

**MONITORING OF NATIONAL HEALTH MISSION  
STATE PROGRAMME IMPLEMENTATION PLAN 2022-23:  
JAMMU & KASHMIR  
(A Report of Ganderbal District)**



**Submitted to  
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## LIST OF ABBREVIATIONS

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

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

## PREFACE

In order to restructure and recognize the economics of health since the dawn of 1947, various nationally designed Health and Family Welfare Programmes and Policies have been launched and implemented in the country in general and particularly in the Union territory of Jammu and Kashmir. Since, the National Rural Health Mission (NRHM), which was initiated in 2005-06, has proved to be a valuable intervention to support in improving the health care by addressing the critical issues of availability, accessibility, viability of services given the 1<sup>st</sup> phase (2006-12) of it. However, the 2<sup>nd</sup> phase of National Health Mission (NHM) focused on the health system reforms so that critical gaps in the health care could be plugged-in. State Programme Implementation Plan (PIP) of the Union Territory of Jammu and Kashmir (2023-24) has been approved and the UT has been assigned, the agreed goals and targets. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre (PRC), Srinagar on the monthly basis. Significantly, the Ministry has identified eighteen (18) districts in Jammu and Kashmir for 2023-24 for PIP monitoring. The staff of the PRC, Srinagar has decided to visit these districts in a phased manner and in the 1<sup>st</sup> phase, the team visited Ganderbal district in Jammu and Kashmir and thus the present report reveals the Challenges, Issues and findings of monitoring exercise for Ganderbal district in Jammu and Kashmir.

This study was successfully completed with the efforts, involvement, cooperation, support and guidance of visible and invisible hands. In this regard, we wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks goes to Mission Director, NHM of Jammu and Kashmir for his cooperation and support. We would like to thank our coordinator Mr. Bashir Ahmad Bhat for his support and encouragement at all stages of this study. Special thanks are due to Chief Medical Officer Ganderbal, Medical Superintendents of District Hospital Ganderbal and CHC Kangan and MO PHC Gund, for sharing their experiences. We would like to appreciate the cooperation rendered by the officials of the District Programme Management Unit (DPMU) Ganderbal and Block Programme Management Unit (BPMU), Kangan for helping us in the collection of information. Special thanks are also to staff at PHC Gund, and HWC Cherwen for sharing their inputs.

Last but not the least credit goes to all respondents including community leaders, ASHAs and all those persons who spent their valuable time and responded with tremendous patience to our questions. It is expected that the findings of this study will be helpful to both the Union Ministry of Health and Family Welfare and the UT Government in modifying the health scenario of the district.

Srinagar  
July, 2023

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## 1. EXECUTIVE SUMMARY

In three medical blocks of district Ganderbal, health services in public sector are provided through a DH, a CHC PHCs, NTPHCs, MMCs and HWCs/SCs. There are a total of 92 health facilities which include, one DH, one CHC, 32 PHCs category (15 PHCs, 15 NTPHCs and 2 MMCs), and 58 HWCs and two sub-Centres. The district has converted and made operational about 32 PHCs and 58 SCs into HWCs. During our PIP monitoring visit, we visited four selected health facilities of district which include ***DH Ganderbal, CHC-Kangan, PHC/HWC Gund, and HWC/SC Cherwen***. The summary of the findings of which are presented below:

- DHAP is a principle instrument for planning, implementing, evaluating, and monitoring the health sector in the district. Normally, DHAPs are framed for one year only, but for the first time, the current DHAP has been formulated for two years (2022-2023 and 2023-2024). The CMO office has prepared the budget sheet for 2023–24 for the whole district, and the first installment of funds was directly released into the account of BMOs through the Single Nodal Account (SNA) on the basis of their demand.
- From the regular side, number of positions were found vacant which has created a vacuum in the satisfactory health care delivery. NHM has played a vital role both in terms of manpower and equipment in mitigating the needs of health care delivery at all levels in the district. As it was observed that there exists some deficiency of staff at higher level health facilities but the existing staff at lower level health facilities lack trainings, motivation and supervision as few lower level health facilities were found with very limited work done in comparison to the available manpower.
- Jammu and Kashmir Medical Supplies Corporation limited (JKMSCL) established in the UT procure and distribute drugs/equipment to health facilities under DVDMS and thus overall the supply chain to health institutions has improved. Other than JKMSCL, every year, 10-15 percent of total supply is purchased from the market by tender system using GeM Portal. Delay in supply of some drugs at various facilities was found from the JKMSCL.
- The Government had announced the policy of providing free drugs to all, and it was found that the free drug policy for the JSSK is implemented at all levels, while for other general patients, only around 20 percent of patients get free drugs from all types of the health facilities that include HWC/SC.

- Essential Drug list has been prepared for various types of health facilities but an updated list of drugs available at the facility was found missing in all the visited health facilities of the district.
- In district Ganderbal, all the 32 PHCs and 58 HWCs have screened the population for various NCDs and about 1.098 lakh individuals have been screened for various types of NCDs. Also 1.01 lakh CBAC forms have been filled across the district.
- Overall, 109891, patients have been screened for hypertension, diabetes, and oral cancer. Out of these, 10 percent were found hypertensive, and 9 percent were found diabetic. Furthermore, around 50 thousand people were screened for breast cancer and cervical cancer, and out of these seven patients were confirmed with breast cancer.
- During our visit, skill of ASHAs was assessed at various health facilities and most of them had partial knowledge regarding the filling-up of CBAC forms, HBNC visits and reporting about various other schemes. Their performance on account of HBNC and filling-up of CBAC forms was found to be poor.
- ASHAs get their remuneration on various activities on regular basis in the district. More than one-half of ASHAs were found without HBNC kits as either they were not given these kits or were having one or more items missing from the kit. Overall, there is a shortfall of 57 percent HBNC Kits in the district.
- For JSSK beneficiaries, all types of facilities that include free drugs, diagnostics and diet under JSSK was provided free of any cost at most of the health facilities, though a large number of such beneficiaries reported that they purchased drugs from the market during their nine months of pregnancy.
- In district Ganderbal, free referral transport (from facility to facility) for deliveries and neonates is ensured in all facilities, but home to health facility and drop back is not ensured in all the cases.
- The district has functional 102 and 108 toll free number under centralized system of transportation but only the available ambulances of district are used for the same. There are limited numbers of vehicles for referral transport with various health facilities due to which at many times patients face difficulties. Twelve (5 ALS+7 BLS) ambulances with GPS are operational on need basis for 24X7 in the district.
- The DH at Ganderbal has a ten bed functional SNCU having no step down care Kangaroo mother care unit. During 2022-23, a total of 221 in-born and 59 out-born patients were admitted. The SNCU of DH has been made as an OPD for all the new-borns for weight and vitamin K dose (as

all the new-borns are brought to SNCU for the same). In CHC Kangan, there is an approved NBSU with the requisite staff and equipment, but for unknown reasons it was not functional in the CHC and instead, the approved staff was used in some other section of the CHC.

