

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



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LIST OF CONTENTS		
S. No	TITLE	Page No.
	List of Contents	02
	Acknowledgement	03
01	INTRODUCTION	8 – 14
	1.1) Main objectives of the study;	
	1.2) Data collection & Methodology.	
	1.3) Overview of Jammu & Kashmir;	
	1.4) Overview of District Pulwama;	
	1.5) Health Infrastructure of District Pulwama;	
	1.6) District Health Action Plan (DHAP).	
	1.7) Recruitment Policy in District Pulwama	
	1.8) Status of Human Resource in District Pulwama	
	1.9) Status of Budget Utilization/Expenditure	
	1.10) Status of Trainings	
02	STATUS OF DELIVERY SERVICES	15 - 19
	2.1) Free Drug & Diagnostic Services;	
	2.2) Reproductive Health Care (RHC) Services;	
	2.3) Rashtriya Bal Swasthya Karyakaram(RBSK);	
	2.4) Sick New-born Care Unit (SNCU);	
	2.5) New-born Stabilization Unit (NBSU);	
	2.6) Nutrition Rehabilitation Centre (NRC);	
	2.7) Home Based New-born Care(HBNC);	
	2.8) Review of Maternal and Child Deaths;	
	2.9) Peer Education Program(PEP);	
	2.10) Medical Mobile Unit(MMU);	
	2.11) Status of Referral Transport;	
	2.12) Universal Health Screening(UHS)/CPHC;	
	2.13) Grievance Redressal System;	
	2.14) Status of Payments of ASHA workers & JSY.	

03	STATUS OF COMMUNICABLE DISEASE PROGRAMMS	19 – 23
	3.1) Integrated Disease Surveillance;	
	3.2) National Vector Born Disease Control;	
	3.3) National Tuberculosis Elimination;	
	3.4) National Leprosy Eradication;	
	3.5) Accredited Social Health Activist(ASHA) workers’	
	3.6) Village Health Sanitation and Nutrition Committee (VHSNC);	
	3.7) Quality Assurance;	
	3.8) Biomedical Waste Management;	
	3.9) Information Education and Communication;	
	3.10) Health Management Information System;	
	3.11) Reproductive and Child Health Care(RCH);	
	3.12) Adolescent Friendly Health Clinic(AFHC);	
	3.13) Dialysis Service Programme (DSP).	
04	STATUS OF SERVICES AT THE VISITED HEALTH FACILITIES	24 – 42
	4.1) District Hospital (DH) of Pulwama ;	
	4.2) Community Health Centre (CHC) of Pampore ;	
	4.3) Primary Health Centre (PHC), Khrew ;	
	4.4) Sub-Health & Wellness Centre (SH&WC), Gundibal .	
05	COMMUNITY AND PATIENT PERCEPTION	42 – 43
06	SUGGESTIONS	44 – 44
	PHOTO GALLERY	45 – 50

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 PULWAMA 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 Pulwama, Medical Superintendent of District Hospital (DH) Pulwama, Incharge as well as the Medical Officers of DH Pulwama, MOs CHC Pampore, MO of PHC Khrew and MLHP/CHO of H&WC Gundibal for sharing their experiences and timely support. We would like to appreciate the cooperation rendered by the officials of District Programme Manager (DPMEO), Mr. Firdous Ahmad and Data Entry operators of DH Pulwama, CHC Pampore 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
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Dated: 06/09/2023

Executive Summary:

In four health blocks of district PULWAMA, a total of 148 established public health facilities including 01 district hospital, 03 community health centres, 21 primary health centres, 27 Additional primary health centres and 96 sub health & wellness centres are providing service delivery. The district has upgraded almost all the sub-centres and primary health centres into health and wellness centres. During the PIP monitoring and evaluation exercise, the PRC team has visited four health facilities including District Hospital **Pulwama**, CHC **Pampore**, PHC **Khrew**, H&WC **Gundibal** 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 Pulwama has prepared the budget allocation and first installment of fund was released on **26/04/2023** through the Single Nodal Account on the basis of the demand.

Overall the district is performing well in providing service delivery because around 80 percent of specialists and 75 percent of paramedical staff from regular side are in place while in case of NHM, around 95 percent of specialist and 91 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 17 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.

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. 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 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 Pulwama has a 05 bedded functional SNCU with 01 stepdown care and has 01 Kangaroo mother care (KMC) unit and a total of 161 inborn and 96 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 Pampore and PHC Khrew are also functional with the required instruments.

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

The RBSK teams in district Pulwama are performing well and on an average around 75 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 priority and welcome at the territory care otherwise they said that they have to wait hours in the waiting line.

District Pulwama has progressed well in terms of quality assurance and a total of 04 health facilities including 01 CHCs, 01 PHC and 03 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 initiated for the Certification of NQAS, Kayakalp and LaQshya which is still under process. However, the district hospital has done internal assessment for the certification Kayakalp but has not scored well due to the space constraint and various infrastructural issues like space parking and hygienic issues. The CHC Pampore has initiated for the certification of Kayakalp but has not scored well; a total of only 70 points obtained and received a commendation award due to the congested environment and infection control mechanism. The PHC Khrew has initiated for the Kayakalp and has scored around 75.56 point and the facility has also been nominated for the external assessment for the certification of NQAS this year. The SC Gundibal has obtained 71.25 points in case of Kayakalp and received a commendation award and the SC has also been nominated for the external assessment for the certification NQAS this year.

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 are operationalizing it fully and this app is now being taken care through **e-sehaj** portal.

Most of the visited health facilities of the district have received the new HMIS formats including the district hospital Pulwama 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 Pampore and PHC Khrew 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. However, they insisted, a training session may be arranged for them so that they understand the new data elements fully.

Almost all the visited health facilities in the district have not uploaded and updated the HMIS portal regarding the infrastructure & human resources 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 Pampore 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 administration were failed to identified land to construct a dedicated NRC building but CMO said that this year they received an approval for the establishment of NRC. She added that she will take the timely intervention for the establishment of NRC. 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 PULWAMA 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 NIHF 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 PULWAMA. 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 **Pulwama**, CHC **Pampore**, PHC **Khrew** and Health & Wellness Centre (H&WC) **Gundibal**. We also interviewed some IPD and OPD patients who had come to avail the services at various health

facilities during the visit. A community interaction was also held at the PHC and H&WC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

1.3: Overview of Jammu & Kashmir

The Union Territory of Jammu and Kashmir came into existence on 31-10-2019 in terms of Jammu and Kashmir Reorganization Act 2019. The Union Territory of Jammu & Kashmir has been carved out of the erstwhile State of Jammu and Kashmir that came into being as a single political and geographical entity following the Treaty of Amritsar between the British Government and Maharaja Gulab Singh signed on March 16, 1846. The Treaty handed over the control of the Kashmir to the Dogra rulers of Jammu who were already controlling the Ladakh region. Thus, the new region comprising three distinct regions of Jammu, Kashmir and Ladakh was formed with Maharaja Gulab Singh as its founder ruler.

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

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

The total geographical area of erstwhile 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 Pulwama

District Pulwama being a part of the beautiful valley is surrounded by Srinagar in the north, Budgam and Poonch districts in the west and district Anantnag in south-east. District Pulwama occupies the geographical area of 1,090 sq kms including 327 villages with 5.60 lakh population, of which 85.65 percent lives in rural while 14.36 percent lives in urban areas (Census-2011). The density of population is 516 per sq.km. There are 0.07% scheduled caste and 4.03% scheduled tribe of total population in Pulwama district.

As per the estimates of Unique Identification Authority of India, the total population of district Pulwama constitutes 779,012 in 2023 while as, the district has a population of 650440 as per the 2011 census, out of which 293,064 (45.05%) are male and 267373(41.10%) are female.

The villages of district have been grouped into 8 tehsils such as Pulwama, Awantipora, Tral, Pampore, Kakapora, Aripal, Rajpora and Litter while the district has been divided into 04 medical blocks such as Pampore, Tral, Rajpora and Pulwama.

The sex ratio, of district Pulwama was 912 per one lakh male population (Census 2011) compared to 942 per one lakh male population (Census 2001) while as the child sex ratio was 829 girls per one lakh boys population (Census 2011) compared to 829 girls per 1000 boys (Census 2001). The average literacy rate of district Pulwama stands 63.48 percent (Census 2011) compared to 63.48 percent during the census 2001.

