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

(A Case Study of Budgam District)

Submitted to

Ministry of Health and Family Welfare

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List of Abbreviations

AD	Allopathic Dispensary	**GOI**	Government of India
AEFI	Adverse Effect of Immunization	**HBNC**	Home Based New Born Care
AMC	Annual Maintenance Contract	**HCV**	Hepatitis C Virus
AMG	Annual Maintenance Grant	**HFDs**	High Focus Districts
ANC	Ante Natal Care	**HFWTC**	Health & Family Welfare Training Centres
ANM	Auxiliary Nurse Midwife	**HIV**	Human Immunodeficiency Virus
ANMT	Auxiliary Nursing Midwifery Training	**HMIS**	Health Management Information System
ASHA	Accredited Social Health Activist	**ICDS**	Integrated Child Development Scheme
ARSH	Adolescent Reproductive & Sexual Health	**IDD**	Intellectual Developmental & Disabilities
AWC	Anganwadi Centre	**IDSP**	Integrated Disease Surveillance program
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Sidha & Homeopathy	**IEC**	Information Education & Communication
BeMOC	Basic Emergency Obstetric Care	**IFA**	Iron & Folic Acid
BHE	Block Health Educator	**ILR**	Implantable Loop Recorder
BHW	Block Health Worker	**IMNCI**	Integrated Management of Neonatal & Child Infections
BMO	Block Medical Officer	**IMR**	Infant Mortality Rate
BPL	Below Poverty Line	**IPD**	In Patient Department
BPMU	Block Programme Management Unit	**IPHS**	Indian Public Health Standards
CCU	Critical Care Unit	**ISM**	Indian System of Medicine
CBC	Complete Blood Count	**IUD**	Intra Uterine Device
CeMOC	Comprehensive Emergency Obstetric Care	**JSY**	Janani Suraksha Yojna
CHC	Community Health Centre	**JSSK**	Janani Sishu Suraksha Karyakaram
CHE	Community Health Educator	**KFT**	Kidney Function Test
CHO	Community Health Officer	**LFT**	Liver Function Test
CMO	Chief Medical Officer	**LHV**	Lady Health Visitor
C-Section	Caesarean Section	**LMP**	Last Menstrual Period
CTG	Cardiotocography	**LT**	Laboratory Technician
DEIC	District Early Intervention Centre	**MCH**	Maternal and Child Health
DDK	Disposable Delivery Kit	**MD**	Mission Director
DDO	District Data Officer	**MDT**	Multi Drug Treatment
DH	District Hospital	**MIS**	Management Information System
DHO	District Health Officer	**MMPHW**	Male Multi-Purpose Health Worker
DOTS	Directly Observed Treatment Strategy	**MMUs**	Medical Mobile Units
DPMU	District Programme Management Unit	**MO**	Medical Officer
DTO	District Tuberculosis Officer	**MOHFW**	Ministry of Health and Family Welfare
ECG	Electro Cardio Gram	**MoU**	Memorandum of Understanding
ECP	Emergency Contraceptive Pill	**MS**	Medical Superintendent
EDD	Expected Date of Delivery	**MTP**	Medical Termination of Pregnancy
EDL	Essential Drug List	**NA**	Not Available
ENT	Ears, Nose and Throat	**NBCC**	New Born Care Unit
FDS	Fixed Day Static	**NCD**	Non Communicable Diseases
FMPHW	Female Multi-Purpose Health Worker	**NGO**	Non-Governmental Organisation
FRU	First Referral Unit	**NO**	Nursing Orderly
GIS	Geographical Information System	**NIHFW**	National Institute of Health & Family Welfare
GNM	General Nursing & Midwifery	**NLEP**	National Leprosy Eradication Program
NPCB	National Program for Blindness Control	**SNCU**	Sick New-born Care Unit

NRC	National Resource Centre	**SPMU**	State Program Management Unit
NRHM	National Rural Health Mission	**SRS**	Sample Registration System
NPHCE	National Program for Health Care of the Elderly	**ST**	Scheduled Tribe
NSSK	Navjat Sushu Suraksha Karyakaram	**STI**	Sexually Transmitted Infection
NSV	Non Scalpel Vasectomy	**STLS**	Senior T.B Laboratory Supervisor
NVBDCP	National Vector Born Disease Control Program	**STS**	Senior Treatment Supervisor
OP	Oral Contraceptive Pills	**TB**	Tuberculosis
OPD	Out Patient Department	**TBA**	Traditional Birth Attendant
OPV	Oral Polio Vaccine	**TFR**	Total Fertility Rate
ORS	Oral Rehydration Solution	**TSH**	Thyroid-stimulating hormone
OT	Operation Theatre	**TT**	Tetanus Toxoid
PNC	Post Natal Care	**USG**	Ultra Sono Graphy
PCB	Pollution Control Board	**VBD**	Vector Born Disease
PHC	Primary Health Centre	**VDRL**	Venereal Disease Research Laboratory
PHN	Public Health Nurse	**VHND**	Village Health and Nutrition Day
PIP	Program Implementation Plan	**VHSC**	Village Health and Sanitation Committee
PMU	Programme Management Unit	**WIFS**	Weekly Iron Folic Acid Supplementation
PPI	Pulse Polio Immunization		
PPP	Public Private Partnership		
PRC	Population Research Centre		
PSC	Public Service Commission		
QAC	Quality Assurance Cells		
RBSK	Rashtriya Bal Swathya Karyakaram		
RCH	Reproductive & Child Health		
RKS	Rogi Kalyan Samiti		
RMP	Registered Medical Practitioner		
RNTCP	Revised National Tuberculosis Control Program		
RPR	Rapid Plasma Reagin		
RTI	Reproductive Tract Infection		
SCs	Scheduled Castes		
SC	Sub Centre		
SN	Staff Nurse		