- Facilities like USG, dialysis, and other diagnostic test are available in DH, while USG, X-ray and other sufficient lab testing facility are available at CHC-Kangan. PHC Gund, has started to conduct normal deliveries from the month of April 2023 and during the past three months, 11 normal deliveries were conducted. In CHC Kangan C-section deliveries are performed on selected days in every week.
- During 2022-23, one maternal death, four child deaths and six infant deaths were reported in the district but not a single death was reviewed in the district during the same time.
- On average, only 32 children were screened per day by each RBSK team against the given guidelines of 100 children per day.
- DH has initiated both Kayakalp and LaQshya and scored 75.29 percent points and 75 percent points respectively in the external assessment. LaQshya score was condition based certified. CHC-Kangan has also initiated for Kayakalp and LaQshya. PHC Gund has also initiated for Kayakalp recently.
- Institutionalized mechanism for grievance redressal was not evident in any of the visited health facility. Often complaint boxes are seen to be having token presence and the boxes remained un-opened. Patients visiting the health facilities largely lacked awareness and knowledge regarding the grievance redressal mechanism. Very few health facilities have partly operationalized the Mera Aspatal Portal but its use was found to be very limited.
- Though the HMIS data quality in the district has improved but there is still a lot of scope for improvement in all the health facilities. All the health facilities were uploading their monthly work done on new HMIS portal and were satisfied with the new interface of the portal. RCH Register has been developed for service delivery recording tool for eligible couples, pregnant women and children at village and field level.
- In the district it was found that information regarding the new HMIS formats was disseminated to all the lower level health facilities, but the CMO office had not provided them any training about the data capturing of new variables. Other than HWC, no other health facility has started to capture the data on new variables though the new formats have been shared with all the health facilities by the DPMU.



## **2. INTRODUCTION**

The Ministry of Health and Family Welfare, Government of India, approves state program implementation plans (PIPs) under the National Health Mission (NHM) every year, and the state PIP for 2023–24 has also been approved. While approving the PIPs, states have been assigned mutually agreed goals and targets, and they are expected to achieve them, adhere to key conditionalities, and implement the road map provided in each of the sections of the approved PIP document. Though states have been implementing the approved PIPs since the launch of NHM, there is hardly any mechanism in place to know how far these PIPs have been implemented. However, from 2013–14, the Ministry decided to continuously monitor the implementation of State PIP and roped in Population Research Centres (PRCs) to undertake this monitoring exercise. Our team in PRC Srinagar undertook this exercise in the district of Ganderbal during the month of June.

### **2.1 Objectives**

The objective of this monitoring exercise is to examine whether district Ganderbal in Union Territory of Jammu and Kashmir is adhering to key conditions while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented, as well as to what extent the Road Map for priority action and various commitments are adhered to by the district.

### **2.2 Methodology and Data Collection**

The methodology for monitoring state PIP has been worked out by the MOHFW in consultation with PRCs in workshop organized by the Ministry at NIHFWS on 12-14 August, 2013. On the recommendations of the NHSRC, the Ministry decided to include information from the local AWCs, schools, and also the opinions of the community leaders. The NHSRC 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 2023–24, this PRC has been asked to cover 18 districts in the Union Territory (UT) of Jammu and Kashmir. The present study pertains to the district of Ganderbal. A schedule of visit was made by the PRC, and two officials consisting of one Assistant Professor and one Research fellow visited Ganderbal District and collected information from the Office of Chief Medical Officer (CMO), District Hospital (DH), CHC Kangan, PHC Gund and Health and Wellness Centre (HWC) Cherwen. We also interviewed some IPD and OPD patients who had come to avail the different services at various health facilities during our visit. A community interaction was also held at the PHC and HWC levels

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 as mentioned in the roadmap.

### **3. UNION TERRITORY AND DISTRICT PROFILE**

The UT of Jammu and Kashmir, which is situated in the extreme north of India, occupies a position of strategic importance with its borders touching the neighboring country of Pakistan. The total geographical area of the UT is 42241 square kilometers and the UT presently comprises of 20 districts. According to the 2011 Census, Jammu and Kashmir had a population of 12.30 million, accounting for roughly one percent of the total population of the country. The sex ratio of the population (number of females per 1,000 males) in the UT according to 2011 census was 872, which is much lower than that for the country (940). Twenty-seven percent of the total population lives in urban areas, which is almost the same at the national level. Overall, Tribe (ST) populations account for 11 percent of the total population of the UT. As per the 2011 census, the literacy rate among the population aged 7 and above was 69 percent, compared to 74 percent at the national level. The population density of Jammu and Kashmir is 56 people per square kilometer. The crude birth rate of Jammu and Kashmir is continuously declining, and as per the latest estimates of the Sample Registration System (SRS), the UT has a CBR of 15.4 per thousand population, a CDR of 4.9, and an IMR of 22 per thousand live births.

