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

(A Case Study of Kupwara District)

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LIST OF ABBREVIATIONS

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

HFDs	High Focus Districts
HFWTC	Health & Family Welfare Training Centres
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HR	Human Resource
ICDS	Integrated Child Development Scheme
IDSP	Integrated Disease Surveillance program
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IDR	Infant Death Review
IMNCI	Integrated Management of Neonatal & Child Infections
IMR	Infant Mortality Rate
IPD	In Patient Department
IPHS	Indian Public Health Standards
ISM	Indian System of Medicine
IUD	Intra Uterine Device
IYCF	Infant and Young Child Feeding
JSY	Janani Suraksha Yojana
JSSK	Janani Sishu Suraksha Karyakaram
LHV	Lady Health Visitor
LMP	Last Menstrual Period
MAC	Medical Aid Centre
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MD	Mission Director
MDT	Multi Drug Treatment
MDR	Maternal Death Review
MIS	Management Information System
MMUs	Medical Mobile Units
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding
MPHW (M)	Multi-Purpose Health Worker-Male
MS	Medical Superintendent
NA	Not Available
NBCC	New Born Care Corner
NBSU	New Born Sick Unit
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organisation
NHRC	National Health Resource Centre
NO	Nursing Orderly
NIHFW	National Institute of Health & Family Welfare
NLEP	National Leprosy Eradication Program
NRC	National Resource Centre

NHM	National Health Mission
NVBDCP	National Vector Born Disease Control Program
OP	Oral Contraceptive Pills
OPD	Out Patient Department
OT	Operation Theatre
PHC	Primary Health Centre
PIP	Program Implementation Plan
PMU	Programme Management Unit
PNC	Post Natal Care
PPP	Public Private Partnership
PRC	Population Research Centre
QAC	Quality Assurance Cells
RBSK	Rashtriya Bal Swathya Karyakaram
RCH	Reproductive & Child Health
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Program
SBA	Skilled Birth Attendant
SC	Sub Centre
SN	Staff Nurse
SNCU	Sick New-born Care Unit
SRS	Sample Registration System
ST	Scheduled Tribe
STI	Sexually Transmitted Infection
STLS	Senior T.B Laboratory Supervisor
STS	Senior Treatment Supervisor
TBA	Traditional Birth Attendant
USG	Ultra Sonography
VHND	Village Health and Nutrition Day
VHSC	Village Health and Sanitation Committee

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in Jammu and Kashmir to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the States in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, which started recently, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. The State Programme Implementation Plan (PIP)of Jammu and Kashmir, 2021-22 has been approved and the UT has been assigned mutually agreed goals and targets. The UT is expected to achieve them, adhere to the key conditionalities and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre (PRC), Srinagar on a monthly basis. During 2021-22, Ministry has identified 20 Districts for PIP monitoring in consultation with PRC in Jammu and Kashmir and Haryana. The staff of the PRC is visiting these districts in a phased manner and in the 1stphase we visited districts located in Kashmir valley and the present report presents findings of the monitoring exercise pertaining to Kupwara 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 for his 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 Kupwara, Medical Superintendents, District Hospital Handwara and BMO Langate 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 Kupwara and Block Programme Management Unit Langate for their cooperation and help in the collection of information. Special thanks are also to staff at Primary Health Centre Unisoo and HWC Pohurphet 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
20-11-2021

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1. Executive Summary

The objectives of the exercise is to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by various districts and the State. The present study was conducted in Kupwara district of Jammu and Kashmir and information was collected from the office of CMO, District Hospital Handwara, CHC Langate, PHC Unisoo Drugmulla and H&WC Pohurpeth in the first week of November, 2021. We also conducted some exit interviews with some service seekers for ANC/PNC, child immunization and delivery care at the selected facilities. Main findings of the study are as follows:

a) District Hospital and CHC Langate has acute shortage of specialists in general and Gynaecologists, Paediatrician and Anaesthetists in particular. The Surgeon, Gynaecologist and Anaesthetist posted at CHC Langate are attached Sib District Hospital Kupwara. This is severely affecting the delivery of health care at CHC Langate. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to utilize the services from other districts or from private clinics. Therefore, there is an immediate need to address the shortage of specialist doctors in the DH and CHCs on priority basis.
b) The State Government has drafted a comprehensive HR Policy for attraction, recruitment and retention of skilled professionals in rural and remote areas but there is also a need to implement a transparent policy with regard to transfer of doctors their trainings and detachments.
c) NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. In fact most of the health institutions in the district are run by NHM staff. This has resulted in an increase in OPD services. But since there is a lot of disparity in the service conditions and salaries between the NHM staff and regular staff and this has started to discourage the NHM staff to take full interest in their duties. There is a need to look into the grievances of the NHM staff and redress their genuine demands.
d) Skill of ASHAs was checked using a check list and most of them had fairly good knowledge of ANC, immunization, PNC etc. However, their performance on account of HBNC was poor. Since most of them are asked to help the District administration in the COVID related activities, therefore their main activities have suffered.
e) J&K Medical Supplies Corporation limited has now been established in the State and it has started procuring and distributing drugs to health facilities. The supply of drugs and equipments in the health institutions has improved. However, it was reported by the facilities that they do not get supplies as per the demand. Besides, there are delays in the supply of drugs. JKMSCL should address this issue of delay of equipments and consumables.
f) Essential Drug List has been prepared for various facilities but an updated list of drugs available at the facility is not displayed in any of the facilities visited by us.

g) The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities just meet 30-40 percent of their demand of drugs; therefore, free drug policy is partly implemented in the district. There is a need to assess the actual demand of various drugs and provide them to the health facilities.
h) State government has made it mandatory for doctors to write only generic names of drugs in capital letters on prescriptions, but all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. Therefore there is a need that free generic drugs, as promised by government are made available in all hospitals so that doctors can write generic names of the drugs.
i) Despite irregular/late release of funding, facilities are in a position to provide free drugs, diagnostics and diet under JSSK. But patients also reported that they purchased few drugs from the market at the time of delivery. So far as free transport is concerned, only free referral transport for deliveries and neonats is ensured in all facilities visited by us.
j) Home to facility and drop back facility is not ensured in all of the cases. This supports the need for operationalization of a fully functional patient transport system that is easily accessible so that pregnant women and emergency patients could avail of transport facilities from home to facility and also drop back home for JSSK beneficiaries.
k) JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs.
l) SNCU at DH is functional in the district. The establishment of the SNCU has resulted in improving health of neonats and minimize the referrals from DH to tertiary care hospitals. The services of NBSU at CHC Langate are under utilized as very few deliveries take place
m) Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started improving. There is a need to appreciate those ANMs/ASHAs who are reporting such events.
n) Institutionalized mechanisms for grievance redressal was not evident in any of the facilities visited by us. Often complaint boxes are seen to be having ‘token’ presence, and the boxes remained un-opened. Patients visiting the health facilities largely lacked awareness and knowledge regarding the grievance redressal mechanism.
o) Screening for NCD at PHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for appropriate confirmation of diagnosis, treatment & follow-up. Besides, there is a need to provide various combinations of NCD drugs.
p) The dialysis Centre with a bed capacity of 5 has recently been established at CHC Kupwara. It has been provided with requisite infrastructure and

manpower. The patients availing dialysis services from this Centre are highly satisfied with its services.

q) None of the facilities in the district or Laqshya or INQAS certified. Although some CHCs have done the internal assessment but they have not scored enough for external assessment. Baseline assessment has been completed in DH Handwara and LR and OT of DH has been upgraded but due to the shortage of space in DH Kupwara it has not scored enough in internal assessment so as to qualify for external assessment.

r) All families are to be covered under the Ayushman Bharat scheme in Kupwara. The district has enrolled more than 85 percent of the households under the scheme and Golden Cards have been issued in case of 60 percent of households.. DH, 7 CHCs and 2 Private institutions have been empanelled to provide free services and separate counters with requisite infrastructure under PM-JAY help-desk have been established in the district hospital and CHCs. DH Kupwara has uploaded 7219 beneficiaries on BIS portal and has generated 6927 golden cards during the last 9 months (December, 2020-October, 2021) A total of 625 claims have been raised and 557 of these have been approved. The total amount disbursed is 5689670.

