services, the CHC provides services like ANC, General OPD, Delivery, PNC, Immunization, Family Planning and laboratory services, general medicine, O&G, pediatrics, general surgery, Anesthesiology. Ophthalmology, Dermatology, Orthopedics, Radiology, dental, imaging services (x-ray, USG), labour room complex, NBCU, Emergency care OTs, but the hospital does not provide services for AYUSH services, DEIC, NRC, SNCU, CLMC, NICU, PICU, ICU, Burnt Unit, dialysis unit, Skill Lab and teaching block for medical, nursing as well as paramedical staff and due to the lack of these services, the hospital is facing a critical 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. Further, the hospital is 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 NAGAM has done around 264 deliveries including 94 (35.60%) normal and 170 (64.39%) C-section deliveries have been reported at CHC during the financial year 2022-23. A total of 64 newborns have been immunized for the birth dose during the last three months and 64 were breastfed within one hour during the same period.

The hospital has the facility of OTs for general, Anesthesiology, orthopedic, ophthalmology and ENT but has neither a registered Blood Bank nor has designed blood storage unit. However, the CHC conducts the major as well as the minor operations on the alternatives days such as general

surgery on Monday and Tuesday while the gynecology operations on Wednesday only. The hospital is providing tele-consultation services to the patients and therefore, a very efficient team of doctors have been put on the panel for the tele-consultation and on an average 08 cases may be attend per day.

The CHC, NAGAM 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 NAGAM. The NCD clinic has an optimal workload and is performing well in terms of screening, treatment, referral and follow up patients. The CHC NAGAM is also organising 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 provided free of cost irrespective of economic status of the patients. The food for JSSK has been outsourced to a private company namely Yatoo Rastaurant. Registers for entering births and deaths have been maintained. The hospital has not reported either any maternal deaths or child deaths during 2022-23 nor has reported any child death or maternal deaths during 202324. It has been reported that vaccines, hub cutters are available and the 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 1.63% of the OPD cases were tested for the same. The anti-tuberculosis drugs are available at the facility and currently 02 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 0.03% of patients have been tested through CBNAAT/TruNat since the last six months through PPP mode. The transport mechanism is 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 instalment 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 NAGAM had done a field survey but had not identified any Leprosy cases through the RBSK teams since the last 12 months. The CHC NAGAM has identified 04 HIV patients including 01 married couple, 01 age old lady of 70 years and 01 ANC patient of 35 years old during 2022-23. The CHC had received a total amount of Rs. 3.38 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, 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 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. Mostly the complaints are reported verbally and solved on spot.

Status of Drug and Diagnostics:

The CHC NAGAM has a designed laboratory manned by 02 Lab technicians and remains functional from 10:15 AM – 4:30 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides almost 15 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. It was observed that CHC has adequate supplies of reagents and consumables for conducting these investigations. The imaging service such as X-ray and USG services are also available two day in a week. 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 up to date and available in adequacy.

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of 136 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, 89 (65.44%) 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, 04 IUDs and 02 PPIUCDs were available at the CHC NAGAM. A total of 03 female sterilizations were performed at the CHC during the last 03 months.

Workload and Utilization of Services:

The services which are available at the CHC NAGAM, have been optimally utilized as the hospital has huge rush of patients especially OPD as well as IPD. On an average, more than 400 patients' visits the OPDs and 13 admissions have been reported in the IPD at CHC NAGAM on the monthly basis. As per the record that almost 31,5,55 lab investigations (in house tests) including 6898 biochemistry, 2944 microbiology, 9043 serology and 12670 hematology were done while 193 outsourced tests including 185 Biopsy and 08 Pus-culture have also been done during the financial year 2022-23 prior to this monitoring activity. The CHC NAGAM has referred around 331 severe patients to higher level health facilities for special treatment such as Delivery cases, Accidental cases, MI, Stroke etc whereas 175 cases were referred from various health sub-centres including Abdominal pain, accidental cases, hypoglycemia etc. However, all these patients were given referral transport by the hospital. The CHC has only 02 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 and children only.