As per the recently concluded National Family Health Survey-5 (NFHS-5) data, the UT has improved most of the critical indicators related to health. The infant mortality rate (IMR) has come down to 16 as compared to 32 during the National Family Health Survey-4 (NFHS-4). Similarly, there is a decline (as per NFHS-5) in the 5-year mortality rate as compared to NFHS-4 results, which has come down to 19 from 38. Further, the data shows that the neonatal mortality rate has come down to 10 as compared to 23 during NFHS-4. The use of any family planning method has also gone up from 57 percent (during NFHS-4) to 60 percent (during NFHS-5). Similarly, the total unmet need for family planning in the UT has decreased from 12 percent to 8 percent. The percentage of institutional deliveries has gone up to 92 percent from 86 percent compared to NFHS-4. Similarly, the percentage of fully immunized children has gone up to 86 percent during NFHS-5 compared to 86 percent during NFHS-4.

### **3.1 Profile of District Ganderbal**

Ganderbal is located at 34.23°N, 74.78°E. It has an average elevation of 1,619 meters (5,312 feet). Geographically, the district occupies the 13<sup>th</sup> position in terms of area and the 17<sup>th</sup> position in terms of population in the Union territory. The total population as per the 2011 census was 2.97 lakh, and the estimated population in 2021–22 was 3,16,769. It is bordering by Srinagar district in the south, Bandipora in the north, Kargil district of Ladakh UT in the northeast, and Anantnag in the southeast. It is divided into three blocks: Ganderbal, Kangan, and Lar. The district has 15 percent Schedule Tribe (ST) population, and the average literacy rate is about 60 percent. In terms of the sex ratio, the district was counted among the low sex ratio districts in Jammu and Kashmir, with only 866 per 1000 males compared to the 2011 census, and the child sex ratio is 1282 girls per 1000 boys. According to the estimates of NFHS-5, in district Ganderbal, 23 percent of the births are of order three or more births. It was also found that 40 percent of pregnant women were deprived of receiving any IFA tablets, less than one-fourth (23%) had received 100 or more IFA tablets, and only 13 percent had received 180 or more IFA tablets during the months of pregnancy. It is good to say that out of the total institutional deliveries, 95 percent were performed in public health facilities, three percent were performed in private health facilities, and two percent were home deliveries. Further, it was found that 47 percent of deliveries were performed through C-Section.

## **4. HEALTH INFRASTRUCTURE**

The health services in the public sector are delivered through a network of various levels of health facilities (excluding tertiary and private hospitals) in 3 medical blocks, which include, 1 DH, 1 CHC, 32 PHCs (that include 15 PHCs, 15 NTPHCs, and 2 MMCs), and 60 SCs, and MACs. The district has converted 32 PHCs and 58 SCs into HWCs during the past three years. Ganderbal district has also established one DEIC under RBSK, one NCDC clinic, an AFHC, and an SNCU at the DH. The district has recently established a sanctioned blood bank at DH, and a blood storage unit at CHC Kangan has also been established. Besides these health facilities, the district also has one NCD clinic functional at CHC Kangan. Comprehensive first and second-trimester abortion services are provided by various health facilities in the district.

## **5. DISTRICT HEALTH ACTION PLAN (DHAP)**

DHAP is a principle instrument for planning, implementing, evaluating, and monitoring the health sector in the district. Normally, DHAPs were framed for one year only, but for the first time, the

current DHAP has been formulated for two years (2022-2023 and 2023-2024). The DHAP is mainly prepared on the basis of the previous year's performance and achievements of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Overall, a total of 8–10 percent increase is being made for the previous year's indicators in terms of allocation for deliveries, like: JSSK, JSY, and other relevant indicators. The CMO office has prepared the budget sheet for 2023–24 for the whole district, and the first installment of funds was directly released into the account of BMO through the Single Nodal Account (SNA). The district has received the approved DHAP for the years 2022–2024.

## **6. STATUS OF HUMAN RESOURCE**

There are two categories of human resource in the health department: regular staff and NHM staff. The selection of regular staff is based on a centralized mechanism at the state level, while the selection of NHM staff is made through a centralized mechanism as well as at the district level. It was found from the CMO/DPMU office that from the regular side, the UT administration has last year sanctioned various specialist positions of doctors and other paramedical staff for the DH as earlier, there was no sanctioned post for pathologist, dermatologist, AYUSH MO, or dental surgeon for the DH, while as in case of other specialists, like pediatrician, anesthetist, physician, ophthalmologist, and orthopedic, there was a single vacancy for each. All these sanctioned have not yet been filled as the process for the same has been initiated by different recruitment agencies in the UT. At present, there is no radiologist in the district. In the case of paramedical staff, there was a deficiency of 50 percent among dental technicians, three-fourths among radiographers, and more than 50 percent among lab technicians.

In the case of NHM manpower, other than MOs and AYUSH MOs, there was no approved position of specialist, while out of 20 approved positions, 18 are in position, and all approved positions of AYUSH MOs were found in position. In DH Ganderbal, the maximum number of positions for different specialists was found available there, while there is no radiologist, pathologist, dermatologist, or ENT. In CHC Kangan, there was one physician, two O&G, one pediatrician, two anesthetists, and two dentists. In PHC Gund, three MOs, one consultant, two staff Nurses, one lab technician, two pharmacists (one regular and one NHM), and other support staff was in-position. In SC/HWC Cherwen, there was one ANM, and an MLHP/CHO posted.

## **6.1 Recruitment of various posts**

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 the State Public Service Commission, and the positions of paramedical and other staff are recruited by the State Services Recruitment Board (SSRB). Thus, district authorities do not have any role in the recruitment of any regular staff, and no information was found available with the district in this regard. Similarly, recruitment of various positions under NHM is also being done at two levels: all the higher-level positions are filled by the office of the Mission Director (DM) at the central level, while some lower-level positions are recruited by the District Health Society (DHS) under the chairmanship of the concerned District Magistrate (DM). The system for recruitment of NHM staff is transparent, as the list of appointed staff is published in the electronic and print media for any grievances.

## **6.2. Trainings**

A variety of trainings programmes for various categories of health staff were being organized under NHM at the national, State, divisional, and District levels. The information collected from the CMO office shows that 11 training programs were conducted during 2022–23 that include DAKSHTA training, NSSK training of MOs, Training for post abortion family planning for PRIs, training for ANMs, ASHA, MPW, etc. During 2023–24, no training program was organized until June 2023.

