MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION PLAN 2021-22: JAMMU & KASHMIR

(A Case Study of Ganderbal District)



Submitted to
Ministry of Health and Family Welfare
Government of India
New Delhi-110008

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SRINAGAR-190 006

September, 2021

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LIST OF ABBREVIATIONS

AD	Allopathic Dispensary
AEFI	Adverse Effect of Immunization
ALS	Advanced Life Support System
AMC	Annual Maintenance Contract
AMG	Annual Maintenance Grant
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ANMT	Auxiliary Nursing Midwifery Training
ASHA	Accredited Social Health Activist
ARSH	Adolescent Reproductive & Sexual Health
AWC	Anganwadi Centre
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Sidha & Homeopathy
BeMOC	Basic Emergency Obstetric Care
BHE	Block Health Educator
BHW	Block Health Worker
BLS	Basic Life-support System
BMO	Block Medical Officer
BPL	Below Poverty Line
BPMU	Block Programme Management Unit
CAC	Comprehensive Abortion Care
CCU	Critical Care Unit
CBC	Complete Blood Count
CeMOC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
CHE	Community Health Educator
CHO	Community Health Officer
CMO	Chief Medical Officer
C-section/CS	Caesarean Section
DEIC	District Early Intervention Centre
DEO	Data Entry Operator
DDO	District Data Officer
DH	District Hospital
DHO	District Health Officer
DOTS	Directly Observed Treatment Strategy
DPMU	District Programme Management Unit
DTO	District Tuberculosis Officer
ECG	Electro Cardio Gram
ECP	Emergency Contraceptive Pill
EDL	Essential Drug List
ENT	Ears, Nose and Throat
FBNC	Facility Based New-born Care

FMPHW	Female Multi-Purpose Health Worker
FRU	First Referral Unit
GNM	General Nursing and Midwife
HBNC	Home Based New Born Care
HDF	Hospital Development Fund
HFDs	High Focus Districts
HFWTC	Health & Family Welfare Training Centres
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HR	Human Resource
ICDS	Integrated Child Development Scheme
IDSP	Integrated Disease Surveillance program
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IDR	Infant Death Review
IMNCI	Integrated Management of Neonatal & Child Infections
IMR	Infant Mortality Rate
IPD	In Patient Department
IPHS	Indian Public Health Standards
ISM	Indian System of Medicine
IUD	Intra Uterine Device
IYCF	Infant and Young Child Feeding
JSY	Janani Suraksha Yojana
JSSK	Janani Sishu Suraksha Karyakaram
LHV	Lady Health Visitor
LMP	Last Menstrual Period
MAC	Medical Aid Centre
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MD	Mission Director
MDT	Multi Drug Treatment
MDR	Maternal Death Review
MIS	Management Information System
MLHP	Mid-Level Health Personnel
MMUs	Medical Mobile Units
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding
MPHW (M)	Multi-Purpose Health Worker-Male
MS	Medical Superintendent
NA	Not Available
NBCC	New Born Care Corner

NBSU	New Born Sick Unit
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organisation
NHRC	National Health Resource Centre
NO	Nursing Orderly
NIHFW	National Institute of Health & Family Welfare
NLEP	National Leprosy Eradication Program
NRC	National Resource Centre
NHM	National Health Mission
NVBDCP	National Vector Born Disease Control Program
OP	Oral Contraceptive Pills
OPD	Out Patient Department
OT	Operation Theatre
PHC	Primary Health Centre
PIP	Program Implementation Plan
PMU	Programme Management Unit
PNC	Post Natal Care
PPP	Public Private Partnership
PRC	Population Research Centre
QAC	Quality Assurance Cells
RBSK	Rashtriya Bal Swasthya Karyakaram
RCH	Reproductive & Child Health
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Program
SBA	Skilled Birth Attendant
SC	Sub Centre
SN	Staff Nurse
SNCU	Sick New-born Care Unit
SRS	Sample Registration System
ST	Scheduled Tribe
STI	Sexually Transmitted Infection
STLS	Senior T.B Laboratory Supervisor
STS	Senior Treatment Supervisor
TBA	Traditional Birth Attendant
USG	Ultra Sonography
VHND	Village Health and Nutrition Day
VHSC	Village Health and Sanitation Committee

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in Jammu and Kashmir to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the States in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, which started recently, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. The State Programme Implementation Plan (PIP)of Jammu and Kashmir, 2021-22 has been approved and the UT has been assigned mutually agreed goals and targets. The UT is expected to achieve them, adhere to the key conditionalities and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre (PRC), Srinagar on a monthly basis. During 2021-22, Ministry has identified 20 Districts for PIP monitoring in consultation with PRC in Jammu and Kashmir and Haryana. The staff of the PRC is visiting these districts in a phased manner and in the 1stphase we visited Ganderbal district and the present report presents findings of the monitoring exercise pertaining to Ganderbal District of Jammu and Kashmir.

The study was successfully accomplished due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals. 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 to Mission Director, NHM Jammu and Kashmir and Director Health services, Kashmir for their cooperation and support rendered to our monitoring team. We 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, District Hospital Ganderbal, CHC Kangan and BMO Kangan for sparing their time and sharing with us their experiences. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Ganderbal and Block Programme Management Unit Kangan for their cooperation and help in the collection of information. Special thanks are also to staff at Primary Health Centre Manigam and HWC Anderwan for sharing their inputs.

Last but not the least credit goes to all respondents (including community leaders/ members), and all those persons who spent their valuable time and responded with tremendous patience to our questions. It is hoped that the findings of this study will be helpful to both the Union Ministry of Health and Family Welfare and the State Government in taking necessary changes.

Srinagar
25-09-2021

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1. EXECUTIVE SUMMARY

The objectives of this exercise are to examine whether the State 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 and various districts. Ganderbal is new district which has been carved out of Srinagar and some parts of Baramulla district. The population growth rate is about 36 percent and the sex ratio is 898. The district consists of three medical blocks and has 101 health institutions of different levels. There are 15 RKSs and 126 VHSCs in the district. The following is the summary of findings of this study:

Health Infrastructure

- The health services in the public sector in 3 medical blocks are delivered through 1 DH, 1 CHC, 32 PHCs and 60 SCs/MAC/UHPs.
- The district has converted 19 PHCs and 54 SCs into HWCs during the past two years. Ganderbal district has also established one DEIC under RBSK, one NCD Clinic, an AFHC and an SNCU at the DH. The district has recently established a sanctioned blood bank at DH while as blood storage unit at CHC Kangan has not yet been established.

District Health Action Plan (DHAP)

- The district had prepared the PIP for the current year and was submitted to the Mission Director (MD) NHM of the UT. The district has also received the approved DHAP in June 2021 thought the 1st instalment of funds was released in May, 2021 to the district.

Human Resource

- From regular staff, 60 percent positions of Multipurpose Worker (MPW) male and around 58 percent positions of Staff Nurses (SNs) were vacant in the district. Similarly, eight percent positions of ANMs and 18 percent of pharmacists were also vacant in the district. Further, the information collected shows that 34 percent positions of dental technicians, 72 percent radiographers, 25 percent OT technicians, and 60 percent CHOs were found vacant in the district.
- Among the doctors/specialists, all the sanctioned positions of OBGYs, Surgeons, and Paediatricians were found in place while as 40 percent positions of Anaesthetists, 20 percent positions of MOs, and 17 percent of other specialists were found vacant in the district.
- Among the NHM staff, out of the sanctioned strength, eight percent positions of ANMs, 14 percent SNs, six percent Laboratory technicians, only position of dental technician, 25 percent OT technicians, and 15 percent MLHPs were found vacant in the district.
- Both the sanctioned positions of Paediatricians and one MO under NHM were found vacant under different schemes. No EmoC/LSAS trained doctor has been posted in any of the FRUs either under NHM or from the regular side.
- DH Ganderbal is still working with the sanctioned positions of various categories of HR as were during its status as Sub-district hospital (SDH). Now recently 27 new positions of HR which include specialists, para medical staff and office staff has been approved by the UT administration and the process of filling-up of such positions has already begun at different levels.
- Two doctors were found trained for EmoC and LSAS at the DH. The DH has a functional full-fledged unit of AYUSH which include three MOs and 2 ISM Pharmacists from the regular side.

- Most of the specialised services are not provided at the DH as there are no sanctioned positions in Dermatology, ENT, Pathology, and Radiology.
- Under NHM, DH has a functional DEIC, SNCU, NCD Clinic, a mental Health unit under National Mental Health Programme (NMHP), Adolescent Friendly Health Clinic (AFHC), and an IYCF Centre are all functional in the DH with most of the staff in position.
- DH has also established one Dialysis Centre but the Staff under NHM has not yet been engaged for the same and the centre is being run on internal arrangement basis from the NHM staff.
- CHC Kangan has a total of 100 positions of medical and para medical staff sanctioned from the regular side and out of these, 37 percent positions of different categories were found vacant or have been attached to some other places.
- CHC Kangan has established one NCD Clinic with and all the permissible staff in position. Similarly, 2 FMPHWs for NBSU are also working in the CHC. Besides these, the CHC has also all other permissible positions under NHM which include, 2 each position of MOs, Lab Technicians, OT Technicians, X-Ray Technicians and Dental Surgeons in position. It was found that the 2 FMPHWs engaged for the NBSU have been shifted to some other section of the CHC and in the process, the NBSU has remained defunct since its establishment. It was also found that some FMPHWs engaged under NHM for various SCs are also attached to this facility and thus has affected the working of those SCs wherefrom they have been brought.
- **PHC Manigam** has been converted into a HWC and has 3 sanctioned positions of MOs and out of these only one is in position in place. There are few more doctors attached to this PHC from other areas of the district. The sanctioned position of ISM doctor is not filled-in from the regular side. Other positions of para medical staff are partly filed in the PHC but 1 each sanctioned position of LHV, ANM/ FMPHW, Lab Technician, X-ray Technician, staff nurse and dental technician are vacant. PHC Manigam has been designated as 24X7 HWC and the PHC has sanctioned one MO, one Lab Technician, one X-ray Technician, 2 SNs, one AYUSH MO and an AYUSH Pharmacist under NHM and all are in position.
- **Sub-Centre Anderwan** has been converted into a HWC and there is one ANM posted from the regular side. One Mid-Level Health Personnel (MLHP), and one FMPHW under NHM sanctioned but the FMPHW has been attached to some other health facility of the block. MLHP spent only three days in the HWC and other three days he is supposed to spend at other health facility.
- It was observed that a transparent policy of transfers and postings is not in place and there are pressures on transfers/postings from various quarters which have affected the proper functioning of various health institutions. The other issue that was observed in the field is "attachment" of various positions.
- Recruitment of regular/NHM staff especially at higher level is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level.
- During the previous year a total of 85 positions of various levels were vacant in NHM and all of them remained vacant till 31st March, 2021. Later this year out of these, 49 (58 percent) positions were filled and still 36 (42 percent) positions are vacant in the district till date. The last appointment under NHM was made recently for the district for staff nurses under DBN scheme.

- During 2020-21, ten types of training courses for medical and para medical staff were approved under ROP and out of these the district was able to conduct only four planned trainings on RCH (block wise), and 10 planned NCD trainings for ASHAs.
- Twelve types of trainings have been approved for the year 2021-22 under ROP for the district but so far, the district has not been able to conduct any of the trainings due to Covid-19.

Status of Service Delivery

- No SC or 24X7 PHC is conducting any deliveries in the district (3 per month in case of SC and 10 per month in case of PHC). The only CHC in the district conducts more than 20 deliveries per month in the district.
- The C-section deliveries are conducted both at the DH as well as in the CHC Kangan during the day time only. In case of any emergency, DH conducts C-section deliveries during the night hours also.
- In DH Ganderbal during the last month, out of the total of 35 deliveries, 22 normal deliveries and 13 C-section deliveries were performed at the facility. At CHC Kangan a total of 59 deliveries were performed at the facility during the last one month and out of these, 37 normal and 22 C-section deliveries were performed at the facility. Only five normal deliveries were performed at PHC-HWC Manigam during the last three months.
- The condition of labour room, OT was found satisfactory at all the levels in the district while as SNCU at DH is exceptionally good (except for a full time Child Specialist) but the NBSU at CHC was found non-functional. NBCC at PHC is also functional with requisite equipment.
- JSY payments at health facility level shows that at DH and CHC level, there is no pendency for any beneficiary till date while as at PHC level such information of payments about JSY benefits was not available as such these payments are being made by the concerned BMO office only.
- Regarding JSSK entitlements to beneficiaries, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery but it was found that there are serious deviations in their words and actions.
- During our interaction with such patients at various levels, it was found that various services like free medicines, diet, and transport are being given partially and above all the protocols regarding the discharging of patients after delivery are not followed.
- PMSMA services on 9th of every month is a routine feature at all the designated health facilities in the district since its inception and all the identified high-risk women are taken care as per their obstructed and medical history.
- It was found that line listing of all the high-risk pregnancies is maintained and pursued accordingly but such records have not been maintained properly at all the health facilities.
- Care is being taken by the concerned health officials for all the women with regard to RMC and none of the women could complain us about any problem/deviation with regard to RMC.
- CAC issue was discussed at length with both the MSs of DH and CHC and they reported that CAC services are provided in all respects to all the women when they need.