The CHC NAGAM has functional NCD Clinic in 2 days within a week and a total of 6200 suspected patients have been screened for hypertension, diabetes and out of these, 995 patients have been confirmed as hypertensive whereas 301 patients have been diagnosed diabetes since the last six months prior to our visit. However, the hospital has not initiated the process of screening for various types of cancers and therefore, no patient has been reported Oral, breast or any other type of Cancers by the CHC NAGAM.

Key Challenges of CHC NAGAM

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

Even though the CHC NAGAM is designated as first referral unit (FRU) but due to the less manpower including specialists like Ophthalmologist, Pathologist, ENT, Dermatologist and x-ray technician, the hospital administration are unable to do many procedures properly which leads to over exertion of the available strength. So an additional manpower is required especially Ophthalmologist.

Even though the CHC NAGAM is designated for conducting ‘*Open General Surgeries (OGS)*’, but the hospital is facing the shortage of some surgical instruments like Laparoscope, ENT, and Orthopedic in the main OT, Digital x-ray and High Resolution USG Probe due to which the hospital has to refer patients to its first referral point for these services.

Even though the CHC NAGAM has been declared as ‘*Junk free hospital*’, but the CTG Analyzer of Gynea ward and electric lights of causality ward and water purifier which is left outside the hospital has been found down for around last 07 months and it has been declared beyond economical repair (BER) by the Medical Engineers.

Due to the engineering faults of the newly constructed hospital building, the water leakages in most of the washrooms of the building gets connected with the electricity due to which the hospital staff has apprehension for any sever accident at times. They added that water percolates from the upstairs to the ground floor which makes the frequent electricity shutdowns during the winter season due to which most of the items in the cold chain gets damaged.

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 community health Centre.

The CHC NAGAM has been constructed in a road side without any boundary wall due to which the hospital has security issues and have chances of accidents therefore, it is suggested that a compound boundary wall may be immediately done on priority basis.

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

Before, the Covid-19, the hospital was functional in a small dilapidated single storey building including 5 small rooms and due to the heat of pandemic crisis on the one hand and space constraint on the other. It became difficult for the CHC to handle the rush of Covid patients. The CHC has no option other than the newly under constructed building which has not been handed over yet to the health department. So the building has some infrastructural issues like damages in lighting system and seepage in washrooms. The concerned BMO addressed 'these issues of the building to the concerned authorities of the district but all went in vain' said Dr. Malik Rohee, BMO. However, some minor renovation and repairs were done.

The CHC NAGAM has some outdated as well as downtime instruments since last six months such as CTG of Gynea section and lights of casualty ward while the Medical Officers claimed that residential quarters need to be constructed for the specialists as well as the paramedical staff so that their services would be judiciously utilized.

The medical officers desired that the area for emergency ward need to be well equipped such as emergency kits with instruments of basic life support and inside the emergency ward there must have a separate area with privacy for lady doctors to do their paper work of medicological cases.

The CHC NAGAM does not have some important wards like ICU, PICU, NICU Burn unit, skill Lab, staff quarters due to the shortage of these wards and units, the quality of delivery services has been adversely affected. Therefore, the hospital staff desired that they need these wards and units.

Although the hospital has a trained MO in Ophthalmologist but hospital faces the shortage of some basic surgical instruments such as Laparoscope, ENT, orthopedic and Ophtho due to which the facility has to refer patients to the tertiary care hospital to Srinagar which is the biggest challenge for the facility and this way the strength of the CHC becomes squander.

The hospital has a designated lab but the incharge of the Lab complaint of having a shortage of fully Automatic Analyzer for Biochemistry, Hba1C Analyzer, Thoride Analyzer and Eliza Machine for HIV testing due which the hospital has to refer most of the patients outside hospital.

The RBSK team have complained that referral patients are not been taken care off in the territory hospitals especially they talked about SKIMS Soura 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, they should be given a respect and welcome at the territory care otherwise they said that they have to wait hours in the waiting line.