## **7. STATUS OF SERVICE DELIVERY**

The district has implemented the free drug for various sections of the society, but it was found that it is not being implemented by all the health facilities that we visited during our monitoring exercise. It was found at DH, CHC Kangan, and PHC Gund, despite having the availability of all the essential drugs, the drugs were not being provided to the patients (the same of observed by our team during the full day stay at the respective health facilities). Further, in DH Ganderbal, we made an interaction with the patients regarding the free distribution of essential drugs, and all of them replied that "they have not received any type of free drug from the facility, including the pregnant women for which free drugs are mandatory under JSSK scheme" In CHC Kangan, on the day of our visit, we also checked the OPD register of the gynaecological department. It was found that, 65 patients had taken the OPD consultation, and only 7 patients were given free drug under JSSK, though the Medical Superintendent agreed with the fact that all drugs under JSSK were available in

the CHC. In PHC Gund, all drugs were found available in the drug store, but not a single patient had received the free drug, and they had not maintained the daily consumption register records of the essential drugs. It was found in the drug store that the majority of drugs were close to the expiry date and some drugs had already expired just one or two months before. The visiting team interacted with the patients, and they all replied that they purchase all the drugs from the market.

Furthermore, it was found that the free diagnostic policy was implemented for only JSSK patients, while for other patients' this policy was not implemented, and some amount for different types of diagnostic tests were charged. In DH Ganderbal and PHC Gund, most of the tests were conducted in-house, while in case of CHC Kangan, some patients were advised by the doctors to conduct the diagnostic tests in private labs, though facilities for these tests was found available in the CHC. The visiting team also verified these cases physically.

As far as the delivery points are taken into account, it was found that except for SC/HWC Cherwin, all other visited health facilities, including DH Ganderbal, CHC Kangan, and PHC Gund, were conducting normal deliveries, and DH and CHC were also conducting C-section deliveries. During the last three months (April to June), PHC Gund has performed 11 normal deliveries. During the last month, out of the total of 66 deliveries conducted in DH, more than half were performed through C-section. Similar is the case with CHC-Kangan, despite having the selected days for planned C-section deliveries, the proportion of C-sections is higher than the normal delivery. In the month of May, 2023 out of 75 deliveries conducted at this facility, more than one-third were C-section deliveries, which were performed only on two selected days of the week. In case of PHC Gund, a good initiative has been taken by converting this facility into delivery point and in this regard, required staff has been placed for the services.

JSSK was launched to reduce out-of-pocket expenditures for the families of pregnant women and sick newborns. During our visit to different type of public health facilities, it was reported by all the pregnant women that those who had delivered a baby on the day of our visit, had availed the *JSSK listed benefits for safe delivery*. Most of the attendants of PW also revealed that they *hired private transport to reach the hospital*. The protocols regarding the discharging of patients after delivery are not followed at all, thus putting both the mother and the new-born at risk by discharging them from the health facilities before the due time as per the guidelines.

The Government of India has adapted Respectful Maternity Care under LaQshya to provide dignified care to pregnant women while in the health facility. Respectful Maternity Care (RMC) has a number of components that include (i) Being free from harm and mistreatment, (ii) Maintaining privacy and confidentiality, (iii) Preserving women's dignity, (iv) Prospective provision of information and seeking informed consent, and (v) Ensuring continuous access to family and community support. During our visit to the selected health facilities in district, in DH Ganderbal, it was found that good care is being taken of women during their delivery with regard to RMC. There is enough privacy, safety of both the mother and her baby and other practices in place with regard to RMC while as in CHC Kangan, the privacy of maternity ward was not found at all in place as all the IP patients irrespective of their gender and type of surgery were put in the same ward.

Comprehensive abortion care (CAC) is an integral component of maternal health interventions as part of the NHM. Abortion is a cross cutting issue requiring interaction with not just girls and women but across all age groups. In district Ganderbal, there are two comprehensive abortion centres and both provide 1<sup>st</sup> and 2<sup>nd</sup> trimester services.

## **8. CLINICAL ESTABLISHMENT ACT**

Under the Clinical Establishment Act, clinics and nursing homes get registration and licensing, which is strictly in the district, both at public as well as private institutions and clinics. Under this act, a total of 21 facilities including 11 government and 10 private ultrasound facilities were registered in the district. The district has constituted a team under the supervision of the district health officer (DHO), which makes surprise checks at private USG clinics.

## **9. SERVICES UNDER NHM**

### **9.1. Dialysis Services**

The Dialysis unit was established at the DH on June 29, 2021, and has been made functional. Since its establishment, 1533 patients have received dialysis services. The dialysis centre has five functional beds with internal adjustment staff to run the centre smoothly. During the current year, 2023–24, 227 patients have availed the dialysis services. Due to a shortage of staff, the dialysis service functions for only one session a day. The Dialysis Centre has not yet been given any staff from the NHM side, but the Centre is being run on an internal arrangement basis with the available

human resources of different units of the hospital. All the necessary equipment at the dialysis centre were found to be functional.

### **9.2. Rashtriya Bal Swasthya Karyakram (RBSK)**

In 2014, the RBSK was implemented in Ganderbal district. Also, the District Early Intervention Centre (DEIC) has been established in DH Ganderbal. Most of the staff sanctioned under the scheme, both for the field teams and DEIC, was found in position. In the district, there are six sanctioned RBSK teams, with two teams in each medical block, and five teams have full sanctioned human resources. For each RBSK team, one vehicle is allotted, with a total of six vehicles running on the road. In one medical block, namely Wakura, RBSK has not sanctioned the team. On average, only 32 children were screened per day by each team against the given guidelines of 100 children per day. Overall, a total of 898 children born at the delivery points were screened by RBSK teams during the past one year. The monitoring mechanism of RBSK was found to be completely missing at all levels.