Clinical Establishment Act

- The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team under the supervision of DHO which makes surprise checks to private USG clinics.

- There are 20 health facilities in the district with ultrasound facilities and out of these, 18 health facilities are registered under PC&PNDT act.

Services under NHM

- Though the district has implemented the free drug and diagnostic policy at all levels but during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility was not available to all. However, it was reported by the concerned MSs and MOs incharge that free drug and diagnostic policy has been implemented to the Golden Card Holders only.
- The Dialysis unit has been established at the DH recently on 29th June, 2021 and has been made functional. The unit has a bed capacity of 5 beds and during the current year, 69 patients have received the dialysis service till date. On an average 3-5 patients are provided with the service on daily basis. The services at the Dialysis Centre are provided free of cost for BPL families only.
- Most of the staff sanctioned under the scheme both for the field teams and DEIC was found in position. There are 6 sanctioned RBSK teams in the district at the field level, but the performance of RBSK has been very poor during the current financial year (till August, 2021).
- CMO informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for Covid-19 duty by the department since the outbreak.
- Community was not happy with the overall working of the RBSK since its beginning as not much has been delivered by the RBSK for the society.
- The SNCU has been established in the DH Ganderbal and has a bed capacity of 11 beds. There have been no admissions either in SNCU or NBSU (not functional at CHC Kangan) during the current year as the DH was designated as Covid Hospital. The NBCC at Manigam PHC is functional and co-located with delivery unit and is functional as all the new-born babies are taken care there.
- Overall, 166 HBNC kits were available with ASHAs but these HBNC kits were partially filled as some of the items from kits were missing.
- During the current financial year (till July, 31st 2021) a total of 1395 visits were made by ASHAs to new-borns under HBNC. Drug kits for ASHAs are refilled at the SC and PHC level HWCs on need basis.
- Presently all the ASHAs have been involved with the vaccination drive for Covid-19 which has severely affected the working of HBNC and other related service being provided by the ASHAs.
- On the basis of our feedback from the community and health staff at various levels, it was conveyed to ASHA Coordinator and ASHA facilitators were that ASHAs need further orientation and continuous monitoring and supervision to improve their working.
- 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. All the visited health facilities maintain the data regarding the maternal and child deaths and report the same to the CMO and also upload this information on HMIS portal on monthly basis.

Mobile Medical Unit (MMU) and Referral Transport

- The district doesn't have any MMU but has 9 vehicles/102 on road and are GPS fitted and handled through centralized call centre.
- The district has 3 (2 ALS+1 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and are operational on need basis for 24X7.

- Centralized 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 district need to outsource for hiring the vehicles especially for JSSK.
- The Indian Red Cross has sanctioned two additional vehicles for the district but have not yet been handed-over to the district authorities by the UT administration.

Comprehensive Primary Health Care (CPHC)

- A sizable number of SHS and PHC level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase.
- The district has enumerated about 45600 individuals so far and their CBAC forms have been filled as per the target till date.
- All the 35 SHC-HWCs, and PHC-HWCs have started NCD screening at their facilities in the district. District has achieved 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 tele-consultation services and organizing some wellness activities in the district.

Universal Health Screening (UHS)

- Under universal health screening, district has identified a target population of 140630 eligible persons and out of these, 34 percent (45578 persons) population has been covered till date and Community Based Assessment Checklists (CBAC) forms have been filled for them and has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers.
- Overall, among the screened population eight percent (2728) persons were diagnosed for hypertension, and about nine percent (2415) for diabetes in the district. Also large number of persons were screened for various types of Cancers and out of these, 18 confirmed cases of Oral cancer and 8 women of breast cancer from the district were being treated at tertiary care hospital of the UT.
- None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on fixed-days basis at SC and PHC level while as at DH and CHC, such services are provided on routine basis to the patients for all days of the week.
- SC-HWC Anderwan has a population of 1261 individuals above the age of 30 years in their area and the number of CBAC forms filled since last six month by the HWC was 615 and out of these, 45 individuals were with score below 4 and 570 individuals had a score of 4 or above as per the CBAC format.

Grievance Redressal

- The grievance redressal mechanism is in place at most of the health facilities and health facilities resolve the complaints (if any) on regular basis. During the current financial year, out of total complaints, 90 percent of them have been resolved by the authorities in the district.
- No call centre has been established by the district in this regard so far. The community was not satisfied with the way for resolving grievances at any level and were of the opinion that community members need to be taken on board for settling such issues with maximum transparency.

Payment Status

- There is a huge backlog of JSY beneficiaries during the current financial year as only 29 percent JSY beneficiaries have received the payments but all the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date.
- None of the ASHAs, any patient or provider has received any incentive under NTEP or NLEP while as all the 21 ASHA Facilitators have received their per visit incentive so far in the district.

Communicable Diseases Programme

- The district has been covered under the IDSP, NLEP, COB, NTCP, and NTEP but NVBDC has not yet been implemented in the district.
- Overall, only 18 percent of the private health facilities are regularly providing the weekly data under IDSP in the district. The data from various public health facilities is uploaded on relevant forms on regular basis in the district.
- No new case of leprosy has been reported in the district during the current year.
- Under NTCP, the district has conducted few awareness programmes under IEC component of the ROP. Under COB Programme the district has recently received funds from the State and the DH has started working for the programme with various sections of the hospital.
- All the health facilities are actively involved in the eradication of TB and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs by the identified patients. District has achieved 74 percent target TB notifications. All the TB patients are tested for the HIV. Universal Drug Susceptibility Testing (UDST) for Rifampicin to achieve the elimination status is being done at the district and both drug sensitive and drug resistance tests are available in the district.
- Overall, 101 patients have been notified from the public sector and the overall treatment success rate was found to be 82 percent in the district. All the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT installments have been initiated in their favour.
- Up to 24X7 PHC level all the health facilities are having a Designated Microscopy Centre (DMC) and most of these facilities (DH, CHC, and PHC) have taken a sample of about three percent from the OPD for microscopy tests during the last 6 months.
- The drugs for TB patients were found available at all levels. CBNAAT and TruNat facilities are available at the CHC and DH in the district and during the last 6 months the DH has identified 60 percent while as CHC has fond 54 percent patients as drug resistant through CBNAAT/TruNat at their respective facilities.

Accredited Social Health Activists (ASHAs)

- District has a requirement of 322 ASHAs and out of these, 301 (93%) ASHAs have been selected till date. None of the ASHA covers 1500 or more population for rural and 3000 or more population in urban areas. No village without an ASHA in the district.
- Overall, 59 percent of the in-position ASHAs have been enrolled for PMJJBY, 62 percent have been brought under PMSBY, and 5 percent have been enrolled for PMSYM in the district. None of the ASHA Facilitator has been enrolled under any social benefit scheme in the district.
- Overall, 126 VHSNCs have been formed but so far, no training has been arranged for them till date.

Immunization

- Birth dose of BCG immunization is provided at DH, CHC, and PHC only. There is practice that as long as the health facilities (where the BCG is administered) does not get the requisite number of children on a particular day they do not open the BCG vial and instead ask their parents to wait for the next time till they get the requisite number of infants.
- Outreach sessions are conducted to net in drop-out cases/left out cases. VHNDs, outreach sessions are used to improve Pantavelent-1 Booster and Measles-2.
- AEFI committees have been established while RRT has not yet been formed in the district.
- All the health facilities including SCs have hub cutters while as vaccine is not usually stored at SCs. Awareness among the ANMs about the immunization schedule and vial open policy was found satisfactory both at SC and PHC level HWCs.
- The practice of early initiation of breastfeed (with 1st hour of delivery) is followed at both the places for normal deliveries but such practice was not followed for C-section deliveries.

Family Planning

- Beside DH, CHC and some PHCs, five SCs have also been identified and are providing IUD insertion or removal services in the district and have requisite trained manpower.
- There is no provision of home delivery of contraceptives to beneficiaries in the district. The IEC component is not much strong on various contraceptive methods in the district.
- The spacing methods like condoms and oral pills are available at all levels in the district.
- Counselling on FP is mainly provided by the gynaecologists, SNs and CHOs at DH and CHC level while as such counselling is provided by the MOs and ANMs at SC and PHC level in the district.
- FPLMIS has been integrated with the HMIS Portal in the district besides, the family welfare department of the UT.

Adolescent Friendly Health Clinic (AFHC)

- The AFHC at DH is functioning properly. The female AFHC Counsellor and the DEO are in-position but clinic doesn't have any separate Counsellor for males. The district doesn't have any NRC.
- IYCF Centre has not yet been established at the DH.

Quality Assurance

- DQAC is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. None of the health facility in the district is quality certified.
- CHC Kangan had initiated Kayakalp in 2019 and had scored 64 points during the last assessment and DQAC is working with the CHC to improve the same for getting the requisite score for qualification. NQAS and LaQshya has not been initiated at the CHC Kangan till date.
- PHC Manigam has initiated Kayakalp in 2019 but has done much in this direction and have scored only 26 points during an assessment in 2020-21.
- DH has initiated the process of Kayakalp while as internal assessment for NQAS has taken place for this facility. LaQshya has been partially implemented in the DH for labour room but has not yet been initiated for the operation theatres.

Quality in Health Services

- Overall, general cleanliness, practices of staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the DH and CHC but at other levels such issues are not taken seriously.
- The segregation of bio-medical waste was found satisfactory in the DH and CHC but at other levels, segregation of bio-medical waste was either unsatisfactory or not available at all.
- Bio-medical waste at DH, CHC and PHC has been outsourced and regularly lifted by the concerned agency. These health facilities also bury some portion of the bio medical waste within the hospital premises.
- Display of appropriate IEC material in Health facilities was found by and large satisfactory at all levels. Only at SC level not much attention has been paid in this regard.

Health Management Information System (HMIS) and Reproductive and Child Health (RCH)

- Data reporting is regular on the new HMIS portal 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 DH in the district.
- Most of the services provided by the DH are underreported particularly for ANC visits and various doses of immunization.
- During our visit to various health facilities on spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved but still there is an urgent need to provide further training to all the stakeholders in this regard.
- Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village and field level.
- Reporting and recording under RCH has improved and various data elements related to RCH are now being recorded on regular basis but still few important data elements are not taken seriously by the staff while recording on RCH registers.

Status of Funds received and utilized

- During 2020-21 district has utilized about 80 percent of funds received from various sources. District has made about 90 percent expenditure on all the major heads including RCH Flexipool, Mission Flexipool, and Immunization.
- Overall, the district has utilized 87 percent of funds that were received under different schemes of NHM. Except for COB and GNM nursing school, the district has utilized around 90 percent of funds received through NHM for various programmes which include PM-JAY, NPCDCs, IDSP, NMHP, NPHCE and NOHP during 2020-21.
- DH Ganderbal has been able to utilize Rs. 1.70 crores (69 percent) only, CHC Kangan has spent cent percent (including the opening balance) of the received amount and PHC Manigam able to spent Rs. 2.08 lakhs (90 percent). The funds have not been received by the SC-HWC as such amount was spent by the concerned BMO.

2. INTRODUCTION

Ministry of Health and Family Welfare, Government of India approves the state Programme Implementation Plans (PIPs) under National Health Mission (NHM) every year and the state PIP for year 2021-22 has been also approved. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalities and implement the road map provided in each of the sections of the approved PIP document. Though, States were implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to know how far these PIPs are implemented. However, from 2013-14, Ministry decided to continuously monitor the implementation of State PIP and has roped in Population Research Centres (PRCs) to undertake this monitoring exercise. During the last virtual meeting organised by the MoHFW in March 2021, it was decided that all the PRCs will continue to undertake qualitative monitoring of PIPs in the states/districts assigned to them on monthly bases. Our team in PRC Srinagar undertook this exercise in the district of Ganderbal for this month.

2.1 Objectives

The objective of this monitoring exercise is to examine whether the State/district is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State/district.