The hospital does not have its designed ICU but Dr. Malik Rohee, BMO of the CHC has made an arrangement of a single room with some required facilities which provide the services up to the level of ICU but the incharge of the ICU urged if a ventilator be provided to them at the earliest.

The BMO of the hospital said that unnecessary attachments are being practiced here in block Nagam and it needs to be stopped in the near future as some staff member of the hospital especially Ophthalmologist have been attached in some other health facilities of the district which adversely affected the service delivery of the hospital.

The BMO of the hospital also urged that for the establishment of **e-sehaj** portal, the hospital needs at least 3 trained computer operators otherwise it is for no use and she added that the public at large suffers during OPD.

Strengths and Good Practices of the CHC

The CHC Nagam has been found in practicing the free drug policy, as the drugs are provided free of cost to everyone irrespective of any category. As on spot, the patients have been seen getting medicines free of cost at the drug counter of the hospital but most of the service seekers complaint that they have to pay Rs. 10 for the OPD ticket

Although, the CHC has not its designed NCD clinic but the BMO of the hospital has made an internal arrangement for the NCD screening. The NCD screening is being provided 2 day in a week, a total of almost 987 patients have been screened since the last six months.

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), KHAG:

The Primary Health Centre is located at a distance of 18 kms from its first referral point of CHC Magam, 44 kms from DH and 36 kms from the next referral of SKIMS JVC, Srinagar. This Primary Health Centre covers almost 6,519 population of the area including 04 villages. This PHC is 24x7 designated and 08 Sub-Centres and 07 ASHA workers are attached with Primary Health Centre. The PHC is standalone housed in a government building constructed by the Department of Social and Preventive Medicine (DSPM) of **GMC Srinagar** for its research purpose but the building is still under-construction and has no boundary fencing. However, this building has been not been yet handed over either to GMC Srinagar for its research purpose nor has been handed over to PHC for its use. Currently, this Primary Health Centre has 12 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, running water, drug store room and a designated power backup. The PHC operates from 9:00 AM – 4:30 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the PHC has not maintained cleanly

due to the fact that it does not have boundary fencing and is not magdummized. 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)** of Lassipora 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 (1MBPS) through mobile net. The PHC has initiated Kayakalp assessment and have scored 70.56 points in external assessment with (State award) for its reporting Sub Center HWC Hardsuresh with commendation award price during 2022-23. The facility has not initiated for NQAS assessment, but has initiated for LaQshya assessment as the normal deliveries were conducted at the facility.

The information reveals that PHC Khag has 32 sanctioned posts of varied categories from regular side including 03 Medical Officers, 01 SNs/GNMs, 02 ANM, and 01 Lab technician, 01 x-ray technician, 02 Dental technician, 03 Pharmacist and 18 other paramedics including sweepers, drivers, hospital guards and out of these sanctioned posts, all the sanctioned posts are in place and only 09 other paramedics posts are vacant. However, 01 MO has been attached and deputed to KhanSahib block due to Haj Pilgrims. Moreover, on the NHM side, the PHC Khag has 10 sanctioned posts of varied categories including 01 MO, 01 MO(AYUSH), 01 Lab technician, 02 SNs/GNMs, 01 AYUSH Pharmacist, 02 others paramedics and all are in place.

Status of Services:

The basic services such as medical as well as essential OPD, IPD Gyn Section, USG, X-ray, ECD, referral (108 only), delivery, Dental Services, antenatal care, post natal care, immunization, basic laboratory services, Free OPD Tickets, treatment for minor ailments, screening as well as treatment of hypertension and diabetes, spacing methods of family planning, counseling for ANC and telemedicine/consultation are available at this primary health centre. The Centre provides USG services in two days in a week on Tuesday and Saturday through a trained Sonologist Dr. Amreen who is currently posted at NTPHC Lookypora Khag.

The NCD services are being held regularly once in a week but the GNMs are trained in screening of breast as well as Cervical Cancers. However, the PHC has screened 1428 suspected patients for hypertension as well as diabetes. Of these, only 30 (2.10%) patients have been diagnosed hypertension whereas only 08 (0.56%) patients have been diagnosed diabetes during 2022-23. The registers for different aspects have been maintained properly but the registers for follow-ups as well as referrals were not maintained. However, the PHC didn't find any positive case of screening for various types 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.