### **9.3. Special New-born Care Unit (SNCU)/New-born Stabilization Unit (NBSU)/NBCC**

The SNCU has been established in the DH Ganderbal and has a bed capacity of 10 beds and 10 radiant warmers, but there is no step down care or Kangaroo Mother Care (KMC) unit. During 2022–23, a total of 221 in-born and 59 out-born were admitted to the SNCU. Out of them, 78 percent of in-born and 72 percent of out-born were discharged after getting proper treatment. Also, 18 percent of in-born and 19 percent of out-born were referred for advanced treatment to children hospital at Srinagar. Further, four in-born deaths were reported in the hospital from the SNCU. In the SNCU, there was not any child specialist, and the SNCU was virtually converted into an OPD ward, while all the new-born babies were shifted for weight measurement and 1<sup>st</sup> vitamin K dose. In CHC Kangan, there is an approved NBSU with the requisite staff and equipment, but for unknown reasons it was not functional in the CHC and instead, the approved staff was used in some other section of the CHC.

### **9.4. Home-Based New-born Care(HBNC)**

As revealed by the DPMU office that there was not any HBNC kit available in the district. In the district 3240 new-born were visited under HBNC and also there was not any drug kit available with the ASHA. ASHA coordinator has revealed that in the first instant, 125 HBNC kits were distributed among ASHAs, but all these kits were found without thermometer and salter scale. Besides, there



was a shortfall of 57 percent HBNC Kits in the district. It was revealed by the community members, that ASHAs were not conducting HBNC visits as per the given guidelines. Majority of the ASHAs were found illiterate.

#### **9.5. Maternal and Infant Death Review**

During the current year, no maternal or infant death review has taken place, while in the previous year, one maternal death was reviewed by the competent authority in the district. Further, it was also found that in all the visited health facilities, the data was not maintained regarding maternal and child deaths.

### **10. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT**

The district doesn't have any MMUs. However, in terms of referral transport, the district has 12 vehicles on the road that are GPS fitted and handled through a centralized call centre through toll-free 102 and 108. On average, each ambulance makes at least one trip per day and travels an average distance of 60 km in a day. The district has 6 (1 ALS+5 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and are operational on 24X7 basis. The average number of calls received for these ambulances varies from 2 to 3 calls per day. Ambulances with ALS get four trips per day, while ambulances with BLS get two trips, and the average distance traveled by each is 120 km per day. Though toll-free 102 and 108 has been started for the district, but no additional vehicle in this regard has been so far provided to the district, and as such, the vehicles used in the district were found insufficient, and at times the district needs to outsource hiring the vehicles, especially for JSSK.

### **11. COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)**

National Health Policy 2017 envisages the establishment of a Health and Wellness Centre (HWC) to provide comprehensive primary health care that is universal, free, and closer to the community. The provision of comprehensive primary health care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. In this background, a large number of SHS/SC and PHC level health facilities have been converted into HWCs and have initiated the screening for NCDs in the first phase. In this background, a total of 35 SHC-HWCs, and PHC-HWCs have started NCD screening at their facilities in the district and have enumerated about 45,600 individuals during the past six months, and their CBAC forms have been filled out as per the

target. Further, the information collected shows that the district has achieved its 100 percent target in screening the planned individuals for various types of NCDs, which include hypertension, diabetes, oral cancer, breast cancer, and cervical cancer. All the established HWCs are providing teleconsultation services and organizing some wellness activities in the district.

### **11.1. Universal Health Screening (UHS)**

The district is actively involved in universal health screening and under universal health screening, the district has identified a target population of 109891 eligible people, and 109891 Community-Based Assessment Checklists (CBACs) have been filled. Also, 109891, patients have been screened for hypertension, diabetes, and oral cancer. Out of these, 10 percent were found hypertensive, and 9 percent were found diabetic. Furthermore, around 50 thousand people were screened for breast cancer and cervical cancer, and out of these seven patients were confirmed with breast cancer.

In DH Ganderbal during the last six months, 1042 patients were screened for various types of NCD diseases that include hypertension, diabetes, oral cancer, and breast cancer, and out of them, 24 percent were found hypertensive and 13 percent had diabetes, while in the case of oral and breast cancer, no case was detected. In PHC Gund, during the last six months, 2773 patients were screened for hypertension, and 356 for diabetes, and out of these, five cases of hypertension and three for diabetes were confirmed. In CHC- Kangan, 3,002 patients were screened, and 122 were hypertensive and 19 were detected as diabetic, while for cervical cancer, 1238 were screened. In HWC/SC Cherwin, 750 patients were screened for diabetic and hypertension during the same time.

## **12. GRIEVANCERE DRESSAL**

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 but these boxes are not opened on a regular basis. But it was revealed by the concerned officials of the visited health facilities that all the complaints have been solved in the stipulated time frame. But it was found that the complaint boxes are not visible, and as a result, people have less information about these complaint boxes.

## **13. PAYMENT STATUS**

The information collected from the CMO office, shows that during 2022–23, a total of 22.34 lakhs were received under maternal health, 4.74 lakhs for JSY, 17.60 lakhs for JSSK, 4.43 lakhs for PMSMA, 66 thousand for family planning, 42 thousand for nutrition, and 1.50 lakhs for free drugs.

The district has utilized all the budget received for 2022–23. The DH Ganderbal received an amount of Rs. 30862795.10 during 2022–23 and utilized an amount of Rs. 3059699.80. The CHC Kangan has received an amount of Rs. 63.23 lakhs, and the entire amount was utilized by it. PHC Gund received an amount of Rs. 37,500 under untied funds and all the amount was utilized by them.

#### **14. COMMUNICABLE DISEASES PROGRAMME**

The district has been covered under the Integrated Disease Surveillance Programme (IDSP), and the Rapid Response Team (RRT) has been constituted under the supervision of the District Health Officer (DHO) in the district. There have been no major outbreaks in the district during the current or previous financial years. During 2022–23, four outbreaks were investigated, and in the current year, one outbreak was investigated. National Vector Borne Diseases Control Program (NVBDCP) has not been implemented in the district while, National Leprosy Eradication Program (NLEP) has been implemented. No new case of leprosy was detected in the district since last one year. The MDT is available in the district without any interruption, and MCR footwear and a self-care kit were also available. In the district, there was no treatment site or model treatment centre available for viral hepatitis. Under the National Tobacco Control Program, meetings with DC, Educational Department were conducted.