Facility wise Challenges

District Hospital

a. The District Hospital currently has space constraint although a new building is under construction but pace of construction is slow.
b. It was found that the DH has mostly local staff and some of whom are working in the hospital for the last 15 years. These employees have started creating problems for the hospital administration, which affects the delivery of services.
c. Shortage of specialist doctors particularly cardiology, dermatology and Neurology is impacting the service delivery. As the number of heart attacks among young people has increased, there is an urgent need to post a Cardiologist in the DH.
d. There are some private Chemist shops around District Hospitals. They have become a nuisance and pressurize the doctors not to prescribe generic drugs.
e. The hospital has some ambulances, but these need now to be replaced with new ones which are equipped to handle the referred patients.

CHC Langate

a. The main challenge is the non-functioning of Gynaecology unit TO as both the Surgeon and Anaesthesiologist has been deputed to SDH Kupwara. The posts of Specialists (Gynaecologist, Medicine and Orthopaedic) are vacant.
b. The hospital does not have a proper ambulance facility.
c. The hospital does not have a Broad Band Internet Connection, so interconnectivity is also an issue in uploading of timely information.
d. Due to the non availability of staff, CHC has not progressed in terms of Laqsha.

e. BMEO is presently attached with the office of Deputy Commissioner and this has resulted in affected the monitoring and supervision of periphery facilities

PHC Unisoo

a) Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services on 24X7 basis.
b) Non availability of X-ray facility is severely affecting the delivery of services.
c) Although the facility has all the equipments and infrastructure for conducing normal deliveries, but due to the reluctance of the staff, not a single delivery has been conducted at the facility.
d) The post of Lab technician is vacant and although some temporary arrangement has been made to conduct lab technician, but PHC needs a full fledged laboratory with dedicated staff and a CBC analyser.
e) The only ambulance at the health facility is very old and has high maintenance cost and thus need a new ambulance for any emergency purposes.
f) Shortage of most of the drugs is severely impacting the delivery of health care services.

H&WC Pohurpeth

a) One of the key challenges faced by the facility is shortage and irregular supply of drugs. During winter there is a huge increase in the number of patients complaining of fever, cough, cold and chest infections, but the facility has hardly any drugs for the treatment of these ailments.
b) The H&WC was not branded as per the set guidelines of H&Cs. The building has acute shortage of space. The toilets have been left incomplete. Drinking water facility is also not available. There is no facility for the disposal of bio medical waste.

2. INTRODUCTION

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

2.1 Objectives

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

2.2 Methodology and Data Collection

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

3. Profile of Union Territory of Jammu and Kashmir

After the bifurcation of the State of Jammu and Kashmir on 5th August, 2019 into two Union Territories (UTs), the UT of Jammu and Kashmir which is situated in the extreme north of India, occupies a position of strategic importance with its borders touching the neighbouring countries of Afghanistan, Pakistan, China and Tibet. The total geographical area of the UT is 42241 square kilometres and presently comprises of 20 districts in two divisions namely Jammu and Kashmir. According to 2011 Census, Jammu and Kashmir has a population of 12.30 million, accounting roughly for one percent of the total population of the country. The sex ratio of the population (number of females per 1,000 males) in the UT according to 2011 census was 872, which is much lower than for the country as a whole (940). Twenty- seven percent of the total population lives in urban areas which is almost the same as at the National level. Overall Scheduled Castes (SCs) account for 8 percent and Scheduled Tribe (ST) population accounts for 11 percent of the total population of the UT. As per 2011 census, the literacy rate among population age 7 and above was 69 percent as compared to 74 percent at the National level. The population density of Jammu and Kashmir is 56 persons per square kilometres. The crude birth rate of J&K is continuously declining and as per the latest estimates of Sample Registration System the UT has a CBR of 15.4 per thousand population, a CDR of 4.9 and an IMR of 22 per thousand live births.

As per the recently concluded National Family Health Survey-5(NFHS-5) data, the UT has improved in most of the critical indicators related to health. The infant mortality rate (IMR) has come down to 16 as compared to 32 during National Family Health Survey-4 (NFHS-4). Similarly, there is a decline (as per NFHS-5) in under 5 mortality rate as compared to NFHS-4 results as it has come down to 19 from 38. Further the data shows that the neonatal mortality rate has come down to 10 as compared to 23 during NFHS-4.The use of any family planning method has also gone-up from57 percent (during NFHS-4) to 60 percent during NFHS-5. Similarly, the total unmet need for family planning in the UT has decreased from 12 percent to 8 percent. The percentage of institutional delivers has gone up to 92 percent from 86 percent as compared to NFHS-4 in the UT. Similarly, the percentage of fully immunized children has gone up to 86% during NFHS-5 as compared to 86 percent during NFHS-4.

3.1 Overview of the Kupwara District

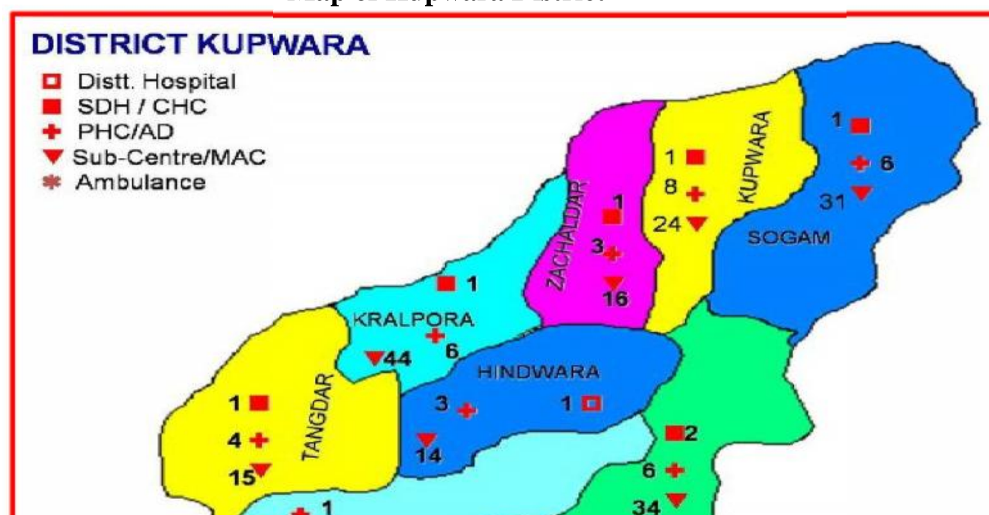
Kupwara is a backward, frontier district of Kashmir Valley and the District Headquarter "Kupwara" is situated at a distance of 90 kms from the summer capital of state (J&K), i.e. Srinagar. The geographical area of the district is 2379 sq kms. The north-west part of the district is bound by line of actual control (LoC) while the southern portion is bound by the district Baramulla. There are three inaccessible areas, namely, Machil, Keran and Karnah located near LoC which remains land locked for more than six months in a year. There are some other areas located at barbed distances and remain cut off from District Headquarter for a considerable time, like Kumkadi, Lashdat, Jumgund, Kethanwali and Budnambal.

According to 2011 Census, the total population of Kupwara district was 870354 which constitute about 8.5 percent of the total population of the state (Table 1). The density of population of the district has gone up to 237 persons per square km. The district is by and large rural as more than 88 percent of the population live in rural areas. Large majority of the population follow Islam, however, the district has a significant concentration of Scheduled Tribe population (8 percent). The population growth rate is about 34 percent which is higher than the State average of 23.7 percent. The district has witnessed a dip in sex ratio during 2001-2011 and according to latest census, overall sex ratio was 835 and child sex ratio was 879. Sex ratio at birth is 972. Two-third of the population age 7 and above is literate with male literacy (77 percent) higher than female literacy (55 percent).