The district Pulwama, has estimated 9,438 deliveries including 7,078 (74.99%) C-sections deliveries during 2023-24 while the district has estimated 1,00,528 eligible couples and 9361 live births during 2023-24.

1.5: Health Infrastructure of District Pulwama:

With 326 villages, district Pulwama has been divided into 04 medical blocks. Without private health facilities, the health services are being provided through a network of 121 established health institutions including 01 district hospital, 03 Community health centres (CHCs), 21 Primary health centers (PHCs), 27 Additional Primary Health Centres (APHC), 96 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), 04 First Referral Units (FRUs), 17 Designated Microscopy Centers, 06 Tuberculosis unit, 03 CBNAAT/TruNat Site, 01 Blood Bank and 01 Blood Storage unit which are functional with the required facilities at DH Pulwama and CHC Pampore respectively. The district has converted/upgraded around 90 Sub-centres and 36 primary health centres into Health & Wellness Centres (HWCs) till date.

The district has 04 non-communicable disease clinics in which 01 is functional at district hospital and the other 03 are functional at CHC Pampore, CHC Tral and CHC Rajpora while the district has a comprehensive first and second trimester abortion services available which are being provided by percent 04 health facilities of the district, of which 04 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. However, the CMO office submitted their DHAP on **14 Jan 2022** for two financial years 2022-23 & 2023-24. 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 **26/04/2023** into the account of CMO through the Single Nodal Account.

1.7: Recruitment Policy in District Pulwama

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 Pulwama, despite the various rounds of recruitment as well as the announcements for the vacant seats, a total of 89 posts remained vacant from regular side and 11 posts from NHM side till date (Source: CMOH).

1.8: Status of Human Resource of District Pulwama

On the regular side, district Pulwama has 227 sanctioned posts of specialists, of which 182 (80.17%) posts are in place including 06 Gynecologists/Obstetrician, 03 Pediatricians, 05 Anesthetist, 06 Surgeons, 02 Physicians, 0 Radiologists, 0 Pathologists, 01 Ophthalmologists, 02 Orthopedics, 02 ENT, 01 Dermatologists, 29 Dental Surgeon, 123 Medical Officers (MOs), 01 AYUSH MOs and only 02 Pediatrician, 01 Anesthetist, 01 Surgeons, 05 Physician, 02 Orthopedic, 35 Medical Offices are vacant (Table-1).

On the other hand, District Pulwama has 371 sanctioned posts of paramedical staff on the regular side in which 281(75.74%) posts are in place including 18 Dental technicians, 08 Radiographers, 33 Lab technicians, 02 OT technician, 0 x-ray technician, 08 CHO/MLHP, 88 ANM/FMPHW, 06 MPW(Male), 37 Staff Nurses, and 81 Pharmacist (Allopathic) while only 10 dental technicians, 17 Radiographers, 02 Lab technician, 06 OT technicians, 06 CHOs/MLHPs, 08 ANM/FMPHWs, 19 Staff nurses and 28 pharmacists are vacant till date.

On the NHM side, district Pulwama has 66 sanctioned positions of specialists in which 63 (95.45%) posts are in place including 03 Gynecologists, 02 Anesthetist, 02 Dental surgeons, 21 Medical Officers (MBBS), 35 AYUSH MOs but only 02 Pediatricians and 01 MO is vacant till date while district Pulwama has 382 sanctioned posts of paramedical staff from NHM side in which 351(91.88%) positions are in place including 01 Dental technician, 06 radiographers, 17 Lab technicians, 06 OT technicians, 06 x-ray technicians, 89 CHO/MLHPs, 20 AYUSH Pharmacists, 110 ANM/FMPHWs, 04 MPW(Male), 78 Staff nurses, 06 pharmacists(Allopathic) and 08 other Paramedics but only 01 Lab technician, 07 CHOs/MLHPs and 23 Staff nurses are vacant.

With regard to trained super specialist in Life Saving Anesthesia Skills (LSAS) and EmOC doctors, district Pulwama has 04 sanctioned positions of LSAS and 04 sanctioned positions of EmOC trained doctors. These doctors are performing C-section deliveries at the different health facilities of the district especially at DH.

Overall the district is performing well in providing service delivery because around 80 percent of specialists and 75 percent of paramedical staff from regular side are in place while in case of NHM, around 95 percent of specialist and 91 percent of paramedical staff are in place.

Table 1: Details of Healthcare staff – Medical in District Pulwama 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	227	182	19.82%	66	63	4.54%
Gynecologist	6	6	0	3	3	0
Pediatrician	4	3	25	2	0	100
Anesthetist	6	5	16.67	2	2	0
Surgeon	7	6	14.28	0	0	0
Physician	7	2	71.42	0	0	0
Pathologist	1	1	0	0	0	0
Ophthalmologist	1	1	0	0	0	0
Orthopedic	4	2	50	0	0	0
ENT	2	2	0	0	0	0
Dermatologist	1	1	0	0	0	0
MOs (MBBS)	158	123	22.15	22	21	4.54
AYUSH MOs	1	1	0	35	35	0
Dental Surgeon	29	29	0	2	2	0
Paramedical Staff	794	697	12.21	501	465	7.18
Dental technician	28	18	35.71	1	1	0
Radiographer	25	08	68	6	6	0
Lab Technician	35	33	5.71	18	17	5.56
OT Technician	08	02	75	6	6	0
CHO/MLHP	14	08	42.85	96	89	7.29
ANM/FMPHW	90	88	2.23	110	110	0
Staff Nurse/JSN	56	37	33.93	101	78	22.78
Pharmacist(Allopathic)	109	81	25.68	6	6	0

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

1.9: Status of Budget Utilization/Expenditure:

District Pulwama has received Rs. 2397.239 amount from NHM under different heads including Rs 2355.247 (98.24%) crores under RCH and HSS Flexipool, Rs. 2.87(0.11%) crores under Communicable disease flexipool while Rs. 39.122 (1.63%) crores under Non-communicable disease flexipool during the financial year 2022-23 (Fig-1).

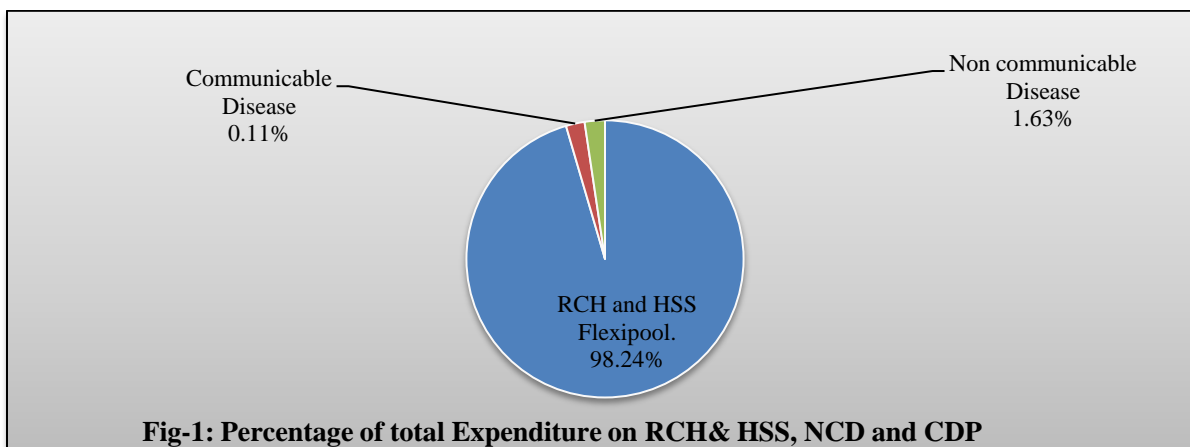
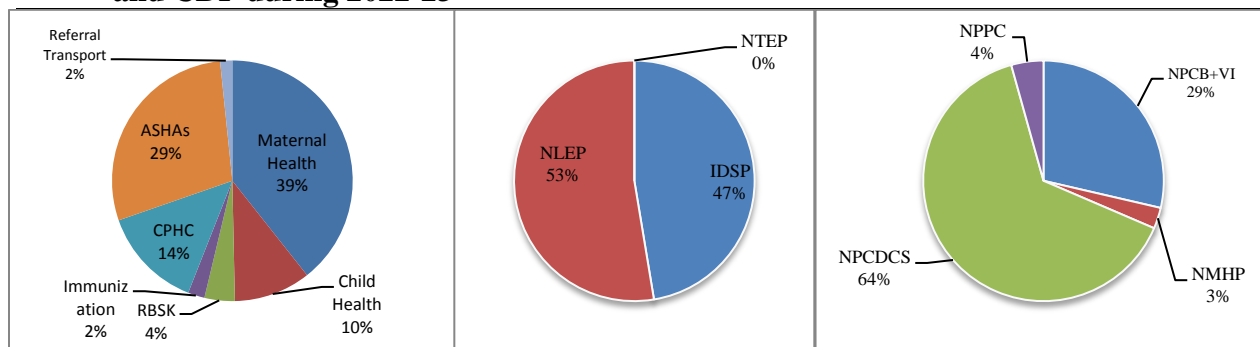