The information collected shows that up to 24X7 PHC level, all the health facilities have a designated Microscopy Centre (DMC) and most of these facilities (DH, CHC, and PHC) have taken an average of about three percent from the OPD for microscopy tests during the last six months for TB. The drugs for TB patients were found available at DH and CHC, while the PHC in charge reported that the drugs for TB patients are being provided at the block level by the concerned BMOs.

#### **15. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)**

In district Ganderbal as whole there was a requirement of 334 ASHAs, but as on date only 320 (95%) were in position with the vacancy of 5 percent. In the district not a single ASHA covers 1500 or more population for rural and 3000 or more population in urban areas. The information further reveals that there is no village without an ASHA in the district. Large number of ASHAs have been brought under various social benefits schemes in the district. Overall, a total of 254 (79%) ASHAs have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), and 277 (87%) ASHAs have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY). None of the ASHA

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

## **16. IMMUNIZATION**

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH, CHC, and PHC only. It was found from records of DH Ganderbal that during the last three months (March–May), 216 newborns were immunized with the first birth dose (BCG, OPV0, and Vitamin-K dose), while in the CHC, 251 newborns were given the birth dose during the same period. In district Ganderbal, there are cold chain mechanics for the maintenance of Cold Chain machines and paramedics are trained in cold chain handling. In VHNDs, outreach sessions are used to improve Pentavalent-1 booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. AEFI committees and Rapid Response Team have been established in the district. The information collected from the selected health facilities shows that all the facilities, including SCs, have hub cutters but vaccine is not usually stored at SCs. Awareness among ANMs regarding the immunization schedule and vial open policy was found satisfactory both at the HWC and PHC level. In PHC Gund, 11 new-born children were given the birth doses immediately after the delivery. It was observed both at DH and CHC that the practice of early initiation of breastfeeding (within the first hour of delivery) is not followed for C-section delivery patients. In CHC-Kangan, majority of women who delivered a child in the facility had knowledge regarding breast feeding practices.

## **17. FAMILY PLANNING**

There is no provision for home delivery of contraceptives to beneficiaries in the district. Information regarding various methods of family planning is also provided through VHND sessions at HWC level. Spacing methods like condoms and oral pills are available at all levels in the district. Besides, at PHC Gund, both the DH and CHC have trained personnel for providing IUCD/PPIUCD. In the month of April, 2023, five women in DH and seven in CHC-Kangan got female sterilization, and both facilities had trained service providers available the same.

## **18. ADOLESCENT FRIENDLY HEALTH CLINIC (AFHC)**

The AFHC at DH Ganderbal was established during 2009–10, and presently the clinic is functioning properly. A female AFHC counsellor and the DEO are in-position in the clinic. The clinic doesn't have a separate counsellor for males. 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.

## **19. QUALITY ASSURANCE**

As per the information, the 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, diagnosis, drugs, etc. DH Ganderbal has for initiated Kayakalp, NQAS, and LaQshya. In Kayakalp, the DH scored 75.29 percent, while it is national LaQshya certified and scored 75 percent, which is based on certain conditions. While the CHC Kangan initiated for the internal assessment of Kayakalp and scored 75 percent points. PHC Gund has also initiated for Kayakalp and NQAS.

## **20. QUALITY IN HEALTH SERVICES**

### **20.1. Biomedical Waste Management**

In all the health facilities visited, the segregation of biomedical waste was found satisfactory. Also, dustbins with different colors were installed in every facility. All the dustbins are covered with polythene bags. The awareness amongst the staff was found satisfactory, and the practice of segregation was being done properly at the DH and CHC. Bio-medical waste at DH, CHC, and PHC has been outsourced and regularly lifted by the concerned agency. The cleanliness in the facilities is up to the mark. In all the visited health facilities all the biomedical waste is managed by the outsourced agency, "Kashmir Health Care System Pulwama".

### **20.2. Information Education and Communication (IEC)**

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

## **21. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) AND RCH**

### **21.1. Health Management Information System (HMIS)**

The UT of Jammu and Kashmir took an early lead in the facility reporting of HMIS and also shifted to the new portal modified by the MoHFW. Data reporting is regular. Though the data quality in the district has improved to a great extent, there is still a lot of scope for improvement in all the facilities, particularly at DH in the district. The CMO/DPMU has issued an order to all health facilities regarding the uploading of information on HMIS portal with all new variable included in it, and all have been asked to maintain the registers to record information on all the new variables that have been included in the HMIS formats recently. Except for HWC Cherwen, no other health facility has maintained the register for new variables. In all the visited health facilities, it was found that they have not started to capture the data on new variables introduced in the new HMIS formats from April 2023. Also no training was given to the health officials regarding the data capturing on new variables.

### **21.2 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 is uploaded by all the facilities on regular basis as every health facility has been provided with a tablet to ensure timely updation of data on all the indicators.

## **22. STATUS OF FUNDS RECEIVED AND UTILIZED**

The information collected from the CMO of office, shows that during 2022-23, a total of 22.34 lakhs were received under maternal health, 4.74 lakh for JSY, 17.60 lakhs for JSSK, 4.43 lakhs for PMSMA, 66 thousand for family planning, 42 thousand for nutrition and 1.50 for free drug. The district has utilized all the received budget of 2022-23. The DH Ganderbal had received an amount of 30862795.10 during 2022-23 and same amount utilized. The CHC Kangan has received an amount of 63.23 lakhs and the entire amount is utilized by it. PHC Gund has received Rs 37,500 and all the amount is utilized by the facility.

## 23. FACILITY-WISE BRIEF

**23.1 District Hospital Ganderbal** is situated in the center of the town and is housed in a new building. The first referral point for DH is a multi-specialty hospital (SK Institute of Medical Science, Soura), which is at a distance of 8 Kms. The total bed capacity of DH is 200 beds. Almost all the necessary services, which include general medicine, O&G, paediatrics, surgery, anaesthesiology, ophthalmology, dental, imaging services, DEIC, SNCU, labour room complex, ICU, dialysis unit, NCD clinic, mental health unit, and emergency care, were found available at the hospital. There is a functional Blood Bank and lab with skilled technicians. The blood is given to only JSSK patients for free. The hospital is getting 24X7 electricity and water supply. There is no pathologist or radiologist in the DH. The DH has initiated for Kayakalp, NQAS, and LaQshya, and in Kayakalp it scored 75.29 percent points, in LaQshya 75 percent points, but LaQshya score is on certain pre-determined conditions. There is a list of only 67 essential drugs, and the maximum number of drugs were found available at the facility. Also, all essential consumables were found in sufficient quantity at the facility. Almost all the blood investigations, imaging services (except CT-Scan) are conducted at DH. None of the equipment was found non-functional or had any shortage on the day of our visit. During 2022–23, a total of 89,247 investigations were performed in the general lab of the hospital.