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 conditionalties 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. In accordance with this we visited Budgam district and the present report presents findings of the monitoring exercise pertaining to Budgam 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 Budgam, Medical Superintendent of District Hospital Budgam and MO of CHC Chattergam 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 Budgam and Block Programme Management Unit Chattergam for their cooperation and help in the collection of information. Special thanks are also to staff at Primary Health Centre Ompora and HWC Mahawara 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
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Farida Qadri

1. EXECUTIVE SUMMARY

The objectives of this exercise are to examine whether the State is adhering to key conditionalties 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. The population growth rate of district Budgam is about 21 percent and the sex ratio is 883. The district consists of ten medical blocks and has 184 health institutions of different levels. There are 65 RKSs and 471 VHSCs in the district. The following is the summary of findings of this study:

Health Infrastructure

- The health services in the public sector in 10 medical blocks are delivered through 1 DH, 9 CHCs, 40 PHCs and133 SCs/MAC/UHPs.
- The district has converted 28 PHCs and 71 SCs into HWCs during the past two years. Budgam district has also established one DEIC under RBSK, one NCD Clinic, an AFHC and an SNCU at the DH. The district has established 2 sanctioned blood banks and 3 blood storage units. Among them one each is at DH and remaining at CHCs. while as blood bank and storage unit is not available at visited CHC Chattergam.

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 though the 1st instalment of funds was released in May, 2021 to the district.

Human Resource

- From regular staff, 5 percent positions of Auxiliary Nurse Midwives (ANMs) and 50 percent positions of Staff Nurses (SNs) were vacant in the district. Similarly, twenty-six percent positions of laboratory technicians and 32 percent of pharmacists were also vacant in the district. Further, the information collected shows that 8 percent positions of dental technicians, 49 percent radiographers, 8 percent OT technicians and 7 percent CHOs were found vacant in the district.
- Among the doctors/specialists, all the sanctioned positions of OBGYs, Surgeons, Anaesthetists and Paediatricians were found in place while as 20 percent positions of MOs and 5 percent of other specialists were found vacant in the district.
- Among the NHM staff, almost all the sanctioned positions are in place. The information depicts that even then one percent of ANMs, 3 percent SNs, six percent OT technicians and a meagre percentage of MLHPs were found vacant in the district.
- Both the sanctioned positions of Paediatricians and one MO under NHM were also found in place. No EmoC/LSAS trained doctor has been posted in any of the FRUs either under NHM or from the regular side.
- None of the doctors were found trained for EmoC and LSAS at the DH. The DH has a functional full-fledged unit of AYUSH which include one MO and 1 ISM Pharmacists from the regular side.
- Some of the specialised services are not provided at the DH as there are no sanctioned positions in Dermatology, ENT etc,

- 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 fully for the same and the centre is being run on internal arrangement basis from the NHM staff.
- CHC Chattergam has a total of 23 positions of medical and para medical staff sanctioned from the regular side and out of these, 22 percent positions of different categories were found vacant. The reason for low staff mentioned that the CHC has been upgraded from PHC very recently.
- CHC Chattergam has established one NCD Clinic with internal arrangement of the staff in position. Similarly, 1 FMPHWs for NBCC is also working in the CHC. Besides these, the CHC has also some other permissible positions under NHM which include, 2 each position of MOs, Lab Technicians and SNs in position.
- PHC Ompora has been converted into a HWC and has 5 sanctioned positions of MOs and out of these four are in place. The sanctioned position of ISM doctor is filled-in from the regular side. Other positions of para medical staff are partly filed in the PHC but 1 each sanctioned position of Lab Technician and pharmacist are vacant. PHC Ompora has been designated as 24X7 HWC and the PHC has sanctioned one MO, one Lab Technician, one SN, one AYUSH MO and an AYUSH Pharmacist under NHM and all are in position.
- Sub-Centre Mahawara has been converted into a HWC and there is one ANM posted from the NHM side. No other staff is neither sanctioned nor in place at the SC. However, the SC is accompanied with 2 ASHAs.
- 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 27 positions of various levels were vacant in NHM and 11 of them were filled in till 31st March, 2021. Later this year out of 18 positions vacant under NHM, all positions are vacant in the district till date.
- During 2020-21, four types of training courses comprising 27 sessions for medical and para medical staff were approved under ROP and out of these the district was able to conduct only 22 sessions for all the 4 types of training, three completed trainings on RCH (block wise), 12 completed as IHIP courses, 3 completed for MLHPs and 4 completed NIOS for ASHAs.

Status of Service Delivery

- No SC is conducting any deliveries in the district (3 per month). Only 2 PHCs 24x7 are conducting deliveries in the district (10 per month). While as out of 9, only 6 CHCs are conducting deliveries (20 per month).
- The C-section deliveries are conducted only at the DH during the day time only. In case of any emergency, DH conducts C-section deliveries during the night hours also.
- 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 NBCC at CHC and PHC is also functional with requisite equipment to some extent.
- 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 MS of DH and MO of 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 38 health facilities in the district with ultrasound facilities and all 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 MS 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 15th May, 2021 and has been made functional. The unit has a bed capacity of 3 beds and during the current year, 8 patients have received the dialysis service till date. On an average 1-2 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 20 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 Budgam and has a bed capacity of 10 beds with 10

radiant warmers. There have been 131 admissions (129 inborn+11 out born) in SNCU The NBCC at PHC CHC Chattergam and PHC Ompora are also functional partly.