Fig-1: Percentage of total Expenditure on RCH& HSS, NCD and CDP

The maximum expenditure under RCH Flexipool was observed in maternal health (39%), followed by ASHA workers (29%), followed by CPHC (18%) followed by Child health (10%) followed by RBSK (4%) and least amount of percentage was spend on referral transport (2%) followed by immunization (2%). Under the communicable disease flexipool, the maximum expenditure was done on NLEP (53%), followed by IDSP(47%) followed by NLEP (0.0%) while the maximum expenditure was done under the Non communicable disease on NPCDCS(64%), followed by NPCB+VI(29%), followed by NPPC(4%, followed by NMHP (3%) 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

The CMO office failed to provide us the information regarding the training of varied categories and we requested them many times and remained them for the same but at the end they denied to provide us the data for the same. However, during the field, we interact with many front line workers like ASHA workers, ANMs, CHOs and paramedical staff. The ASHA workers agreed that they received training on ENTs recently during 2023-24. The data entry operators also viewed that training for new data elements of HMIS is meant for them and a training course may be organized for them on priority. Further, the CHOs, ANMs and Paramedical staff of the visited health facilities insisted that they need training on various components related to RCH, Immunizations, NCD screening and other varied types of trainings related to their job profile and said that trainings increases their efficiency of work.

2: STATUS OF DELIVERY SERVICES IN DISTRICT PULWAMA

The status of services delivery under different NHM programmes and schemes of District Pulwama 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 our visit at all the visited health facilities. It was found that all the drugs prescribed by the doctors at CHC and DH were provided free of cost under JSSK patients, children and old aged persons only for ONE YEAR and all other patients have to purchase around 69 percent of 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 their 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, elderly people as well as children and in addition these services (at all the public health facilities) are provided free of cost to Golden Card Holders, BPL patients, NCDs patients, Hypertension, ANC and maternal mothers.

2.2: Reproductive Health Care (RHC) Services:

In line with the record of delivery points, district Pulwama has three (03) CHCs conducting more than 20 deliveries and one (01) district hospital which conducts around 50 deliveries per month. Besides, the district has thirty 30 institutes with Ultrasound facilities in which twenty (27) are public whereas three (03) are private and all these facilities are registered under PC-PNDT Act. Further, in order to identify the high risk pregnancies and provide them comprehensive and quality antenatal care, free of cost to all the pregnant women on the 9th of every month. District Pulwama has three (03) 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 17,288 pregnant women in which 2,123 pregnant women have been diagnosed high risk during 2022-23.

2.3: Rashtriya Bal Swasthya Karyakaram (RBSK)

District Pulwama has been demarked among four (04) medical blocks. The district has 08 sanctioned RBSK teams; of these 06 RBSK teams are functional with the required human resources as well as the infrastructure. Each block has two dedicated RBSK teams but block Rajpora is without the dedicated RBSK teams because this block has been recently carved out from block Pulwama. 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 75 children per day, a total of 5028 children have been screened for defects at birth during 2022-23. The society, Anganwadi centres and schools are highly satisfied with the dedication, hard work and nature of RBSK teams. During an interaction, RBSK teams have complained regarding the referral cases. They said that whenever they referred any patient to the territory care hospital for the special and advanced treatment, the patients are not been taken care of and they demanded, a 'timely intervention' from the concerned authorities especially CMO of the district.

2.4: Special New-born Care Unit (SNCU)

District Pulwama has a designated Sick New-born Care Unit (SNCUs) which is fully established at district hospital and is functional with the required manpower and other necessary instruments. The SNCU has 05 radiant warmers, 01 Kangaroo Mother Care (KMC) Unit and 01 stepdown care unit. The condition of the SNCU is very good but has space constraint. During the visit, it was observed that the staff posted (Nurses as well as Paediatrician) are following the protocol and overall cleanliness of the SNCU is good in all respects. However, two phototherapy units of the SNCU are non-functional since last six months. Although, the hospital administration have service maintenance contact with the manufacturer but these phototherapy units have not been serviced till date.

A total of 161 inborn babies have been admitted in this SNCU during 2022-23, of which 152 babies have been discharged after the proper treatment while 09 babies have been referred to the territory care of GB Panth Children's Hospital, Srinagar for the special treatment and only 01 baby found defected at birth. Further, 96 outborn babies have also been admitted during 2022-23, of which 75 have been discharged after the treatment while 20 babies have been referred for the advanced treatment to Child & Maternity Care Hospital, Srinagar and only 01 baby have been left at LAMA. The referral transport was given to all these referral patients.

2.5: Newborn Stabilization Unit (NBSU)

District Pulwama has 04 established Newborn Stabilization Units (NBSUs) which are functional with the required infrastructure and manpower and these NBSU are established at CHC Rajpora, CHC Pampore and CHC Tral of the district. A total 359 inborn babies were admitted during 2022-23, of which 217 babies have been discharged after the treatment while 142 babies have been referred to territory care hospital Srinagar for the advanced treatment. The referral transport was given to all these referral patients.

2.6: Nutrition Rehabilitation Centre (NRC)

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

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

In line with the record, it was found that 3,1,57 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 97 deaths were reported including 04 maternal deaths, 65 child deaths and 28 infant deaths during the financial year 2022-23 while only 30 deaths were reported including 01 maternal death, 18 child deaths and 11 still births during the financial year 2023-24. During the day of the visit, it was found that 04 maternal and 04 child deaths have been reviewed during 2022-23 and 01 maternal death were also reviewed during 2023-24. On the day of our visit, minutes of the reviews were found available with regard to the cause of deaths. Further, during the visit, it was found that data was maintained regarding the maternal as well as child deaths. However, during the visit, it was found that all the health facilities of the district, updates the data on the HMIS portal and same has been reported to the concerned CMO of the district.

2.9: Peer Education Program (PEP)

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

2.10: Mobile Medical Unit (MMU)

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

2.11: Status of Referral Transport

Given the load of health services, the district Pulwama has 09 ambulances available on road for referral transport that are GPS fitted and handled through a centralized call centre through toll free number of 102 and 108. Of these ambulances, 05 are Basic Life Support (BLS) while 04 are Advanced Life Support (ALS) ambulances and however, all these ambulances are available 24x7 on need based. On an average each Basic Life Support (BLS) ambulance are supposed to have at

least 03 trips with 90 kms while ALS has 05 trips with 90 kms per day and each ambulance are supposed to receive approximately 25 to 20 calls per day respectively. However, at times, ambulance are not available at DH, the ambulance are being arranged from the adjoining blocks such as Rajpora, Tahab & Tral of district Pulwama. Further, the district has 35 ambulances of 102 which are not connected with GPS and are not controlled through centralized call centre and on an average performs 03 trips with 63 kms per day per ambulance.

2.12: Universal Health Screening (UHS)/CPHC:

Under the Ayushman Bharat, district Pulwama 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 Pulwama, different Health & Wellness Centres (H&WC) have planned to enumerate 210000 lakh of individuals for various non-communicable diseases, of which only 1,96,020 (93.34%) target were completed so far while as these Wellness Centres have also targeted to fill up 2,10,000 CBAC forms but have completed only 1,96,020 (93.34%) CBAC forms during 2022-23.