Under NHM, the DH has a functional District Early Intervention Center (DEIC), a SNCU, NCD Clinic, a mental health unit under the National Mental Health Programme, an Adolescent Friendly Health and Clinic (AFHC). The DH has also established one Dialysis center, but the Staff under NHM has not yet been engaged for the same, and the centre is being run on internal arrangement basis. Besides, Jan Aushadhya, Hospital has a huge drug store and remains open for services from 10 a.m. to 4 p.m. only. The supply of drugs was reported to be sufficient, and the Essential Drug List is displayed in the store and at the entrance as well. All the essential drugs, including those required during labour or delivery, and essential obstetric and emergency obstetric care, were also found available at the facility under JSSK. During the last three months, 216 newborns were immunized with the first birth dose, and five sterilizations were performed in the month of June. The cleanliness of the facility was found satisfactory. The citizen's chart, timings of the facility, and list of services available are displayed properly. A complaint box is available. Most complaints are reported verbally and solved on the spot. Color-coded waste bins (blue and yellow) are available in each section of the DH for waste segregation. The DH has outsourced the disposal of biomedical waste, which is collected on a daily basis. **Key Challenge:** *The infrastructure for the DH is yet incomplete as most of the blocks*

*including staff quarters are still under construction thus have space problem for smooth running of various services at the facility. DH is still functioning with the sanctioned strength of the CHC as none of the appointments have been made as per the DH status though posts have been recently approved for this DH by the UT administration and the process of filling them has been initiated by the UT administration.*

**23.2. Community Health Centre (CHC) Kangan** is situated at the extreme of the district Ganderbal and is bordering with the UT of Ladakh and is housed in an old building and is having 24X7 facility of running water facility and electric supply. The facility is having ramp for disability friendly, clean functional toilets both males and females, OPD wait hall ASHA rest room etc. It has 30 beds and provides different types of services to the patients that include general medicine, O&G, pediatric, general surgery, anesthesiology, ophthalmology, dental, X-Ray, USG etc. It has two operation theaters, but no blood storage unit was found there. There are 16 MOs, one medicine specialist, one O&G, one pediatrician, two anesthetists, two dentists, two SNs/GNMs, two LTs, two pharmacists, and one dental assistant in-position. The facility has initiated for Kayakalp and scored 75 percent points in internal assessment, while NQAS and LaQshya has not yet been initiated. The distribution of free drugs in the facility was not found satisfactory. All the basic tests are conducted in facility including X-Ray and USG. Other than JSSK patients, all other patients had to pay minimal amount for different types of investigations. The facility is designated as FRU. During the month of June 2023, 49 normal deliveries and 26 C-section deliveries were performed in the facility. The condition of labour room, and maternity ward was not found satisfactory. Under JSSK entitlement, majority of services were provided free that include free delivery services, free diet, free drug and consumables, free diagnostic, free blood, free referral transport etc. In case of JSY payments, till March 2023, all the payments have been cleared. Under PMSMA, ANC services are provided on 9<sup>th</sup> of every month. The line listing register was maintained in the hospital. During last three months 251 new born were immunized, and seven sterilizations were performed in the hospital. **Challenges** *The road to CHC is very narrow and needs widening. The facility has very limited space for OPD, registration. The facility has blocked washrooms due to a defunct sewage system and needs immediate attention. In the CHC, there is single surgical ward for both general surgery patients and gynaecological patients and there is no privacy that violates the authenticity of RMC.*



**23.3 Primary Health Centre (PHC) Gund** is at a distance of 45 Kms from district headquarter and 10 Kms away from world known tourist destination Sonamarg. It is housed in a double storey concrete building with 10 functional beds and branding under HWC has been done. It's first referral point is CHC-Kangan which is 25 Kms away from it. There was the availability of all basic facilities that include 24X7 running water, disability friendly ramp, separate toilets for both male and females, drinking water facility, OPD waiting hall, drug store, power backup, etc. The PHC is giving a number of services to the catchment area that include OPD, IPD, ANC immunization, X-Ray, dental, lab investigation, delivery service during day time and tele-consultation. There was proper mechanism for disposing the biomedical waste.

The availability of human resource in the PHC includes, three MBBS MOs, one AYUSH MO, two SNs, three ANMs, one LT, one pharmacist and seven other paramedical staff members. For Kayakalp, PHC has initiated the process. There was list of 72 essential drugs available, but due to the non-distribution of these drugs to the patients, these drugs were found near expire or some have already expired. Also there was availability sufficient quantity of essential consumables and rapid testing kits. The condition of the labour room was good and during last three months 11 normal deliveries were performed there, and all the 11 newborns were given the first birth dose of immunization and were breast feed within one hour. During the month May, four sterilizations were performed and ANMs were counselling for family planning. During last six months, 2773 patients were screened for hypertension, 356 diabetes and 31 for oral cancer.

PHC was designated as Designated Microscopic Centre (DMC) and during last six months 198 samples were taken for investigation and no case was detected. There was the availability of anti TB drugs. On the HMIS portal data has been updated up to April 2023. **Achievements:** *During last three month PHC has started to conduct normal deliveries, and 11 normal deliveries were performed in the facility. In the PHC, USG procedure has been started there and also a digital X-ray facility was available. In the PHC all the medical record was digitalised there through E-SAHAJ.*

**23.4: HWC Cherwen:** It is just 6 Kms from CHC Kangan on the road side of Srinagar Leh national highway. It is house in one storey small building with only two small rooms and a wash room. The HWC has 24X7 running water, drinking water and one small toilet. The branding of the facility has done. In the SC/HWC, there was one ANM, one MLHP and have five ASHAs attached. Out of 23 essential drugs, 20 drugs were found available on the day of our visit. Digital BP instrument,

thermometer, contraceptives and glucometer were found available at the HWC. The line-listing register was available there and high risk women were identified. Vaccine hub cutters was also available at the facility. The utilization of temporary methods of family planning services was found satisfactory. In the HWC there are 7565 individuals above the age 30 years and during last six months, 750 CBAC forms were filled. Overall, 750 individuals were screened for hypertension, and diabetes at this facility during the last 6 months at this facility. For the last six months, 10 individuals are taking medicine for hypertension and one for diabetes from this facility.