- It was reported that none of the ASHA was having the HBNC kit available with them but at the initial stage these HBNC kits were partially filled as some of the items from kits were missing.
- During the current financial year (till September, 30th 2021) a total of 6634 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 only 6 maternal and one infant death review has taken place while in the previous year 2020-21, 11 maternal deaths and one infant 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.

Mobile Medical Unit (MMU) and Referral Transport

- The district doesn't have any MMU but has 13 vehicles/108 on road and are GPS fitted and handled through centralized call centre.
- The district has 9 (4 ALS+5 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.

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 49071 individuals so far and their CBAC forms have been filled as per the target till date.
- All the 98 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 292113 eligible persons and out of these, 17 percent (49071 persons) population has been covered till date and Community Based Assessment Checklists (CBAC) forms have been filled for them and have been screened for various non-communicable diseases including hypertension, diabetes, and

various types of cancers.

- Overall, among the screened population 78 percent (1238) persons were diagnosed for hypertension, and about 88 percent (1330) 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 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.

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, 100 percent of the complaints 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 44 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.
- A large number of ASHAs (240) received the incentive under NTEP or NLEP while as all the 37 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.
- None of the private health facilities are 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.
- One 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 93 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, 231 patients have been notified from the public sector and the overall treatment success rate was found to be 93 percent in the district. All the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT instalments 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.

Accredited Social Health Activists (ASHAs)

- District has a requirement of 859 ASHAs and out of these, 840 (98%) 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, 63 percent of the in-position ASHAs have been enrolled for PMJJBY, 68 percent have been brought under PMSBY, and 14 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, 471 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, large number of 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.
- DH had initiated Kayakalp in 2020 and had scored 68 points for this during the last assessment and has been asked by the DQAC to improve the same for getting the requisite score for qualification. NQAS and LaQshya have also been initiated in the district.
- CHC Chattergam has initiated Kayakalp and had scored only 43 points during 2020-21.Though PHC Ompora has initiated Kayakalp in 2016-17 and has done much in this direction scored 70+ points during an assessment in 2020-21 and has been awarded. The PHC has also having the certification for NQAS.

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 81 percent expenditure on all the major heads including RCH Flexipool, Communicable and non-communicable Flexi pool.

- Overall, the district has utilized 91 percent of funds that were received under different schemes of NHM. The district has utilized more than 95 percent of funds on various programmes such as RBSK, family planning, immunization, programme management, referral transport, NIDDCP and IDSP during 2020-21.

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 conditionalties 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 at the grassroots level. Since, 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 Budgam for this month.

2.1 Objectives

The objective of this monitoring exercise is to examine whether the State/district is adhering to key conditionalties 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 Budgam. A schedule of visits was prepared by the PRC and two officials consisting of two Research Assistants visited Budgam District and collected information from the Office of Chief Medical Officer (CMO), District Hospital (DH), CHC Chattergam, PHC Ompora and Sub-centre Mahawara. 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 SC 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 from 57 percent (during NFHS-4) to 60 percent during NFHS-5. Similarly, the total unmet need for family planning in the UT has decreased from 12 percent to 8 percent. The percentage of institutional 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 also gone up to 86 percent during NFHS-5 as compared to 86 percent during NFHS-4.

The Kashmir valley with Pir Panchal Mountains on its south and Korakaram on its north receives precipitation in the form of snow due to western disturbances. The winter is severely cold and temperature often goes below 0°C. Spring is pleasantly cold. Summers are warm and dry and autumn is again cool and sometimes wet.

In the ancient days, Budgam was a fraction of district Baramulla, when Srinagar itself was a constituent of the Anantnag district. Then it was known as Tehsil Sri Pratab. Historical record proposes that Budgam was also referred to as Pargana Deesu. District Budgam taken for the evaluation exercise was carved out from the erstwhile Srinagar district in the year 1979 by upgrading Sri Pratab Singh Pora Tehsil. It is one of the 20 districts of Jammu and Kashmir located in Kashmir Valley. District Budgam borders four other districts, Baramulla and Srinagar in the north, Pulwama in the south and Poonch in the south west. It is situated at an average height of 5,281 ft. above sea-level and at 75-degree E longitude and 34-degree N latitude. The topography of the district is diverse with both mountainous and plain areas. While the southern and south-western parts are mostly hilly, the eastern and northern parts of the district are plain. The climate is of the temperate type with the upper-reaches receiving heavy snowfall in winter. The average annual rainfall of the district is 585 mm.

Culture is an integral part of life of the people of Budgam district. The Budgam craftsmen have great mastery in creating household items from willow-wicker such as the ever-present small earthen fire

pot, Kangri, and the prototypical baskets et al. The state government, with assist from the central government is trying to construct domestic and overseas market for Kashmiri shawl. Indigenous to Budgam, Bandpather is the most admired face of Kashmiri folk-art. Even now the bhands can be seen performing at Wathura. In a proposition to revive the age-old culture of folk music, Budgam district was in the front position in organizing cultural shows in the district.

The place has tremendous tourism potential that has mostly remained unexploited so far. The striking places that can be visited are Doodpather, Tosmaidan, Yousmarg, Nilnag and Khag. The only civil Airport in the valley is situated in this district which connects the valley to rest of the country. Besides it provides helicopter services to Kargil, Karnah, and Gureze.

The district spans an area of 1,371 square kilometres and is headquartered at Budgam with a population of 7.55 lakh against State's population of 1.25 crore as per 2011 census (Table1). The district has about 3 percent ST population and a meagre 0.1 percent SC population. Forty-two percent of the population in the district is still illiterate. The population growth rate is 21.18 percent and the sex ratio is 883. The district consists of 10 medical blocks. The district has 501 revenue villages and 473 village health sanitation committees have been formed. A total of 63 Rogi Kalyan Samitis (RKS) have also been formed in the district of which 45 committees are functioning at PHC level. The health services in the public sector are delivered through a network of 1 District Hospital, 6 sub-district hospitals, 1 TB centre, 3 CHCs, 40 PHCs and 133 SCs (Table 1).