In this regard, 116 Health & Wellness Centres of the district including 92 Sub-Health & Wellness Centres (SHC-HWCs) and 23 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 196020 suspected patients whom have been taken randomly for screening, of which 2,6,400(13.46%) were diagnosed hypertension and 18,000(9.18%) patients were diagnosed diabetes and all these diagnosed patients were treated accordingly. Further, 1,90,369 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 theses only 466 patients were treated.

In case of various types of Cancers, out of 91,870 suspected individual have been taken randomly for screening, of which 02 individuals have been diagnosed breast and 04 individuals were diagnosed cervical cancer during 2022-23 while as out of 1,90,369 suspected individuals, 02 individuals were diagnosed oral cancer during 2022-23 and all these patients were treated accordingly. Further, in district Pulwama, around 92 health & wellness centres are providing tele-consultation services and all most all these centres are also organises the wellness activities in the district during the financial year 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 189 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. The Mera-Aspatal Aap is now being taken care of through **e-Sehaj** portal at all the levels.

2.14: Status of Payments of ASHA workers and JSY

In case of JSY payments, the information, reveals that out of 5605 beneficiaries of JSY in which all the beneficiaries have received the benefits through DBT and nothing have left in backlog till date while in case of payments and incentives of different categories such as incentives and payments of ASHA workers, pregnant women, children and eligible couples, all is being recorded and is being directly transferred in their accounts through DBT system by the UT Govt., and therefore, the *DPMU* does not have any information available related to the ASHA worker’s payments. However, 5960 ASHA workers have received their assured payments through DBT and nothing have been left backlog.

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 978 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 1389 beneficiaries, of which all these received the incentives. Further, around 15 individuals have received the family panning compensation and in all the above cases, nothing has been left in backlog till 09/09/2023.

3: STATUS OF COMMUNICABLE DISEASES PROGRAMMES

In order to identify and examine the eventuality of diseases, district Pulwama 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 Pulwama has constituted a Rapid Response Team (RRT) under the Integrated Disease Surveillance Programme (IDSP) both at district as well as at the block level. The Rapid Response Team has been constituted under the supervision of CMO including different

specialists such as DHO, Physician, Pediatrician, District Epidemiologist, Microbiologist, Health Educator, Lab Technician, Specialized doctors (Medicine) and 05 members from bloc under the supervision of CMO of the district. In district Pulwama 07 outbreaks including 11 cases of Chickenpox on 30/04/2022 at Govt. Boys Primary School Uggergund, Newa Pulwama, 11 cases of Chicken on 27/05/2022 at Narastan village of Tral block, 06 cases of Hepatitis-A on 13/07/2022 at Khaigam Pulwama, 02 cases of Hepatitis-A on 04/08/2022 at Paramount School Pingleena, Pulwama, 03 cases of Chickenpox on 03/09/2022 at English Medium Public School Braw Bandina, Pulwama, 12 cases of Hepatitis-A on 17/11/2022 at Arabal village of Pulwama and 04 cases of Hepitites-A on 30/11/22022 at Jandwal village of Pulwama 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 visited health facilities of the district shows that SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet that they have been provided by the SHS while as, at the PHC level of HWC, the data on IDSP has been uploaded on weekly basis as reported by the concerned MOs. 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 and it was found that the DH is also providing such information on the portal for IDSP.

In District Pulwama, 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 Pulwama, the IDSP data has been utilized for disease surveillances mainly fever (including Dengue & Malaria) as well as diarrhea investigations and preventions. With regard to the proportion of private health facilities reporting weekly data of IDSP, no private health facilities are providing the weekly data under IDSP in the district.

3.2: National Vector Borne Disease Control:

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

3.3: National Tuberculosis Elimination:

District Pulwama has implemented the national tuberculosis elimination program and the district has notified a target to screen 180 persons from the given load of population but due to one or the other reason, the district has completed the screening of only 85 (74.23%) persons and 85 patients are known with HIV status and all are eligible for UDST testing. The drugs for both such as drug sensitive and drug resistant TB patients are available in the district.

Out of the notified 85 TB patients, 78 (91.76%) patients have been notified by the public sector while 07 (8.23%) patients have been notified by the private sector. So far as notified TB patients, not MDR patient has been identified either by public sector or by private sector. The success rate

for the treatment of TB patients in public sector was 89% whereas the success rate for the treatment of TB patients in private sector was 95% out of the notified TB patients respectively.

In case of payments of beneficiaries, out of 269 beneficiaries and all these beneficiaries have been brought under the Nikshay Poshan Yojana (NPY) by district Pulwama and DBT installments have been initiated in their favour and Rs. 9,86,789 amount have paid to them till 09/09/2023.

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 Pulwama requires 63 Accredited Social Health Activist (ASHA) workers as per the population, but currently the district has 608 (96.50%) ASHA workers in position which clearly indicates that only 22 (3.49%) of ASHA workers are vacant till date. A total of 505 (83.05%) ASHA workers are trained in Module 6 and Module 7 while a total of 52 ASHA workers covers the 1500 rural as well as the 3000 urban population and therefore, no 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 320 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed in which only 180 (56.25%) VHSNCs were trained and accounts have been opened in case of all 320 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 01 Community Health Centres (CHCs), 01 Primary Health Centres (PHCs), 03 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 Pulwama 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 Dec 09, 2018, and has been made functional. Since its establishment, 30 patients have received dialysis services. The dialysis centre has 06 functional beds with internal adjustment staff to run the centre smoothly. During the current financial year 2023-24, 29 patients have availed the dialysis services and during 2022-23, a total of 30 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 dialysis technicians and 01 Staff nurse 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 Pulwama of Jammu & Kashmir:

4.1: DISTRICT HOSPITAL, PULWAMA

District Hospital, Pulwama is first referral unit standalone institute accessible from the nearest road connectivity with the capacity of 200 functional beds including 22 Intensive Care Unit (ICU) beds. The Hospital is situated at the centre of PULWAMA town and is housed in a newly well constructed building with a compound boundary wall. The hospital complex consists of a single building of three stories. The first referral point for District Hospital is Lad Ded for risky delivery patients, GB Pant for children, Bone & Joint Hospital, SKIMS JVC and GMC Srinagar which are located around 40 kms away from Pulwama town. The hospital operates from 10:00 AM – 4:30 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is maintained well and all the basic amenities such as 24x7 running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area, drug store room and a complete power back up which is maintained through a generator. The hospital is getting electricity and water supply on 24x7 bases and has a dedicated back-up for both electricity and water supply. The hospital has color coded bins for segregation of waste and the biomedical waste management is outsourced to a private agency namely Kashmir Health Care System of Lassipora (KHCSL), Pulwama.

On the regular side, District hospital has 67 sanctioned strength of specialists including 03 Gynecologist/Obstetricians, 01 Pediatrician, 03 Anesthetists, 04 Surgeons, 04 Physicians, 0 Radiologists, 01 Pathologist, , 0 Ophthalmologists, 02 Orthopedics, 01 ENTs, 0 Dermatologist, 01 Dental Surgeon, 03 other specialists, 41 Medical Officers, 01 AYUSH Medical Officers and

02 Dental MOs but presently 49(73%) specialists are in place including 03 Gynecologist/Obstetricians, 01 Pediatrician, 02 Anesthetists, 03 Surgeons, 02 Physicians, 01 Pathologist, 01 Orthopedics, 01 ENT, 01 Dental Surgeon, 01 other specialist, 30 Medical Officers, 01 AYUSH Medical Officer and 02 dental MOs. The District hospital has 18 vacant positions of specialists. On the other hand, District hospital has 50 sanctioned posts of paramedical staff including 04 Dental technicians, 08 radiographers, 08 Lab technicians, 04 OT technicians, 02 ANMs, 17 Staff nurses, 07 Pharmacists (Allopathic) but presently the hospital has 22 (44%) posts in place which include 01 Dental technician, 04 radiographers/0 x-ray technicians, 06 lab technicians, 02 OT technicians, 02 ANMs, 04 Staff nurses and 03 pharmacists which clearly indicates that hospital has around 44 (56 percent) vacant positions from paramedical side.