**23.5: Community/PRIs:** In district Ganderbal as a whole, there are limited number of private hospitals and private health clinics, and also a good share of tribal population, as a result they avail maximum health care services from the public health facilities. It was found from the various community interactions that they had a good knowledge of their respective health centre in their respective localities. In PHC some locals revealed that doctors are giving their best, but medicines are not provided. In CHC Kangan, community members reported that doctors advise them to conduct various tests at private labs though such facility is available at CHC. Community members expressed that HWC provides health care services for minor ailments, ANC services, immunization of children and NCD services in their area but they mentioned that very few essential drugs and diagnostics are being provided at these facilities. Community members in SC-HWC area were extremely unhappy for moving out the MLHP time and again. Overall, the community was found to be partly satisfied with the working, knowledge, training and supervision support of ASHAs. For almost all the health related issues, people prefer to go to higher level facilities for better treatment. Community was not satisfied with the working of RBSK field teams. They were of the view that HWCs should be strengthened and more equipment for lab and drugs should be kept at their disposal so that they can serve in a better way to community. **Key challenge:** *Need manpower to health facilities as per the requirement and workload, Implementation of free drug policy for all, Intensify NCD screening by HWCs through camps at various places in their respective areas, need to create strong coordination with various other likeminded departments for better coverage of various health and wellness issues of the population at the village level.*

## 24 RECOMMENDATIONS AND ACTION POINTS

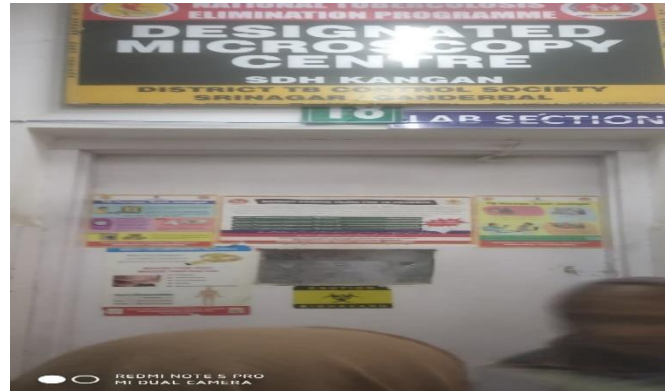
There is a visible improvement in the district by the implementation of different components of NHM but still there are some issues in running various schemes under the programme more efficiently. Based on the monitoring exercise in Ganderbal, following are the recommendations and action points for further improvement:

- ✚ *Though there are some deficiencies in availability of human resource at higher level health facilities, but lack of commitment to work by few hampers the quality of services at some facilities. Though the UT administration has taken various steps to make everyone answerable but still at the local level, the district administration need to enforce strict mechanism of monitoring and supervision to get optimal results and fix responsibility for to each official. Performance of RBSK teams, NCD Clinics and HWCs need to be reviewed on priority.*
- ✚ *In order to avoid prescription of unnecessary drugs and diagnostics by the doctors at higher level health facilities and to ensure the prescription of generic drugs, it is suggested to enforce strict prescription audit of drugs and diagnostics at all the health facilities.*
- ✚ *Since there are some gaps in timely supply of drugs and equipment to various health facilities from JKMSCL and in this regard, it is suggested to strengthen the supply chain of drugs and equipment from the concerned agencies to various health facilities so that the gaps with regard to deficiency of equipment and drugs can be filled for uninterrupted services to public.*
- ✚ *The orientation of ASHAs with regard to filling-up of CBAC forms and HBNC services was found to be weak. Since ASHAs have limited educational qualification, therefore, it is very important to keep them abreast of the latest programmes and the work they are supposed to perform. In this regard, it is suggested to arrange regular orientation/training programmes for them by qualified trainers. Further, it is also suggested to monitor their work very efficiently by the higher authorities and encourage them by having regular interaction with them.*
- ✚ *Though there are proper procedures and guidelines given regarding JSSK, but it was found that JSSK in the district Ganderbal, is not fully implemented for various components. There is a need to constitute a team of some external agency to audit the performance of various components of JSSK.*
- ✚ *Though, the district has functional 102 and 108 toll free number under centralized system of transportation, but have limited numbers of vehicles for referral transport for JSSK and other referral patients. Therefore, this supports the need for operationalization of fully functional patient transport system with enough number of ambulances so that pregnant women and emergency patients can avail transport facilities when in need.*

## PHOTO GRAPHS



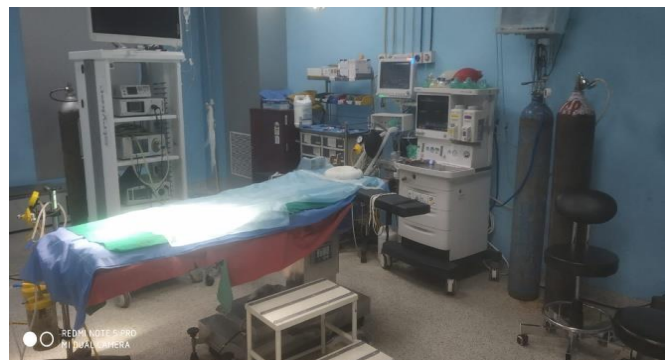
Mixed Surgical Ward of CHC Kangan



Designated Microscopic Centre SDH Kangan



Branded PHC Gund Kangan



OT at CHC Kangan



Operation Theater of DH Ganderbal



SNCU DH of Ganderbal



New DH Building at Ganderbal



Cleanliness of DH Ganderbal