The PHC Khag is Microscopy Designated Centre (DMC) but the percent of OPD whose samples were tested for tuberculosis is 0.01%. Anti tuberculosis drugs were available at the facility and currently 16 patients are taking drugs. Since the last six months 0.001% 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 Khag 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 visit. On an average, the PHC organizes 01 meeting per month. Since the last one month there were 03 referred cases and no referred out case are reported related to any ailment.

Status of Drugs and Diagnostics

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of 72 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, 56 (77.78%) 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 almost 97% 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 of 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, 11 IUDs and 7 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 9:15 AM – 4:30 PM. The PHC have the availability of imaging services such as x-ray or USG but the USG service is available only 2 days in a week. In total the facility has done 32291 investigations and all these investigation are free of cost to all the JSSK patients irrespective of economic status. During the day of visit, it was observed that the facility has shortage of various necessary instruments such as Otoscope, ECG, Machine Multichannel, Automatic, Stabilizer for ILR 2KV, Multichannel Monitors, Autoclave, Feotal Dopplers, Hydraulic Obsteric Table, CTG Machine, Vacuum Sucker and UPS 2KVA.

Workload and Utilization of Services:

Looking at the utilization of services from the PHC, Khag, 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, O₂ Concentrator, O₂ Cylinder, radiant warmer with neo-natal ambu bag. Since the last 03 months,

the PHC has done 49 normal deliveries. On an average, the facility provides ANC services to almost 69 expectant mothers and have immunized with birth dose of 54 new born babies, of which all most all the 54 babies' breastfed within one hour of birth. Overall the services provided by this facility have been seen fully utilized.

Key Challenges of PHC

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

The PHC Khag is critically facing the shortage of some basic instruments such as Otoscope, ECG, Machine Multichannel, Atomic, Stabilizer for ILR 2KV, Multichannel Monitors, Autoclave, Feotal Dopplers, Hydralic Obsteric Table, CTG Machine, Vacuum Sucker and UPS 2KVA etc.

The condition of the building is not very good as most of the staff claimed that electric wires and electric boards inside the hospital premises appears a danger and could cause serious dame at times. Therefore, the hospital administration demands that the building needs an immediate renovation.

Most of the staff claimed that the building has not been fenced by compound wall due to some issues with contractor and therefore, the PHC has privacy as well as security issues for both the patients as well as the female staff. In this regard, the staff desired that the facility requires boundary fencing and a security personal with an immediate effect.

Before, the Covid-19, the hospital was functional in a small single story building including 5 rooms and due to the heat of pandemic crisis on the one hand and space constraint on the other. It became difficult for the PHC to handle the rush of Covid patients. The PHC has no option other than the GMC building which was constructed by the GMC Srinagar for their research work. Since, then the PHC is functional in this GMC building but the PHC has apprehension that they may be asked to leave the build at any time which could be the biggest challenge for them to shift. Therefore, the Block Medical Officer (BMO), Dr. Arshid Rasool Baba, opined that this PHC need to have its own government building with an immediate effect for its establishment.

All the machinery at this PHC have been installed by the GMC Srinagar and even at times it will be difficult for them to arrange and manage at the time of shift, therefore, the staff at the PHC insisted they should have their own machinery also.

The PHC has frequent breakdown in electricity supply due to the non-availability of hotline facility and therefore, the PHC need to be provided designated inverter connected with a generator.

The PHC has a trained MOs and even at times or in emergency, the hospital feels the need of Operation theatre in order to perform the minor surgeries and even C-sections deliveries and for

this specialist are required for running OT therefore, the Dr. Arshid Rasool Baba (BMO) opined that an OT facility may be provided to them at this facility.

The expectant mothers complaint of muddiness around the hospital premises because it has been left unclean and the conditions around the hospital is not good due to which during the winter season expectant mothers have difficult to walk and therefore, macdumaization and repairing of the hospital premises is the need of the hour.