On the NHM side, district hospital PULWAMA has 15 sanctioned positions of specialists including 03 Gynecologists, 01 Pediatricians, 01 Anesthetist, 08 Medical Officers and 02 Dental MOs but presently 11(7.34%) positions are in place including 03 Gynecologist, 01 Anesthetics, 05 MOs and 02 Dental MOs and only 04 positions including 03 MOs and 01 Pediatrician posts are vacant while the hospital has 80 sanctioned positions of paramedical staff including 02 Dental technicians, 03 Lab technicians, 04 ANMs and 71 Staff Nurses but presently the hospital has 64 (70%) positions in place including 02 Dental technicians, 02 Lab technicians, 04 ANMs, and 56 Staff Nurses and only 24 (30%) positions are vacant.

The hospital has dedicated desktops for data entry and internet connectivity. The hospital has done the process of internal assessment for the certification of Kayakalp and has obtained a score of 74 percent points. The hospital has initiated of external assessment for the certification of NQAS, Kayakalp during 2023-24 which is still under process. The hospital has also initiated the external assessment for LaQshya in case of labour room as well as Operation theatre and has which also under process. However, recently first meeting of NQAS was held at the DH for assessment of infrastructure and service delivery gaps, so that the same can be plugged to get the DH, NQAS as well as Kayakalp certified.

Status of Services:

Apart from emergency services, the DH provides services like ANC, General OPD, IPD, Delivery, PNC, Endoscopy/colonoscopy, Immunization, Family Planning and laboratory services. The hospital provides services for general medicine, O&G, pediatrics, general surgery, Anesthesiology, Dermatology, Neuro, Day Care Chemo, Psychiatric, addiction treatment, x-ray, , ECG, USG, CT, Dexa Scan, Ophthalmology, ENT, Dermatology, Orthopedics, Radiology, dental, imaging services, labour room complex, ICU, Emergency care OTs and AYUSH services, DEIC, SNCU, NICU, PICU, dialysis unit, and teaching block for medical, nursing as well as paramedical staff are available at the hospital except some of the few services such as NRC, CLMC, Burnt Unit and skill lab services are not available at DH. Therefore, without these facilities, the hospital is facing a 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 PULWAMA has done 423 normal deliveries and 2023 C-section deliveries during 2022-23. A total of 803 newborns have been immunized for the birth dose while 1077 was breastfed within one hour during the same period.

The District Hospital, PULWAMA has a registered Blood Bank and is functional with the required manpower and other infrastructure like storage facility. On the day of our visit 55 blood units were available and 72 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 Pulwama. Given the availability of Operational theatres, the hospital has done around 2089 operations in which 2023 (39.71%) are Gynecology & Obstetrics, 89 (3.23%) are Elective OT-Major (General), 13 (0.79%) are Elective OT-Major (Ortho.), 521 (20.56%) are Ophthalmology, 356 (19.80%) are ENT and 527 (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 17 cases per day.

District Early Intervention Centre (DEIC) 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 PULWAMA. 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 not reported any maternal as well as any child deaths during 2022-23 nor has reported any maternal death but 01 child death has been reported during 2023-24. It has been reported that vaccines, hub cutters are available and staff is aware about the open vial policy.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 1.05% of the OPD cases are tested for the same. The anti tuberculosis drugs are available in adequate quantity and the confirmed tuberculosis patients are taking anti-tuberculosis drugs from the hospital. The hospital has 01 instrument of CBNAATs for drug resistance and 17.89% 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 100 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 District Hospital received an amount of Rs. 4,77,68,331 under NHM during 2022-23 and the hospital has utilized around 100 percent of the received budget. The hospital has utilized this amount in buying the emergency medicine and equipments, campus cleaning and buying contingency items and printing various forms and IEC etc. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available and complaints have been also received through 104 toll free number which has been established by the State Health Society. Mostly the complaints are reported verbally and solved on spot.

Status of Drug and Diagnostics:

The District hospital PULWAMA has a designed laboratory manned by 08 lab technicians and remains functional from 10:00 AM – 4:30 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, LFT and KFT, Creatinine, Uric Acid, TSH, RA, ASO, CRP, HPLC, TG, HDL, LDL, VDRL, HBsAg, Covid, and VBG..... etc. It was observed that DH has adequate supplies of reagents and consumables for conducting these investigations. The imaging service such as x-ray and USG are available on daily basis and is functional with the required infrastructure but the hospital does not have the availability of important services like MRI, CT Scan Vitamin, D3, LDH, FSH, LH, Anti AMP, P&L, Coaglogram, Torch but have been outsourced to a private company. However, most of the necessary and advanced instruments of OT, Labs, Labour room and other sections equipments were found available up to date.

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of 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, 103 (47%) 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, 0 IUDs and 22 PPIUCDs were available at the DH PULWAMA. A total of 51 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 350 patients' visits the OPDs and 89 admissions have been reported in the IPD at the hospital of district PULWAMA of J&K. The surgical facilities are optimally utilized because most of the specialists are in place. Around 2446 institutional deliveries including 423 normal and 2023 C-

section deliveries have been reported at the DH during 2022-23. As per the record, around 1,23,5,91 in-house lab investigations and 54577 outsourced lab investigations were done during the financial years 2022-23. During the last one month prior to this monitoring activity, District Hospital has referred around 129 patients to various higher level health facilities for treatment of various severe ailments such as surgical, Medical, delivery related issues and other emergencies whereas only 19 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 04 dedicated ambulances for referral services under toll free numbers of 102 and 108. These services are available free of cost to JSSK and children only.

As per the NCD screening records of DH, a total of 2512 suspected patients have been screened for hypertension and 1831 patients for diabetes, of these, a total of 391 patients have been diagnosed hypertensive while 163 patients have been diagnosed diabetes since the last six months prior to our visit. Further, the hospital has screened around 1172 suspected patients for both hypertension as well as for diabetes and a total of only 47 patients have been diagnosed both hypertension as well as diabetes. The hospital has also 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 District Hospital. The district hospital has 06 bedded functional PM National Dialysis ward with the required infrastructure and a total of 2444 sessions was done during 2022-23 among 30 patients while 829 sessions were done during 2023-24 among 29 patients at DH.

Key Challenges of District Hospital Pulwama

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

Besides, the lack of some basic services, the district hospital, is facing with the shortage of some of the important wards and units such as Truma Care Unit (TCU), Burn Unit(BU), Lactation Management Unit (LMU), Skill Lab and Nutritional Rehabilitation Centre(NRC).

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, 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 specialist Nephrologists, Ophthalmologists and Dermatologists. The Neurology ward is functioning without a consultant while the Dialysis ward is also without a Nephrology consultant.

The public at large viewed that the emergency patients often suffer because the lack of parking space in the hospital premises due to which the main road remains or gets blocked.

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

The water percolates from the roof of the IPD building during the winter season therefore; the building needs an immediate renovation so that the seepage issue could be resolved. The building also needs the installation of fire emergency extinguishers as the staff viewed that they have apprehensions of fire accidents at times. The IPD block has also the faulty electricity system and the administration opined the intervention from the authorities in this case.

Most of the NHM staff especially RBSK teams and DEICs staff has 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.

Most of the Medical Officers posted at this district hospital urged that the security provided at the hospital required to be strengthened with the arms as at times they have to face challenges and pressure of local people which leads to fearful work environment in medico-legal cases, or at times of critical medical situation. For example people bring accidental cases, high pregnancy case and this eventually leads to formation of a mob in which the medical officers and staff at duty get into very difficult situations.

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

The Medical Officers posted at this health facility viewed that consultants of varied categories especially Ophthalmologist, orthopedician need to be KEPT in WAIT (means a room need to be kept form them in the hospital premises) rather than in CALL because at times Doctors in causality have to face the aggression and hostile environment from the public when they comes with an accidental case, risky expectant mothers and in others cases also. They were seeking a timely intervention from the authorities for the same.

The MOs said that they remained 24x7 busy in causality ward because the hospital is first referral point of district Shopian, some area of district Budgam and all other CHC of the district on the one hand and on the other they have to live with the hostile environment because hospital becomes a hub of patients after 06PM when most of the people completes their works in the field and at times their behaviour is not good. So the causality ward may be augmented via an additional human resource and dedicated security personals be provided with ammunition to the hospital.