2.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in workshop organized by the Ministry at NIHFW on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2021-22, this PRC has been asked to cover 20 districts (15 in the Union Territory (UT) of Jammu and Kashmir and five districts of Haryana). The present study pertains to district Ganderbal. A schedule of visits was prepared by the PRC and three officials consisting of one Assistant Professor and two Research Assistants visited Ganderbal District and collected information from the Office of Chief Medical Officer (CMO), District Hospital (DH), CHC Kangan, PHC Manigam and Health and Wellness Centre (HWC) Anderwan. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during our visit. A community interaction was also held at the PHC and HWC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

3. UNION TERRITORY AND DISTRICT PROFILE

After the bifurcation of the State of Jammu and Kashmir on 5th August, 2019 into two Union Territories (UTs), 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 neighbouring countries of

Afghanistan, Pakistan, China and Tibet. The total geographical area of the UT is 42241 square kilometres and presently comprises of 20 districts in two divisions namely Jammu and Kashmir. According to 2011 Census, Jammu and Kashmir has a population of 12.30 million, accounting roughly for 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 for the country as a whole (940). Twenty- seven percent of the total population lives in urban areas which is almost the same as at the National level. Overall Scheduled Castes (SCs) account for 8 percent and Scheduled Tribe (ST) population accounts for 11 percent of the total population of the UT. As per 2011 census, the literacy rate among population age 7 and above was 69 percent as compared to 74 percent at the National level. The population density of Jammu and Kashmir is 56 persons per square kilometres. The crude birth rate of J&K is continuously declining and as per the latest estimates of Sample Registration System 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 in most of the critical indicators related to health. The infant mortality rate (IMR) has come down to 16 as compared to 32 during National Family Health Survey-4 (NFHS-4). Similarly, there is a decline (as per NFHS-5) in under 5 mortality rate as compared to NFHS-4 results as it 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 from57 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 delivers has gone up to 92 percent from 86 percent as compared to NFHS-4 in the UT. Similarly, the percentage of fully immunized children has gone up to 86 percent during NFHS-5 compared to 86 percent during NFHS-4.

Ganderbal is located at 34.23°N 74.78°E. It has an average elevation of 1,619 meters (5,312 feet). It is bordered by Srinagar district in south, Bandipora to the north, Kargil district of Ladakh UT in the northeast, Anantnag to the southeast and Baramulla in the southwest. It is divided into three blocks viz, Ganderbal, Kangan, and Lar. During 2021-22, the estimated population of Ganderbal district was3,16,769. Ganderbal District population constituted 2.37 percent of total population of Jammu and Kashmir. There was a change of 36.50 percent in the population compared to population as per 2001 census. The district has 15 percent Schedule Tribe (ST) population. Average literacy rate of Ganderbal is about 60 percent. With regards to sex ratio in Ganderbal, it stood at 866 per 1000 male compared to 2011 census figure of 917. The child sex ratio is 1282 girls per 1000 boys in the district. There are a total of 54,690 children under age of 0-6 years as per 2015-16 estimates. Children under 0-6 formed 17 percent of total population of the district. (Census Hand Book). As per the HMIS data 2019-20, the sex ratio at birth in district Ganderbal was 1042 females per thousand males (much higher as compared to 208-19). Further HMIS data shows that ANC first trimester registration is 94 percent during 2019-20 while as 4 ANC check-ups among the registered pregnant women had come down from 99 percent during 2018-19 to 86 percent during 2019-20. Further, the HMIS data shows that only 68 percent women registered for ANC had received 180 IFA tablets during 2019-20 and 95 percent women had received TT (TT1/Booster) injections during the same time in the district. Overall,

99 percent deliveries among the registered women had institutional deliveries at various public health facilities of the district. Caesarean section deliveries during 2019-20 account for 21 percent (almost doubled as compared 11 percent during 2018-19) of institutional deliveries. The latest information received from the CMO office shows that out of the total 495 beneficiaries, only 29 percent of the beneficiaries have received JSY benefits till 31st July 2021 in the district.

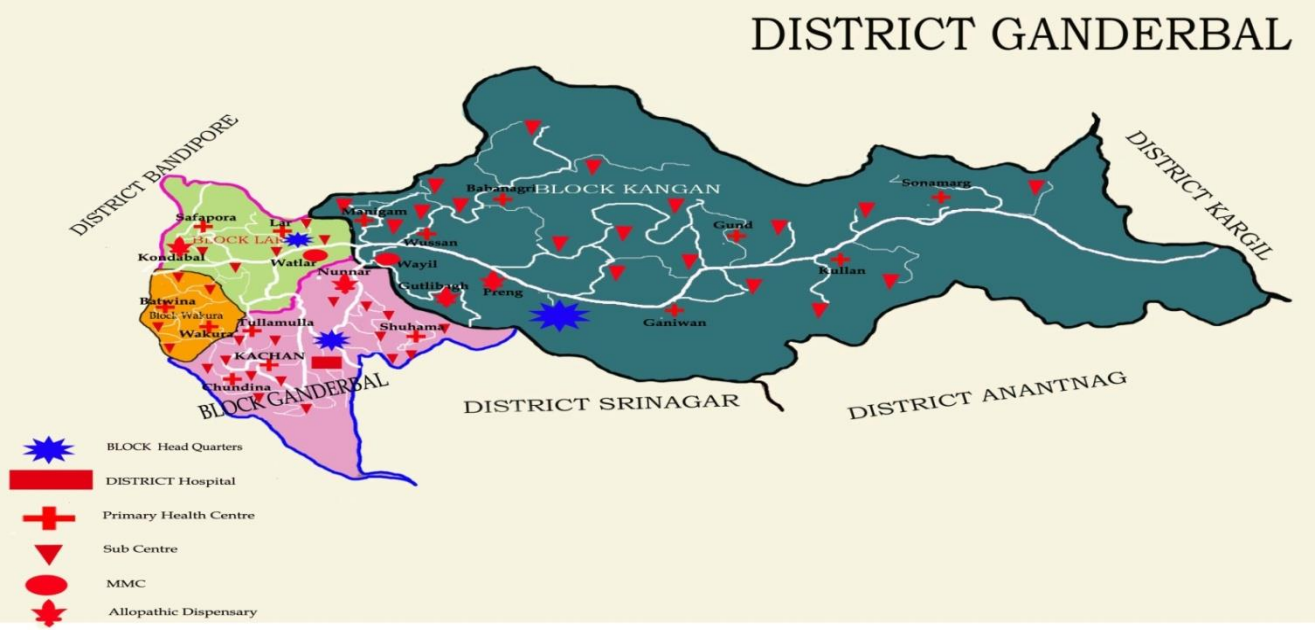


Table 3: Demographic Profile of District Ganderbal

Indicator	Remarks/ Observation
Total number of Blocks	3 Census Hand Book
Total number of Villages	217, (136 census villages) Census Hand Book
Total Population	316769 Census Hand Book
Rural population	147035 Census Hand Book
Urban population	47039 Census Hand Book
Literacy rate	59.98 Census Hand Book
Sex Ratio	866.26 Census Hand Book
Sex ratio at birth	1282 Census Hand Book
Estimated number of deliveries	5412 Family Welfare Estimation
Estimated number of C-section	541 Family Welfare Estimation
Estimated numbers of live births	5141 Family Welfare Estimation
Estimated number of eligible couples	50683 Family Welfare Estimation
Estimated number of leprosy cases	20 CMO Office
Target for public and private sector TB notification for the current year	10 CMO Office
Estimated number of cataract surgeries to be conducted	450 CMO Office

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 and 60 SCs/MAC/UHPs. The district has converted 19 PHCs and 54 SCs into HWCs during the past two years. Ganderbal district has also established one DEIC under RBSK, one NCD Clinic, an AFHC and an SNCU at the DH. The district has recently established a sanctioned blood bank at DH while as blood storage unit at CHC Kangan has not yet been established. Besides, these health facilities the district has also one each NCD clinics functional at CHC Kangan. Comprehensive 1st and 2nd trimester abortion services are provided by 2 health facilities in the district.

Table 4: Health Infrastructure (As on 31-07-2021) of District Ganderbal

District Hospitals	1	1
Sub District Hospital	0	0
Community Health Centers (CHC)	1	1
Primary Health Centers (PHC)	32	32
Sub Centers (SC)	60	60
Urban Primary Health Centers (U-PHC)	0	0
Urban Community Health Centers (U-CHC)	0	0
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	0	0
District Early intervention Center (DEIC)	1	1
First Referral Units (FRU)	1	1
Blood Bank	1	0
Blood Storage Unit (BSU)	0	0
No. of PHC converted to HWC	19	19
No. of U-PHC converted to HWC	0	0
Number of Sub Centre converted to HWC	54	54
Designated Microscopy Center (DMC)	0	0
Tuberculosis Units (TUs)	0	0
CBNAAT/TruNat Sites	0	0
Drug Resistant TB Centres	0	0
Functional Non-Communicable Diseases (NCD) clinic At DH At SDH At CHC	 DH = 1 CHC = 1	 DH = 1 CHC = 1
Institutions providing Comprehensive Abortion Care (CAC) services Total no. of facilities Providing 1st trimester services Providing both 1st & 2nd trimester services	 94 2 2	 94 2 2

5. DISTRICT HEALTH ACTION PLAN (DHAP)

The PIP is mainly prepared on the basis of previous year performance of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Various sources of data which include HMIS data, data from the district authorities, Family Welfare data, Census projections and other relevant sources are being taken into account to prepare the annual PIP for the district. Overall, a total of 5 percent increase is being made for the previous year indicators in terms of allocation for deliveries, JSSK, JSY and other relevant indicators. Preparation of Health Action Plan for the district involves all the stakeholders right from the SC level up to the district level functionaries as such action plan is sought by the district authorities from all the BMO/MSs of the district. The PIP is then submitted to the SHS for further discussions and approval. After approval of the district PIP, the SHS prepares a State level PIP and submit the same to the Ministry. The district had prepared the PIP for the current year and was submitted to the Mission Director (MD) NHM of the UT. The district has also received the approved DHAP in June 2021, though; the 1st instalment of funds was released in May, 2021 to the district.

It was found that construction of building for one SC is pending for more than two years in the district. None of the buildings of any health facility is yet to be handed over.

6. STATUS OF HUMAN RESOURCE

Appointment of human resource on regular basis is a centralized process and even a large number of districts don't have the idea about the sanctioned strength of various regular posts for the district and thus makes it difficult for the monitoring teams to ascertain the actual deficiencies of human resource at various levels in the district. The details provided by the CMO/DPMU regarding the overall staff strength separately for regular and NHM staff in the district shows that among the regular staff, 60 percent positions of Multipurpose Worker (MPW) male and around 58 percent positions of Staff Nurses (SNs) were vacant in the district. Similarly, eight percent of ANMs and 18 percent of pharmacists are also vacant in the district. It was also found that 34 percent positions of dental technicians, 72 percent radiographers, 25 percent OT technicians and 60 percent of CHOs were found vacant in the district. Among the doctors/specialists, all the sanctioned positions of OBGYs, Surgeons, and Paediatricians were found in place while as 40 percent positions of Anaesthetists, 20 percent positions of MOs and 17 percent of other specialists were found vacant in the district. Surprisingly, the district doesn't have any sanctioned position of a Radiologist.

So far as the availability of NHM staff is concerned, information provided by the DPM shows that eight percent positions of ANMs, 14 percent SNs, six percent Laboratory technicians, 25 percent OT technicians, and 15 percent MLHPs were found vacant in the district. The district has one sanctioned position of dental technician and it has not yet been filled up. Further the information collected shows that both the sanctioned positions of Paediatricians and one MO under NHM were found vacant under different schemes. No EmoC/LSAS trained doctor has been posted in any of the FRUs in the district either under NHM or from the regular side. The rationalization of EmoC and LSAS trained doctors could not be ascertained by the monitoring team due to non-availability of information from the CMO office but during our visit to DH and CHC, availability of such trained

doctors was found at both places in the district where C-section deliveries and EmoC services are available.

DH Ganderbal was upgraded to District Hospital some 15 years back but it is still working with the staff strength of a Sub District Hospital. Recently, 27 new positions of HR have been sanctioned by the UT administration which includes specialists, para medical staff and office staff. The process for filling-up of these new positions has already begun. The DH has presently a sanctioned strength of 8 General Duty Doctors/MOs and all are in position. Similarly, all other specialized positions of doctors which include the Medical Superintendent, 3 General medicine, 2 Gynaecologists, 2 Anaesthetists, 3 Surgeons, one Ophthalmologist, 3 Dentists, and one Orthopaedic surgeon are in position. Besides, this almost all the paramedic staff which include 6 (out of 7 sanctioned) SNs, one Laboratory Technicians, three Pharmacists, and two Dental Technicians are in position from the regular side. Two doctors were found trained for EmoC and LSAS at the DH. The DH has a functional full-fledged unit of AYUSH which include three MOs and 2 ISM Pharmacists from the regular side. Most of the specialised services are not provided at the DH as there are no sanctioned positions in Dermatology, ENT, Pathology, and Radiology. Such state of affair has badly affected the health care delivery system at the DH.