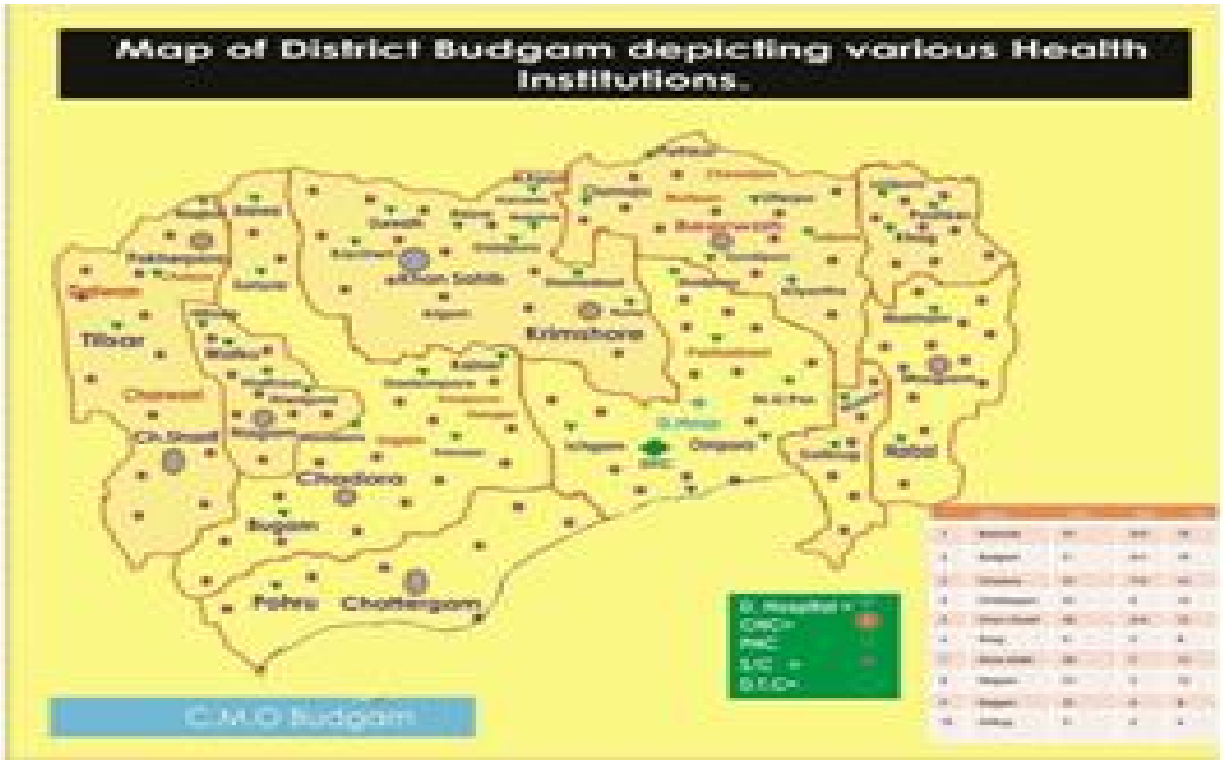

Table 3: Demographic Profile of District Budgam

Indicator	Remarks/ Observation
Total number of Blocks (Medical)	10
Total number of Villages	501 (Revenue villages) Census Hand Book
Total Population	7,35,753 Census Hand Book
Rural population	655,833 Census Hand Book
Urban population	97,912 Census Hand Book
Literacy rate	57.98 Census Hand Book
Sex Ratio	883 Census Hand Book
Sex ratio at birth	1029 Census Hand Book
Estimated number of deliveries	13085 Family Welfare Estimation
Estimated number of C-section	1963 Family Welfare Estimation
Estimated numbers of live births	11122 Family Welfare Estimation
Estimated number of eligible couples	123155 Family Welfare Estimation
Estimated number of leprosy cases	3079 CMO Office
Target for public and private sector TB notification for the current year	NA CMO Office
Estimated number of cataract surgeries to be conducted	15394 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 10 medical blocks which include, 1 DH, 9 CHCs, 40 PHCs and 133 SCs/MAC/UHPs. The district has converted 28 PHCs and 71 SCs into HWCs during the past two years. Budgam district has also established one DEIC under RBSK, one NCD Clinic, an AFHC and an SNCU at the DH. The district has one functional blood bank at DH and a well established blood storage unit. Besides these health facilities the district has also one each NCD clinics functional at 6 CHCs. Comprehensive 1st and 2nd trimester abortion services are provided by 7 health facilities in the district.