Table 1: Demographic Profile of District Kupwara

Indicator	Remarks/ Observation
Total number of Blocks	10 Census Hand Book
Total number of Villages	435 Census Hand Book
Total Population	870354 Census Hand Book
Rural population	765625 Census Hand Book
Urban population	104729 Census Hand Book
Literacy rate	66 Census Hand Book
Sex Ratio	779 Census Hand Book
Sex ratio at birth	972 Census Hand Book
Estimated number of deliveries	12184 Family Welfare Estimation
Estimated number of C-section	2314 Family Welfare Estimation
Estimated numbers of live births	11915 Family Welfare Estimation
Estimated number of eligible couples	139256 Family Welfare Estimation
Estimated number of leprosy cases	30 CMO Office
Target for public and private sector TB notification for the current year	820 CMO Office
Estimated number of cataract surgeries to be conducted	300 CMO Office

Map of Kupwara District



There are a total of 188798 children under age of 0-6 years as per 2015-16 estimates. Children under 0-6 formed 21.6 percent of total population of the district. (CensusHand Book). As per the NFHS-5, the sex ratio at birth in district Kupwara was 940 females per thousand males (slightly higher than NFHS-4). Further NFHS-5 data shows that ANC first trimester registration is 84 percent during 2019-20 while as 4 ANC check-ups among the registered pregnant women was 89 percent. NFHS-5 also shows that only 29 percent women registered for ANC had received 100 IFA tablets during 2019-20 and 97 percent women had received TT (TT1/Booster) injections during the same time in the district. Overall, 97 percent of the births were delivered at an institution and public health facilities accounted for 74 percent of the institutional deliveries. Caesarean section deliveries during 2091-20 account for 52 percent of total deliveries. C-section deliveries have increased by 20 percentage points between NFHS-4 and NFHS-5 The latest information received from the Office of CMO office shows that JSY incentive has been transferred in case of all the women who have delivered upto September, 2021. As per NFHS-5, 56 percent of couples in the district are using a modern method of contraception. Female sterilization is the most popular method (26 percent) and is followed by Pill and Condom.

4. HEALTH INFRASTRUCTURE

The district consists of 10 medical blocks namely Kupwara, Sogam, Kalaroos, Trehgam, Kralpora, Tanghdar, Vilgam, Handwara, Zachaldara and Langate. The health services in the public sector are delivered through a network of 377 health institutions which consist of District Hospital, 7 CHCs, 1 TB Centre, 63 PHCs, 233 Sub Centres (Table 2). Thirty eight PHCs and 85 Sub Centres have been upgraded to Health & Wellness Centres. Further, there are 3 Private Hospitals/Nursing Homes functioning in the district. Kupwara district has also established one DEIC under RBSK, an AFHC and an SNCU at the DH. The district Hospital has a registered blood bank while as blood storage facility is available at 2 CHCs. Special New Born Care units are functional at DH and CHC Kupwara. Apart from district NCD clinic, there is a NCD clinic at each of the 5 CHCs. Comprehensive 1st and 2nd trimester abortion services are provided by 2 health facilities in the district.

On an average a CHC covers 1.25 lakh population, a PHC serves about 12, 000 rural population and a Sub Centre covers 3000. Comparing these figures with the IPHS norms, district has adequate number of primary secondary and Tertiary health care facilities. There is a need to have more CHCs in the district as the district has only 7 CHC. Further, keeping in view the terrain topography of Tangdar, Kalaroos and Machil areas, there is a need to establish few more PHCs and Sub Centres in these areas.

4.1 Up gradation of SCs/ PHC/U-PHC to HWCs.

The district is in the process to convert all the existing SCs and PHCs into Health and Wellness Centres. Till date the District has already converted 38 PHCs into H&WCs and 6 more are planned to be upgraded to H&WCs this year. Similarly of the 233 SCs, 85 have already been upgraded to H&WCs and 7 more are planned to be converted this year. Initially, two facilities from each medical block which had good infrastructure in terms of accommodation and other logistic were prioritized for up gradation. But it was found that

in the first phase most of the facilities upgraded to H&WCs were from Sogam block. In the second phase, those SCs were upgraded to H&WCs which were housed in Government buildings. Subsequently, SCs located in rented building which had Two ANMs in place and had some basic infrastructure available were planned for conversion into H&WCs. All the remaining SCS are being planned now to be converted into H&WCs in a phased manner. Continuum of care has not been kept in mind while converting

Table 2: Health Infrastructure (As on 31-07-2021) of District Kupwara

	Sanctioned	Operational
District Hospitals	1	1
Sub District Hospital	2	2
Community Health Centers (CHC)	5	5
Primary Health Centers (PHC)	63	63
Sub Centers (SC)	233	233
Urban Primary Health Centers (U-PHC)	0	0
Urban Community Health Centers (U-CHC)	0	0
Special Newborn Care Units (SNCU)	2	2
Nutritional Rehabilitation Centres (NRC)	0	0
District Early intervention Center (DEIC)	1	1
First Referral Units (FRU)	8	8
Blood Bank	3	3
Blood Storage Unit (BSU)	2	2
No. of PHC converted to HWC	44	38
No. of U-PHC converted to HWC	0	0
Number of Sub Centre converted to HWC	92	85
Designated Microscopy Center (DMC)	0	0
Tuberculosis Units (TUs)	1	1
CBNAAT/TruNat Sites	1	1
Drug Resistant TB Centres	1	01
Functional Non-Communicable Diseases (NCD) clinic At DH At SDH At CHC	DH = 1 CHC = 5	DH = 1 CHC = 5
Institutions providing Comprehensive Abortion Care (CAC) services Total no. of facilities Providing 1st trimester services Providing both 1st & 2nd trimester services	296 2 2	4 2 2

5. DISTRICT HEALTH ACTION PLAN (DHAP)

The PIP is mainly prepared on the basis of previous year performance of various major health indicators related to RCH; accordingly, projections are being made in the PIPs.

Various sources of data which include HMIS data, data from the district authorities, Family Welfare data, Census projections and other relevant sources are being taken into account to prepare the annual PIP for the district. Overall, a total of 5 percent increase is being made for the previous year indicators in terms of allocation for deliveries, JSSK, JSY and other relevant indicators. Preparation of Health Action Plan for the district involves all the stakeholders right from the SC level up to the district level functionaries as such action plan is sought by the district authorities from all the BMO/MSs of the district. The PIP is then submitted to the SHS for further discussions and approval. After approval of the district PIP, the SHS prepares a State level PIP and submit the same to the Ministry. The district had prepared the PIP for the current year and was submitted to the Mission Director (MD) NHM of the UT. The district has also received the approved DHAP in June 2021, though; the 1stinstalment of funds was released in May, 2021 to the district. It was found that construction of building for four SCs and 3 PHCs is pending for more than two years in the district. The construction work on DH building is going on for the last two years.

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 availability/deficiencies of regular human resource at various levels in the district. The details provided by the office of the CMO regarding the overall staff strength for regular staff in the district shows that 57 percent of the positions of various categories of Medical Officers (MBBS) and other Specialists are in place. Almost half the positions of Medical Officers, Paediatricians and Surgeons are vacant. Although, compared to year, 2019-20, the position of doctors has improved in the district but still the district does not have a radiologist, orthopaedic, ophthalmologist and cardiologist.

So far the position of Staff Nurses, Multipurpose Worker (MPW) both male and female is concerned, 79 percent of these positions are in place. The vacancies are generally in case of SN as 55 percent of SNs are still vacant. It was also found that 79 percent positions of various categories of Technicians (Lab, Dental, X-ray, OT, etc) in the district are also working in various health institutions. Further almost 80 percent of Pharmacist are also in place in the district

So far as the availability of NHM staff is concerned, information provided by the DPM shows that the district has a sanctioned strength of 576 positions of various categories. Of these 526 (91 percent) are already posted at various health institutions. The vacancies are generally in case of MBBS doctors. Few positions of Lab technicians and OT Technicians are also vacant.

Of the 44 positions in Programme Management Units, 14 percent are vacant. Vacancies are mainly in case of Monitoring and Evaluation Officers at District and Block Level. The non availability of DMEO is severely affecting the working of the DPMU. Further, the

DPM is currently attached with the office of MD J&K and DPM NCD Unit has been assigned the charge of DPM. There is a need to put in place a DPM and DMEO in the district.

DH Kupwara was upgraded to District Hospital some 15 years back but it is still working with the staff strength of a Sub District Hospital. Recently, 27 new positions of HR have been sanctioned by the UT administration which includes specialists, para medical staff and office staff. The DH has presently a sanctioned strength of 25 General Duty Doctors/MOs and 15 are in position. The sanctioned positions of Medical Superintendent is in place. The hospital has a sanctioned strength of 20 consultants /specialist but 11 are in place. Both the posts of Sr. Consultant medicine and surgery, Ortho, Pathology, anaesthetist, Gynaecology, and surgery are vacant.. The hospital does not have a Ophthalmologist, Orthopaedic, and Radiologist.