The hospital has the non-availability of referral-102 ambulances in order to pick-n-drop of exponent mothers and the hospital is using 108 inplace of 102 for pick and drop of pregnant ladies. Therefore, the hospital administration urged that if an ambulance of 102 could be provided to them with an immediate effect.

This PHC is 24x7 designated facility and is a room for the research work of the Department of Social and Preventive Medicine, GMC Srinagar. Most of the Interns, PGs students and Night staff of this facility complaint of accommodation and drinking water facility and therefore, it is suggested that if the same could be resolved on priority so that their study and delivery services of the centre may not get affected.

Good Practices/Strengthens of the Centre:

The PHC has started 20 KV Generator for the 24x7 electricity facility at times of electricity breakdown as Backup. Further, the hospital has been assured by the GMC Srinagar and SDM Beerwah to install a solar facility to strengthen the electricity backup.

The hospital also organises the cataract surgery campuses annually and furthers if any outbreaks emerges in the area, the block medical officer Dr. Arshid Rasool Baba constitutes immediately a team of expert to control over it and disseminate the awareness for the same.

Key Suggestions

During an interaction, locals demand that this PHC be upgraded to the CHC level and stressed that their area is known for poverty and therefore, medicines need to be provided free of cost to poor and the vulnerable section of the society. However, the community people of the areas are satisfied with the nature of the work, behaviour of staff and efforts of the facility.

4.5: SUB-HEALTH & WELLNESS CENTRE (SH&WC), SUMMERBUGH

This Sub-health and Wellness Centre (SH & HWC) is located at a distance of 32 kms away from its first referral point of CHC Chattergam and 15 kms PHC Pahroo. The sub-centre caters to the population of around 3,4,46 including 02 villages and 02 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

3rd room is utilized for other immunization, drug store, rapid tests and other activities. The condition of this single story building is exemplary in every respect. The branding of the facility has been done and washrooms have been made fully functional. The facility had 24x7 running water facility and electricity supply. The sanctioned strength of this Sub-centre from the regular side constitute 01 ANM/FMPHW and 01 Pharmacist while as the Centre has 01 CHO, 01 ANM and 02 ASHA workers from NHM and all of these posts are in place but 01 ANM post of regular side are vacant. This Sub-centre has been converted into health and wellness centre in the year 2020, 08 June.

Status of Services

This sub-centre used to provide 16 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 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 1275 individuals above 30 years of age in the population of HWC and out of which 630 CBAC forms were filled during the last six months of 2022-23. However, of these 630 individuals whose CBAC forms have been filled, 410 (65.07%) individuals have score below 04 while 220 (34.92%) have score above 04. The facility has screened these 630 suspected patients for hypertension and diabetes. Of these screened cases 52(8.25%) were identified with hypertension whereas 36(5.71%) were diagnosed diabetes. Further, of the 630 suspected screened patients, the facility has reported 46 (12.78%) patients who have diagnosed both hypertension as well as diabetes. The facility has screened 630 suspected patients for oral cancer, 85 suspected patients for Breast and 340 suspected patients for Cervical cancers but as such no one has been diagnosed any type of cancers. The centre has advised for lifestyle management to 152 patients while the centre is providing hypertension medicines to 53 patients, medicines of diabetes to 36 patients and other medicines to almost 815 patients since last six months. The record reveals that the facility has not received an 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 visit. On an average, the SC organizes 01 meeting per month and the centre has conducted 06 village health & sanitation (VHS) days since last six months. Since the last one month the Centre has reported 05 referred out cases related to accidents and ANCs.

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 40 essential drugs as per the guidelines but on the day of the visit, only 31 (77.5%) drugs were found available. As such no shortage of drugs has been reported since the last one month. NCD and Tuberculosis drugs were available in adequacy at this Sub-centre. The facility has sufficient supply of testing kits for checking hemoglobin, pregnancy status and blood sugar. Digital Thermometer and 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. CHO as well as ANM are working at the Sub-centre and on an average more than 40 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 39 expectant mothers and immunization to around 59 newborn children. In addition to its own population, the Centre provides ANC services to outsiders, slum area and Brick cline people. 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 and 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. Complaint/suggestion box is found available at this HWC and complaints are also been received through 104 toll free number which is established at SHS. ASHA workers are getting assured remuneration in time but incentives get delayed.

