MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION PLAN 2023-24: JAMMU & KASHMIR

(A Case Study of Baramulla District)

UPHC Sopore in Rented Building

Functional SNCU in SDH Sopore

Congestion of Patients due to Space Constraint at CHC

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CONTENTS

LIST OF ABBREVIATINS

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

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

PRELUDE

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

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

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

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1. EXECUTIVE SUMMARY

In district Baramulla, of 10 medical blocks, the health services in public sector are provided through a network of 280 health facilities which include one DH/AH, one MCH, one SDH, five CHCs/FRUs, 86 PHCs (84 in rural areas and 2 in urban), and 188 SCs. The district has converted and made operational all the 84 PHCs and 164 SCs (out of 188 SCs) into HWCs. During our PIP monitoring visit, we visited five selected health facilities of district which include *SDH Sopore, CHC-Tangmarg, PHC/HWC Babareshi, UPHC/HWC Sopore and HWC/SC Druroo*. The summary of the findings of which are presented below:

- DHAP for 2023–24 has already been approved last year for the district. The flow of funds was found to be irregular due to some issues with the UT finance department.
- Overall, in Baramulla district, one-half of the paediatricians, 40 percent each of surgeons and physicians, and one-fourth each of O&G and anaesthetists were found vacant from the regular side. From the NHM side, except for O&G, paediatrician, anaesthetist, MBBS doctors, and AUSH MOs, there was not any other approved position of any specialist.
- Under JSSK, patients had access to free drug services from different health facilities. In SDH Sopore, not a single ANC patient had received any free medicine on the day of our visit, while in PHC Babareshi, limited drugs were provided to the patients due to supplies constraint.
- None of the SC/HWC is conducting more than three deliveries per month in the district, and only one 24X7 PHC is conducting 10 or more deliveries per month.
- In both SDH Sopore and CHC Tangmarg, normal deliveries are performed on a 24X7 basis, but C-sections deliveries during the night at CHC Tangmarg are not conducted, while in SDH Sopore, C-sections deliveries are conducted during night hours also as the doctors remain on call. Together at SDH Sopore and CHC Tangmarg, out of total deliveries performed during last month, more than 55 percent were conducted through C-section.
- In all the visited health facilities, protocols regarding the discharging of patients after delivery are not followed at all, thus putting both the mother and the new-born at a risk by discharging them from the health facilities before the due time as stipulated under the given guidelines.
- In CHC Tangmarg, maternity wards have very limited space due to which the child-bearing mothers feel suffocated, while in SDH Sopore; maternity wards were found in the basement with a very narrow space for entry while as in case of labour room, in the absence of any security, the labour room remain to be free for all and anyone can intrude there.

- None of the blocks in the district was without a dedicated RBSK team, but the screening rate by RBSK teams was found to below the recommend rate.
- During 2022–23 at various SNCUs in the district, a total of 1591 (797 inborn and 794 out-born) infants were admitted at the SNCU. No infant death was reported from any SNCU during the same time while as a sizable number of infants were referred to higher level facilities for treatment. PICU has not yet been made operational at AH/DH.
- In the district there is sanctioned NRC and 678 patients were admitted during 2022-23 in it. A small number of the admitted patients were referred out for further treatment.
- In district Baramulla, during the last year (2022-23), 20 maternal deaths, 10 child deaths, 177 infant deaths and 251 still births were reported and most of the maternal and infant deaths were reviewed by the competent committee.
- Overall in the district HBNC visits by ASHAs were reported to be rare as was told by the community members that most of the women go to their parental home after delivery and return back atleast after 2-3 months of time gap and thus ASHAs cannot contact them in person for HBNC visits. In this regard, ASHAs reported that they would contact such women on phone while they are very particular about the HBNC visits to their clients.
- The district has a functional 102 and 108 toll-free number under the centralised system of transportation, but only the available ambulances in the district are used for the same.
- Under CPHC, the district has enumerated about 402944 individuals so far and CBAC forms have been filled for them.
- During 2022-23, 71889 suspected patients were screened for different NCDs in the district and among them 7 percent and 4 percent were diagnosed of hypertension and diabetes respectively.
- SDH Sopore and PHC Babareshi have been assessed for Kayakalp in 2021 and SDH scored 75 points while as PHC Babareshi had scored 71.94 percent points.
- Overall, 59 percent of the total district health budget was utilized on human resources (service delivery), followed 14 percent on service delivery based facility, 9 percent on community intervention in the district.
- In the district, the lower-level health facilities had received information regarding the new data elements of HMIS formats and also received training regarding data capture methods, while at higher-level facilities, neither they received any information, nor any training regarding the new data elements of HMIS formats.

2. INTRODUCTION

On yearly basis, the Ministry of Health and Family Welfare, Government of India, approves the State Programme Implementation Plans (PIPs) under National Health Mission (NHM), and the State PIP for 2023-24 has been approved. While approving the PIPs, states have been assigned agreed goals and targets and are expected to achieve them, adhere to critical conditions, and implement the road map provided in each of the sections of the approved PIP. 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 were implemented. However, in 2013-14, the Ministry of Health and Family Welfare decided to monitor the implementation of State PIPs by involving all of the Population Research Centres (PRCs) in the country to undertake this monitoring exercise. It was decided that all PRCs will continue to conduct qualitative monitoring of PIPs in the states/districts assigned to them on a monthly basis. In the 2nd phase, our team in PRC Srinagar undertook this exercise in District Baramulla for the year 2023-24.

2.1 Objective of the Study

In consonance with the Program Implementation Plan (2023-24), the main objective of this study has been to monitor whether the UT in general and district Baramulla in particular is adhering to the key conditionalities while implementing the plan and to what extent the crucial strategies identified in the PIP are implemented and to what extent the road map for priority action and various commitments are adhered.

2.2 Data Collection and Methodology

The methodology for monitoring of state PIPs has been worked out by the MoHFW in consultation with PRCs in a workshop organised by the Ministry at NIHFW on August 12–14, 2013. The Ministry, on the recommendations of the NHSRC, decided to include information from the community leaders. The NHSRC also restructured the checklists and sought comments from the PRCs. After receiving the comments from the PRCs, the checklists were finalised during a virtual meeting held by the NHSRC with all the PRCs of the country. During 2023–24, this PRC has been asked to cover 18 districts in the Union Territory of Jammu and Kashmir. In this background, the present study pertains to district Baramulla. A schedule of visits was prepared by the PRC and two officials consisting of one Assistant Professor and one Research Fellow visited the District and information was collected from the Office of the Chief Medical Officer (CMO), Sub District Hospital Sopore, CHC Tangmarg, PHC Babareshi, UPHC Sopore and

HWC Druroo. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during our visit. An interaction with the community, AWWs and ASHAs was also held at the PHC and HWC levels to discuss various health-related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and the strategic areas of planning and implementation process as mentioned in the road map.