The Medical Officers viewed that after 6 PM some patients comes with the wrong intentions and at times they harass the doctors, provokes the doctors by curses and callings without any reason. So, they demand that a strict action be taken against to them in the future if any one find guilty.

4.2: COMMUNITY HEALTH CENTRE, PAMPORE

Community Health Centre (CHC) of PAMPORE is first referral unit, standalone institute accessible from the nearest road connectivity with the capacity of 60 functional beds and has no Intensive Care Unit (ICU) bed. The Hospital is situated at the centre of PAMPORE town and is housed in an old and improper designed constructed building without a boundary wall. The hospital complex consists of one main building with three two storey but the building requires an immediate renovation because most of the wasted due to the improper design. The first referral point for CHC is DH PULWAMA which is located around 18 kms away from PAMPORE town. The CHC covers around 1,09700 population of area and 09 PHCs, 08 NTPHC and 25 SH&WCs are working under this CHC. The hospital operates from 10:0 AM – 4:00 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 21 sanctioned posts of specialists from regular side including 13 Medical Officers, 01 Gynecologist, 01 Pediatrician, 01 Anesthetist, 02 Surgeons. 02 Physicians and 01 Dental Surgeon, of these only 01 MO is vacant and all others are in place. In case of paramedical staff, the hospital has 31 sanctioned paramedical staff from regular side including 02 Dental technicians, 02 radiographer/x-ray technicians, 01 OT technician, 03 Lab technicians, 02 X-ray technicians, 02 ANMs/FMPHWs, 06 Staff Nurses/JSNs, 03 Pharmacist (Allopathic) and 10 other Paramedics but presently 01 dental technician, 02 Lab technicians, 01 OT technician, 02 ANMs/FMPHW, 04 Staff nurses, 03 Pharmacist (Allopathic) and 08 other paramedics are in place. On the NHM side, the CHC has 19 sanctioned posts of varied categories including 01 Anesthetist, 03 MOs, 04 AYUSH MOs, 02 Radiographers, 02 Lab technicians, 02 OT technicians, 02 x-ray technicians and 03 staff nurses but only 01 Anesthetist is vacant and all others are in place.

The hospital has dedicated desktops for data entry and internet connectivity (broadband) is exemplary good. The hospital has initiated the internal as well as 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. 1,00000 through external assessment during 2022-23. However, the hospital was not able to get the highest score due to the congested environment, land issue with the rural department, space crunch, lack of human resource and some infrastructure issues like compound boundary wall and ETP. 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 because it is not as per the IPHS protocol while 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 PAMPORE has done around 1361 deliveries including 416 (30.56%) normal and 945 (69.43%) C-section deliveries have been reported at CHC during the financial year 2022-23. A total of 306 newborns have been immunized for the birth dose during the last three months and 295 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 05 cases may be attend per day.

The CHC, PAMPORE 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 PAMPORE. The NCD clinic has an optimal workload and is performing well in terms of screening, treatment, referral and follow up patients. The CHC PAMPORE 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 Rahims' Restaurant. However, during the interaction, the JSSK patients complained that they are not receiving any kind of diet since they have been admitted there for the delivery nor they have received any diet in terms of eggs or soup after the delivery. 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 2023-24. It has been reported that vaccines, hub cutters are available and the staff is aware about the open vial policy. In case of respectable maternity care, the hospital under takes the strict privacy measures and birth attendant is allowed with patient only. With regard to the FP services, the hospital has basket of choices and provides as per the choice of patient.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 01% of the OPD cases were tested for the same. The anti-tuberculosis drugs are available at the facility and currently 03 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 4.9% 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 PAMPORE had done a field survey but had not identified any Leprosy case through the RBSK teams since the last 12 months. The CHC PAMPORE has identified any HIV patients during 2022-23. The CHC had received a total amount of Rs. 2.5 lakhs under NHM during 2022-23 and has utilized almost 100 percent of received fund during the same year. The hospital has utilized this amount in buying the emergency medicine and equipments, hospital upkeep, sanitation, patient amenities, campus cleaning and buying contingency items and quality programmes etc. Citizen's charter, timings of the facility and list of services available are displayed properly at the entrance gate of the hospital. Complaint box is available and complaints are also received through the 104 toll free number, the number is functional at State Health Society Kashmir. Mostly the complaints are reported verbally and solved on spot.

Status of Drug and Diagnostics:

The CHC PAMPORE has a designed laboratory manned by 04 Lab technicians and remains functional from 10:30 AM – 4:00 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 (300 MA with CR system) services is available on daily basis. The hospital does not have the availability of some important services like USG, 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 73 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, 53 (72.6%) 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, 05 IUDs and 005 PPIUCDs were available at the CHC PAMPORE. A total of 10 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 PAMPORE, have been optimally utilized as the hospital has huge rush of patients especially OPD as well as IPD. On an average, more than 200 patients' visits the OPDs and 32 admissions have been reported in the IPD at CHC PAMPORE on the monthly basis. As per the record that almost 1,60,154 lab investigations (in house tests) including Blood – 97889, Urine – 20048, Sputum – 1295, Stool – 35, X-ray – 15684, ECG – 17529, USG – 6874 and Doppler – 800 tests were done during the financial year 2022-23 prior to this monitoring activity. The CHC PAMPORE has referred around 105 severe patients to higher level health facilities like DH, GMC Srinagar for special treatment such as Delivery cases, Accidental cases, MI, Stroke etc whereas only 06 cases were referred from various health sub-centres including high risk pregnancy and accidents etc. All these patients were given referral transport by the hospital. The CHC has only 03 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. However, the hospital authorities especially Dr. Asima Nazir, BMO of the facility complained that all the available ambulances are in bad conditions and even at times drivers denying of driving these ambulance.

The CHC PAMPORE has functional NCD Clinic in 2 days within a week and a total of 1457 suspected patients have been screened for hypertension, diabetes and out of these, 185 patients have been confirmed as hypertensive and 81 patients have been diagnosed diabetes whereas 62 have been diagnosed both hypertension as well as diabetes since the last six months prior to our visit. The hospital has also initiated the process of screening for various types of cancers but no such patient has been reported Oral, breast or any other type of cancers till date.

Key Challenges of CHC PAMPORE

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

Even though the CHC PAMPORE is designated as first referral unit (FRU) but due to the less manpower including specialists like radiologists, ophthalmologist, pathologist, orthopedics, ENT and dermatologist 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 PAMPORE is designated for conducting ‘*Open General Surgeries* (OGS), but the hospital is facing the shortage of some surgical instruments like Laparoscope, 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.

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 PAMPORE is located in a congested and a narrow road side which leads to the traffic jam on most of the days due to which the patients especially the emergency patients like pregnant women and accidental cases mostly suffer during arrival and therefore, it is suggested that a the connected road may be widened on priority.

The authorities insisted that their blood storage unit may be upgraded to the level of blood bank because at times they have to face difficulty in arranging blood units during the emergency cases like delivery and accidental cases because of traffic jam on the road.

The BMO of CHC PAMPORE urged that a renovation may be done in the IPD building because most of the space is wasted in the building and the condition of the building is not good due to the improper design and the waste space may be utilized for the productive activity.

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

The CHC PAMPORE 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.

Most of the times the hospital road remains in traffic jam because of narrow link road and therefore, the service seekers urged that the road widening may be done on priority.

The locals demanded that this hospital may be provided the land which is available with the rural department nearby and a new building be constructed with proper design there so that the issue of space constraint as well as the car parking be resolved forever.

The locals demand as well the medical officers of the facility viewed that services like CRM, CBC Analyze 5 Past, CT, MRI, Biochemistry Analyzer, NAK Analyzer, Cartage Automatic and Thyroid Analyzer should be available otherwise they have to send them outside the hospital for the same.

The hospital was unable to establish ETP plant for the biomedical waste in order to initiate for the certificate of NQAS and Kayakalp and other quality assurance programmes like LaQshya in case of labour room and OT of the hospital. However, the hospital needs around 2 malras of land for the establishment of ETP but was not able to do it due to the improper design of the building and land constraint and if available land with the rural department may be provided to them then the establishment of ETP is possible.