Most of the positions of the paramedic staff (30 out of 35) are in place in the hospital. These include 7 Laboratory Technicians, 4 Pharmacists, 8 X-ray technicians and 3 Dental Technicians. Of the 19 positions of Staff Nurses/GNMs, 8 are working in the hospital. Two doctors are EmoC trained and 3 are LSAS trained. The DH has a functional full-flagged unit of AYUSH which include three MOs and 2 ISM Pharmacists from the regular side. Some of the specialised services like cardiology, radiology, Dermatology, ENT, Ophthalmology and Radiology services are not provided in the hospital; however the General line duty doctors with master's degrees in radiology, ENT are providing specialized services in the fields of specialization. The non availability of the specialized services is badly affecting the delivery of health care services and most of the patients needing such services have either to visit a private clinic or have to obtain the services from tertiary care hospitals located in Srinagar.

District hospital has a sanctioned strength of 31 positions under NHM other than DEIC staff and 28 positions are already working in the hospital. These include 1 position of Pathologist,1 position of Gynaecologist, 4 positions of Medical Officers, 14 positions of Junior/Staff Nurses, 1 ARSH Counsellor, 1 District Accounts Manager and 1 HMIS Data Entry Operator. The post of paediatrician, Lab assistant and 1 position of junior nurse is vacant.

CHC Langate has sanctioned staff strength of 40 under NHM including RBSK and 37 of them are in place. These include 5 MBBS doctors, 6 staff Nurses, 5 Lab Technicians, 4 X-ray Technicians and 6 MMPWs. The post of Accounts Manager, BMEO and DEO are also in place. BMEO is currently working with the Office of Dy. Commissioner for uploading of COVID 19 data. PHC Unisoo has sanctioned positions each of AYUSH Doctor and AYUSH Pharmacist under NHM and both are in position. Almost all the SCs in the district have been provided with a post of 2nd ANM under NHM and H&WC Pohrupeth has also been provided with the post of 2nd ANM. Besides, a MLHP has recently been posted at the H@WC recently.

Under NHM, District Early Intervention Centre (DEIC) under RBSK has been established in the DH. DEIC has sanctioned staff strength of 15 positions and 12 are already in place. The position of Paediatrician, Psychologist and Speech Therapist is vacant. The SNCU has also been established in DH Handwara. Although the post of Child Specialist is vacant but the 4 positions of MBBS doctors and 5 positions of Staff Nurses are in place.

The NCD Clinic is also functional at the DH and has all the permissible positions, which include one each MO, Physiotherapist, Counsellor, SN, Lab Technician, and DEO in place. Further, a mental Health unit under National Mental Health Programme (NMHP) has also been established in the DH and has all the permissible positions which include a Programme Officer, Programme Manager, SN, Physiologist, Social Worker and a Record Keeper in position. The DH has also a DEO and an Adolescent Friendly Health Clinic (AFHC) Counsellor, Accounts Manager and an IYCF Counsellor in position. Recently, the DH has also engaged all the 42 SNs for DNB programme. In addition to these, the DH has also engaged two each Lab Technicians, OT Technicians, X-ray Technicians and 4 (out of 10 permissible) SNs under NHM.

CHC Langate has sanctioned positions of 11 MOs, 1 paediatrician, 1 Gynaecologist, 1 Surgeon,1 Anaesthetist and 1 Dental Surgeon. Of these sanctioned posts, 5 positions of MBBS MOs, 1 Gynaecologist, 1 Surgeon are vacant. Due to the non availability of Gynaecologists and Surgeon, the Anaesthetist is almost of no utility at the CHC presently. Most positions of paramedical staff are in place. These include 7 positions of SN/GNM, 2 positions of LTs, 3 posts of Pharmacist, and one post of Dental Assistant. The CHC does not have any doctor trained in EmoC or LSAS.

The details regarding the engagement of NHM staff shows that CHC Langate has established one NCD Clinic and all the permissible staff which include a MO, a Rehabilitation worker, a Counsellor, a SN, Lab Technician and a DEO. Similarly, 2 FMPHWs for NBSU are also working in the CHC. Besides these, the CHC has also all other permissible positions under NHM which include, 2 position of MOs and 3 Lab Technicians are in position. The post of OT Technicians is vacant for the last three years.

PHC Unisoo has been converted into a HWC and has 2 sanctioned positions of MOs and 1 Position of Dental Surgeon. Both the positions of MOs as well as the position of Dental Surgeon are in place. The sanctioned position of ISM doctor is also in place. The PHC also has other support staff which include 1 position of SN/GNM, 1 ANM, 2 Pharmacist and 4 other staff.

Sub-Centre Pohrupeth has been converted into a HWC and there are two ANMs (one each from regular and NHM side) posted at the H&WCs. Recently, 1 Mid-Level Health Personnel (MLHP), has also been posted at the Centre. There is no Pharmacist posted at the facility. The H&WCs is facility which has completely female staff.
It was observed that a transparent policy of transfers and postings is not in place and there are pressures on transfers and postings from various quarters which have affected the

proper functioning of various health institutions. The other issue that was observed in the field is "attachment" of various positions. This has also proved fatal in the health care delivery system.

6.1 Recruitment of various posts

Since recruitment of regular staff is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level. The positions of doctors are filled through State Public Service Commission and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB). Thus, district authorities do not have any role in the recruitment of regular staff and hence no information was found available with the district. Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled by the office of the Mission Director (DM) at the central level while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Magistrate (DM) of the district. The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances. The information collected shows that during the previous year a total of 50 positions of various levels were vacant in NHM and all of them remained vacant till 31st March, 2021. The last appointment under NHM was made recently for the district for staff nurses under DBN scheme.

6.2 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, 9 types of training courses for medical and para medical staff were approved under ROP and out of these very few training programmes were conducted by the district as most of the staff in the district was engaged with the Covid-19 duties during this period. The district was approved to conduct DAKSH training for 15 batches but only one batch was trained. Similarly, of the 10 planned training cum review meetings, only 2 could be organised during 2020-21. NIOS training has been conducted for one batch of ASHAS. AFHS training for Medical Officers and AFHS training for ANM/LHV/MPW, induction training for ASHAs and ASHA Module VI and VII has not yet been initiated during 2021-22. During 2020-21 and 2021-22, priority is given to trainings related to COVOID-19.

7 STATUS OF SERVICE DELIVERY

7.1 Free drugs and diagnostics services

As per the information received from the CMO office, free drug policy has been implemented in the district at all health facilities. It was however found that free drugs are provided during ANC, and delivery. NCD patients also are provided diabetes and

hypertension drugs free of cost. Patients who are very poor patients also receive drugs free of cost. Thus, free drugs are not provided free of cost to all. Medical Officers mentioned that the drugs supplied to DH and CHC are limited and meet only 40-50 percent of the available demand. The MO at the PHC and MLHP at H&WC reported that they are in a position to prove iron, ORS, TT and some diabetes and hypertensive drugs to the patients. While interacting with the patients at various health facilities, it was found that doctors generally prescribe branded drugs which are not available at the health facilities. It was also found that patients at PHC and SC had to arrange even for a syringe for having an injection.

Similarly diagnostic facilities are free only under JSSK and for BPL families. It was found that the rates for various diagnostic investigations have been fixed by the Government and are prominently displayed in the DH, CHC and PHCs. People in general have to pay for various investigations. Now the whole UT has been covered under Ayushman Bharat PM-JAY Scheme and all the Golden Card Holders admitted in the hospitals are provided free drugs and investigations.