3. OVERVIEW OF JAMMU AND KASHMIR

With the given landmass of UT of Jammu and Kashmir (42241 sq. km), UT of Jammu and Kashmir, is situated in the extreme north of India and occupies a strategic importance with its borders touching the neighbouring country of Pakistan. Given the population pyramid, with 20 districts, the UT has 15,732,671(15.74 Million) population with the overall sex ratio of 889 and Child Sex Ratio of 946 (0-6 years) and Sex Ratio at Birth 976 **(**NFHS – 5). The UT has around eight percent of scheduled caste and 11 percent scheduled tribe population. The overall literacy rate of Jammu and Kashmir is 68 percent while as male literacy rate is 77 percent and female literacy rate was 57 percent (Census – 2011).

The UT of Jammu and Kashmir has a crude birth rate (CBR) of 11.60 percent and a crude death rate (CDR) of 2.81 percent (Census-2011). The infant mortality rate (IMR) has come down to 16 (NFHS–5) as compared to 32 (NFHS–4). The under-5 mortality rate has dropped to 19 (NFHS–5) as compared to 38 (NFHS–4). Moreover, the neonatal mortality rate has come down to 10 (NFHS–5) as compared to 23 (NFHS–4). Use of family planning methods have shown an increasing trend from 57 percent (NFHS– 4) to 60 percent (NFHS– 5), while the unmet need for family planning has decreased from 12 percent to 8 percent during the same period. The number of institutional deliveries rose from 86.6 percent (NFHS-4) to 92.6 percent (NFHS-5), while the number of fully immunised children increased from 86 percent (NFHS-4) to 96.6 percent (NFHS-5).

3.1 District Baramulla

District Baramulla is a gateway that connects Jammu and Kashmir with Neelam (PoK) from the north, and is surrounded by Kupwara from the north-west, Bandipora from the north east, Srinagar from the east, and Badgam and Poonch from the south. According to the population pyramid, District Baramulla has 10, 08, 039 (826039 rural and 182000 urban) people, of which 5, 34, 733 (53.4 percent) are male and 4,73, 306 (46.6 percent) are female, spread across 923 villages and 07 towns, with 04 percent of Scheduled Tribes and 0.15 percent of Scheduled Castes (Census - 2011).

Given the socio-economic parameters, the district has an average literacy rate of 64.63 percent and the overall sex ratio stands at 885. The sex ratio at birth stands at 973 (HMIS). There has been an improvement in Maternal and Child Health Care (MCH) indicators, as the ANC check-ups among pregnant women in the first trimester have gone-up from 56 percent (NFHS – 4) to 83 percent as per NFHS–5 results. Similarly, four ANC check-ups among pregnant women have also increased from 56 percent to 72 percent during the same period, while the number of PNC visits by health professionals has also increased during NFHS – 5 to the benchmark.

The proportion of institutional deliveries has increased from 75 percent during NFHS-4 to 89 percent during NFHS-5, with public health facility deliveries accounting for the majority (85 percent). Overall, full immunisation coverage for children aged 12–23 months has increased from 45 percent (NFHS–4) to 95 percent (NFHS–5). Moreover, the use of methods of family planning among the married population has increased from 59 percent (NFHS-4) to 65 percent (NFHS-5) while the unmet need for family planning has declined from 21 percent (NFHS-4) to six percent (NFHS-5).

4. HEALTH INFRASTRUCTURE

In 10 medical blocks of district Baramulla, public health services are delivered through a network of 281 health facilities of various categories, which include one district hospital/Associate Hospital, 6 CHCs/FRUs including one SDH, one maternity hospital, 84 PHCs, and 188 SCs/HWCs. All the 84 PHCs and 164 SCs (87 percent) were converted into health and wellness centres (HWCs) under the Pradhan Mantri Jan Arogya Yojana (PMJAY), during the last five years. Also in the district, there are three SNCUs, one NRC, one DEIC, six FRUs, one blood bank, and five blood storage units.

Comprehensive Abortion Centers (CACs) are available at six health facilities (1st and 2nd trimesters) in the district. CBNAAT/TRuNAT sites are available at four places in the district. In the district, 12 tuberculosis units and 15 designated microscopic centers were also available at various levels. All the visited facilities have round-the-clock availability of electricity and portable drinking water.

5. DISTRICT HEALTH ACTION PLAN (DHAP)

DHAP is a principle instrument for planning, implementing, evaluating, and monitoring the health sector in the district. Normally, DHAPs are framed for one year only, but for the first time in 2022, the

DHAP was formulated for two years (2022-23 and 2023-24). The DHAP is mainly prepared on the basis of the previous year's performance and achievements of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Overall, a total of 8–10 percent increase is being made for the previous year's indicators in terms of allocation for deliveries, like: JSSK, JSY, and other relevant indicators. The major flaw in the preparation of DHAP observed by our visiting team was that the district has not taken into account the latest figures on various health indicators released by the NITI Ayoug and Ministry from time to time. It needs to mention that Baramulla is an aspirational district and focus on achieving the desired results is the main concern of the district administration. The district has received the approved DHAP for the years 2023-2024 but the 1st installment of funds was released in June 2023. There are seven pending construction works of health department in the district due to a lack of funds which include five works of NABARD and three of BADP.

6. STATUS OF HUMAN RESOURCE

In the health sector of Jammu and Kashmir, there are two categories of human resources: regular staff and NHM staff. The selection of regular staff is based on a centralized mechanism at the UT level, while the selection of NHM staff is made through a centralized mechanism as well as at the district level. From CMO/DPMU Baramulla, it was found that one-half of the paediatricians, 40 percent each of surgeons and physicians, and one-fourth each of O&G, and anaesthetics were found vacant from the regular side. Further, it was found that the district has no radiologist, dermatologist, and AYUSH MO from the regular side. Also, out of the total sanctioned MOs, less than one-fifth (23 percent) were found vacant. From the NHM side, except for O&G, paediatrician, anaesthetist, MBBS doctors, and AUSH MOs, there was not any other approved position for any specialist. Almost all the approved positions under NHM were found in-position.

In SDH Sopore, there were 31 MOs, (both from regular and NHM side), two physicians, four O&G specialists (two regular and two NHM), two paediatricians, and two anaesthetists in place. From the official record of the SDH, it was found that one gynaecologist is deputed to another facility and one MO is deputed to the police hospital in Srinagar.

6.1 Recruitment of various posts

There is well established procedure for recruitment of regular staff through a centralized process and all regular positions are advertised in all national and local newspaper. The positions of specialists and

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). 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 under the Chairmanship of concerned District Magistrate (DM). 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 only six posts of various categories under NHM were found vacant, while from paramedical side, more than 300 regular posts are vacant.