Table 4: Health Infrastructure (As on 31-10-2021) of District Budgam

Facility	Sanctioned	Operational
District Hospitals	1	1
Sub District Hospital	6	6
Community Health Centers (CHCs)	3	3
Primary Health Centers (PHC)	40	40
Sub Centers (SC)	133	133
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)	6	6
Blood Bank	2	2
Blood Storage Unit (BSU)	3	3
No. of PHC converted to HWC	28	28
No. of U-PHC converted to HWC	0	0
Number of Sub Centre converted to HWC	71	71
Designated Microscopy Center (DMC)	0	0
Tuberculosis Units (TUs)	1	1
CBNAAT/TruNat Sites	1	1
Drug Resistant TB Centres	1	1
Functional Non-Communicable Diseases (NCD) clinic At DH At SDH At CHC	 DH = 1 SDH= 6 CHC = 3	 DH = 1 SDH= 3 CHC = 3
Institutions providing Comprehensive Abortion Care (CAC) services Total no. of facilities Providing 1st trimester services Providing both 1st & 2nd trimester services	 18 18 7	 18 18 7

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 1stinstalment of funds was released in May, 2021 to the district. It was found that none of the construction of building is pending for more than two years in the district. Again none of the buildings of any health facility is completed and 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, 26 percent positions of Laboratory Technicians and 50 percent positions of Staff Nurses (SNs) were vacant in the district. Similarly, five percent of ANMs and 32 percent of pharmacists are also vacant in the district. It was also found that 8 percent positions of dental technicians, 49 percent radiographers, 8 percent OT technicians and 7 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 5 percent positions of specialists and 20 percent positions of MOs were found vacant in the district. The district has one position of Radiologist in place.

So far as the availability of NHM staff is concerned, information provided by the DPM shows that almost all the sanctioned positions under NHM are in place and a meagre percentage of about 4 of different categories of positions are vacant. This substantiated that out of 548 positions, 523 are in place currently and are delivering their services smoothly in the district. 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.

Agha Syed Yusuf Memorial Hospital Budgam is situated in Budgam town and is accessible from the main road easily. The hospital building has not adequate space to accommodate all services and to perform them smoothly. The total bed capacity of the hospital is 80. It has no separate wards for male and female patients except for maternity ward. The DH has presently a sanctioned strength of 30 General Duty Doctors/MOs and all are in position. Similarly, all other specialized positions of doctors which include the Medical Superintendent, 4 General medicines, 3 Gynaecologists, 3 Anaesthetists, 3 Surgeons out of 4, 3 Dentists, one Pathologist, one Radiologist and two Orthopaedic surgeons are in position. It was reported that being non availability of the position of Ophthalmologist at the DH, one such position of PHC Krimshore is attached with DH. Besides, this almost all the paramedic staff which include 3 (out of 15 sanctioned) SNs, 3 (out of 5 sanctioned) Laboratory Technicians, Six (out of 7 sanctioned) Pharmacists, and two Dental Technicians are in position from the regular side. The DH has a functional full-flagged 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 presently having the staff strength of Manager, Lab Technician, Dental Technician, Audiologist and Psychologist. But there is no Early Interventionist.

Other permissible staffs like MO, Physiotherapist, Social worker, a SN and a Data Entry Operator (DEO) is in position. The SNCU has also been established and have partly strength of positions like as four permissible MOs and five 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, Epidemiologist, SN, Lab Technician, and DEO in place. Further, a mental Health unit under National Mental Health Programme (NMHP) has also been established at the DH and has all the permissible positions which include a Medical Officer, Programme Manager, Programme Assistant, Psychiatric Nurse, Psychologist and a Psychiatric Social Worker in position. The DH has also a DEO and an Adolescent Friendly Health Clinic (AFHC) Counsellor, Accounts Manager and an IYCF Counsellor in position. In addition to these, the DH has also engaged two each Lab Technicians, OT Technicians and 5 SNs under NHM. 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 Chattergam is a newly upgraded CHC. It has not been provided the desired infrastructure. Hence there is no improvement in delivery of services and functioning still as a PHC. It has a total of 18 positions of medical and para medical staff sanctioned from the regular side and all of these positions are in place. All the sanctioned positions of medical staff which include 5 MOs are in place. Similarly, in case of para medical staff almost all the staff which include 6 SNs, 2 lab technicians, 2 pharmacists, 1 dental technician, 1 dental assistant and 1 facility manager are in place.

The details regarding the engagement of NHM staff shows that CHC Chattergam has initiated the work in NCD Clinic with the existing staff and no additional staff has been provided to the facility. However there are 2 MOs, 2 SNs and 2 laboratory technicians provided under NHM.

PHC Ompora has been converted into a HWC and has 4 sanctioned positions of MOs and all of them are in position. There is 1 more MO from NHM side. The sanctioned position of 2 ANMs are not filled-in from the regular side. Other positions of para medical staff are all filed in the PHC. PHC Ompora has been designated as 24X7 HWC and the PHC has sanctioned one MO, one Lab Technician, one AYUSH MO and an AYUSH Pharmacist under NHM and all these position are in place.

Sub-Centre Mahawara is functioning as a normal SC in one rented room. There is one ANM posted from the NHM side. It was reported that this SC has been approved as a H&WC but no further action has been taken in this regard.

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.

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

	Budgam District			DH Budgam			CHC Chattergam			PHC Ompora 24X7 (HWC)			SC/HWC Mahawara		
Staff details	Sanctioned	In-place	Vacancy (%)	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %
ANM	260	255	2							2	2	0	1	0	100
MPW (Male)	13	12	8												
Staff Nurse	160	110	31	3	3	0	6	6	0	2	2	0			
Lab technician	101	75	26	3	3	0	2	2	0	1	1	0			
Pharmacist	186	154	17	7	6	14	2	2	0	1	1	0			
MO (MBBS)	273	253	7	30	30	0	5	5	0	4	4	0			
OBGY	13	13	0	3	3	0									
Paediatrician	11	11	0	1	1	0									
Anaesthetist	11	11	0	3	3	0									
Surgeon	11	11	0	4	3	25									
Radiologists	1	1	0	1	1	0									
Other Specialists	25	20	20												
Dentists/ DS	54	54	0	3	3	0	1	1	0						
Dental tech	75	67	11	2	2	0	1	1	0						
X-ray technician	101	52	49												
OT technician	30	22	27												
CHO/ MLHP	103	96	7												
AYUSH MO	80	79	1												
AYUSH Pharmacist	40	29	28												