Under NHM, DH has a functional District Early Intervention Centre (DEIC) under RBSK which is being looked after by the MO. The DEIC is without permissible position of Paediatrician, Manager, Psychologist, Lab Technician, Dental Technician, Optometrist, and an Early Interventionist. Other permissible staff like MO, Physiotherapist, Speech Therapist, a SN, and a Data Entry Operator (DEO) are in position. The SNCU has also been established and have a full strength of four permissible MOs, 2 FMPHWs, and three SNs in position while the post of Lab Technician is vacant at the SNCU. The NCD Clinic is also functional at the DH and has all the permissible positions, which include one each MO, Physiotherapist, Counsellor, SN, Lab Technician, and DEO in place. Further, a mental Health unit under National Mental Health Programme (NMHP) has also been established in the DH and has all the permissible positions which include a Programme Officer, Programme Manager, SN, Physiologist, Social Worker and a Record Keeper in position. The DH has also a DEO and an Adolescent Friendly Health Clinic (AFHC) Counsellor, Accounts Manager and an IYCF Counsellor in position. Recently, the DH has also engaged all the 42 SNs for DNB programme. In addition to these, the DH has also engaged two each Lab Technicians, OT Technicians, X-ray Technicians and 4 (out of 10 permissible) SNs under NHM. The DH has also established one Dialysis Centre but the Staff under NHM has not yet been engaged for the same and the centre is being run on internal arrangement basis from the NHM staff. It was found that the staff engaged under NHM is being used in the DH as per the requirement of the hospital and not used only for those schemes for which they have been engaged.

CHC Kangan has a total of 100 positions of medical and para medical staff sanctioned from the regular side and out of these, 37 percent positions of different categories were found vacant or have been attached to some other places. In CHC Kangan all the sanctioned positions of medical staff which include 12 MOs, one each of Gynaecologist, Paediatricians, Anaesthetists, General medicine, Dental Surgeons and 2 Surgeon Specialists (out of 3 sanctioned) are in place. Similarly, in case of para medical

staff almost all the staff which include 2 SNs, 3 lab technicians, 3 pharmacists, 2 (out of 4 sanctioned) dental technicians, one each (out of 2 sanctioned) of x-ray and OT technicians are in place. In CHC Kangan, 2 MO, 2 Dental Surgeons, one Lab Technicians, one LHV, 2 Pharmacists, 2 OT Technicians, and one MPW have been attached to some other health facilities within or outside the district. CHC Kangan is providing some of the specialized services as there are some sanctioned staff for such specialised services for the trauma hospital (which is co-located with the CHC) and most of them are in place. In DH and CHC Kangan, doctors with short term training in radiology are performing USGs as the district has no sanctioned position of a Radiologist.

The details regarding the engagement of NHM staff shows that CHC Kangan has established one NCD Clinic and all the permissible staff which include a MO, a Physiotherapist, a Counsellor, a SN, Lab Technician, and a DEO are in position. Similarly, 2 FMPHWs for NBSU are also working in the CHC. Besides these, the CHC has also all other permissible positions under NHM which include, 2 each position of MOs, Lab Technicians, OT Technicians, X-Ray Technicians and Dental Surgeons in position. It was found that the 2 FMPHWs engaged for the NBSU have been shifted to some other section of the CHC and in the process, the NBSU has remained defunct since its establishment. It was also found that some FMPHWs engaged under NHM for various SCs are also attached to this facility and thus has affected the working of those SCs wherefrom they have been brought.

PHC Manigam has been converted into a HWC and has 3 sanctioned positions of MOs and out of these only one is in position while the sanctioned position of Dental surgeon is also in place. There are few more doctors attached to this PHC from other areas of the district. One each MO from a PHC and a CHC are attached to this place. The sanctioned position of ISM doctor is not filled-in from the regular side. Other positions of para medical staff are partly filed in the PHC but 1 each sanctioned position of LHV, ANM/ FMPHW, Lab Technician, X-ray Technician, staff nurse and dental technician are vacant. PHC Manigam has been designated as 24X7 HWC and the PHC has sanctioned one MO, one Lab Technician, one X-ray Technician, 2 SNs, one AYUSH MO and an AYUSH Pharmacist under NHM and all are in position.

Sub-Centre Anderwan has been converted into a HWC and there is one ANM posted from the regular side. Since SC Anderwan has been established as HWC and has one Mid-Level Health Personnel (MLHP), and one FMPHW under NHM sanctioned but the FMPHW has been attached to some other health facility of the block. Though the MLHP has been engaged for this HWC, but he has been asked to spend only three days in the HWC and other three days he is supposed to spend at other health facility.

It was observed that a transparent policy of transfers and postings is not in place and there are pressures on transfers and postings from various quarters which have affected the proper functioning of various health institutions. The other issue that was observed in the field is “attachment” of various positions. This has also proved fatal in the health care delivery system.

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 State Public Service Commission and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB). Thus, district authorities do not have any role in the recruitment of regular staff and hence no information was found available with the district. Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled 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 Magistrate (DM) of the district. The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances. The information collected shows that during the previous year a total of 85 positions of various levels were vacant in NHM and all of them remained vacant till 31st March, 2021. Later this year out of these, 49 (58 percent) positions were filled and still 36 (42 percent) positions are vacant in the district till date. The last appointment under NHM was made recently for the district for staff nurses under DBN scheme. The details regarding the regular and NHM staff is given below in table 6.1 and 6.2.

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

	Ganderbal District			DH Ganderbal			CHC/Trauma Kangan			PHC Manigam 24X7 (HWC)			SC/HWC Anderwan		
Staff details	Sanctioned	In-place	Vacancy (%)	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %
ANM	36	33	08	NA			1	1	0	1	0	100	1	1	0
MPW (Male)	20	8	60												
Staff Nurse	19	8	58	7	6	14	2	2	0	1	1	00			
Lab technician	38	31	18	1	1	0	3	3	0	2	0	100			
Pharmacist	23	23	0	3	3	0	3	3	0	2	1	50	1	1	0
MO (MBBS)	82	66	20	8	8	0	12	12	0	2	2	00			
OBGY	23	23	0	2	2	0	1	1	0						
Paediatrician	2	2	0	2	2	0	1	1	0						
Anaesthetist	5	3	40	2	2	0	1	1	0						
Surgeon	6	6	0	3	3	0	3	2	33						
Radiologists	00	0													
Other Specialists	6	5	17	3	3	0	2	1	50						
Dentists/ DS	28	28	0	3	3	0	1	1	0	1	1	0			
Dental tech	29	19	34	2	2	0	4	2	50	2	1	50			
X-ray technician	18	5	72	2	2	0	2	1	50						
OT technician	4	3	25	2	2	0	2	1	50						
CHO/ MLHP	15	6	60							1	1	0	1	1	0
AYUSH MO	3	3	00	3	3	0									
AYUSH Pharmacist	2	2	00	2	2	0									

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

	Ganderbal District			DH Ganderbal			CHC/Trauma Kangan			PHC Manigam 24X7 (HWC)			SC/HWC Anderwan		
Staff details	**Sanctioned**	**In-place**	**Vacancy (%)**	**Sanctioned**	**In position**	**Vacant %**	**Sanctioned**	**In position**	**Vacant %**	**Sanctioned**	**In position**	**Vacant %**	**Sanctioned**	**In position**	**Vacant %**
MBBS Doctors	20	19	05				2	2	0	1	1	0			
Lab Tech	18	17	06	2	2	0	2	2	0	1	1	0			
OT Tech	4	3	25	2	2	0	2	1	50						
X Ray	2	0	100	2	2	0	2	2	0						
Staff Nurse	87	74	14	10	4	60				2	2	0			
ANM/MPWs	73	67	08				2	2	00				1	1	0
Dental Surgeon	1	1	00												
Dental Tech.	1	1	00												
Pharmacist (A)	6	6	00												
X- -ray Tech.	4	4	00												
DEIC Unit															
Paediatrician				1	0	100									
MBBS Doctors				1	1	0									
MO Dental				1	1	0									
Physiotherapist				1	1	0									
Speech Therapist				1	1	0									
Psychologist				1	0	100									
Social Worker				1	1	0									
Staff Nurse				1	1	0									
DEIC Manager				1	0	100									
DEO DEIC (OS)				1	1	0									
Lab. Tech				1	0	100									
Dental Tech				1	0	100									
Optometrist				1	0	100									
Early interventionist				1	0	100									
Accounts Manager, IYCF and Adult Friendly Health Clinic units															
Accounts Manage				1	1	0									
AFHC counsellor				1	1	0									
IYCF Counsellor				1	0	100									
DEO AFHC				1	1	0									
SNCU															
MBBS Doctors				4	4	0									
Lab Tech				1	0	100									
FMPHW				2	2	0	2	2	0						
Staff Nurses				3	3	0									
DNB															
Staff Nurse				42	42	0									
NCD Clinic															
MO				1	1	0	1	1	0						
Physiotherapist				1	1	0									

Counsellor				1	1	0	1	1	0						
Staff Nurse				2	2	0	1	1	0						
Lab Technician				1	1	0	1	1	0						
DEO				1	1	0	1	1	0						
Mental Health															
Programme Officer				1	1	0									
Programme Manager				1	1	0									
Staff Nurse				1	1	0									
Phycologist				1	1	0									
Social Worker				1	1	0									
Record Keeper				1	1	0									
RBSK															
DEO				1	1	0									
ISM Doctor	27	27	00							1	1	0			
ISM Pharmacist	15	15	00							1	1	0			
CHO/ MLHP	41	35	15										1	1	0

7. TRAININGS

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies and CMO office maintains information about the trainings imparted to its workers from time to time. The information provided by the CMO office informed that almost every year various training courses are held at the district headquarter approved under the PIP in which different categories of health personnel participate. During 2020-21, ten types of training courses for medical and para medical staff were approved under ROP and out of these very few training programmes were conducted by the district as most of the staff in the district was engaged with the Covid-19 duties during this period. The district was able to conduct only four planned trainings on RCH (block wise), and 10 planned NCD trainings for ASHAs. Other trainings planned and approved under the ROP on IMNCI for ANMs/LHVs, NSSK for MOs, IYFC, and Deworming, orientation on Anaemia Mukth Bharath (AMB), WIFS, and Kayakalp were not held in the district during 2020-21. Further, 12 types of trainings have been approved for the year 2021-22 under ROP for the district but so far, the district has not been able to conduct any of the trainings due to Covid-19. Only training given to various health personal was regarding the vaccination for Covid-19 during 2021-2022.

8. STATUS OF SERVICE DELIVERY

The district has officially implemented the free drug and diagnostic services for all but it was found that it is not being implemented by all the health facilities that we visited during our monitoring exercise. As far as the delivery points is taken into account, the information collected from the DPMU/CMO office shows that no SC or 24X7 PHC is conducting any deliveries in the district (3 per month in case of SC and 10 per month in case of PHC). The only CHC in the district conducts more than 20 deliveries per month in the district. The C-section deliveries are conducted both at the DH as well as in the CHC Kangan during the day time only. In case of any emergency, DH conducts C-section

deliveries during the night hours also. DH Ganderbal is designated as FRU and both normal and C-section deliveries are performed in this health facility on 24X7 basis. During the last month, out of the total of 35 deliveries, 22 normal deliveries and 13 C-section deliveries were performed at the facility. Similarly, at CHC Kangan a total of 59 deliveries were performed at the facility during the last one month and out of these, 37 normal and 22 C-section deliveries were performed at the facility. Further, the information collected shows that only five normal deliveries were performed at PHC-HWC Manigam during the last three months. PHC Manigam has trained staff (MO/SN/ANM) in the labour room as reported by the concerned MO. The condition of labour room, OT was found satisfactory at all the levels in the district while as SNCU at DH is exceptionally good (except for a full time Child Specialist) but the NBSU at CHC was found non-functional for unknown reasons though the requisite staff and infrastructure has been provided to CHC long back. NBCC at PHC is also functional and in good condition with requisite equipment and infrastructure.

The information about the JSY payments at health facility level shows that at DH and CHC level, there is no pendency for any beneficiary till date while as at PHC level such information of payments about JSY benefits was not available as such these payments are being made by the concerned BMO office only. As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery but it was found that there are serious deviations in their words and actions. During our interaction with such patients at various levels (maternity wards, post-operative wards, labour rooms, OPD, and relatives of these patients), it was found that various services like free medicines, free diet, free transport are being given partially and above all 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 requisite time. PMSMA services on 9th of every month is a routine feature at all the designated health facilities in the district since its inception and all the identified high-risk women are taken care as per their obstructed and medical history. It was reported by all the selected health facilities that line listing of all the high-risk pregnancies is maintained and pursued accordingly but during our record checking exercise at visiting health facilities, it was found that such records have not been maintained properly at all the health facilities.