6.2 Trainings

In district Baramulla a number of training programmes were organized for various categories of health staff at the National, State, Divisional, and District level. The information collected from CMO Baramulla about various training programmes conducted for the staff during the year 2022-23 shows that all the training programmes approved under DHAP were conducted in the district. Overall, more than 15 training programmes for both medical and paramedical staff were organized as per ROP that include: NCD screening, NTCP, NPHCE, NIDDCP, NPCCHH, COB, IMNCI, NSSK, AF Round 1 to 3, MAA, GDM, AMB etc. For 2023-24, till date no training program has been conducted yet.

7. STATUS OF SERVICE DELIVERY

The district has implemented the free drug policy for various categories of patients, but it was found that it was not being implemented properly by all the health facilities that we visited during our monitoring exercise. Free diagnostic facilities are provided to only JSSK beneficiaries in the district. During our interaction with patients at SDH Sopore and CHC Tangmarg, it was found that the prescribed free dug policy was not fully implemented in the district. Furthermore, it was found that only JSSK patients had availed free drugs from different health facilities while as other weaker sections of the society are partially covered. On the day of our visit, it was found in SDH Sopore that not a single ANC patient had received any free medicine from the facility. In PHC Babareshi, limited drugs were provided to the patients and as a result, patients had to face a number of difficulties. In UPHC Sopore, the practice of the distribution of free drugs was found satisfactory.

As far as the delivery points of the district are taken into account, the information collected from the DPMU/CMO office shows that not a single SC/HWC is conducting more than three deliveries per month, and only one 24X7 PHC is conducting 10 or more deliveries per month in the district. Out of six CHCs, five CHCs in the district conduct more than 20 deliveries per month. C-section deliveries are conducted at the DH/AH Baramulla and at a few CHCs including SDH Sopore. In case of any emergency, DH/AH and a few CHCs are conducting C-section deliveries during the night hours as well. In both SDH Sopore and CHC Tangmarg, normal deliveries are performed on a 24X7 basis, but C-sections deliveries during the night at CHC Tangmarg are not conducted, while in SDH Sopore, C-sections deliveries are conducted during night hours also.

In SDH Sopore during the last one month (June, 2023), out of the total of 335 deliveries conducted, two-third (65 percent) were conducted through C-section. Similarly, at CHC Tangmarg, out of a total of 37 deliveries performed at this facility during the same period, 56 percent were performed through C-section. The gynaecologist/female MO of PHC Babareshi has been shifted to CHC Tangmarg, and as a result, ANC services are not provided in this facility.

JSSK was launched with an aim to reduce the out-of-pocket expenditure for the families of pregnant women and sick new-born and so far this scheme has played a vital role among these families. In this regard, it was revealed by the pregnant women of the selected health facilities that they have availed most of the JSSK benefits, during their pregnancy period from their respective health facilities. However, it was found that most of the pregnant women who were admitted for delivery either in SDH Sopore or CHC Tangmarg at the time of our visit to these facilities reported that they had *hired private transport for reaching the hospital due one or the other reason*. In all the visited health facilities, protocols regarding the discharging of patients after delivery are not followed at all, thus putting both the mother and the new-born at a risk by discharging them from the health facilities before the due time as per the given guidelines.

PMSMA services on 9th of every month is a routine feature at all the designated health facilities, this facility is available at SDH Sopore and at CHC Tangmarg. Under PMSMA, all the health facilities make a list of pregnant women with different co-morbidities, high-risk pregnant women and are treated and taken care at these FRUs on every 9th date of the month. *It was reported by all the selected health*

facilities that line listing of all the high-risk pregnancies is maintained and the same record was also checked at each of the visited health facility and it was found such records were maintained properly at each health facility.

Respectful Maternity Care (RMC) ensures the protection of the basic human rights of every child-bearing woman. It is a protection from verbal and physical abuse, disrespect, and discrimination during care. It also aims to provide care to childbearing women with dignity, privacy, and confidentiality. Under LaQshya, the Government of India adopted RMC 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 not being taken by the concerned health officials for all the women with regard to RMC. In CHC Tangmarg, it was found that maternity wards were so small, that child-bearing mothers were not feeling safe there. The same is the case with SDH Sopore; maternity wards were found in the basement area, where it is difficult to reach, and there was a complete mess as every-one can intrude into the labour room due to improper security. In SDH Sopore, privacy in the maternity ward was not up to mark, with male attendants found more than the female attendants with patients.

Comprehensive abortion care (CAC) is an integral component of maternal health under NHM. Its aim is to reduce deaths and injury from either incomplete or unsafe abortions by evacuating the uterus; treating infection; addressing physical, psychological, and family planning needs; and referring to other sexual health services as appropriate. In the district Baramulla, a total of five health facilities were providing CAC for both 1st trimester and 2nd trimester abortions. The availability of CAC services is provided both at CHC Tangmarg and SDH Sopore (visited health facilities).

The Adolescent Friendly Health Clinic (AFHC) at DH/AH Baramulla is functioning with two Counsellors (one male and one female) and the DEO is also in-position in the clinic. Under AFHC, 134 meetings were conducted. Infant and Young Child Feeding (IYCF) Centre has been established at the DH/AH in the district and was functional.

8. 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 and nursing

homes. The data by these clinics is regularly received by the district. In the district, a total of 54 health facilities (both public and private) are providing USG facilities and these facilities are registered under PC&PNDT act.

9. SERVICES UNDER NHM

9.1 Free Drug Policy

In all Indian states/UTs essential quality drugs are provided with support of NHM to all public health facilities for distribution among the patients. Previously the administration of UT had announced a free drug policy to all but recently, the UT administration constituted a high level committee to look into the implications of free drug policy. Though, the concerned CMO office reported that they provide free drugs to various categories of people as part of the free drug policy, but during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility is provided to limited number of patients and as such most of the patients purchase drugs from the open market. It was disclosed by the patients as well as their attendants at the visited health facilities that very few drugs (out of the total medicines prescribed by the doctor) are provided to patients when they visit any health facility for any treatment as per the old traditional system. At visited SDH, PHC and HWC, essential drug list was not found visible. In SDH Sopore on the day of visit it was found that there was not any record of drug consumption register for ANC patients.

Further, it was also found that at most of the health facilities, the rate list for various diagnostic tests was displayed, and according to this rate list, people were being charged for any diagnostic test. However, it was reported by the concerned administrators of the health facilities that a free drug policy has been implemented for BPL families while JSSK beneficiaries get drugs and diagnostics free of cost at all levels in the district. During our interaction with the community, it was found that people are being charged for various services, including diagnostics, by the health facilities.

9.2 Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is an important NHM initiative aimed at early identification and early intervention for children from birth to 18 years, and this concept in Baramulla is in vogue. There is one District Early Intervention Centre (DEIC) which was established earlier in the DH/AH. Most of the staff sanctioned under the scheme, both for the field teams and DEIC, were found in positions.

There are 20 sanctioned RBSK teams in the district and, out of these; 19 teams have full sanctioned human resources. The DEIC has more than half of its approved staff in place. In the district none of the blocks was found without a dedicated RBSK team. The district has hired 20 vehicles for these RBSK teams, and for each block, there are two teams in place. In the district, on an average 40 children were screened per day by per team and during last six months 3089 children were screened at various delivery points for different defects at birth. The screening rate by RBSK teams was found to below the recommend rate.