7.2 Dialysis Services

The dialysis Centre with a bed capacity of 5 has been established at SDH Kupwara. Although it started registering patients for dialysis in November, 2019 but it was formally inaugurated and made functional in the last week of December, 2019. It has been provided with requisite infrastructure and manpower. There are 4 dialysis units in it. The centre has been equipped 4 HD machines, two crash carts, monitors, portable ECG machine, refrigerator and other required material. Four Staff Nurses have posted under NHM in this Centre. The hospital has engaged additional manpower engaged at this centre include 2 trained medical officers, 4 dialysis technicians, 4 staff nurses and 2 ward boys. It is conducting 2 sessions per day. On an average 3-5 patients are provided with the service on daily basis. The services at the Dialysis Centre are free of cost for BPL families only. Other ppatients have to manage the cost of dialyzers. We interacted with 3 patients who are availing dialysis services from this Centre. All were satisfied with the services of this centre.

7.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

Like other districts of the State, RBSK has been launched in Kupwara district in March 2014. There is sanctioned strength of 94 positions and 84 of them have already been put in place (Table 3). There are 20 RBSK teams (2 teams in each block) in the district and each team consists of 2 AYUSH Medical Officers, 1 FMPHW and 1 Pharmacist. There are 40 positions of AYUSH Medical Officers and only 2 are vacant. Barring one position of ANM, and 2 Pharmacists, all the posts of ANMs and Pharmacists have been put in place. The district has established District Early Intervention Centre (DEIC) at the District Hospital. While most of the posts in DEIC have been filled up, however some important position like Paediatrician, Audiologist/Speech Therapist, Physiotherapists, Optometrist, Psychologists are vacant. The process for the recruitment of these positions has also been initiated.

Table 3: Status of Manpower (RBSK) of District Kupwara ending October. 2021			
S.No	**Name of the Category**	**Permissible**	**In Position**
1	Pediatrician	1	0
2	MO, MBBS	1	1
3	MO Dental	1	1
4	MO AYUSH	40	38
5	Staff Nurse	1	1
6	Audiologist / Speech Therapist	1	0
7	Psychologist	1	0
8	Physiotherapist	1	0
9	Lab. Technician	1	1
10	Dental Technician	1	1
11	Early interventionist cum Special educator	1	1
12	Ophthalmic Assistants	1	1
13	Pharmacists	20	17
14	ANMs	20	19
15	DEIC Manager	1	1
16	DEO	1	1
17	Social Worker	1	1
	Total	**94**	**84**

Child health screening cards have also been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. Due to the COVID-19, during 2020-21, schools and AWCs remained closed for most of the time and consequently, RBSK teams could not undertake screening of children in any

of the schools or AWCs. However, they have been deployed on COVID duty and have played an important role in the vaccination of population. The RBSK vehicles have been vigorously used in COVID-19 related activities. 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.

7.4 Mobile Medical Unit (MMU)

The State has procured 11 MMUs and some districts have been prioritized for putting in place these vehicles. One such MMU has also been provided to Kupwara district. Except the post of Medical Officer, all the remaining 3 positions sanctioned for operationlization of MMU has been put in place. These include a Pharmacist, Driver and Helper. Schedule of visits has been developed keeping in view the topography and outbreak of epidemics. The Dy. CMO approves the movement plan of MMU. The MMU generally covers the remotest areas of the district. MMU offers general examination, X-ray, ECG, lab facility, ophthalmic, family planning, ANC services and also help the RBSK teams in screening of children. During the last 6 months (April-September, 2021), the MMU Team has made 87 trips and has visited 87 villages and 16 AWCs. Overall the MMU has examined 7878 patients during these 6 months. It has also provided ANC services to 66 women, and about 168 couples have been provided family planning services. The MMU lab has conducted more than 600 lab tests and has also screened 57 children under RBSK. Referral services have been provided to 95 patients. Further MMU Team was also involved in the IEC activities pertaining to COVID 19 and also in the COVID vaccination. This shows that if used effectively MMU has a lot of potential to meet the health care demand of the district particularly in far flung areas. However, funds for POL and maintenance of the vehicle are limited and therefore its services remain under utilized. Further, due to the hilly terrain of the district and the road connectivity issues, the Vehicle is unable to reach the far flung areas of the district.

7.5 REFERRAL TRANSPORT

The district has 8 ambulances with Basic Life Support (BLS) and 7 ambulances with Advanced Life Support and are operational on need basis for 24X7. One each of these Vehicles is placed at DH and CHCs. These ambulances with BSL and ASL are fitted with GPS and handled through centralized call centre. The district has 12 vehicles under 108 on road and are GPS fitted and handled through centralized call centre. 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.

7.5.1Key observation and challenges related to referral transport mechanism

Some areas of district are hilly, although, road connectivity is better but due to the limited number of ambulances, most of the villages are not served by the referral transport services. Ambulances are generally stationed at health facilities for referral of patients. Most of the patients needing a referral from a CHC or DH are provided an ambulance on

payment of fuel charges. But, the facilities are not in a position to provide ambulances for transporting patients from home to facility due to shortage of ambulances. Therefore by and large people visit a health facility either through private transport or use public transport to reach a health facility. Although pregnant women under JSSK are supposed to call 108 for free transport to reach a health facility for delivery, but more than 90 percent manage their own transportation to reach a health facility mainly due to unreliable 102/108 service.

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

The SNCU has been established in the DH Kupwara and has a bed capacity of 11 beds. The SNCU has 9 radiant warmers, one step down care but has no Kangaroo Mother Care (KMC) unit. The details of work done shows that there have been 111 in born admissions and 688 out born admissions in the SNCU during last six months. Of the 111 inborn, 19 were referred to Children's Hospital and remaining were discharged after treatment. However, among the out born, 7 expired and 40 were referred to Srinagar for specialized treatment. There is a NBSU at CHC Langate, which is equipped with all the equipments and staff but it has been a non-starter due to very few births taking place at the CHC. The NBCC at Unisoo PHC is also non-functional. The district doesn't have any sanctioned Nutrition Rehabilitation Centre (NRC) and therefore, have no such admissions or referrals in this regard.

7.7 Home-Based New-born Care (HBNC)

There are 960 ASHAs working in the district and all have been provided HBNC kits. It was reported that these HBNC kits were partially filled as some of the items from these kits have become non functional. During the current financial year (till July, 31st 2021) a total of 130 newborns have been visited by the ASHAs under HBNC. 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.

7.8 Maternal and Infant Death Review

During the current year 4 maternal deaths have been reported in the district and all of them have been reviewed. Last year 3 maternal deaths were reported and reviewed. Information on the infant deaths reported and reviewed was not readily available. However, it was reported that all infant deaths reported are also reviewed. 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.

7.9 Peer Education (PE) Programme

Peer Education Programme has been implemented in 10 blocks of the district but due to COVID no activities could be undertaken in this area.

7.10. Reproductive Health Services

As far as the delivery points is taken into account, the information collected from the DPMU/CMO office shows that no SC or 24X7 PHC is conducting any deliveries in the district (3 per month in case of SC and 10 per month in case of PHC). Six of the 7 CHCs in the district are conducting more than 20 deliveries per month. The District Hospital and SDH Kupwara are conducting more than 50 deliveries in a month. The C-section deliveries are conducted at the DH and four CHCs (Kupwara, Sogam, Kralpora and Tangdar). In case of any emergency, DH and SDH Kupwara conduct C-section deliveries during the night hours also. DH Kupwara is designated as FRU and both normal and C-section deliveries are performed in this health facility on 24X7 basis. During the last month, a total of 240 deliveries were reported at DH and out of these, 134 (56 percent) were normal deliveries and 106 (44 percent) were C-section deliveries. A total of 6 normal deliveries have been reported at CHC Langate. The women of the catchment area of CHC Langate generally prefer to visit DH Baramulla or DH Kupwara for deliveries. The women in general have a very poor perception of the delivery of maternal care at CHC Langate.

The information about the JSY payments at health facility level shows that at DH and CHC level, there is no pendency for any beneficiary till date while as at PHC level such information of payments about JSY benefits was not available as such these payments are being made by the concerned BMO office only. As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery. But, our interaction with the women who were present at the DH or CHC Langate (maternity wards, post-operative wards, labour rooms, OPD, and relatives of these patients), revealed that all the women had not to pay for medicines. But free diet was provided partially. Only referral transport was made available to the women. Women have managed their own transport for reaching a health facility at the time of delivery and for reaching home after the delivery.

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.

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 reported by all the women that they were treated with dignity and privacy was ensured at various levels and none of the women complained 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 the MSs of DH and he reported that CAC services are provided in all respects to all the women when they need.