The RBSK team 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.

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

The BMO of the hospital said that unnecessary attachments are being practiced here in block PAMPORE and it needs to be stopped in the near future as some staff member of the hospital 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.

The hospital does not have space of carping parking and the hospital administration viewed that the space which is available to rural department nearby, may be allowed for carking parking till the final decision come from the court.

The hospital has space constraint in labour room and at times two to three expectant mothers on wait have to be arranged and therefore, the incharge of the labour room opined that a new or a

separate ward be given to them on priority basis. The sisters posted complained that they have not even rest room available and at times they have to bed with any expectant mothers during night duty.

The OPD building is around sixty five years old which has been declared unsafe and the sealing of the building is of steel which provides tremendous heat in summer and coldness in winter. The hospital authorities viewed that a new building for OPD may be constructed on priority.

Strengths and Good Practices of the CHC

The CHC PAMPORE 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 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), KHREW:

The Primary Health Centre is located at a distance of 12 kms from its first referral point of CHC Pampore, 27 kms from DH and 36 kms from the next referral of SKIMS JVC, Srinagar. This Primary Health Centre covers almost 14,000 population of the area including 07 villages. This PHC is 24x7 designated and 03 Sub-Centres and 14 ASHA workers are attached with Primary Health Centre. The PHC is standalone housed in a two storey government building but requires renovation because of its old structure. However, the condition of the building is good. Currently, this Primary Health Centre has 08 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 10:00 AM – 4:00 PM for OPD patients whereas it remains 24x7 for IPD patients. The premise of the PHC has maintained well and clean. The PHC has compound boundary fencing. The PHC have color coded bins for segregation of waste. The biomedical waste management has been outsourced to a private agency namely Kashmir Health Care System (KHCS) 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 through mobile net. The PHC has initiated Kayakalp assessment and have scored 90.56 points in external assessment with (State award) with commendation award price during 2022-23. The facility has initiated for the certification of NQAS assessment, but has not initiated for LaQshya assessment due to some issues in

infrastructure and hospital upkeep. However, the facility has done internal assessment in case of NQAS and obtained a score of 72.56 percent points.

The information reveals that PHC Khrew has 09 sanctioned posts of varied categories from regular side including 03 Medical Officers, 01 SNs/GNMs, 01 ANM, and 01 Lab technician, 01 x-ray technician, 01 Dental technician and 01 Pharmacist and out of these sanctioned posts, all the sanctioned posts are in place. However, 01 MO has been attached to other health facility for some reason. Moreover, on the NHM side, the PHC Khrew has 06 sanctioned posts of varied categories including 01 MO(MBBS), 01 MO(AYUSH), 02 SNs/GNMs, 01 Lab technician, 01 AYUSH Pharmacist and all are in place except 01 staff nurse.

Status of Services:

The basic services such as medical as well as essential OPD, IPD Gyne Section, 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 NCD services are being held 2 days in a week and the GNMs are trained in screening of breast as well as Cervical Cancers. However, the PHC has screened 1128 suspected patients for hypertension as well as diabetes. Of these, only 51 (4.52%) patients have been diagnosed hypertension whereas only 82 (7.26%) patients have been diagnosed diabetes during 2022-23. The registers for different aspects have been maintained properly and the registers for follow-ups as well as referrals were maintained well. However, the PHC didn't found 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 Khrew is Microscopy Designated Centre (DMC) and the percent of OPD whose samples were tested for tuberculosis is 0.2%. Anti tuberculosis drugs were available at the facility and currently 02 patients are taking drugs. Since the last six months 0.003% 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 Khrew had not identified any Leprosy cases through the RBSK teams since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy.

Under the Integrated Disease Surveillance Programme, the PHC uploads the weekly data through P & L forms and also updates the information on all portals such as HMIS, IHIP and HWC portals. The PHC organizes monthly JAS meetings and the minutes of the meetings were found available on the day of our visit. On an average, the PHC organizes 01 meeting per month. Since the last one month there were 03 referred cases and 11 referred out cases has been reported related to various ailments like delivery, accidents, hypertension and abdominal pain.

Status of Drugs and Diagnostics

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of 75 drugs was displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of our visit, 45 (60%) 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 60% 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. However, the drugs are also being provided free of cost under Golden Card, Ashman Bharat, elderly and children and around 69 percent of drugs providing free to the general patients. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were found available at the PHC under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 03 IUDs and 05 PPIUCDs were available at the PHC. A total of 02 female sterilizations were performed at the PHC during the last six months.

The PHC is providing in house essential diagnostics and the timing of these tests is from 10:00 AM – 4:00 PM. The PHC have the availability of imaging services such as x-ray. In total the facility has done 3564 investigations and all these investigation are free of cost to all the JSSK patients irrespective of economic status. Further, these diagnostics are free under Ashman Bharat, Golden Card holder and elderly people. However, minimum charges have to be paid by the general patients. During the day of visit, it was observed that the facility has shortage of various necessary instruments such as RVG, Dental Autoclave (Front Locker), CBC Analyzer, Hb Analyzer, Biochemistry Analyzer (Automatic). The facility has x-ray processor out of service due to the technical fault and the incharge of the facility gave the contract to Medi care for its repairment. The PHC has received around Rs. 75000 from NHM and same amount were utilized for the upkeeping of hospital.

Workload and Utilization of Services:

Looking at the utilization of services from the PHC, Khrew, 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 01 normal delivery. On an average, the facility provides ANC services to almost 13 expectant mothers and have immunized with birth dose of 01 new born baby, and same baby breastfed within one hour of birth. Overall the services provided by this facility have been seen fully utilized.

Key Challenges of PHC Khrew

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

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

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 in place 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.

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

The ASHA workers of the facility received 3 days training with regard to ENT and Family planning. They added that family planning services have a good demand from the public and available services are patient friendly but ASHA workers complained that their incentives for last six months are pending and they viewed that their incentives be released immediately.

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

This Sub-health and Wellness Centre (SH & HWC) is located at a distance of 1.5 kms away from its first referral point of PHC Wayun and 3 kms from CHC Pampore. The sub-centre caters to the population of around 605 including 01 village and 01 ASHA worker is 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 does not have 24x7 running water facility and electricity supply. However, through a water tank, they receive water on daily basis. This Sub-centre has been converted into health and wellness centre in the year 2021, 03 Dec. The sanctioned strength of this Sub-centre is 01 MLHP/CHO, 01 ANM and 01 ASHA worker from NHM and all of these three are in place.

Status of Services

This sub-centre used to provide around 13 services including OPD for ANC and other ailments, NCD screening, ANC checkup, short stay of patients, tele-consultation, IFA, TT injections, routine immunization once a week, temporary methods of family planning services such as condoms, Anta, Mala and oral pills, treatment of minor ailments like cough and cold, fever, diaherra, worm infection and first aid are available at this Sub-centre. The facility helps in the control of local epidemics, diaherra, dysentery, jaundice. The Centre has started the screening of

adult population for hypertension as well as diabetes. The MLHP/CHO as well as the ANM of the Centre has given the functional tablets to upload the data of various schemes of NHM on regular basis.

There are around 327 individuals above 30 years of age in the population of HWC and out of which 90 CBAC forms were filled during the last six months of 2022-23. However, of these 90 individuals whose CBAC forms have been filled, 50 (55.56%) individuals have score below 04 while 40 (44.44%) have score above 04. The facility has screened these 327 suspected patients for hypertension and diabetes. Of these screened cases 49 (14.98%) were identified with hypertension whereas 25 (7.64%) were diagnosed diabetes. Further, of the 630 suspected screened patients, the facility has reported 08 (2.44%) patients who have diagnosed both hypertension as well as diabetes. The facility has screened 327 suspected patients for oral cancer, 85 suspected patients for Breast and 19 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 90 patients while the centre is providing hypertension medicines to 09 patients, medicines of diabetes to 01 patient only and other medicines to almost 123 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 04 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 32 essential drugs as per the guidelines but on the day of the visit, only 26 (81.25%) drugs were found available. As such no shortage of drugs has been reported since the last one month. NCD drugs are available in adequacy but and Tuberculosis drugs are not available at this Sub-centre. However, on demand, the TB drugs are being provided to the patients. The facility has sufficient supply of testing kits for checking hemoglobin, pregnancy status and blood sugar. Digital Thermometer and manual BP apparatus is available at this Sub-centre. The sub-centre has other

functional equipments such as examination table, screen, and digital weighing machine (infant as well as adult etc.