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

Overall, the district has 3 approved SNCUs for various selected health facilities but only two SNCUs have been made functional till date. In District Baramulla, one operational SNCU is located at the DH/AH, and another is located at the SDH Sopore. The SNCU at the DH/AH was established in the first phase and has a bed capacity of 12 beds. The SNCU at DH/AH have 12 radiant warmers, step-down cares and two mother care units. In SDH Sopore, SNCU has 11 beds with three beds for in-born patients and eight for out-born patients. The total staff strength of SNCU at SDH Sopore was one staff nurse, one paediatrician and one orderly. During night time, there was not any paediatrician available in the facility. On the day of visit, all the 11 beds were occupied with all out-born patients.

Overall, out of six approved NBSUs in the district, five were reported to be functional. In CHC Tangmarg, there is one NBSU which is non-functional for unknown reasons. Overall, a total of 2438 (2289 inborn and 149 outborn) new-born children were admitted in 5 functional NBSUs of the district and among inborn children, 15 percent (341 new-born children) were referred to higher health facilities for treatment while as all the outborn and 85 inborn were discharged from NBSUs after treatment.

During 2022–23 at various SNCUs in the district, a total of 1591 (797 inborn and 794 out-born) infants were admitted at the SNCUs. Of these, 67 percent in-born and 72 percent out-born infants were discharged after getting the treatment. No death has been reported by the any SNCU of the district during the same time. A large number of newly born infants were referred to other higher level health facilities for advanced treatment with 31 percent from in-born and 26 percent from out-born. The PICU has not yet been made operational at DH/AH Baramulla.

9.4 Nutrition Rehabilitation Centre (NRC)

The district has a sanctioned Nutrition Rehabilitation Centre (NRC) at associated hospital and 678 patients were admitted during 2022-23 in it. It was found that one-fifth of the patients each were admitted in the NRC were suffering with bilateral pitting oedema, MUAC<115M and >3 SD WFH. Also 15 percent were suffering from diarrhoea and 10 percent had nutritional disorder. Most of the patients were discharged after getting proper treatment and only a few (3) patients were referred for advanced treatment. A large number of patients (610 patients) came to NRC at their own while as 15 patients each were referred by frontline workers and RBSK field teams.

9.5 Home-Based New-born Care (HBNC)

Overall, 3517 HBNC kits were available with ASHAs in the district of Baramulla. During the year 2022-23, a total of 12681 visits were made by ASHAs to new-born children under HBNC. The information collected, from ASHAs at different visited health facilities shows that HBNC kits were available, but only few items were available in these kits. It was furthermore found that no drug kit was available with them. During our interaction with the community, it was found that HBNC visits by ASHAs are very rare, and they were not conducting the HBNC visits. The community members reported that most of the women go to their parental home after delivery and return back atleast after 2-3 months of time gap and thus ASHAs cannot contact them in person for HBNC visits.

9.6 Maternal and Infant Death Review

In district Baramulla, during the last year (2022-23), 20 maternal deaths, 10 child deaths, 177 infant deaths and 251 still birth were reported, while as in current year (2023-24), two maternal deaths, 32 infant deaths and 51 still birth were reported. The review of maternal and infant deaths is done on regular basis by duly constituted committees both at facility and district level. 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.

9.7 Peer Education (PE) Programme

A Peer Education Program has been implemented in the district, and so far only four blocks have been covered under this programme. Overall, a total of 229 villages have been identified and brought under PE programme. During 2022-23 a total of 134 meetings were held under this programme in the selected blocks of the district. Trainings to all the stakeholders have been organized and various

activities have also been carried-out during 2022-23 in the selected blocks. Overall, it was found that this programme has not picked-up as desired and efforts are being made by the concerned officials to bring all the blocks under this programme during the current finical year.

10. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT

MMU is the key strategy to facilitate access to public health care for people living in remote, difficult, under-served, and unreached areas. On a monthly basis, the MMU staff performed a variety of activities, including: 13 trips, 13 camps, 23 villages visited, 1505 OPD patients, and 600 lab investigations. Overall, 16 sputum samples were collected for TB detection last month and 10 patients were referred to the higher facilities for advanced treatment.

In terms of referral transport, the district has a limited number of vehicles with various health facilities for JSSK and other referral patients. The district has a functional 102 and 108 toll-free number under the centralised system of transportation, but only the available ambulances in the district are used for the same, which are fitted with GPS. The district has 12 (8 ALS+4 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and they are operational on a need-basis for 24X7. These ambulances with BSL and ASL are fitted with GPS and handled through a centralised call centre. On an average, 12 calls are received per day for ALS and BLS. The available vehicles in the district were found to be insufficient, and district was forced to outsource the hiring of vehicles, particularly for JSSK beneficiaries.

11. COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In order to ensure delivery of Comprehensive Primary Health Care (CPHC) services, Sub Health Centres covering a population of 3000-5000 have been converted to Health and Wellness Centres (HWC), with the principle being "time to care" to be no more than 30 minutes. Primary health centers in rural and urban areas have also be converted into HWCs under Ayushman Bharat. In this background, district Baramulla has converted all the 84 rural PHCs and existing two UPHCs into HWCs while out of a total of 188 SHCs, 87 percent (164 SHCs) have been converted into HWCs and have been made operational. Under CPHC, the district has enumerated about 402944 individuals so far, and 402944 CBAC forms have been filled in the district. In the district 164 HWCs, two UPHCs and 85 PHCs have started the NCD screening in the district. District Baramulla has not yet met the 100 percent target of the total

population for filling-up CBAC forms, but a large population has been screened for various types of NCDs such as hypertension, diabetes, oral cancer, breast cancer, and cervical cancer. In SDH Sopore and CHC Tangmarg, the screening rate of various types of NCDs like hypertension, diabetes, oral cancer was found to be very low as the screening is done in routine OPDs only. In case of PHC Babareshi, screening of all NCDs conducted was not also satisfactory. Screening is done at all the established HWCs, but tele-consultation services and some wellness activities are being provided by 162 HWCs in the district. In all the visited health facilities except HWC Druroo, tele-consultation services are provided on regular basis to the patients.