7.11 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 facility (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.

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.

7.12 FAMILY PLANNING

Facilities for sterilization, mini lap, Post Partum Sterilization IUD and PPIUD are available at DH. These services are generally provided on designated days. NSV are not available in

the DH. CH Langate only provides IUD, PPIUD services. Spacing methods of family planning (Oral Pills and condom are available at PHC Unisoo and H&WC Phurpeth.

Sterilization camps are generally organized on the eve of World Population Day to provide various types of family planning services. However during 2020-21, no such camps have been organized in the district. A total of 314 Laproscopic Sterilizations have been performed in the district during April-November, 2021. PP sterilization accounted fir 10 percent of female sterilizations. Quality Assurance Cells (QAC) for monitoring of family planning activities have been constituted at district level. The last meeting of the committee has been held once during 2020-21.

IUCD 380A services are available at DH, CHCs and few PHCs in Kupwara block. None of the SCs provides IUCD services in the district. PPIUCD services have recently been introduced as 5 doctors have attended PPIUCD training. A total of 963 IUCDs have been inserted in the district during 2020-21. PPIUCDs account for 37 percent of all IUCDs in the district. CHC Langate has reported 95 IUCDs. PHC Unisoo has not provided IUCD services to 5 women.

Condoms and Oral Pills (OPs) were available in all the 4 facilities visited by us. Weekly Oral Pills and Emergency Contraceptive Pills (ECP) are also available at these facilities. ASHAs have been given the responsibility of delivering contraceptives at the homes of beneficiaries in the district. The information regarding various methods of family planning is also provided through VHND sessions at the SC level. Further ARSH clinics also provide information about condoms and OPs. A total number of 14000 OP cycles and 50000 pieces of condom have been distributed in the district during the last six months. Antara injections have been introduced in the district through CHCs and PHCs. A total of 389 women have received first dose of Antara and 228 have received second dose. It was found that proper attention is not paid by the health facilities to maintain information about various methods of family planning. Family Planning now seems to be ignored area even during monthly review meetings. Family Planning Logistic Management and Information System (FPLMIS) has been integrated with the HMIS Portal in the district besides, the family welfare department of the UT.

7.13 ADOLSCENT FRIENDLY HEALTH CLINIC (AFHC)

ARSH clinic at DH Handwara and SDH Handwara has been established and 1 ARSH Counsellor and 1 Data Entry Operator is posted in both these. Space for ARSH clinic at DH is inadequate. ARSH counsellor provides ARSH related services and also provides information about various contraceptive methods. Oral pills, condoms, sanitary napkins are distributed through ARSH clinic. Weekly Iron Folic Strips are not available in the ARSH clinic, although ARSH clinics have a lot of potential to distribute it among adolescents. There is no system of follow up of the adolescents attending the clinic. Due to COVID-19, all the AFHS staff are involved in COVID related activities . This has made the AFHS scheme almost non functional currently.

8. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Kupwara district has a requirement of 1222 ASHAs as per the population of the district and out of these, 1062 (87%) ASHAs have been selected till date. None of the ASHA covers 1500 or more population for rural and 3000 or more population in urban areas. The information further 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 958 (90 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 948 ASHA (89 percent of the in-position) have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 10575 (99 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) in the district. The district has enrolled 22 ASHA Facilitator under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 18 under Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 10 have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY). 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, 369 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and 69 are trained and accounts have been opened in case of 342 VHNCs.

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.

9. Service Availability as perceived by the Community

9.1 Lifestyle and living conditions

Kupwara is a rural district. More than 80 percent if the population lives in rural areas. Large majority of the population is dependent on agriculture. As an aspirational district, the living conditions and the overall infrastructure has improved much during the last few years. People are well aware about various health programmes. Almost 60 percent of the households have registered under Ayushman Bharat. The major health issues as perceived by the community are: Diabetes, hypertension, Thyroid disorders and water borne diseases and viral infections.

9.2 Awareness about the services available and accessibility

The local people are generally well aware about the location of health facilities and the services available there. The most commonly services availed are Child immunization, Antenatal care, delivery care, treatment of hypertension, diabetes, diahorrea, cataract, IPD services, and treatment of minor diseases. The services are available irrespective of economic status. However, the community perceives shortage of doctors at the DH and CHCs one of the key challenges in accessing health care at the public health facilities.

9.3 Availability of HR and behaviour of staff

An interaction with the community leaders reveal that both DH and CHCs have shortage of doctors. Due to the roster system, all doctors posted at a facility are not available for consultation. During off days, they generally indulge in private practice. They mentioned that heart attacks among youth are now a serious problem but there is hardly any Cardiologist at the DH or CHCs. Similarly, due to the non availability of Gynaecologist at CHC Langate, women prefer to deliver at private health facilities or visit a public health facility of some adjacent district. It was also reported by the community that most of the health facilities including the DH wear a deserted look after 4 PM, as only emergency is open and those needing services after 4 PM are generally referred to Baramulla or Srinagar. The public is generally satisfied with the behaviour of the staff. But due to heavy work load at the OPD, they do not give enough time to patients.

9.4 ASHAs visits to the households for consultation/ services

ASHA are visiting the households particularly those households which have young infants and pregnant women. They motivate the women for ANC and child immunization. They also visit the infants for home based new born care. The provide information about and also are involved immunization, breastfeeding, nutrition, contraception. They also collect information from adult men and women about non communicable diseases and accompany them for screening for diabetes and hypertension. However, it was also reported by the community members that their household visits have declined after the emergence of COVID-19.

9.5 Health seeking behaviour and utilisation of services

People generally use public health facilitates in case they are sick. Utilization of Antenatal care services is very high. More than 90 percent of the pregnant women receive antenatal services from a public health care facilities. ASHAs play an important role in educating women about the importance of ANC. However, along with visiting a public health facility, women also visit a private practitioner for ANC services. Women generally receive TT, IFA and anaemia testing facility from SCs and PHCs. Apart from utilizing ultrasound facility from a public health facility, women also visit a private facility for a final sonography. Immunization facilities are available at all public health facilities and almost all the children receive various doses of immunization from a public health facility in Kupwara. So far as childhood diseases are concerned, people generally visit a private service provider for consultation.

NCD clinics have been established at DH and CHCs. Facility for the screening of hypertension and Diabetes is now available at all PHCs and H&WCs. However, screening of oral cancers, breast cancer is in infancy as the staff posted at the H&WCs is not yet fully trained to screen patients for these cancers. Overall, people prefer to seek treatment for NCDs from private health care providers.

Like other parts of Kashmir, waterborne diseases like diahorrea, dysentery and viral diseases like fever, cold cough are more common in Kupwara also. 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. Our interaction with the community members revealed that have been no major outbreaks in the district during the current and previous financial year in the district. In case people have diahorrea or common colds, they either visit a SC/PHC and some visit a private practitioner or a local chemist.

9.6 Key challenges pertaining to utilization of health services from public facilities

As per the community perception, shortage of doctors is a major challenge in the district and particularly during night. Overcrowding of DH and CHCs and non availability of drugs is another issue. Further, there is a need to open a dialysis centre in each of the CHCS, as the patients needing dialysis have to visit Srinagar. Due to the non availability of a lady Gynaecologist at CHC Langate, women are forced to utilize the services from private facilities.

9.7 Suggestive changes in the current programme to address any persisting challenge observed during the visit in the community. C-section deliveries are rising and there is a need to introduce counselling on the benefits of vaginal delivery. Further necessary steps need to be taken to reduce the c-section in the DH and SDH Kupwara.

10. SERVICE AVAILABILITY AT THE PUBLIC FACILITIES

10.1 Sub Centres/ HWCs

Sub Centre Pohurpeth has been converted into H&WC. It covers a population of around 4500 and covers two villages. The H&WCs is housed in government building and located at a distance of 3 Kms from PHC Unisoo and some 10 Kms from CHC Langate. The staff consists of 1 MLHP and 2 FMPHWs. The post of Pharmacist is vacant. Branding of H&WC was done partially. Bath rooms are partly functional. The building is non fenced and therefore has privacy and security issues.