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

	Budgam District			DH Budgam			CHC Chattergam			PHC Ompora 24X7 (HWC)			SC/HWC Mahawara		
Staff details	Sanctioned	In-place	Vacancy (%)	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %
MBBS Doctors	32	32	0	9	9	0	2	2	0	1	1	0			
Gynaecologist	2	2	0												
Child Specialist	1	1	0	1	1	0									
Other Specialists	1	1	0												
Dentist				2	2	0									
Lab Tech	29	29	0	5	5	0	2	2	0	1	1	0			
OT Tech	18	17	6												
X Ray tech.	18	17	6												
Staff Nurse	61	59	3	12	12	0	2	2	0	1	1	0			

ANM/MPWs	172	171	1										1	1	0
ISM Doctors	40	40	0							1	1	0			
ISM Dawasaz	40	29	28							1	1	0			
PMU/Accounts Manager, IYCF and Adult Friendly Health Clinic units															
DPM	1	1	0												
DAM	1	1	0												
DMEO	1	1	0												
RMNCH+Dist Consultant	1	0	100												
DEOs	13	12	8	3	3	0	1	1							
BAM	10	9	10												
BMEOs	10	9	10				1	1							
AHC/IYCF	2	2	0	1	1	0									
Accounts Manage	1	1	0												
SNCU															
MBBS Doctors	4	4	0	4	4	0									
Staff Nurses	5	5	0	5	5	0									
NCD Clinic															
MO	1	1	0	1	1	0									
Physiotherapist	1	1	0	1	1	0									
Counsellor	1	1	0	1	1	0									
Staff Nurse	1	0	100	1	0	100									
Lab Technician	1	1	0	1	1	0									
DEO	1	1	0	1	1	0									
Epidemiologist	1	1	0	1	1	0									
Mental Health															
Programme Officer/MO	1	1	0	1	1	0									
Programme Manager	1	1	0	1	1	0									
Staff Nurse	1	1	0	1	1	0									
Psychologist	1	1	0	1	1	0									
Social Worker	1	1	0	1	1	0									
Record Keeper	1	0	100	1	0	100									
RBSK/DEIC															
MO/MBBS	1	1	0												
Paediatrician	1	1	0												
MO Dental	1	1	0												
MO Ayush	39	39	0												
Staff Nurse	1	1	0												
Psychologist	1	1	0												
Physiotherapist	1	1	0												
Lab.Tech	1	1	0												
Dental tech	1	1	0												
Pharmacists	20	20	0												
ANMs	20	20	0												
DEIC Manager	1	1	0												
Social Worker	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, 25 different types of training courses for medical and para medical staff were planned under ROP and out of these 22 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 these 3 trainings on RCH (block wise), 3 courses for MLHPs, 4 courses of NIOS for ASHAs and 12 planned IHIP trainings for different types of categories. Further, 10 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 is conducting any delivery in the district (3 per month). Although only 2 PHCs 24x7 and 6 CHCs in the district conducts more than 10 and 20 deliveries respectively per month in the district. The C-section deliveries are conducted only at the DH during the day time only. In case of any emergency, DH conducts C-section deliveries during the night hours also. DH Budgam is designated as FRU and both normal and C-section deliveries are performed in this health facility on 24X7 basis. Besides there are both public and private 38 health facilities who are providing the ultrasound services in the district. Furthermore, all these 38 service stations are registered under PCPNDT act. CHC Chattergam has trained staff 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 with functional 10 radiant warmers but the NBSU is not available at CHC, instead, it had the NBCC with neo-natal ambu bag as the CHC has been recently upgraded. NBCC at PHC is also functional and in good condition with requisite equipment and infrastructure.

The information about the JSY payments as provided by CMO office mentioned that out of 12903 cases the payment of 5617 beneficiaries were pending at the time of data collection. 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 38 health facilities in the district with ultrasound facilities and out of these, all 38 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 widely spread on 10 medical blocks. So far, the district has converted 71 SCs and 28 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 CHCs 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 15th May, 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 3 beds and during the current year, 24 tests were conducted and 8 patients have received the dialysis service till date. On an average 1-2 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 in charge of the Centre reported that at present there is shortage of some major equipment such as PMACO and Operating Microscope. The performance of the centre was found to be satisfactory.

10.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

RBSK has been launched in Budgam district in December 2013 and almost all the appointments have been made. District Early Intervention Canter (DEIC) has also been established in DH Budgam. Most of the staff sanctioned under the scheme both for the field teams and DEIC was found in position. There are 20 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 Budgam and has a bed capacity of 10 beds. The SNCU has 10 radiant warmers, 4 step-down cares but has no Kangaroo Mother Care (KMC) unit. The details of work done shows that there have been 131 admissions (129 inborn+11 out born) in SNCU. Out of 131 cases only 4 have got defects at birth. Further 38 of them have been referred to territiary district for treatment. In case of CHC Chattergam, the NBCC has been functional against NBSU. The NBCC at Mahawara 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)

It is reported that none of the HBNC kit is available with ASHAs in the district. Further it was reported that the kits initially provided were partially filled as some of the items from kits were missing. During the current financial year (till September, 30th, 2021) a total of 6634 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, the drug kits are being refilled at their respective health facilities on need basis. The information collected from ASHAs 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 only 6 maternal and one infant death review has taken place while in the previous year 2020-21, 11 maternal deaths and one infant 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 13 vehicles/108 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 travel an average distance of 50 kms in a day. The district has 9 (4 ALS+5 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 6 calls per day. Ambulance with ALS get four trips per day while as ambulance with BLS gets two trips. The average distance travelled by these ambulances was found 165 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.