11.1 Universal Health Screening (UHS)

Universal Health Screening (UHS) was considered a good idea under the umbrella of NMH. In the district, the screening of different NCDs during 2022-23, about 72000 suspected patients were screened for different NCDs and it was found that 7 percent and 4 percent were diagnosed for hypertension and diabetes respectively. Also out of approximately 40,000 suspected screened cases, six patients were detected for breast cancer in the district. During last six months in SDH Sopore, 2146 suspected for hypertensions, 1846 suspected cases for diabetes, 29 cases for oral cancer, 39 for breast cancer and 12 cases for cervical cancer were screened. In CHC Tangmarg, 3568 suspected/referred cases were screened for hypertension and diabetes and out of these 9 percent were found hypertensive and 5 percent were found as diabetic. In PHC Babareshi, 360 persons were screened for hypertension, 190 for diabetes, 150 for oral cancers, 25 each for breast and cervical cancer and out of these 13 percent each were detected as hypertensive and diabetic. HWC Druroo screened 344 suspected individuals for hypertension and diabetes during last six months. During our visit to the selected health facilities, it was observed that the link, coordination and referral activities between the lower and higher level health facilities was found to be very poor. Further, it was also found that the monitoring mechanism regarding HWC services was missing at the ground.

12. GRIEVANCE REDRESSAL

During our monitoring exercise in the selected health facilities, it was found in all visited health facilities no complaint boxes were found anywhere. There is no toll-free call centre established in the district for registering the grievances. None of the visited health facilities was found concerned about the grievance redressal system and were of the opinion that all such issues are resolved when brought

to 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 resolving such issues with maximum transparency. Mera-Aspatal has been established partially at few health facilities in the district with very limited excess.

13. COMMUNICABLE DISEASES PROGRAMME

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Teams (RRTs) have been constituted both at the district level as well as at the block level. The Rapid Response Teams (RRTs) in Baramulla are composed of D.H.O., Epidemiologist, General Physician, and Microbiologist. In the previous year, no outbreak was investigated. All the designated health facilities in the district are regularly uploading the weekly data under IDSP on the portal. The data is properly monitored, and early signs of epidemics are detected. The information collected from the visited facility shows that the SC-HWC is reporting the data on a daily basis in Form-S under IDSP in the online mode on the tablet that has been provided by the SHS, while at PHC level, the data on IDSP is uploaded on a weekly basis as reported by the concerned MO. Furthermore, the information collected from the CHC and SDH indicates that the data on the P, S, and L forms under IDSP is being updated on a weekly basis. The data of IDSP is utilised for planning and implementation of health programmes. Further, the information collected from the CMO office reveals that the district is not covered under the National Vector Borne Diseases Control Programme (NVBDCP), but the authorities failed to provide us with a copy of any micro or macro plan regarding the programme.

Under the National Leprosy Eradication Programme (NLEP), not a single new cases of leprosy have been reported in the district during the current year, while there are no cases of G2D cases in the district. The district has not provided any reconstructive surgery for any G2D cases, but MCR footwear or self-care kits are available there. Under the National Tobacco Control Programme and the National Iron Deficiency Disorders Control Programme, the district has conducted a few awareness programmes under the IEC component of the ROP at facility and panchayat level.

Under the National Tuberculosis Elimination Programme (NTEP), a target of three-fourths of TB patients has been notified. All the visited health facilities are actively involved in NTEP. In this regard, the services of ASHAs are also being utilised to ensure the detection of new cases, supply and consumption of drugs to the identified patients. Both drug susceptibility testing (UDST) to achieve the

elimination status done at the district and both drug sensitive and drug resistance testing are available. Further, the information collected shows that all the patients have been notified by the public sector, and the overall success rate was found to be 100 percent in the district. There are five MDR TB patients in the district, and treatment has been initiated in these cases by the district authorities. The plan for finding active cases is done as per the protocol set by the district. CHC Tangmarg and SDH Sopore are designated DMCs. Anti-TB drugs were found available at almost all the visited facilities and few patients are taking these drugs from their nearest health facility. During Last six months, 50 percent of patients have been tested through CBNAAT/TRuNAT. All the TB patients in CHC Tangmarg have been tested for HIV and diabetic Mellitus. Since November 2022, all payments of TB patients were pending under Nikshay Poshan Yojana. UPHC Sopore and PHC Babareshi were not designated as DMCs and also drugs for TB were not available there.

14. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

In district Baramulla, all the 1236 approved ASHAs as per the population were found in position. In district, 899 ASHAs were enrolled for PMJJBY, 1134 for PMSBY, and 664 for PMSYMY, but not a single ASHA facilitator was enrolled for any benefit scheme. There were nine Mahila Arogya Simitis (MASs) in the district under NUHM and were found functional. It was reported by the ASHAs that there was not any payment pending till July, 2023 but for last two months they have not yet received the monthly assured honorarium. All the contacted ASHAs reported that they make the required HBNC visits on regular basis to their clients but during our interaction with the pregnant women at various visited health facilities, it was found that all ASHAs do not take essentials HBNC visits to these women. In CHC Tangmarg, out of ten women whose delivery was performed there revealed that ASHAs did not accompany them to the health facility at the time of delivery.

15. IMMUNIZATION

The information collected regarding the immunization shows that the birth dose of BCG immunization is provided at DH/AH, SDH, CHC, and PHC level only. None of the SC-HWCs in the district provide BCG doses of immunization to infants. Information collected from the selected health facilities shows that at SDH Sopore, 1049 infants were provided BCG and other birth doses during the last three months (April-July) while as in CHC-Tangmarg, 117 new-borns were immunized with first birth dose. Outreach sessions have been held to net the drop-out or 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 the sub-center level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for preparing micro plans. Cold Chain Mechanics for the maintenance of cold chain machines and paramedics trained in cold chain handling are in place in the district. At 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 and Rapid Response Teams have been formed in the district. The information collected from the selected health facilities shows that all the health facilities, including SC Druroo, have hub cutters available and the vaccine is not usually kept there. Overall, the immunization status for children and pregnant women was found to satisfactory at all levels.

16. FAMILY PLANNING

Besides SDH, CHCs and some PHCs, a few 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 identified health institutions of various categories in the district. 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 Babareshi, both the SDH Sopore as well as the CHC- Tangmarg have trained manpower to provide IUCD/PPIUCD. Counselling on FP is mainly provided by the LHVs, SNs, and CHOs at the SDH and CHC levels, while as such, counselling is also provided by the MOs and ANMs at the SC and PHC level in the district. During the last one month, in SDH Sopore, 10 cases of female sterilisation were done while at CHC Tangmarg, no female sterilisation had taken place during the same period.

17. QUALITY ASSURANCE

Quality Assurance Committees (QACs) have been established for the purpose of improving safety and quality of health services. A District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs, etc. DQAC held one meeting during this year and the members stressed upon to ensure the rollout of standard protocols for RMNCHC+A services, disseminate quality assurance guidelines and tools, monitor health facilities

for improving quality measures by mentors, payment of family planning compensation, and compile and collate outcomes/complications in maternal, neonatal and child health.

SDH Sopore has been assessed for Kayakalp in 2021 and scored 75 points and assessment of LaQshya has also been initiated, but not certified yet, while as in case of NQAS no assessment has been done. CHC Tangmarg and UPHC Sopore has not initiated for assessment of Kayakalp or NQAS, while as PHC Babareshi has initiated for internal assessment for Kayakalp and scored 71.94 percent points. The district officials are presently preparing two SC-HWCs from each block for NQAS and in this regard the DPMU and other officials are making frequent visits to these facilities to update them for NQAS assessment.