Challenges of the Sub-Health & Wellness Centre:

In consonance with the field visit and observations regarding various components, following challenges have been identified:

The health and wellness centre does not have the authority for the disbursement of fund utilization. Therefore, at times it turns difficult for the Centre to allot any amount for the

construction of boundary wall and gardening, safe drinking water (acquaguard) etc., which are the basic requirements of any health and wellness centre.

The biggest challenge for the Sub-centre to provide health services to the migrated population (brick field area) because most of them are tribal and came from UP, Bihar, and Jharkhand with higher communicable diseases like ARI, Diarrhea, malaria, fever, dysentery. Mostly these people have language barrier, are unable to communicate their ailment.

The ANCs of migrant people used to come without Mother and Child Protection Cards (MCPC). So, the centre does not get their previous history of routine immunization (RI). As they are doing work with dust of bricks, they are the high risk community for silicosis. They are also the high risk community for HIV screening for their behavioral approach or improper life style.

The ASHA workers of the facility complaint that they are not given risk allowance or insurance coverage for providing services to these migrant population who lives in slums and are working in brick clines. The ASHA workers added by saying that they are being used to manage any epidemic situations but their incentives most of times delayed.

The ASHA workers also viewed that they should be considered as salaried employees and they added that they should also be given retirements allowances otherwise they would get disrespect after the retirement from their family members they added.

The CHO of the Centre said that the response of the local people is not goods and even at times, public pressurizes the staff and therefore, the CHO of the Centre urged that a security personal may be provided at the earliest.

The CHO of the Centre opined that, a separate medicine and diagnostic kits be provided to this Health & Wellness Centre for the vulnerable migrant people who are currently living in slums and are working in brick clines comes under the jurisdiction of this Sub-Centre.

The CHO of the Health & Wellness Centre urged that the Centre should have its own ambulance service because the Centre is located in an industrial as well as in slum 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 for the referral point and even times patients dies in the middle of the way.

4: 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:

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

5: 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:

The community said that people have first contact either the Sub-centre or primary health centre in order to treat any minor ailments and they added that around 89% 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. Therefore, 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 Budgam, the NCD clinics are functional only once 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.

During the visit, it was been observed that the maternal mothers as well as the community people are highly satisfied with the nature, behaviour and service delivery of almost all the visited health facilities especially SC Summerbugh and CHC NAGAM and are also satisfied with the available services like free medicine, advices and diagnostic checkups and etc.