Respectful maternity care (RMC) is not only the marker of quality maternity care but also ensures the protection of basic human rights of every child-bearing woman. RMC is protection from verbal and physical abuse, disrespect, and discrimination during care. It also aims to provide care to child-bearing women with dignity, privacy, and confidentiality. The WHO has acknowledged RMC as a fundamental right of every child-bearing woman and encourages health service provision to all women in a manner that maintains their dignity, privacy, and confidentiality. The WHO's "Recommendation on Respectful Maternity Care" ensures freedom from harm and mistreatment and enables informed choice and continuous support during labour and childbirth. The Government of India has adapted RMC under LaQshya to provide dignified care to pregnant women while in the health facility. During our visit to the selected health facilities, it was found that care is being taken

by the concerned health officials for all the women with regard to RMC and none of the women could inform/complain us about any problem/deviation with regard to RMC.

Comprehensive abortion care (CAC) is an integral component of maternal health interventions as part of the NHM. Abortion is a cross cutting issue requiring interface with not just girls and women but across all age groups. Comprehensive post-abortion care aims to reduce deaths and injury from either incomplete or unsafe abortion by: evacuating the uterus; treating infection; addressing physical, psychological and family planning needs; and referring to other sexual health services as appropriate. This issue was discussed at length with both the MSs of DH and CHC and they reported that CAC services are provided in all respects to all the women when they need.

9. CLINICAL ESTABLISHMENT ACT

The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team under the supervision of District Health Officer (DHO) in this regard which makes surprise checks to private USG clinics. The data by these clinics is regularly received by the district. There are 20 health facilities in the district with ultrasound facilities and out of these, 18 health facilities are registered under PC&PNDT act.

The district has sufficient health facilities in terms of SCs and PHCs but there is a need to have more CHCs in the district as the district has only one CHC. So far, the district has converted 54 SCs and 19 PHCs into H&WCs while as the process of converting more health facilities into H&WCs has got hampered due to the Covid pandemic. The selection of converting any health facility is taken by the SHS in consultation with the district health officials and in the first phase only those health facilities were converted into HWCs where the health facility had its own government building and later on it was extended to the rented buildings also. There is also need to have some Blood Storage Units (BSUs) at CHC and 24X7 PHCs as off now the district doesn't have any such unit though there are some very hard-to-reach areas where such facility is needed especially during the harsh winters.

10. SERVICES UNDER NHM

10.1 Free Drug Policy

As per the information received from the CMO office, we were told that the district has implemented the free drug and diagnostic policy at all levels but during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility was not available to all. It was found that very few drugs (out of the total medicines prescribed by the doctor) are being provided to the patients when they visit to any health facility for treatment. Further, it was also found that at most of the health facilities the rate list for diagnostics was at display and according to this rate list people were being charged for any diagnostic test. However, it was reported by the concerned MSs and MOs incharge that free drug and diagnostic policy has been implemented to the Golden Card Holders which have been issued under the Ayushman Bharat PM-JAY Scheme. During our interaction with the community the same observation of ours was found true as most of the community members reported that they are being charged for various services including diagnostics and drugs by the health facilities.

10.2 Dialysis Services

The Dialysis unit has been established at the DH recently on 29th June, 2021 and has been made functional. The Dialysis Centre has not yet been given any staff from the NHM side but the Centre is being run on the internal arrangement from the available human resource of different units of the hospital. The unit has a bed capacity of 5 beds and during the current year, 67 tests were conducted and 69 patients have received the dialysis service till date. On an average 3-5 patients are provided with the service on daily basis. The services at the Dialysis Centre are provided free of cost for BPL families only. The incharge of the Centre reported that at present there is no shortage of any major equipment or any instrument. The performance of the centre was found to be satisfactory.

10.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

The RBSK has been implemented in Ganderbal district form March 2014 and the District Early Intervention Canter (DEIC) has also been established in DH Ganderbal. Most of the staff sanctioned under the scheme both for the field teams and DEIC was found in position. There are 6 sanctioned RBSK teams in the district and all the teams have full sanctioned human resource but the performance of RBSK has been very poor during the current financial year (till August, 2021) as the teams have been unable to screen the children at delivery points or elsewhere though it has been extremely difficult time for the RBSK teams as they have been working 24X7 during this period for Covid-19 duties and have been on the forefront in containing Covid. During our interaction with the district level authorities, CMO informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for Covid duty by the department since the outbreak. Community was not happy with the overall working of the RBSK since its beginning as not much has been delivered by the RBSK for the society.

10.4 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 11 beds. The SNCU has 9 radiant warmers, one step down care but has no Kangaroo Mother Care (KMC) unit. The details of work done shows that there have been no admissions either in SNCU or NBSU during the current year as the DH was designated as Covid Hospital and no deliveries or other routine health activities were performed at the facility while as in case of CHC Kangan, the NBSU has been a non-starter for unknown reasons though the requisite equipment and manpower has been provided to the CHC long back. The NBCC at Manigam PHC is functional and co-located with delivery unit and is functional as all the new-born babies are taken care there. The district doesn't have any sanctioned Nutrition Rehabilitation Centre (NRC) and therefore, have no such admissions or referrals in this regard.

10.5 Home-Based New-born Care (HBNC)

Overall, 166 HBNC kits were available with ASHAs in the district. It was reported that these HBNC kits were partially filled as some of the items from kits were missing. During the current financial year (till July, 31st 2021) a total of 1395 visits were made by ASHAs to new-borns under HBNC. No drug kits for ASHAs were available in the district at the time of our visit but it was reported by the ASHAs at the SC and PHC level HWCs that the drug kits are being refilled at their respective health facilities on need basis. Since ASHAs at all the places were involved with the Covid vaccination drive and were not

available at their respective facilities but were later contacted by our monitoring team telephonically for their response on various issues. The information collected from them for some specific questions shows that very limited number of ASHAs were given the HBNC kits in the initial phase with only few items in the kit (as other items were missing). Presently all the ASHAs have been involved with the vaccination drive for Covid-19 which has severely affected the working of HBNC and other related service being provided by the ASHAs. District ASHA Coordinator and ASHA facilitators were also contacted during the PIP visit and various issues related to working of ASHAs were discussed with them. On the basis of our feedback from the community and health staff at various levels, it was conveyed to them that ASHAs need further orientation and continuous monitoring and supervision to improve their working.

10.6 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 all the visited health facilities maintain the data regarding the maternal and child deaths and report the same to the CMO and also upload this information on HMIS portal on monthly basis. No maternal or child death was reported by any visited health facility in the district during the previous or current year.

10.7 Peer Education (PE) Programme

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

11. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT

The district doesn't have any MMU. However, in terms of referral transport, the district has 9 vehicles/102 on road and are GPS fitted and handled through centralized call centre. On an average each ambulance shares at least one trip per day and travels an average distance of 60 kms in a day. The district has 3 (2 ALS+1 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and are operational on need basis for 24X7. These ambulances with BSL and ASL are fitted with GPS and handled through centralized call centre. The average number of calls received for these ambulances varies from 2 to 5 calls per day. Ambulance with ALS get four trips per day while as ambulance with BLS get two trips. The average distance travelled by these ambulances was found to 155 kms/day. Though 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 district need to outsource for hiring the vehicles especially for JSSK. The Indian Red Cross has sanctioned two additional vehicles for the district (as was reported by the CMO office) but have not yet been handed-over to the district authorities by the UT administration.

12. COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (HWCs) would be created by transforming existing Sub Health Centres and Primary Health Centres to deliver Comprehensive Primary Health Care (CPHC) and declared this as one of the two

components of Ayushman Bharat. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. For primary health care to be comprehensive, it needs to span preventive, promotive, curative, rehabilitative and palliative aspects of care. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. In this background a sizeable number of SHS and PHC level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase. The district has enumerated about 45600 individuals so far and their CBAC forms have been filled as per the target till date. All the 35 SHC-HWCs, and PHC-HWCs have started NCD screening at their facilities in the district. Further, the information collected shows that the district has achieved 100 percent target in screening the planned individuals for various types of NCDs 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 though such activities have got hampered since the Covid-19 pandemic struck the globe.

12.1 Universal Health Screening (UHS)

The district is actively involved in universal health screening under different components of NHM. Under universal health screening, district has identified a target population of 140630 eligible persons and out of these, 34 percent (45578 persons) population has been covered till date and Community Based Assessment Checklists (CBAC) forms have been filled for them. This population has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers. The details provided by the DPMU shows that overall, 32475 persons in the district were screened for hypertension and out of these, eight percent (2728) persons were diagnosed for the same and were treated or are under treatment in the district at various health facilities. Similarly, more than 27000 persons from the target population were screened for diabetes and out of these, about nine percent (2415) persons were diagnosed for the same and were under treatment at various health facilities of the district. Further, the information provided by the DPMU shows that a large number of persons were screened for various types of Cancers and out of these, 18 confirmed cases of Oral cancer and 8 women of breast cancer were being treated at tertiary care hospital of the UT as such facility was not available in the district.

The DH has diagnosed three percent (out of the 1400 screened) for hypertension and four percent (out of 1281 screened) for diabetes during the last six month. Manigam PHC has diagnosed 18 percent (out of 600 screened) for hypertension and six percent (out of 700 screened) for diabetes while as SC- HWC Anderwan has identified 2 percent (out of 615 screened) for hypertension and about one percent for diabetes during the same time. Further, the information provided by the DPMU/CMO office. CHC Kangan has not provided any information in this regard to the monitoring team. The MS of the CHC informed that the concerned MO is on leave for the last three months on health grounds while as it was observed that the 2 SNs engaged for NCD activities were attached to the OT of the CHC. None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on fixed-days basis at SC and PHC level while as at DH and CHC, such services are provided on routine basis to the patients for all days of the week. Overall, the

information collected shows that a large number of persons especially women were screened for various types of cancers (oral, breast, and cervical cancer) but no one was diagnosed for any cancer.

SC-HWC Anderwan has a population of 1261 individuals above the age of 30 years in their area and the number of CBAC forms filled since last six month by the HWC was 615 and out of these, 45 individuals were with score below 4 and 570 individuals had a score of 4 or above as per the CBAC format.

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, out of total complaints, 90 percent of them have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far. None of the visited health facility was found much serious about the grievance redressal set-up and were of the opinion that all such issues are settled when brought in the notice of these health facilities but the community was not satisfied with this argument at any level and were of the opinion that community members need to be taken on-board for settling such issues with maximum transparency.

14. PAYMENT STATUS

The information provided by the CMO office shows that overall, the district has a huge backlog of JSY beneficiaries during the current financial year as only 29 percent JSY beneficiaries have received the payments while as there is a backlog of 350 women (71 percent) in this regard. All the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date while as none of the ASHAs, any patient or Provider has received any incentive under NTEP or NLEP. All the 21 ASHA Facilitators have received their per visit incentive so far in the district. The information collected from the selected health facilities shows that DH and CHC has no pendency for payments to beneficiaries or ASHAs while as at PHC and SC-HWCs such information was not available as the payments for these institutions is made by the concerned BMO office. The delay in disbursement of incentives to ASHAs and beneficiaries or patients has caused by the delay in release of funds by SHS to the district and also by the pandemic situation prevailing through-out.

15. 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 District Health Officer (DHO) in the district. There have been no major outbreaks in the district during the current and previous financial year in the district. Overall, only 18 percent of the private health facilities are regularly providing the weekly data under IDSP in the district. The information collected from the visited facility shows that the SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet they have been provided by the SHS while at PHC level HWC the data on IDSP is uploaded on weekly basis as reported by the concerned MO. Further the information collected

from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis but it was found that the DH is not providing such information on the portal for IDSP.

Further, the information collected from the CMO office shows that the district has not yet implemented the National Vector Borne Diseases Control Programme (NVBDCP) while as National Leprosy Eradication Programme (NLEP) is in vogue in the district but no new case of leprosy has been reported in the district during the current year. Under National Tobacco Control Programme, the district has conducted few awareness programmes under IEC component of the ROP. Recently the district has also received the funds for the Control of Blindness (COB) Programme from the State and the DH has started working for the programme with various sections of the hospital.