17.1. Information Education and Communication (IEC)

At all levels, the display of appropriate IEC material in health facilities was found satisfactory. All the health facilities (especially SC-HWCs) have increased their visibility in terms of IEC by putting up hoardings and banners for various services they are providing at their health facility. The IEC material related to NCDs, MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the SDH, CHC, and PHC levels also.

18. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

The Health Management Information System (HMIS) is a Government-to-Government (G2G) web-based Monitoring Information System that has been put in place by the Ministry of Health and Family Welfare (MoHFW). Data on this website is regularly uploaded by all the mapped health facilities of the district Baramulla with rest of the country. 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 health facilities. In district Baramulla, it was found that all the visited health facilities have uploaded data on the HMIS portal till the month of April, 2023 and from month of May, 2023 the data has not been uploaded on the website by any of the visited health facility on the date of our visit. Recently the Ministry updated all the formats of HMIS and added a large number of new variables so as to make the HMIS a comprehensive and complete data set for all the stakeholders. The ministry conducted various training programmes for all the stakeholders after the new HMIS formats were prepared. These training programmes were conducted both physically as well as through on-line mode. Since we visited five health facilities in

Baramulla district and a thorough review of records available and incorporation of new data variables in the existing records was checked. Further, all the concerned at each of the visited health facility were asked about the training/instructions they have received from their programme management units for capturing, maintaining and reporting on the new data variables. Further, the availability of new HMIS formats was also checked at each health facility. It was found from the higher-level health facilities that they had not received any information or training regarding the new data elements, while the staff of SC-HWC have received two trainings regarding the new data elements. Similarly, at UPHC Sopore and PHC Babareshi, the staff was aware about the new HMIS formats and have started capturing information on the new data items that have been incorporated in these formats. In various sections of SDH Sopore, the recording and reporting of new data elements was found missing though they have been asked to comply with the new formats and maintain information accordingly. CHC Tangmarg has also started capturing information on new data elements of the HMIS format and most of the section were found equipped with the knowledge regarding new HIMS formats and incorporation of new data elements in it. Matching of the HMIS data for the previous year was found accurate in all the visited health facilities. The availability of new HMIS formats and further training was assured by the DPMU and concerned BPMUs during our interaction with them.

19. STATUS OF FUNDS RECEIVED AND UTILIZED

As per the information received from the CMO office, it was found that during 2022-23, fund received under heads of accounts have been fully utilized. From district fund utilization data, it was found that 59 percent of the total district health budget was utilized on human resources (service delivery), followed 14 percent on service delivery based facility, 9 percent on community intervention in the district Baramulla. It was also found that expenditure under various heads of accounts had been fully utilized in the district. During 2023-24, funds are released as per demand from time to time, and the district has utilized all the funds of 1st quarter of 2023-24 under different account heads. It needs to be mentioned here that the funds allocation is done through Single Nodal Agency (SNA) to all the districts in Jammu and Kashmir and this has brought maximum transparency in allocation and expenditure of funds.

Fig (1) % of Budget Utilization in RCH and Health System flexible pool as per ROP 2022-23, Baramulla

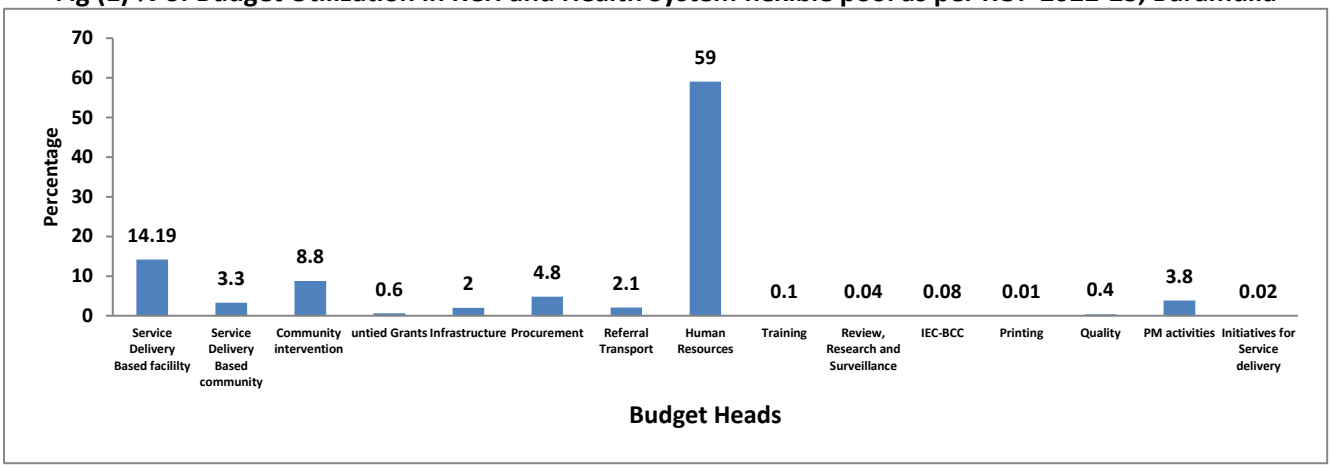
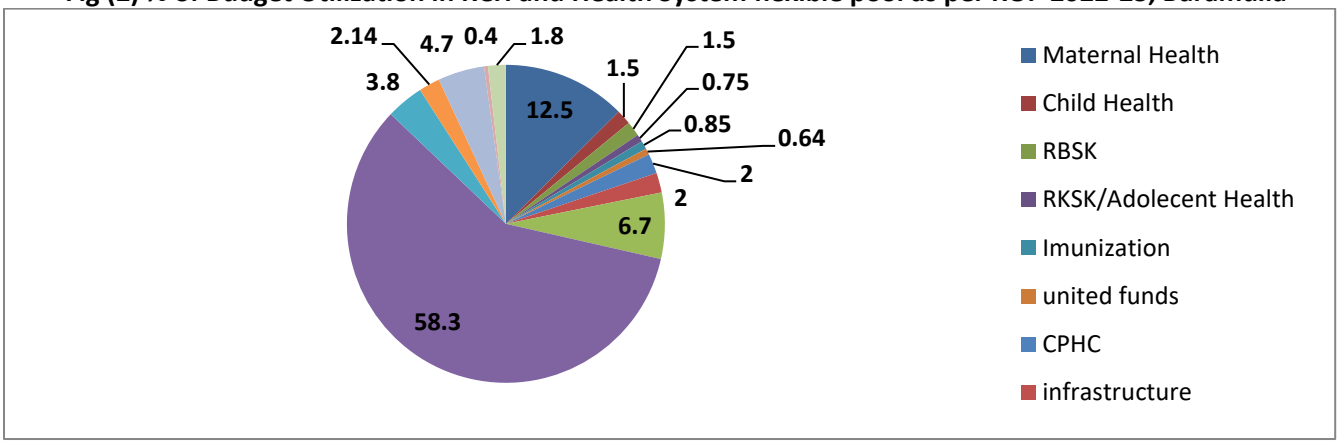