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 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 49071 individuals so far and their CBAC forms have been filled as per the target till date. All the 98 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 tele-consultation 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 292113 eligible persons and out of these, 17 percent (49071 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, 1583 persons in the district were screened for hypertension and out of these, 78 percent (1238) persons were diagnosed for the same and were treated/under treatment in the district at various health facilities. Similarly, 1512 persons from the target population were screened for diabetes and out of these, 88 percent (1330) 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 all the 18 cases of oral cancer were being treated at tertiary care hospital of the UT as such facility

was not available in the district. However none of the cases of breast and cervical cancers were screened in the district.

The DH has diagnosed 91 percent (out of the 1800 screened) for hypertension and 94 percent (out of 1600 screened) for diabetes during the last six month. Chattergam CHC has diagnosed 4 percent (out of 960 screened) for hypertension and 4 percent (out of 430 screened) for diabetes. While-as PHC Ompora HWC and SC- HWC Mahawara has not conducted any screening during the same period. 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.

Again PHC and SC did not provide the requisite information the enumeration and number of CBAC forms filled-in.

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, 100 percent of them have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far. 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 onboard 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 44 percent JSY beneficiaries have received the payments while as there is a backlog of 5617 women (56 percent) in this regard. All the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date while as 240 of the ASHAs, patient incentive and all the 4 providers incentive has received under NTEP. All the 37 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. The private sector did not cooperate and not 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 has 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 as one new case of leprosy has been reported in the district during the current year and is under MDT treatment. 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. 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 1050 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 231 patients have been notified from the public sector and the overall treatment success rate was found to be 93 percent in the district. There is two MDR TB patients in the district and treatment has been initiated in this case by the district authorities. Further there are also 20 patients notified from the private sector and their treatment success rate is 100 percent 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, CHC and PHC.

16. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Budgam district has a requirement of 859 ASHAs as per the population of the district and out of these, 840 (98%) ASHAs have been selected till date. None of the ASHA covers 1500 or more

opulation for rural and 3000 or more population in urban areas. The information further revels that there is no village without an ASHA in the district.

A sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district. Overall, a total of 529 (63 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 571 (68 percent of the in-position) have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 121 (14 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, 471 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 586 new-born children were administered the birth dose (BCG, OPV and Hib0 doses) during the last three months at DH while as 18 infants were administered such doses at CHC Chattergam during the same time. Further, the information collected shows that PHC-HWC Ompora did not provide the birth dose during the period. 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/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 majority of 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 Ompora, the DH as well as the CHC and SC has 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 13 sterilizations for FP were done at DH and such service was found unavailable at visited CHC and PHC. Family Planning Logistic Management and Information System (FPLMIS) have 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 Budgam is established 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. Some of the health facilities in the district are quality certified. DH had initiated Kayakalp in 2020 and had scored 68 points for this during the last assessment and has been asked by the DQAC to improve the same for getting the requisite score for qualification. NQAS and LaQshya have also been initiated in the district. CHC Chattergam has initiated Kayakalp and had scored only 43 points during 2020-21.

Though PHC Ompora has initiated Kayakalp in 2016-17 and has done much in this direction scored 70+ points during an assessment in 2020-21 and has been awarded. The PHC has also having the certification for NQAS. DQAC has directed the DH and CHC Chattergam 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, CHC and PHC 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, CHC and PHC. 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 Mahawara 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, CHC and PHC level but such material was insufficient at 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 81 percent expenditure on all the major heads including RCH Flexi pool, Communicable and non-communicable Flexi pool. Overall, the district has utilized 91 percent of funds that were received under different schemes of NHM. The district has utilized more than 95 percent of funds on various programmes such as RBSK, family planning, immunization, programme management, referral transport, NIDDCP and IDSP during 2020-21. The amount released for national oral health programme (NOHP) was not utilised at all. "The CMO opined that the budget was submitted for purchase of dental chair which costs Rupees five Lakh but only one Lakh was released." It was also reported that the major works are in progress regarding comprehensive primary health care and national dialysis programme.

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

S. No	Component	Total Funds Received	Total Expenditure	Net Balance	Expenditure %age
1	**A.** RCH & health Systems Flexi pool	251,921,000	233,377,000	18,544,000	93
2	**B.** Communicable Diseases Pool	3,801,000	3,295,000	506,000	87
3	**C.** Non-Communicable Diseases Pool	16,506,000	10,188,000	6,318,000	62
4	**D.** NPCCHH Pool	100,000	0	100,000	0
	Total "A+ B+C+D"	**272,328,000**	**246,860,000**	**25,468,000**	**91**

24.FACILITY-WISE BRIEF

24.1 FACILITY-WISE BRIEF

Agha Syed Yusuf Memorial Hospital Budgam is situated in Budgam town and is accessible from the main road easily. The hospital building has not adequate space to accommodate all services and to perform them smoothly. The total bed capacity of the hospital is 80. It has no separate wards for male and female patients except for maternity ward, however, there are 9 separate wards kept for

paediatric. The district presently is having 6 staff quarters specially for medical officers. It was also reported that some para medic staff is staying presently in the hospital rooms. A few of staff members working in DH are staying in private rented houses. The non-availability of the sufficient number of the staff quarters is directly affecting the functioning of the hospital. This hospital presently provides various health services on round the clock basis like Trauma care, paediatric, gynaecology (normal deliveries and Emergency obstetric care), C-section deliveries and ist and 2nd trimester abortion. Most of the other services like Dental, Orthopaedics, General medicine, Major surgeries, Minor surgeries, RTI/STI, Radiology, ENT, Ophthalmology, Psychiatry and AFHC services are generally provided through its OPD and IPD during day time. However, in case of emergencies doctors on call are available during night hours. The hospital is not currently providing services in the areas of Cardiology and Dermatology due to the non-availability of specialist doctors in this field. Services for mini laparoscopy, NSV, IUD are available. There is a full-fledged functional SNCU in the hospital. Power backup supply is available in all sections of the hospital. Water is available in the wards, labour room, OTs, and labs. Adequate toilet facilities are available in the wards and were not found clean. Citizen's charter, timings of the facility, list of services available at the facility is properly displayed. Complaint box is available and the contact numbers of MS are prominently displayed at various places for registration of complaints and grievances.