10.1.1 Availability of Services

All services as per IPHS are not available at the facility. Facility of ANC registration, ANC checkups, measurement of height, weight, BP, anemia is available the entre. TT and IFA is also provided to women. Among post natal services counseling on diet and breast feeding is provided. Child immunization facility is also available at the SC. Apart from counseling on birth spacing/limiting, temporary methods of contraception services like condom; oral pills are available at the facility. Treatment of minor ailments like cough and cold, fever, diahorrea, worm infestation and first aid is also available at the facility. The facility also helps in the control of local epidemics, diahorrea, dysentery, jaundice. VHND camps are organized at the facility. The facility also promotes condoms for controlling AIDS. Recently H&WC has started screening of adult population for diabetes and hypertension. This facility is also providing teleconsultation services to the needy patients. It is not functioning as a delivery point. MPW/ANM has given a tablet recently to upload the data of various schemes of NHM on regular basis.

10.1.2 Availability of drugs and diagnostics

As per the Essential Drug List, a H&WCs should have 23 drugs available. But it was found that out of these 23 drugs, SC had only 15 drugs available on the day of our visit. Diclofenac, Rantidine, PCM, Azrothromicin, antibiotics, and some of the NCD drugs were not available at the SC. Updated EDL was not found displayed at the facility. Diabetic drugs and combination of diabetic and hypertension drugs are also not available. Testing kits for checking haemoglobin, pregnancy status and blood sugar have been provided to the HWC in sufficient numbers. Thermometer and BP apparatus were also found at the HWC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc. Oxygen concentrators have recently been delivered at the facility recently and have not yet been put into use.

10.1.3 Whether services are optimally utilised, average workload of staff

Looking at the utilization of services from the SC, it was found that services are not optimally utilized. Although a MLHP and two FMPHWs are working at the centre, but on an average less than 20 persons visit the facility for treatment of minor ailments. The populace generally prefers to visit secondary or tertiary care health facilities where at least a MBBS doctor is available. However, immunization services and to some extent ANC services are fully utilized at the SC. On average in a month, the facility provides ANC services to 20 women and immunization to 15 children. Very few women visit for contraception services. However, at least 5-10 adults are screened for NCD.

10.1.4 Key challenges observed in the facility and the root cause

a) One of the key challenges faced by the facility is shortage and irregular supply of drugs. During winter there is a huge increase in the number of patients complaining of fever, cough, cold and chest infections, but the facility has hardly any drugs for the treatment of these ailments.

b) The H&WC was not branded as per the set guidelines of H&Cs. The building has acute shortage of space. The toilets have been left incomplete. Drinking water facility is also not available. There is no facility for the disposal of bio medical waste.

10.2 Primary Health Centre Unisoo

PHC Unisoo is a New Type PHC. It covers a population of about 6000. Two Sub Centres are attached with this PHC. The PHC has a good building with adequate space for various facilities. It has a capacity of 10 beds. Two MBBS doctors and 1 AYUSH doctor is posted at the PHC but it provides only limited facility.

10.2.1 Availability of Services

Most of the services as per IPHS standards are not available at the PHC. The services available at the PHC are medical and essential OPD services, referral, antenatal care, post natal care, new born care, immunization, dental services, basic laboratory services, treatment for minor ailments, screening and treatment of hypertension and diabetes, spacing methods of family planning, counselling services for ANC. Periodic Health checkups and health education activities, awareness generation and Co-curricular activities

are also undertaken at the PHC. Day care IPD services are available at the PHC but very few patients have been admitted in the facility during the last three months. Although a delivery room with a delivery table is available at PHC-HWC Unisoo and one MO and FMPHW is trained to conduct deliveries, but during the last three months no delivery has taken place at the PHC. NBCC at PHC Unisoo is available but hardly any delivery has taken place at the PHC and therefore is is not currently in use.

10.2.2 Availability of drugs and diagnostics

As per the Essential Drug List, a PHC should have 23 drugs available. But it was found that out of these 23 drugs, SC had only 15 drugs available on the day of our visit. Diclofenac, dexona injection, citrizine, paracetomol, albandizole, doxycyline , ciprofloxaine and some of the NCD drugs were not available at the SC. Updated EDL was not found displayed at the facility but it was not updated. The facility also had shortage of syringes and intravenous drip sets. It was found that the hospital is in a position to meet only 40 percent of the demand of drugs and other consumables. Diabetic drugs and combination of diabetic and hypertension drugs are also not available.

PHC has a small laboratory and the post of Lab Technician is vacant. However a Lab Technician from some other facility is temporary posted at the PHC. Routine blood investigations like CBC, blood sugar and HB are conducted the PHC. The facility of basic urine examination is also available at the PHC. X-ray services are not available. The services are free for BPL and pregnant women. Other [patients are charges user fee as per the approved rate list. There is no shortage of reagents or testing kits. PHC has dire need of a CBC analyser and X-ray plat.

10.2.3 Whether services are optimally utilised, average workload of staff

Although limited facilities are available at the PHC, but there are three doctors posted at the PHC. Keeping in view the availability of doctors at the facility, we could not find many patients at the facility during our visit. Therefore OPD services are not optimally utilized at the facility. However,. ANC, immunization and dental services are optimally utilized. Although, the PHC laboratory is without a CBC anaylyser and also does not have regular LT, but still 1844 investigations have been conducted at the facility. Family planning services particularly condom and oral pills are also optimally distributed at the PHC. Day care IPD services are underutilized. The facility can easily conduct deliveries but due to the lack of interest on behalf of doctors, deliveries do not take place here.

10.2.4 Key Challenge

a) Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services on 24X7 basis.
b) Non availability of X-ray facility is severely affecting the delivery of services.
c) Although the facility has all the equipments and infrastructure for conducing normal deliveries, but due to the reluctance of the staff, not a single delivery has been conducted at the facility.

d) The post of Lab technician is vacant and although some temporary arrangement has been made to conduct lab technician, but PHC needs a full fledged laboratory with dedicated staff and a CBC analyser.
e) The only ambulance at the health facility is very old and has high maintenance cost and thus need a new ambulance for any emergency purposes.
f) Shortage of most of the drugs is severely impacting the delivery of health care services.

10.3 Community Health Centre (CHC) Langate

CHC Langate is situated at a distance of 21 Kms from District head quarter and 4 Kms from District Hospital Handwara. DH Baramulla is located at a distance of 25 Kms from CHC Langate. The total population of the catchment area is 148951. There are 8 PHCs, 22 H&WCs and 17 SCs under Langate Medical Block. HC Langate is located in a new hospital building and has adequate space. The building is not disabled friendly as there is no ramp. However, some of the rooms have been vacated including the drug store to make space for COVID-19 IPD wards. The functional inpatient bed capacity of the CHC is 30 beds with separate beds for males and females. The hospital is getting 24X7 electricity and water supply. The general cleanliness of the wards and IPD was somewhat satisfactory but wash rooms were untidy. 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 CHC for waste segregation. The CHC has out-sourced disposal of biomedical waste which is collected on alternate days.

10.3.1 Availability of Services

Very few services as per IPHS standards for CHC are available at the CHC. Apart for emergency services, ANC and child immunization and family planning (Spacing), the CHC provides services for general medicine, NCD, O&G, pediatric, ophthalmology and dental services. Labour room is available but very few deliveries (less than 10 in a month) take place at the facility. NBSU is almost defunct. Blood Storage Facility is not available. The hospital doesn't provide any teleconsultation services to the patients.

Under NHM, the CHC Langate has established one NCD Clinic and all the permissible staff in position. The NCD clinic has an optimal work load and is doing good work in terms of screening, treatment, referral and follow up of patients. The CHC is also providing physiotherapy services under National Programme for Health Care of Elderly. During the last 7 months (April-October), 1337 persons have utilized physiotherapy services from CHC. CHC is also participating in various national health programmes like HIV/AIDS, control of water borne diseases, jaundice, control of blindness, elimination of Tuberculosis, leprosy, RBSK, PMJA, PMSMA etc.

10.3.2 Availability of drugs and diagnostics

CHC Langate is providing various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, X-Ray, , VDRL, LFT and KFT. RPR, T3, T4 testing

facility, culture sensitivity and histopathology is not available at CHC. ANC cases requiring these tests have to obtain these services from the private diagnostic facilities. Most of the necessary equipment for OTs, Labs, labour room and other sections was found available in the CHC. However from surgical side, there is a need for a new general instrument set, OT Table and Suction apparatus. The hospital also needs a new Dental chair. The hospital also does not have a operating ophthalmic microscope. CHC needs a Bio Chemistry Analyser, Bilurubin Meter and Elisa Reader. It was also found that DH and CHC have adequate supplies of reagents and consumables in the laboratory.