Workload and Utilization of Services

Looking at the utilization of services from the Sub-centre, it was found that the services are optimally utilized. MLHP/CHO as well as ANM are working at the Sub-centre and on an average more than 13 patients' visits the facility for minor treatment or minor ailments like fever, cough, diarrhoea, 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 09 expectant mothers and immunization to around 03 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. The Centre has also contract with a private company namely Kashmir Health Care System (KHCS) of Lassipora Kashmir for the Management of Biomedical Waste. The Complaint/suggestion box is found available at this HWC and complaints are also been received through 104 toll free number which is established at State Health System. ASHA worker is getting assured remuneration in time but incentives get delayed.

Status of HMIS Data Quality

The health & wellness centre Gundibal received the new HMIS formats but CHC complaint that DPMU had not provide them any training about the capturing of data on these new data elements. Further, the centre have not uploaded and updated the HMIS portal with regard to the infrastructure & human resource till date and during our PIP visit to the centre, a few on-the-spot instructions were given to ANM as well as MLHP as to how the recording and reporting of data can be improved. However, the centre is uploading the workdone on the daily basis at the HMIS portal and no mismatch was found with regard to any variable.

Challenges of the Sub-Health & Wellness Centre:

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

The sub-centre has an acute shortage of water because the Centre is located away from the local population and therefore, the centre does not have accessibility of water. However, on the request of MLHP, the CMO has arranged a water tanker which comes after each two days and provides them water. But at times, the water tanker is reluctant to provide them water on two day

bases due to which the staff has to pass through various difficulties. Therefore, a tube well may be provided them for the source of water.

The Sub-Centre is located far-away from the locality and is surrounded by grazing pasture as well as jungle like area. The staff have apprehensions of trespassing of wild animals like tigers, snakes, scorpion and Bear and therefore, a security personal be provided them on priority basis.

The is centre is located near a garbage site where local people throw their waste material due to which stray dogs are moving around the Centre and most of the times, patients hesitates to visit this sub-centre for their minor ailments. The staff has apprehensions of dog biting and at times, it became a barrier for both the patients as well as the staff during the arrival and departure time.

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

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

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

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 paramedical staff, front line workers, CHOs and data entry operators of the visited health facilities require the trainings in line with their job profile. Although, the data entry operators are updating the data on various portals but they are confused about the new data elements as how to report and record the data on these new elements. The CHOs, ASHA works and staff nurses also

viewed that a training course be arranged for them so that they can easily understand the newly established programmes and schemes of NHM.

The community viewed 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 Pulwama, the NCD clinics are functional only once or twice in a week that leads to the over burdening as well as overcrowding of the population at the health facility. In this regard, the NCD screening need to be made functional in all days and some awareness announcements should also be done from the health departments regarding the life style ailments.

During the visit, it has 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 Gundibal, PHC Khrew and CHC Pampore and are also satisfied with the available services like free medicine, advices and diagnostic checkups and etc. This clearly indicates that people of the district have hope on the public health facilities of the district. Therefore, the public health facilities need to be strengthens with more specialized human resources like Radiologists and Ophthalmologists which have been kept vacant couple of years.

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

ASHA workers complaint that they have not been provided full HBNC kits since 2014 onwards due to which they were not satisfied with their HBNC visits. However, somehow they managed to brought most of the necessary equipments for HBNC kits/visits from their own packet money but they have not been provided any compensation till date. Therefore, it is suggested that ASHA workers may be provided compensation for the same. They also complaint of low incentives and more work therefore, they viewed that their incentives may be increased with immediate effect.

PHOTO GALLERY



Well Branded Health & Wellness Centre, Gundibal of District Pulwama.

HEALTH & WELLNESS CENTER S/C GUNDBAL
LIST OF MEDICINES & OTHER ITEMS PROVIDED UNDER FREE DRUG POLICY FOR SUB CENTERS UPGRADED AS HEALTH & WELLNESS CENTER

S.No.	NAME OF MEDICINES (FORMULATION WITH STRENGTH)	REMARK
1.	Gama Benzene Hexachloride lotion 1% w/w	/
2.	Injection Dicyclomine 10mg/ml	/
3.	Tab Dicyclomine 10mg	/
4.	ORS Powder	/
5.	Tab Zinc Sulphate Dispersable 20mg	/
6.	Tab. Paracetamol 500mg	/
7.	Syp. Paracetamol 125mg/5ml	/
8.	Syp. Vitamin A	/
9.	Tab B-Complex	/
10.	Suspension/Syp. Anti-cold 125mg	/
11.	Injection Hydrocortisone 100mg	/
12.	Tab Albendazole 400mg	/
13.	Syrup Albendazole 200mg/5 ml	/
14.	Tab Sulfamethoxazole & Trimethoprim (Co-trimoxazole) 100mg+20mg	/
15.	Syp. Sulfamethoxazole & Trimethoprim (Co-trimoxazole) 200mg+40mg/5ml	/
16.	Tab Metronidazole 400mg	/
17.	Syrup Metronidazole 250mg/5ml	/
18.	Inj. Metronidazole 500mg/100ml	/
19.	Tab. Iron Folic Acid (Ferrous Sulphate & Folic Acid) equiv to 60mg iron+500mcg folic acid	/
20.	Tab. Iron Folic Acid (Ferrous Sulphate & Folic Acid) equiv to 20mg iron+100mcg folic acid	/
21.	Syp. Iron Folic Acid (Ferrous Sulphate & Folic Acid) equiv to 20mg iron+100mcg folic acid	/
22.	Inj. Metoclopramide 10mg/ml	/
23.	Bleached Bandage cloth size 10 cmsx4 mtrs	/
24.	Absorbent cotton wool IP	/
25.	Povidone Iodine Solution 10%	/
26.	Disposable Syringes with Needle 5ml	/
27.	Disposable Gloves Different Size	/
28.	Silk Suture with Needle 1-0 on cutting curve needle	/
29.	Leukoplast	/
30.	Injection Tetanus Toxoid	/
31.	Tab. Domperidone 100 mg	/
32.	Syrup Domperidone 1 mg per ml	/

COURTESY : BLOCK MEDICAL OFFICER PAMPORE

SUB CENTRE GUNDBAL AT GLANCE

S.No.	PARTICULARS	FIGURES
1.	TOTAL POPULATION	602
2.	ELIGIBLE COUPLES	62
3.	PREGNANT WOMENS	6
4.	(0-1) YEARS	10
5.	(0-3) YEARS	28
6.	(0-5) YEARS	89
7.	TOTAL HOUSE	116
8.	TOTAL AWC's	01
9.	TOTAL ASHAS	01
10.	No. OF GOVT. SCHOOLS	01
11.	No. OF PRIVATE SCHOOLS	0

Health Mela
Ayushman Bharat - Health & Wellness Centre
Overall Wellbeing

Medicines available under Free Drug Policy at Gundibal Health & Wellness Centre Gundibal at Glance



Interior Design of Health & Wellness Centre, Gundibal



Recordkeeping by Health & Wellness Centre at Gundibal

Proper Segregation of BWM at SH&WC Gundibal



Clean and advanced SNCU beds at DH Pulwama



Citizens Charter Displayed at PHC Khrew



An interaction with the Gynaecologist at PHC Khrew



After the interaction with ASHA workers at PHC Khrew



During Labour Room inspection at PHC Khrew



During the drug store inspection at PHC Khrew



Galaxy A71
Interaction with Lab incharge at PHC Khrew



Galaxy A71
PRC Srinagar team with the PHC Khrew during PIP Monitoring



Galaxy A71
IPD Block of CHC Pampore



Congested bedding at Post Delivery ward of CHC Pampore



OPD Block at CHC Pampore



OPD at TB Centre at the CMO Offices, District Pulwama



A man helps the OPD patients in E-OPD tickets at DH Pulwama