National Tuberculosis Elimination Programme (NTEP) is also working in the district but the Nodal Officer for the programme is based in the adjacent district as he looks after both the districts. During our visits to selected health facilities in the district, it was found that all the health facilities are actively involved in the eradication of TB and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs by the identified patients. The information collected from the CMO/DPMU office indicates that the district has achieved 74 percent target TB notifications. All the TB patients are tested for the HIV. Universal Drug Susceptibility Testing (UDST) for Rifampicin to achieve the elimination status is being done at the district and both drug sensitive and drug resistance tests are available in the district. Further, the information collected shows that 101 patients have been notified from the public sector and the overall treatment success rate was found to be 82 percent in the district. There is one MDR TB patient in the district and treatment has been initiated in this case by the district authorities. There has been no patient notification from the private sector for above mentioned cases so far in the district. The plan for finding the active cases is done as per the protocol set by the district. The district authorities reported that all the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT installments have been initiated in their favour.

The information collected shows that up to 24X7 PHC level all the health facilities are having a Designated Microscopy Centre (DMC) and most of these facilities (DH, CHC, and PHC) have taken a sample of about three percent from the OPD for microscopy tests during the last 6 months. The drugs for TB patients were found available at DH and CHC while as PHC incharge reported that the drugs for TB patients are being provided at the block level by the concerned BMOs. Further, the information collected shows that the CBNAAT and TruNat facilities are available at the CHC and DH in the district and during the last 6 months the DH has identified 60 percent while as CHC has fond 54 percent patients as drug resistant through CBNAAT/TruNat at their respective facilities. The information collected further shows that none of the cases for TB were tested positive or were currently active at PHC or SC-HWC level. All the TB confirmed cases are tested for HIV in the district. During the last 6 months, 94 percent patients at DH and 86 patients at CHC have been brought under the Nikshay Poshan Yojana (NPY) and DBT instalments have been initiated in their favour. Maintenance of records of TB patients on treatment, drug resistance, and notification register was found updated and satisfactory at all levels.

16. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Ganderbal district has a requirement of 322 ASHAs as per the population of the district and out of these, 301 (93%) ASHAs have been selected till date. None of the 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.

A sizeable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district. Overall, a total of 117 (59 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 186 (62 percent of the in-position) have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 15 (5 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) in the district. None of the ASHA Facilitator has been enrolled under any social benefit scheme in the district. Since the district has a very limited urban/slum population and NUHM has not been extended to the district and thus no MAS have been formed in the district. On the other hand, 126 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed but so far, no training has been arranged for them till date.

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

17. IMMUNIZATION

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH, CHC, and PHC only. Very few SC-HWCs in the district also provide BCG doses of immunization to infants. In district there is practice that as long as the health facilities (where the BCG is administered) does not get the requisite number of children on a particular day and they do not open the BCG vial and instead ask their parents to wait for the next time till they get the requisite number of infants. This practice is followed at all levels including the DH and CHC. Outreach sessions are conducted to net in drop-out cases/left out cases. District Immunization Officer is in place in the district and is looking after the immunization. Almost all the SCs in the district have 2nd MPW/ANMs in place. Micro plans for institutional immunization services are prepared at sub centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for the preparing micro plans.

Cold Chain Mechanics for the maintenance of Cold Chain Machine and paramedic trained in Cold Chain Handling is in place in the district. VHNDs, outreach sessions are used to improve Pantavelent-1 Booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. AEFI committees have been established while Rapid Response Team has not yet been formed in the district. The information collected from the selected health facilities shows that all the health facilities including SCs hub cutters while as vaccine is not usually stored at SCs. Awareness

among the ANMs about the immunization schedule and vial open policy was found satisfactory both at SC and PHC level HWCs.

Further, the information provided by these health facilities shows that 87 new-born children were administered the birth dose (BCG, OPV and Hib0 doses) during the last three months at DH while as 237 infants were administered such doses at CHC Kangan during the same time. Further, the information collected shows that PHC-HWC Manigam had administered such doses to 5 infants during the same time. During our visit to DH and CHC, it was observed that the practice of early initiation of breastfeed (with 1st hour of delivery) is followed at both the places for normal deliveries but such practice was not followed for C-section deliveries and it was observed that few women had resorted to bottle-feed at these health facilities also.

18. FAMILY PLANNING

Beside DH, CHC and some PHCs, five SCs have also been identified and are providing IUD insertion or removal services in the district. The district is currently providing IUCD services through a network of 11 identified health institution of various categories in the district. There is no provision of home delivery of contraceptives to beneficiaries in the district. The IEC component is not much strong as only some information on various contraceptive methods was found available at DH and CHC level. The information regarding various methods of family planning is also provided through VHND sessions at the SC-HWC level. The spacing methods like condoms and oral pills are available at all levels in the district. Besides, at PHC Manigam, both the DH as well as the CHC have trained manpower for providing IUCD/PPIUCD. Counselling on FP is mainly provided by the gynaecologists, SNs and CHOs at DH and CHC level while as such counselling is provided by the MOs and ANMs at SC and PHC level in the district. During the last one month one each sterilization for FP was done at DH and CHC while as such service was found unavailable at PHC Manigam. Family Planning Logistic Management and Information System (FPLMIS) has been integrated with the HMIS Portal in the district besides, the family welfare department of the UT.

19. ADOLESCENT FRIENDLY HEALTH CLINIC (AFHC)

The AFHC at DH Ganderbal was established during 2009-10 and presently the clinic is functioning properly. The female AFHC Counsellor and the DEO are in-position in the clinic. The clinic doesn't have any separate Counsellor for males. The district doesn't have any Nutrition and Rehabilitation Centre (NRC) but the process of establishment of NRCs in HFDs of the UT has been taken up in the UT for setting-up of a 10 bed Nutrition and Rehabilitation Centres (NRC) and in this regard some lower-level positions of staff have been sanctioned for these districts under NHM. Infant and Young Child Feeding (IYCF) Centre has not yet been established at the DH in the district but the process of establishing has been initiated recently by advertising the Counsellor position for the same.

20. QUALITY ASSURANCE

As per the information, District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. None of the health

facility in the district is quality certified. CHC Kangan has received an amount of Rs. 10 Lakhs under Kayakalp during the current year. CHC Kangan had initiated Kayakalp in 2019 and had scored 64 points for this during the last assessment and have been asked by the DQAC to improve the same for getting the requisite score for qualification. NQAS and LaQshya has not been initiated at the CHC Kangan till date. Though PHC Manigam has initiated Kayakalp in 2019 but has done much in this direction and have scored only 26 points during an assessment in 2020-21. DH has initiated the process of Kayakalp while as internal assessment for NQAS has taken place for this facility. LaQshya has been partially implemented in the DH for labour room but has not yet been initiated for the operation theatres. DQAC has directed the DH and PHC Manigam to work for the quality assurance of their respective institutions under various quality assurance programmes.

21. QUALITY IN HEALTH SERVICES

21.1 Infection Control

Overall, the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the DH and CHC but at other levels such issues are not taken seriously.

21.2 Biomedical Waste Management

The segregation of bio-medical waste was found satisfactory in the DH and CHC but at other levels, segregation of bio-medical was either unsatisfactory or not available at all. The awareness amongst the staff was found satisfactory and 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. These health facilities also bury some portion of the bio medical waste within the hospital premises. SC Anderwan buries the waste material in pits constructed for the purpose.

21.3 Information Education and Communication (IEC)

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

22. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) AND REPRODUCTIVE AND CHILD HEALTH (RCH)

22.1 Health Management Information System (HMIS)

The UT of Jammu and Kashmir took an early lead in the facility reporting of HMIS and also shifted on the new portal modified by the MoHFW. Data reporting is regular. 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 DH in the district. Most of the services provided by the DH are underreported particularly for ANC visits and various doses of immunization. In the district there is still a lot of scope in improving the recording and reporting of HMIS data so that it can be streamlined. Though during our visit to various health facilities on spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved but still there is an urgent need to provide further

training to all the stakeholders in this regard so that misconceptions regarding reporting and recording can be corrected.

22.2 Reproductive and Child Health (RCH)

Like other States in the country, National Health Mission (NHM), Govt. of Jammu and Kashmir State has also rolled out RCH Portal State wide–a web-based application for RCH replacing MCTS portal. In this regard the 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 training of health functionaries has been started in the State and data collection and reporting under the RCH portal has been started at the State as well as district Level.

23. STATUS OF FUNDS RECEIVED AND UTILIZED

The information collected from the CMO office regarding the receipt and utilization of funds during 2020-21 shows that the district has utilized about 80 percent of funds received from various sources. The information collected further shows that the district has made about 90 percent expenditure on all the major heads including RCH Flexipool, Mission Flexipool, and Immunization. Overall, the district has utilized 87 percent of funds that were received under different schemes of NHM. Except for COB and GNM nursing school, the district has utilized around 90 percent of funds received through NHM for various programmes which include PM-JAY, NPCDCs, IDSP, NMHP, NPHCE and NOHP during 2020-21. The district has utilized only 38 percent of funds which were received from other sources and this low utilization of funds from other sources was attributed to the prevalence of Covid-19 pandemic as various works under these funds were not executed by the district.

The information collected from the selected health facilities regarding the receipt and utilization of funds during 2020-21 shows that the DH Ganderbal had received a total of Rs. 2.47 crores from various sources and out of these, the facility has been able to utilize Rs. 1.70 crores (69 percent) only. The funds were mainly utilized on purchase of minor equipment and maintenance of the health facility. On the other hand, CHC Kangan had received an amount of Rs. 77.08 lakhs (with an opening balance of Rs. 3.63 lakhs) during the same period and the facility was able to spent cent percent (including the opening balance) of the received amount. The facility failed to provide the break-up of expenditure made under RKS funds. Similarly, PHC Manigam had received an amount of Rs. 2.30 lakhs during the financial year 2020-21 and out of these, the facility was able to spent Rs. 2.08 lakhs (90 percent). PHC Manigam has mainly spent the amount under RKS for maintenance of the health facility and have purchased few smaller equipment for the facility. The purchases have been mainly made on purchase of office lockers, crash cart machine, power stabilizers, water purifiers, and some equipment. The FMPHW at the HWC Anderwan reported that they have not received any funds since 2019-20 and as such no information was available regarding the receipt or utilization of funds at this facility. The FMPHW reported that only the concerned BMO makes purchases as per our requirement and the facility gets the items as per those requirements from the BMO office.

Table 23.1: Component Wise Funds Received and Expenditure During the year 2020-21 in Ganderbal District of J&K

S. No	Component	Opening Balance	Funds Received form SHS	Funds Received from Other Source (DHSK/Director Family Welfare)	Total Funds Available	Expenditure	Refund	Balance	Expenditure %age
1	RCH Flexipool	1930339	19327800	0	21258139	18995080	-	2263059	89.35%
2	HSS (Mission Flexipool)	15057986	102955340	6836841	124850167	107975140	-	16875027	86.48%
3	Immunization	178289	772200	718808	1669297	1652929	-	16368	99.02%
"A"	**Total NHM Funds**	**17166615**	**123055340**	**7555649**	**147777604**	**128623149**	**0**	**19154455**	**87.04%**
4	PM-JAY	7342	287	130000	137629	131190		6439	95.32%
5	Bank Interest	1240542		905695	2146237	0	869870	1276367	-
6	NPCDCs Including NTCP	365087	280358	4707320	5352765	4938174	43574	371017	92.25%
7	COB	801985	45502	1700000	2547487	737442	64896	1745148	28.95%
8	IDSP	17190	4329	933548	955067	842336	1396	111335	88.20%
9	NMHP	544463	17371	1600000	2161834	2125659	9129	27046	98.33%
10	NPHCE Geriatric Ward	600000		200000	800000	553490	-	246510	69.19%
11	NOHP National Oral Health Programme	0	-	200000	200000	160000	-	40000	80.00%
12	COVID-19 Received from DDC	-	-	195360	195360	181912	-	13448	93.12%
13	GNM Nursing School	-	-	11075000	11075000		-	11075000	0.00%
"B"	**Total Others**	**3576609**	**347847**	**21646923**	**25571379**	**9670203**	**988865**	**14912310**	**37.82%**
	Total "A+ B"	**20743224**	**123403187**	**29202572**	**173348984**	**138293353**	**988865**	**34066765**	**79.78%**

Table 23.2: Details of Funds Received and Expenditure among the selected Health Facilities in Ganderbal District during 2020-21

S. No		DH Ganderbal	CHC Kangan	PHC Manigam	HWC Anderwan
1	**Funds Received**	24701123	7708000	230000	Not Received
2	**Expenditure Made**	17079173	7987000	208000	-
3	**Percentage Expenditure**	**69%**	**100%**	**90%**	**-**

24. FACILITY-WISE BRIEF

24.1 District Hospital Ganderbal is situated at the centre of the town and is housed in a new specious building. It is collocated with a under construction GNM College. The 1st referral point for DH is a multi-specialty (SK Institute of Medical Science, Soura) which is at a distance of 5 kms. It has a bed capacity of 200 beds but few blocks of the hospital are still under construction therefore, fewer beds are available at the facility with new separate beds for males and females. Almost all the necessary services which include general medicine, O&G, pediatric, surgery, anesthesiology, ophthalmology, dental, imaging services, DEIC, SNCU, labour room complex, ICU, dialysis unit, NCD, mental health and emergency care are available at the hospital. Blood Bank has been established recently and the process of registration has been completed for the blood bank. Teaching block and

skill lab is still under construction. The hospital doesn't provide any teleconsultation services to the patients. The accommodation for medical and para medical staff is still under construction. The hospital is getting 24X7 electricity and water supply.