Fig (2) % of Budget Utilization in RCH and Health System flexible pool as per ROP 2022-23, Baramulla



20. FACILITY-WISE BRIEF

20.1 Sub-District Hospital Sopore is situated at the centre of the Sopore town and is housed in a well-structured concrete building with enough space. The 1st referral point for SDH Sopore is GMC Baramulla which 15 Kms away from it. It has a bed capacity of 200 beds, but only 146 beds were found functional there. In SDH, the availability of infrastructure includes 24X7 running water, clean functional toilets, drinking water facility, OPD waiting area, drug store etc. was found satisfactory. Further, it was found that almost all the necessary services which include general medicine, O&G, paediatric, surgery, anaesthesiology, dental, imaging services, labour room complex, OTs, and emergency care are available at the hospital. SDH has a registered Blood Storage Unit and is functional on 24X7 basis. On the day of our visit, 15 blood units were available and 24 blood transfusions were done during the last one month in the hospital. SDH Sopore is providing tele-consultation services to patients on regular

basis. The SDH has the availability of OTs for general, orthopaedic, O&GY, and overall condition of these OTs was found satisfactory.

SDH Sopore has sanctioned staff as per the IPHS standards which includes, 31 MOs both from regular as well as NHM side and all were found in-position. But among the specialists, half of the general physicians were found vacant, while in case of surgeon specialist, out of five sanction position, two positions were found vacant. In case of ENT, orthopaedics, psychiatry, dental surgeon and paediatrician, there was one sanctioned post for each, and all were vacant. There are 57 SNs (12 regular and 45 NHM), 13 lab technician (nine regular and four NHM), nine pharmacists (seven regular and two NHM) and 25 other employees also.

All the necessary equipment was reported to be available in SDH. All the sections of this health facility were found well equipped with requisite equipment. The central lab of the hospital remains open for 24X7 and all the requisite diagnostics are being done in the hospital on 24X7 basis but USG is done only during the day time. All diagnostic services (lab tests, X-Ray, USG) are free only to JSSK beneficiaries. Besides, Jan Aushadhi facility, hospital has a huge drug store and remains open for the services from 10-4 pm. Supply of drugs was reported to be sufficient and the Essential Drug List was displayed in the store and at the entrance also. All the patients who were referred to other higher facility for treatment were given transport by the SDH. SDH has 12 dedicated ambulances for referral services under toll free number 102 and 108. In SDH Sopore, external assessment for Kayakalp has been done and have scored 76 percent points, and LaQshya for labour room has been initiated yet. In case of NAQAS, no assessment was initiated in the SDH. The facility has been designated as FRU. During last one month (June), a total of 395 deliveries were conducted at this facility and out of these; more than 55 percent were C-section deliveries. **Key Challenge:** *There is a shortage of manpower for conducting the USG round the clock and patients have to go in private for this purpose. Though there is a functional blood storage facility but keeping in view the workload in OTs, there is a need to have a Blood Bank in this facility with requisite manpower. There is also need for CT-Scan/MRI and laparoscopic machine as few medical officers have expertise in laparoscopy surgeries.*

20.2 Community Health Centre (CHC) Tangmarg is located in district Baramulla, on the Srinagar Gulmarg road which is just 12 Kms away from world known tourist destination Gulmarg. It is around 45 kms away from the district headquarter and GMC Baramulla. It is a standalone facility housed in an old

building and also one new block has been made operational (though still incomplete). The new building for this CHC is still under construction since long and for the last two years no funds have been released for its completion due to some administrative issues. It is a dedicated FRU and its next referral point is Jhelum Valley College (JVC) and SMHS (State Hospital) Srinagar both at a distance of 30 kms. It is functional on 24X7 basis. It has 24X7 running water, facility of ramp for disabled persons, clean toilets, drinking water facility, and electricity backup. The CHC has 30 functional beds, but the space of wards is so limited that makes them suffocated. The waiting area for the patients is also very limited, that results in huge congestion in the CHC. The CHC is providing different type of services that include; general medicine, general surgery, O&G, paediatrics, orthopaedics, ENT, ANC, X-Ray, testing lab and USG. There is also tele-consultation service available and on an average 31 tele-consultations were done during the last month. The facility has two operation theatres and blood storage unit available. On the day of visit, four blood units were available at the BSU. An outsourced mechanism of disposing of biomedical waste is in vogue through Kashmir Health Service Lasipora. In the CHC, more than 80 percent services were offered by the regular staff, and there are three MOs, two staff nurses, two lab technicians and 18 other staff members from NHM side. The facility has not initiated for Kayakalp, NQAS and LaQshya. Only few drugs were found available from the EDL on the day of our visit. A total of 8050 lab and other testes were in the month of June alone. Both C-section and normal deliveries (on 24X7 basis) are performed in this health facility by trained staff. During the month of June alone, a total 37 deliveries were performed and out of these, more than half of the deliveries were C-section deliveries. All the JSY payments were found cleared till April 2023. Maximum numbers of JSSK entitlements were availed by the beneficiaries and also PMSMA services were provided to the pregnant women. During last year (2022-23), two infant deaths and 6 child deaths were reported in the facility. **Key Challenge:** *The main challenge of the CHC Tangmarg was that there was an acute shortage of space. There was the huge crowd at the registration counter due to very limited space. The operation theatre of the facility has not been designed as per the latest norms.*

20.3 PHC Babareshi is a 24X7 PHC and was converted into a HWC. It is situated at a distance of three kms from Gulmarg and 07 Kms from CHC Tangmarg. It is housed in single storey old building with multiple number of rooms there. There is also the staff quarter in the PHC. The overall structure of the building was damaged. The PHC has the facility of 24X7 running water, OPD waiting area, ASHA rest room, drug store, power backup etc. There are two functional beds and PHC is providing the number of

services that include OPD, immunization, ANC, NCD, and IPD. There was the facility of tele-consultation services in the PHC. The PHC has the staff strength of two MOs, one ANM, one lab technician and three others. All are from the regular side, while from NHM side there was no employee. One MO (gynaecologist) has been deputed to CHC Tangmarg for unknown reasons and thus the ANC services at this facility have been made defunct. In 2022, PHC has initiated for Kayakalp and scored 71.94 percent points, while for NQAS no assessment has been initiated yet. There was a list of 70 essential drug in the EDL, but only 50 were found available on the day of visit. In the PHC, 15 years back an X-ray machine was installed, but it remained non-functional due to non-availably of X-ray technician. In the PHC, there was a complete list of high risk pregnancies. During last six months, 360 patients were screened for hypertension, 190 for diabetes, 150 for oral cancer and 25 for breast and cervical cancer. **Key Challenge:** *Due to non-availability of an x-ray technician, no x-ray is done in this facility though the X-ray machine has been installed there some 15 years back. Female MO has been attached to CHC Tangmarg and thus ANC services at this facility have severely suffered. T*he facility is without an ambulance driver and the driver has been attached to some other facility without keeping in view the location of this facility. The sanitation and sewage disposal system of the facility was found to be defunct, as a result all bathrooms were found non-functional.