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.

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 nonfunctional of 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. Family planning items like condoms, OCPs and EC pills are also available at DH. The DH has no mechanism in place for online consultation for patients.

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 8 patients 24 sessions have been provided the services from the dialysis centre during the current financial year at the DH. 586-seven newborns have been immunized for the birth dose during the last three months while as 586 newborns were breastfed within one hour during the same time. thirteen As per the records of the NCD at DH, a total of 1800 patients have been screened for hypertension, and 1600 for Diabetes and out of these, 1639 percent patients have been confirmed as hypertensive and about 1508 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. District hospital has lack of space, lack of parking space.
2. Facility has laboratory building issues.
3. Solar system is not working.
4. Shortage of staff at dialysis unit at district hospital.

24.2 Community Health Centre Chattergam

CHC Chattergam is a newly upgraded CHC. It has not been provided the desired infrastructure. Hence there is no improvement in delivery of services and functioning still as a PHC. The hospital has been shifted in newly constructed building on the personal interest of DC badgam last year. And only ground floor and !st floor has been occupied temporarily. No theater facility is available nor theater technician sanctioned. The dressing work being carried out by pharmacists and orderlies without theater. No proper heating facility is available presently being managed on LPG, The electricity remains off 18 hours per day being managed by 5 kv DG set. Besides 1 163 kv DG set installed but no technical person is available to operate. No 24x7 hot line electricity available issue taken many times with concerned department even during back to village programme but till date no action taken

CHC has a total of 18 positions of medical and para medical staff sanctioned from the regular side and all of these positions are in place. All the sanctioned positions of medical staff which include 5 MOs are in place. Similarly, in case of para medical staff almost all the staff which include 6 SNs, 2 lab technicians, 2 pharmacists, 1 dental technician, 1 dental assistant and 1 facility manager are in place.
The details regarding the engagement of NHM staff shows that CHC Chattergam has initiated the work in NCD Clinic with the existing staff and no additional staff has been provided to the facility. However there are 2 MOs, 2 SNs and 2 laboratory technicians provided under NHM.

CHC has initiated Kayakalp in 2020-21 december and had achieved a score of 43% 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 18 newborns have been immunized for the birth dose during the last three months while as all the 18 newborns were breastfed within one hour during the same time

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. 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.
2. The infrastructure for the CHC is yet incomplete as most of the blocks are still under construction.

24.3 PHC Ompora is the 24x7 PHC-HWC which was converted into a HWC in 2021. It is situated at a distance of 2.5 kms from block headquarter and is located on road side. It is functioning in a two-story old government building along with three canal land and having 12 rooms. The PHC caters approximately a population of 11,300 persons. The institution has a bed capacity of 8 beds with no separate wards for male and female patients. The institution is having no separate 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 5 MOs but out of these, only four MBBS MO is in position besides, one MO from NHM side. PHC has one Ayush doctor. Two sanctioned position of SNs, One Lab Technician, one pharmacist are vacant, while as the two positions of ANM and one LHV are in place.

Services like as ANC/PNC, child immunization, general medicine are provided by the PHC. Normal delivery and abortion services are not provided by the PHC on regular basis. The PHC provide vaccination to the children every Wednesday in a month.

Key Challenge

1. The facility has limited space for parking area.
2. BMO office needs to be separate building from PHC.
3. X-ray digital c-arm is needed to PHC.

24.4 SC Mahawara

This Sub-centre (SC) is located at a distance of 7 KMs from PHC Ompora and 4 KMs from District hospital Badgam. The SC caters to 1 village with a catchment population of around 1033. The SC is housed in a rented building, with 1 room and one wash room. Only one room is being utilized for OPD, drug store and routine immunization. It is in bad physical condition and is not connected with registered electricity connection. Though SC has been approved but no funds have been released so

far. The centre has no any designated sign board. The centre has no running water facility. Water is storage in a bucket.
Mahawara has a sanctioned strength of 2 ANM/MPW besides, and 1 position of MPW Male from the regular side are in place. From NHM side, the centre has 1 position of FMPW sanctioned and are in place. Two ASHAs are working with this SC.
Testing kits for checking hemoglobin, pregnancy status and blood sugar have been provided to the SC. Thermometer and BP apparatus were also found at the SC. Other available and functional equ ipment at the centre includes examination table, weighing machine (adult and infant), etc.

The general cleanliness of the SC was not satisfactory. Though SC has not received any fund since May 2020. ASHA 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 their assured renumeration in time but their incentives get delayed.

Key Challenge

1. Very bad condition of the rented building with only one room having no electricity no running water to SC.
2. Due to shortage of sweaper SC suffers for cleaness.

Community

During our interaction with the community, it was found that HWC provides health care services for minor ailments only. They mentioned that SC has essential drugs and diagnostics. Overall, the community was found satisfied with the services being provided by the SC 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.

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, Badgam 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. District hospital has urgent need of new building.

  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.

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. 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.

- 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 Ompora 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.