The DH is still working with the CHC staff as the additional staff as per the IPHS standards for the district hospital has been recently sanctioned by the UT administration and has not yet been appointed. A large chunk of NHM staff has made their presence felt as various sections of hospital are being helped out by this staff. Most of the specialised services are not provided at the DH as there are no sanctioned positions in Dermatology, Orthopaedics, ENT, Pathology, and Radiology. Such state of affair has badly affected the health care delivery system in DH. Two doctors were found trained for EmoC and LSAS at the DH.

Under NHM, the DH has a functional District Early Intervention Centre (DEIC) SNCU NCD Clinic, a mental Health unit under National Mental Health Programme, an Adolescent Friendly Health Clinic (AFHC) and a DNB programme. Very few positions in these units are vacant which include one each paediatrician In SNCU and DEIC. The DH has also established one Dialysis Centre but the Staff under NHM has not yet been engaged for the same and the centre is being run on internal arrangement basis from the NHM staff. NHM staff is being used in the DH as per the requirement of the hospital and not used only for those schemes for which it has been engaged. It was found that some NHM staff is playing a vital role in the smooth functioning of the DH. Overall, a total of about 85 medical and para medical staff under NHM is working at this facility.

All the necessary equipment is available in the DH. All the sections of the hospital were found well equipped but the hospital is without a CT-Scan or MRI facility. None of the essential equipment was found non-functional or had any shortage. The central lab of the hospital remains open for 24X7 and all the requisite diagnostics are being done in the hospital on 24X7 basis. Thyroid profile is not being done in the hospital and imaging service (USG) is done during the day time only as the hospital don't have any radiologist. Besides, Jan Aushadhi, hospital has a huge drug store and remains open for the services from 10-4 pm only. Supply of drugs was reported to be sufficient in and the Essential Drug List is displayed in the store and at the entrance also. Management of the inventory of drugs is manual. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK.

DH has initiated Kayakalp while as internal assessment for NQAS has been done. LaQshya has been partially been implemented for the labour room while as OT has not yet been upgraded under LaQshya. Overall, a total of 69 patients have been provided the services from the dialysis centre during the current financial year at the DH. Eighty-seven newborns have been immunized for the birth dose during the last three months while as 147 newborns were breastfed within one hour during the same time. Only one female sterilization was performed at the DH during the last one month. As per the records of the NCD at DH, a total of 1450 patients have been screened for hypertension, and

1281 for Diabetes and out of these, 3 percent patients have been confirmed as hypertensive and about 4 percent were confirmed for diabetes by the DH during last 6 months prior to our visit.

Cleanliness of the facility was found satisfactory at all levels in the hospital. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in each section of the DH for waste segregation. The DH has out-sourced disposal of biomedical waste which is collected on daily basis.

Key Challenge

1. The infrastructure for the DH is yet incomplete as most of the blocks are still under construction thus have space problem for smooth running of various services at the facility.
2. DH is still functioning with the sanctioned strength of the CHC as no new appointments have been made as per the DH status though some posts have been recently approved for this DH by the UT administration.
3. Covid-19 has been the main challenge for the last two years as the hospital was converted into Covid management facility and thus have affected all other services of the hospital.

24.2 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. It is co-located with a Trauma Hospital and an under-construction maternity hospital. It is a dedicated FRU and its next referral point is DH Ganderbal which is at a distance of 18 kms. The functional inpatient bed capacity of the CHC is 30 beds with no separate beds for males and females. As per IPHS standards almost all the necessary services which include general medicine, O&G, pediatric, surgery, anesthesiology, ophthalmology, dental, and imaging services (X-ray and USG) are available at the CHC. NBSU and Blood Storage Facility was found to be defunct at the CHC. The hospital doesn't provide any teleconsultation services to the patients. There is a limited accommodation for medical and para medical staff at the facility. The hospital is getting 24X7 electricity and water supply. The washrooms of the facility were found in dilapidated condition and need immediate intervention for the safety of the building, staff and patients.

Besides, NHM staff under various schemes, CHC Kangan along with the Trauma Hospital has a staff strength of 100 medical and paramedicals and around 37 percent positions of various categories were found vacant. CHC Kangan is providing some of the specialized services as there are some sanctioned staff for such specialized services for the trauma hospital (which is co-located with the CHC) and most of them are in place. A Doctor with short term training in radiology is performing USGs at this health facility.

Under NHM, the CHC Kangan has established one NCD Clinic and all the permissible staff in position. Similarly, 2 FMPHWs for NBSU are also working in the CHC. Besides these, the CHC has also all other permissible positions which include, 2 each position of MOs, Lab Technicians, OT Technicians, X-Ray Technicians and Dental Surgeons in position. It was found that the 2 FMPHWs engaged for the NBSU

have been shifted to some other section of the CHC and in the process, the NBSU has remained defunct since its establishment. It was also found that some FMPHs engaged under NHM for various SCs are also attached to this facility and thus has affected the working of those SCs wherefrom they have been brought.

All the necessary equipment for OTs, Labs, labour room and other sections was found available in the CHC. None of the essential equipment was found non-functional or had any shortage. Thyroid profile is not being done in the hospital and imaging service (USG) is done during the day time only as the hospital don't have any radiologist. Besides, a Jan Aushadhi drug store, CHC has also an established drug store and remains open for the services from 10-4 pm only. Supply of drugs was reported to be sufficient and the Essential Drug List was displayed in the store and at the entrance also. Management of the inventory of drugs is manual. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at CHC. The CHC has no mechanism in place for online consultation for patients.

CHC has initiated Kayakalp in 2019 and had achieved a score of 64.5 during the last external assessment while as NQAS and LaQshya has not been initiated yet. DVDMS has also not been initiated at the CHC for supply chain management system. No child or maternal death has been reported from the facility during the last two years. A total of 237 newborns have been immunized for the birth dose during the last three months while as all the newborns (except C-section delivery newborns) were breastfed within one hour during the same time. Only two sterilization were performed at the DH during the last one month. No activity under NCD has been performed at the CHC during last 6 months due to health problem of the MO at the NCD clinic.

Cleanliness of the facility was found satisfactory at all levels in the hospital. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in each section of the DH for waste segregation. The CHC has out-sourced disposal of biomedical waste which is collected on daily basis.

Key Challenge

1. Road to CHC is very narrow and needs widening. The facility has very limited space for OPD, registration counter and parking area. The facility has blocked washrooms due to defunct sewage system and needs immediate attention.
2. The facility has dearth of medical and paramedical staff as a sizable number of posts are vacant and thus affects the smooth functioning of various units of the CHC.
3. CHC needs some more equipment which include Elisa Reader (Thyroid Analyzer), colour Doppler and Anaesthesia Work Station.

Achievements

1. The CHC has made good progress on various fronts and have equipped lab section, dental section, orthopaedic section and ophthalmology section with latest equipment. The registration section has also been computerized and up gradation of E.R Room and casualty section has been done.

2. Installation of Monitors in casualty OPD and Ward has also been done. The health facility has been brought under CCTV surveillance for efficient working environment. The Ayushman Bharath Counter under PM-JAY has also been computerized at the health facility.
3. Herbal garden has also been maintained at the facility and laundry of the CHC has also been upgraded.

24.3 PHC Manigam is the 24x7 PHC-HWC which was converted into a HWC in 2020. It is situated at a distance of 14 kms from block headquarter and is easily accessible by a macadamized road. It is functioning in a two-story government building along-with a new block. The PHC caters approximately a population of 15,600 persons. There are 4 SCs and 8 villages in the PHC area. There are also 15 ASHAs working under the PHC. The institution has a bed capacity of 10 beds with no separate wards for male and female patients. The institution is having one staff quarter for its medical officer and no other staff quarter is available for para-medical staff. Back up for electric supply is available at the facility in the form of one inverter presently.

The PHC has sanctioned strength of 3 MOs but out of these, only one MBBS MO is in position besides, one MO from NHM side. PHC has one Ayush doctor and a Dentist. Most of the medical staff from this PHC has been recently swapped with the staff of other PHC but the salary is drawn from their original place of posting for both the doctors. One each sanctioned position of LHV, ANM/ FMPHW, Lab Technician, X-ray Technician, staff nurse and dental technician are vacant while as the only position of pharmacist is in place. The sanctioned office staff which includes a senior assistant and a junior assistant have been attached at BMO office Kangan and thus hampers the office work. All the sanctioned positions under NHM are filled-in. Due to Covid pandemic no major training programme was conducted in the district and as such only two ANMs from PHC have attended Covid vaccination training during this period.

Services like as ANC/PNC, child immunization, general medicine, minor surgeries, teleconsultation, normal delivery and abortion services are provided by the PHC on regular basis. The PHC provide vaccination to the children twice in a month. The PHC has a designated MO as the Nodal officer for taking care of NCD services at Zone level which includes 4 SCs and PHC catchment area and the screening services for NCDS are provided at door steps. The role of 1st referral for the SC-HWCs was missing in the facility as no coordination was found in vogue for the same between the SC and this PHC-HWC.

Most of the essential equipment required for a PHC are available and are functional. The available equipment includes BP apparatus, Stethoscope, sterilized delivery sets, weighing machines, needle cutter, ILR and deep freezer, emergency tray with emergency injections and Operation theatre table etc. The items like as neonatal pediatric and adult resuscitation kit, mobile light, auto clave, MVA/EVA equipment, oxygen cylinder is not available. PHC is providing the diagnostic facilities like pregnancy testing, hemoglobin, CBC, serum bilirubin test, urine albumin and sugar, blood sugar, malaria, T. B, HIV, RAT for Covid-19 and X-ray etc. Drugs for common ailments, ORS, Zinc, de-worming are available.

Drugs for NCDs are also available at the PHC but multi-drug therapy for NCDs was found missing at the health facility. Supply of drugs was reported to be sufficient in PHC. Essential drug list is displayed in the Pharmacy. Management of the inventory of drugs is manual. The list of essential drugs was not displayed in the PHC. However, all the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at PHC. Family planning items like OCPs and EC pills are also available at PHC. But the IUDs are not available at PHC due to lack of trained personal even though the PHC is having the 2 FMPHWs and both of them are trained in IUD insertion as reported by MO.

A total of 30 women were registered at the PHC for ANC-1 services during the April, 2021- July, 2021. While 105 pregnant women were registered during April 2020 t0 March 2021. Women generally do visit this facility for ANC-3rd and ANC 4th as such 19 pregnant women had visited the PHC for availing 3rd ANC and 16 pregnant women availed the 4th checkup. No information about anaemic women and hypertensive women is available at the PHC. ANC register is not properly maintained. List of severely anaemic women is also not available at the PHC. As per the records of the NCD at PHC, a total of 600 patients have been screened for hypertension 700 for Diabetes, 320 for Brest cancer and 200 for Cervical Cancer and out of these, 111 patients have been confirmed as hypertensive and 43 as diabetic by the PHC during April to July 20121.

Though the facility is a designated delivery point on 24X7 basis but it was found that PHC Manigam has conducted only five normal deliveries were performed at PHC-HWC Manigam during the last three months. PHC Manigam has trained staff (MO/SN/ANM) in the labour room. NBCC at PHC is also functional and in good condition with requisite equipment and infrastructure. Most of the cases are referred to CHC Kangan or DH for C-section deliveries. The NBCC has been established at PHC Manigam. All the babies delivered at PHC are examined and weighted at NBCC.

Cleanliness of the facility particularly wards is not satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in the PHC for waste segregation. The PHC have out-sourced disposal of biomedical waste which is collected once in a week. PHC Manigam has initiated Kayakalp in 2019 but has not done much in this direction and have scored only 26 points during an assessment in 2020-21.

Key Challenge

1. Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services on 24X7 basis.
2. The X-ray machine at the facility is very old and after repeated requests the same has not yet been replaced by a digital machine as the quality and performance of the existing machine is very poor.
3. The only ambulance at the health facility is very old and has high maintenance cost and thus need a new ambulance for any emergency purposes.