20.4 Health and Wellness Centre Druroo is situated 3 km away from CHC-Tangmarg. It is housed in a rented two-storey building with sufficient space. It caters to a population of around 3000 people. The building has four rooms, and has a single bathroom which is outside the building. Two ANMs (one each from regular and NHM side), and one CHO/MLPH. There are seven ASHAs attached to this HWC. There is a list of 23 essential drugs and on the day of our visit, half of the drugs were not found available there. Sufficient quantity of rapid testing kits was found available there. The BP instrument, thermometer, glucometer, terminal methods of contraceptives, vaccine and hub cutter were found available there. Records related to line listing of high risk pregnancy was found there and four high risk pregnancies were found in HWC. Eligible couple register was also maintained at this facility and there were a total of 1857 eligible couples, but less than one-fifth of the CBAC forms were filled during last six months. In the HWC, 344 individuals have been screened during last six months for hypertension and diabetes. **Key Challenge:** *HWC is housed in a rented building that doesn't fulfil the needs of a HWC.*

20.5 Urban Primary Health Center Sopore is just 2 kms away from SDH Sopore. It is two story concrete building with limited space. It is rented building. The facility has five beds and has facility of general OPD, IPD, NCD services, ANC services, immunization, counselling and lab services. This UPHC is also providing tele-consultation services. This health facility has 24X7 drinking water, clean toilets, OPD hall, power backup etc. The total manpower in UPHC comprises of one MO, two SNs, four ANMs, one lab technician, and two others. All these employees are from NHM side. The facility has not initiated for Kayakalp and NQAS assessment. On the day of visit a list of 75 essential drugs was available, and majority of the drugs were found in the drug store and also all drugs for NCD are available there. Different types of diagnostics test (pregnancy testing, haemoglobin, BT/CT, and blood sugar to pregnant women) are conducted there. NCD screening in the UPHC is at low pace and only 185 suspected patients were screened during last six months. Out of these, 13 percent were confirmed as hypertensive and 25 percent as diabetic. During 2021-22, the facility has utilized the entire received budget. ***Key Challenges:*** *The facility is in a rented building with limited space. Part time MO is not there and this facility is open only during 10 a: m to 4 p: m.*

20.6 Community. Through a well-structured interview schedule, we made an interaction with the community at the different visited health facilities, and different viewpoints and perceptions about the service utilization were captured. It was found from majority of the respondents, that they know the location and staff strength of respective health facilities. In PHC Babareshi, Tangmarg, the community revealed that the concerned MO is providing good service, but due to the shortage of essential drugs and non-availability of private medical shop in the area, patients had to move to CHC Tangmarg for minute ailments. In HWC Druroo, the community members were satisfied with the services from this HWC. In UPHC Sopore, the community members were of the view that the facility should remain open with a MO and paramedical staff beyond 4.00 OM. Overall in all the visited health facilities the behaviour of staff reported to be good by the community. **Key challenge:** *Manpower to health facilities as per the requirement and workload, Implementation of free drug policy for all as announced by the UT administration, Intensify NCD screening by HWCs through camps at various places in their respective areas, need to create strong coordination with various other likeminded departments for better coverage of various health and wellness issues of the population at the village level.*

21. RECOMMENDATIONS AND ACTION POINTS

There is a visible improvement in the district in the implementation of different components of NHM and Baramulla being an aspirational district has been working hard to get the desired results. There are still some issues in making few health related schemes to work efficiently. Based on the monitoring exercise in Baramulla, following are the recommendations and action points for further improvement:

- In the district as a whole, an increasing trend has been seen in C-section deliveries, and in SDH Sopore and CHC Tangmarg alone during last one month more than 55 percent deliveries were conducted through C-section. *It is therefore, suggested to impress upon the concerned including BMOs/MSs to conduct a regular audit of each of the C-section delivery as per the given protocols. There is also need to have prescription and diagnostic audit at all higher level health facilities to keep a check on all doctors while prescribing medicines and diagnostic tests to patients.*
- It was found from the visited lower level health facilities that, due to the limited availability of drugs, basic investigation facilities and doctors, patients get compelled to visit higher level health facilities for treatment of even minor ailments. *In order to make primary health care services effective and more visible, it is suggested to streamline the services (availability of atleast drugs in sufficient quantity as per EDL, one dedicated MO, and lab investigations as per guidelines) at PHCs and SC-HWCs so that population can get benefited from these health facilities with lesser or no burden on their pockets.*
- During our visit to selected health facilities, it was found that almost all the field staff including MOs, ANMs, Graduate MLHPs, LTs, Pharmacists and SNs from PHCs, UPHCs, and HWCs are put on roaster duty/night duty at CHCs and SDHs, which severely affects the services at these lower level health facilities. *It is therefore, suggested to stop this practice so that the lower level health facilities won't get affected in terms of service delivery on daily basis.*
- In the visited HWC/SC, the knowledge and training of MLHPs/CHOs was found to be limited with regard to their duties under the given guidelines regarding HWCs. *Therefore, it is suggest organising the training programmes for the CHO, so that they can deliver in a much better way.*
- Regular trainings, orientation, workshops etc. need to be organized on regular intervals for each category of health workers so that their efficiency and quality of work can improve.
- The performance of RBSK teams was found be much lower than the given guidelines. *It is therefore, suggested to monitor their work in a much better way so that optimal results can be achieved.*
- During our interaction with community and other stakeholders, It was found that pregnant women go to their parental home for delivery, as a result they don't avail any service of HBNC visit from their respective ASHAs. *Therefor it is suggested that ASHAs of that area (Parental Home) can take the responsibility of HBNC visit, so that both the new-born and the mother can be treated properly.*
- No training has been provided to the concerned staff for capturing the information on the new data elements of HMIS at higher level health facilities, as a result they have not yet initiated any data capturing process. Therefore, there is an urgent need to arrange the training for the staff of these higher level health facilities, so that they can start to capturing and reporting the data on these new elements of HMIS.

PHOTO GALERRY

X-ray Machine PHC non-functional from 15 Years)

SDH Sopore Building

PHC in a Very Old Building

CHC Tangmarg with limited space

Interaction of visiting maternity ward at SDH Sopore

Functional SNCU in SDH Sopore

UPHC Sopore in Rented Building with Limited

Space & Dedicated Team of UPHC Sopore

HWC Druroo in Rented Building

Interaction with the Staff HWC Centre

Discussions with BMO and other Officials at Sopore

Kayakalp certificate

Interaction with ASHAs at Tangmarg with concerned BMO