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PHOTO GALLERY



Well Branded Health & Wellness Centre, Summerbugh of Block Chadoora



Under construction building of PHC Khag which has been constructed GMC Srinagar



PHC Khag



Newly constructed building of Community Health Centre (CHC), Nagam



PRC Team with the staff members of CHC Nagam during PIP Monitoring



Citizen's Charter Displayed at the Entrance of CHC Nagam



Well Maintained Dialysis Ward at DH Budgam



PRC team with the community people at H&WC, Summerbugh



PRC Srinagar team with the RBSK team at PHC Khag during PIP Monitoring



Interaction with Delivered Mother regarding JSSK Entitlements at DH Budgam



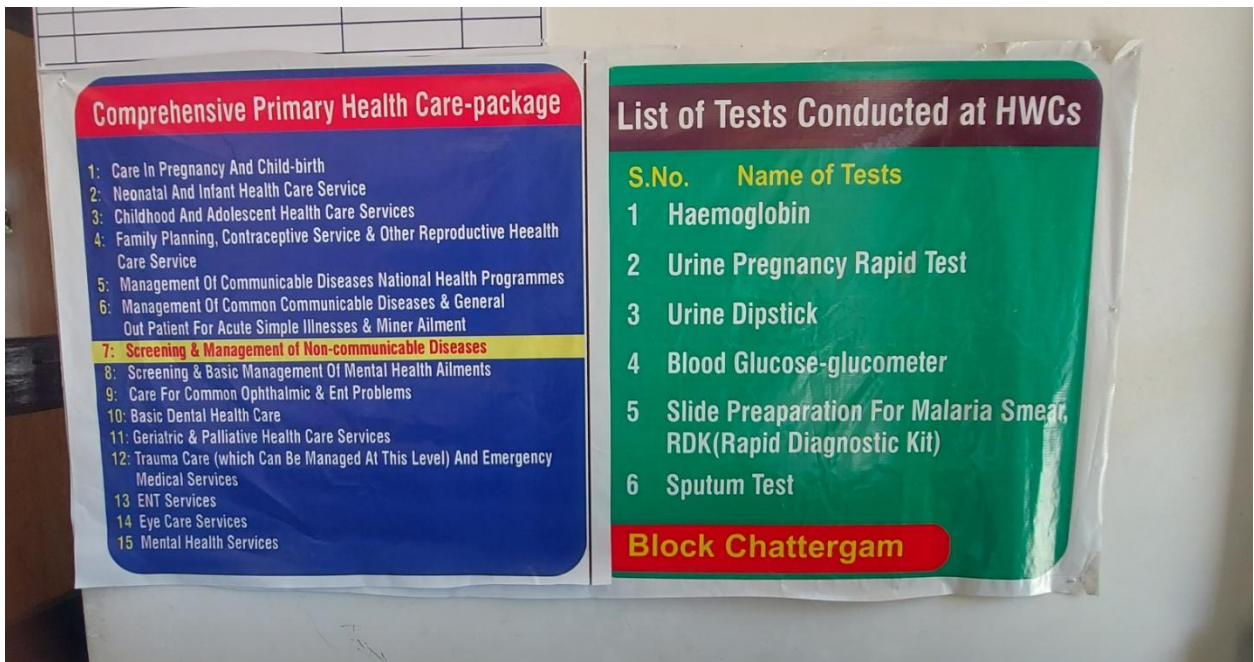
JSSK Chart displayed at SC Summerbugh



Advanced Dental Machine at PHC Khag



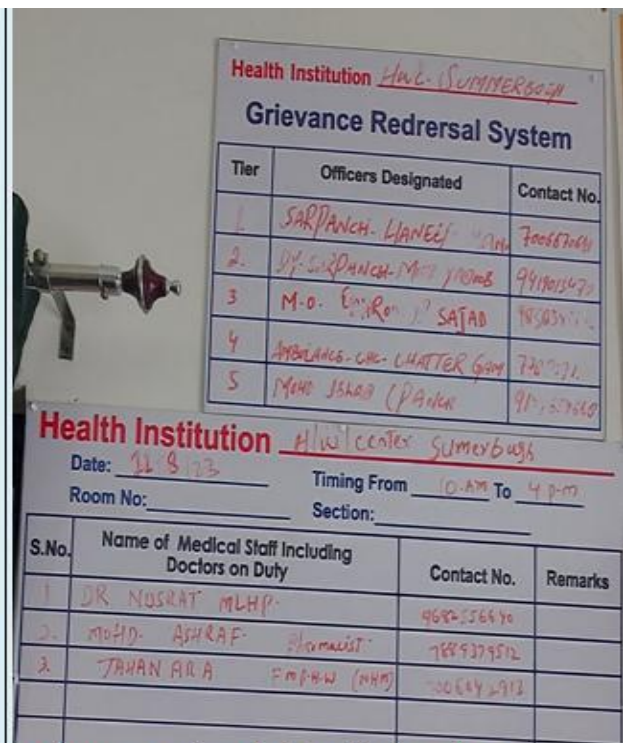
Advanced SNCU bed at District Hospital Budgam



Service Chart displayed at the entrance of Health & Wellness Centre(H&WCs) Summerbugh



Citizen Charter displayed at SC Summerbugh



Grievance Redressal Chart displayed at SC



Record verification in SNCU at DH Budgam



Blood Transfusion to Anemic ANC patient at DH