4. Funds are not being released in time by the DHS and the requisition for various items is not met from the existing funds released to the health facility.

24.4 Health and Wellness Centre Anderwan

This SHC-Health and Wellness Centre (HWC) is located in a hilly area, having no direct road connectivity and had to reach the centre by foot. This H&WC is 1 Km from main habitation, 15 Kms away from block and 5 Kms way from linked PHC. This SC was converted into H&WC in March 2020. The H&WC caters to 4 villages with a catchment population of around 3409. The H&WC is housed in a rented building, with 2 rooms and one wash room. One room is being utilized for OPD services and other room for routine immunization. OPD room is being used as a drug store also. It is in bad physical condition and is not connected with registered electricity connection. The centre has 24x7 water facility from last two months.

H&WC Anderwan has a sanctioned strength of 1 ANM/MPW besides, and 1 position of MPW Male from the regular side and both of them are in place. From NHM side, the centre has 1 position of MLHP and 1 FMPW sanctioned but the FMPW has been attached to somewhere else since her appointment. MLHP has only three days posting at this facility. Three ASHAs are working with this HWC. In conversation with ANM at HWC Anderwan is overloaded with work as the staff is deputed in other health institutes.

The H&WC provides OPD /NCD screening /ANC checkup, short stay of patients, IFA, TT injections, routine immunization once a week, Covid vaccination, and temporary methods of family planning services (condoms and oral pills). It does not serve as a DOTs Centre for TB patients but ANM and ASHA work in area to identify TB patients. This facility is also providing teleconsultation services to the needy patients. It is not functioning as a delivery point. MPW/ANM has given a tablet recently to upload the data of various schemes of NHM on regular basis.

EDL was displayed in H&WC which contains 23 essential drugs as per the guidelines but only 14 drugs were found available at the centre on the day of our visit. So far as contraceptives are concerned, oral pills, emergency contraceptive pills (ECPs) and condoms were found available at the centre. Few drugs for hypertensive and diabetic patients were also found available at the centre which include Amlodipine, Metoprolol, and Metformin. The shortage of drugs for hypertension and diabetic from last 7 days was Frusemide and Telmisartan.

Testing kits for checking hemoglobin, pregnancy status and blood sugar have been provided to the HWC in sufficient numbers. Thermometer and BP apparatus were also found at the HWC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc. In addition to this, HWC received 48 equipment on 25/5/2021. This equipment includes Try instrument, Torch (ordinary) Dressing drum with cover, Hemoglobinometer, Surgical scissors straight 140mm, Cusco's, Sims's retractor, Plain Forceps, Tooth Forceps, Needle holder 6 inches, Dressing forceps, Clinical thermometer oral and rectal. Hub cutter and needle destroyer, suction machine, I/V stand, Artery forceps, BP Apparatus, Digital thermometer, Tongue depressor, Oxygen cylinder with trolley, Snellen vision chart, Stadiometer, Nebulizer, Vaccine carrier, Mouth mirror. Near vision chart, Oxygen concentrator rest of all the equipment is available at the

centre. The records verified in the visited health facilities shows that the documentation and records regarding the line-listing of severely anemic, and filling of MCP cards was satisfactory.

Screening camps are conducted by the centre and under this programme, 615 individuals were screened as hypertensive. Out of these, 11 cases were diagnosed for hypertension, 4 were diagnosed with diabetes. Further, 332 were screened for oral cancer, 181 screened for breast cancer and 40 persons for cervical cancer. Forty-five persons were counseled for life style diseases. Overall, a total of 58 patients are on anti-hypertension drugs and 10 patients were on anti-diabetic treatment at this HWC. On an average about 35 patients of HTN/DM were taking medicines from HWC per month.

The general cleanliness of the H&WC was not satisfactory. The HWC does not have a proper mechanism for management of bio-medical waste as deep burial pit for waste management is not available. Complaint/suggestion box was not found to be available in the HWC. Though H&WC has not received any fund since May 2020 but the procurement is done by the concerned block as HWC is asked to submit their requirements for purchases. ASHAs reported that they have been trained in HBNC but they have not received HBNC kits. All medicines for ASHA kits are available to ASHAs (except paracetamol). ASHAs are getting assured remuneration in time but incentives get delayed.

Key Challenge

1. Very bad condition of the rented building with two rooms having no electricity, not enough space for running the HWC activities, no proper ventilation and visibility. HWC doesn't have proper road connectivity.
2. HWC have limited staff as the FMPHW from NHM side has been attached to CHC since her appointment. FMPW from the regular side remains out for other duties and MLHP stays for only three days (rest of the time given at some other facility) at the facility.
3. Being a hilly area with scattered population, the number of ASHAs is less and the one who had been appointed are unable to read and write and thus affects the overall functioning of HWC.

24.5 Community

During our interaction with the community, it was found that HWC provides health care services for minor ailments only. They mentioned that HWC has essential drugs and diagnostics as per the protocol but still the services are not provided to the locals on daily basis as the MLHP remains at the centre for only three days. They were of the view that an ambulance needs to be placed at the disposal of HWC for emergency referral services. Overall, the community was found satisfied with the services being provided by the HWC for ANC, PNC, Contraceptive services, AH counselling, nutrition counselling for every individual. They also reported that most of the time people have to purchase medicines from their own pockets.

Key challenge

1. Expected pregnant ladies (For delivery) suffer for transport facility.
2. Diabetic and hypertensive patients suffer due to in-sufficient medicines are not available at HWC.
3. Need HWC infrastructure as per the guidelines and a government building for smooth functioning.

25. RECOMMENDATIONS AND ACTION POINTS

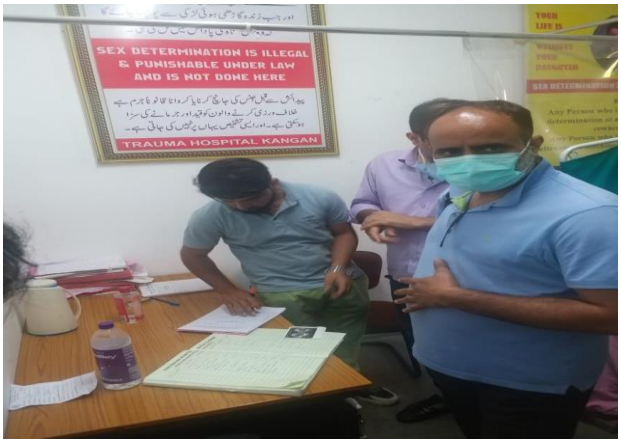
There is s a visible improvement in the district in the implementation of different components of NHM but still there are some issues in running the programme more efficiently. Based on the monitoring exercise, following are the recommendations and suggestions for further improvement:

- Human resource is amongst the basic pillars to run any programme and its rational use makes success stories. Though, Ganderbal district has some shortage of human resource from the regular side but the human resource provided under different schemes of NHM to the district has been a milestone in itself. The judicious use of this human resource can prove more effective. There is a need for audit and rationalization of human resource (both from the regular as well as NHM side) on the basis of workload and work done by different health facilities. This can also be done on the basis of performance of each individual health professional (from top to bottom) so that facilities with high workload can get some additional staff on need basis. Further, there is an urgent need to look into unnecessary "attachments" of doctors or paramedical staff which have been made in the district for unknown reasons. There is also need to speed up the recruitment of recently approved staff for DH as it is still working with the staff strength of a CHC. There is an urgent need to appoint a specialist in radiology at DH and CHC for performing USGs and other related investigations as the district does not have a radiologist.
- Availability of infrastructure is also an important component of service delivery and in this regard, the district has received very good support from the NHM as well as from other agencies and the district has been able to upgrade their health infrastructure as per IPHS standards but there are still some gaps which needs to bridged on priority basis. Among these, there is a need to complete the unfinished work of the various blocks of the newly constructed DH to make it functional in a better way. Similarly, the work on maternity block at CHC Kangan also needs to be completed at the earliest and all those SHSs which have been upgraded to HWCs and are in rented buildings must be provided enough space to make them visible and allow them to perform at the fullest.
- Another issue which needs to be addressed at the earliest is the non-availability of some equipment at various health facilities and in this regard, DH and CHC needs CT-Scan/MRI. This is more important for the district as the road connecting to Kargil is prone to accidents and such a facility at DH/CHC can save many precious lives. Similarly, at PHC level (especially those which have been converted into HWCs), old type X-ray machines should be replaced by the digital machines and few old type analyzer can also be replaced be new multi-tasking analysers for better efficacy and output. Further, it is also suggested to provide Elisa reader (Thyroid Analyser) to DH and CHC as almost all the pregnant women under JSSK need to go for thyroid profile and in the absence of such facility at these health facilities, these women have to get it done outside and thus put more burden on their pockets. The district is without a MMU and as such it is suggested to provide a MMU to the district to net-in the hard-to-reach areas for various facilities through MMU.
- Though officially the district has implemented the free drug policy but at ground level, this argument was not substantiated either by the concerned health facility officials or by the community members and in fact, our interaction with the patients both at OPD and IPD proved it to be a virtual non-starter. It was found that majority of the patients have not received even 20

percent of prescribed medicines free medicines from any of the health facilities that we visited. Although, at one of the health facilities, an official said that such facility is provided to golden card holders for IPD only but the IPD patients revealed that the procedure to get free of cost treatment under PM-JAY is somewhat complicated. It is suggested that a special team at the district level should be formed to look into the matter and come out with the facts and implement the free drug policy of the district in a better way so that the population can get benefited. There is also a need to provide sufficient and multi-salt drugs to the HWCs for NCDs as they have become the primary source for providing drugs to such patients at the grass root level. Prescription audit is not taking place in the district at any health facility therefore, there is a need for audit of diagnostic tests or drugs prescribed by the doctors at all the higher health facilities.

- Though JSSK for pregnant women is in vogue but it was found that pregnant women get some food, drugs, referral transport and partly to-and-fro transportation. It was also observed that the monitoring mechanism for its implementation is poor. The records pertaining to tests conducted in different labs, transport facility (from home and back, referral), diet given during stay at the health facility, medicines being provided under JSSK need to be kept in proper shape and ready for any public scrutiny. There is a need to constitute a team of some external agency to audit the performance of various components of JSSK and pay surprise visits to the health facilities and get on spot feedback from the patients regarding the implementation of JSSK as there are some serious issues related to benefits being provided to the women under JSSK.
- The institution of ASHA has proved to be an asset to the RCH as it has proved a vital role in immunization, ANC, PNC, institutional deliveries, and other related issues of RCH. Since these ASHAs are not highly qualified but still they have been performing better but need continuous monitoring and supportive supervision. Though the district has ASHA Coordinator and Facilitators to monitor them but it was found that the monitoring was not effective and result oriented. It is therefore, suggested to make these coordinators and facilitators answerable to a core group at the district level for better results in terms of regular orientation/trainings of ASHAs, effective implementation of HBNC/HBYC and other related work of ASHAs.
- Various schemes like RBSK, NCD Clinic, NMHP, AFHC, IYCFC, NCD, Dialysis Centres and other programme under NHM have brought revolution in the health care system by providing variety of services to the population but in order to make them much more effective, it is suggested to create a common platform for all these schemes (as the manpower under these schemes have diverse expertise) for mandatory field visits to reach to the needy population at their door-step and provide them the required services.
- Though District Level Quality Assurance Committee (DQAC) is functional in the district but there is a need to use its expertise in a much efficient way so that various level health facilities can get accredited/certified for Kayakalp, NQAS, and other national level accreditations as till date none of the health facility in the district is quality certified. LaQshya has been implemented partly in DH but CHC Kangan has not initiated any process for this, it is therefore, suggested to impress upon the concerned health facilities to implement all quality assurance indicators to make their facilities visible and at par with the standards of IPHS.

PHOTO GALLERY


SEX DETERMINATION IS ILLEGAL
& PUNISHABLE UNDER LAW
AND IS NOT DONE HERE
TRAUMA HOSPITAL KANGAN


NON COMMUNICABLE
High blood pressure
NCD


AYUSHMAN BHARAT
HEALTH AND WELLNESS CENTRE
NATIONAL DEWORMING DAY
National Deworming Day
Theme:
HEALTH AND WELLNESS CENTRE: BALAPATI CHOUNTWAR


PM-JAY
AYUSHMAN BHARAT SEHAT
HELP DESK


PAEDIATRIC ICU


GOVT. HOSPITAL


PRADHAN MANTRI
NATIONAL DIALYSIS PROGRAMME
DIALYSIS
CENTRE
NATIONAL HEALTH MISSION J&K
DISTRICT HOSPITAL GANDERBAL


MEDICAL SUBCE
ANDERWA
BLOCK KANGAN