Essential Drug List was displayed in the store and at the entrance also. Management of the inventory of drugs is manual. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at CHC. The CHC has no mechanism in place for online consultation for patients.

10.3.3 Service Utilization

The services at the CHC are not optimally utilized keeping in view the staff available at the CHC. ANC, immunization, laboratory services, distribution of contraceptive services are optimally utilized. NCD services are also optimally utilized. The services which are not optimally utilized are delivery services, post natal care, OPD and IPD, NBSU services.

10.3.4 Key challenges observed in the facility and the root cause

a. The main challenge is the non-functioning of Gynaecology unit TO as both the Surgeon and Anaesthesiologist has been deputed to SDH Kupwara. The posts of Specialists (Gynaecologist, Medicine and Orthopaedic) are vacant.
b. The hospital does not have a proper ambulance facility.
c. The hospital does not have a Broad Band Internet Connection, so interconnectivity is also an issue in uploading of timely information.
d. Due to the non availability of staff, CHC has not progressed in terms of Laqsha.
e. BMEO is presently attached with the office of Deputy Commissioner and this has resulted in affected the monitoring and supervision of periphery facilities

10.4 DISTRICT HOSPITAL HANDWARA

District Hospital Handwara is located in Handwara, which is an adjacent town located at a distance of about 18 kms from Kupwara town. The hospital is accessible from the main road easily. The district hospital complex consists of about 4 main buildings. Recently, one of the buildings of the DH has been demolished to pay way for the construction of a new hospital building with a bed capacity of 200. Due to this, the DH has space constraint for various services like OPD, IPD; separate IPD for women, OTs, NCD clinic, Special Pay rooms, laboratory, Registration. The total bed capacity of the hospital is 100. The hospital has a separate gynecological unit with a capacity of 11 beds. There is also a special unit for children and infants. There is also a special NCD clinic with a geriatric ward consisting of 10 beds but due to the space constraint this geriatric ward has been converted into the

general ward to accommodate other patients. There are 3 staff quarters for doctors and two quarters for other staff.

10.4.1 Availability of Services

This hospital provides 24X7 services for general medicine, surgeries, paediatrics, emergency and trauma, paediatrics, obstetrics and gynaecology, C-section delivery and abortions. Orthopaedic, dermatology, ENT, psychiatry, dental and ARSH services are available during day time only. Doctors on call are available for emergency purposes during night hours. Cardiology services are provided through NCD clinic. C-section deliveries are conducted thrice a week. Facilities for mini laparoscopy and IUD services are available on select days. NSV services are not available at the DH. Child immunization is available on daily basis. There is a functional SNCU in the hospital which is co- located with the labour room and is equipped with required equipments. The district hospital also has a Registered Blood Bank and except for the post of Blood Bank Officer all other positions in Blood Bank are in place. Currently, a general Medical Officer from the regular side is looking after the working of BB. Power backup supply is available in the OT, labour room and wards. Water is available in the wards, labour room, OTs, and labs. Adequate toilet facilities are available in the wards and were found somewhat clean. Citizen's charter, timings of the facility, list of services available, protocol posters are displayed properly. Complaint box is also available for registration of complaints and grievances.

10.4.2 Availability of drugs and diagnostics

All drugs in the EDL list of DH are not available in the DH. Calcium, zin sulphate, Vitamin D drops, IFA, iron sucrose injection and calcium tablets are not available at DH. As most of the people have received the Golden Cards, so the DH is in a position to provide free drugs to more than 80 percent of patients. But, the hospital is in a position to provide free drugs to less than 50 percent of OPD patients. There are two reasons for this. As most of drugs available at DH are generic but doctors do not prescribe generic drugs. Secondly, the supply of drugs is not demand driven and therefore hospital is not in a position to provide free drugs to all. However, DH provides all drugs and consumables free of charge in case of JSSK. EDL was not found available in the DH. Overall availability of drugs is not displayed in the OPD, OT and labour room. Computers have been provided but computerized inventory management of drugs is not yet in place. Our interaction with the IPD patients revealed that 60 percent of the drugs prescribed to them were to be purchased from the market.

Medical Superintendent mentioned that almost all the essential equipments/instruments and other laboratory equipment required in the OPD, OT, labour room, SNCU and laboratory are available and functional. However, laparoscopes, MRI and Endoscopes are not available. Further the lab of the hospital is in need of a fully automatic anaylser to meet the growing diagnostic demand generated by JSSK. Equipment maintenance and repair mechanism is somewhat poor. District Hospital requires an Incubator, pathological and biochemical analyzer Anaesthesia work station, Deflator, Doppler, Gel method

technology, Centrifuge, Eye operating microscope, Horizontal autoclave, Digital ECG and MRI.

10.4.3 Whether services are optimally utilised, average workload of staff

The services available at DH Handwara are optimally utilized. The hospital sees a huge rush of patients every day. A total of 306423 patients have visited the OPDs of DH during 2020-21 . AYUSH OPD accounts for about 3 percent of the total OPD in the DH. A total of 17833 admissions have been made in the IPD of DH. Further 295 major and 1592 minor surgeries have been performed in the hospital. Around 650 institutional deliveries have been reported at the DH. C-sections account for 42 percent of te deliveries. Twenty five women have accepted female sterilization from DH. Information collected from the Laboratory shows that a total of 16000 lab investigations were performed during the last two quarters. Similarly, about 4000 Ultrasound, 1500 X-Ray and 3000 ECG have been performed in the DH during last 6 months. While comparing the OPD and IPD performance of DH Handwara, the performance of DH Kupwara during 2021-22 has slightly improved compared to 2020-21..

10.4.4 Key challenges observed in the facility and the root cause

a. . The District Hospital currently has space constraint although a new building is under construction but pace of construction is slow.
b. It was found that the DH has mostly local staff and some of whom are working in the hospital for the last 15 years. These employees have started creating problems for the hospital administration, which affects the delivery of services.
c. Shortage of specialist doctors particularly cardiology, dermatology and Neurology is impacting the service delivery. As the number of heart attacks among young people has increased, there is an urgent need to post a Cardiologist in the DH.
d. There are some private Chemist shops around District Hospitals. They have become a nuisance and pressurize the doctors not to prescribe generic drugs.
e. The hospital has some ambulances, but these need now to be replaced with new ones which are equipped to handle the referred patients.

11 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 45600 individuals so far and their

CBAC forms have been filled as per the target till date. All the 35 SHC-HWCs, and PHC-HWCs have started NCD screening at their facilities in the district. Further, the information collected shows that the district has achieved 100 percent target in screening the planned individuals for various types of NCDs which include hypertension, diabetes, oral cancer, breast cancer, and cervical cancer. All the established HWCs are providing teleconsultation services and organizing some wellness activities in the district though such activities have got hampered since the Covid-19 pandemic struck the globe.

11.1 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 261107 eligible persons and out of these, Community Based Assessment Checklists (CBAC) forms have been filled for for more than 60 percent of target population. Screening for identification of people with hypertension and diabetes and detection of oral and breast cancers has been started.. The details provided by the DPMU shows that overall, 82625 persons in the district were screened for hypertension, 75054 for diabetes, and 64328 for oral cancers and 33988 for breast cancers. Screening for cervical cancers has not been undertaken in the district during 2020-21. Of the screened cases, eight percent (2728) persons were diagnosed for the same and were treated/under treatment in the district at various health facilities. Similarly, more than 27000 persons from the target population were screened for diabetes and out of these, about nine percent (2415) persons were diagnosed for the same and were under treatment at various health facilities of the district. Further, the information provided by the DPMU shows that a large number of persons were screened for various types of Cancers and out of these, 18 confirmed cases of Oral cancer and 8 women of breast cancer were being treated at tertiary care hospital of the UT as such facility was not available in the district.

The DH has diagnosed 3512 patients for diabetes and hypertension and out of these 21 have been detected to have diabetes and 9 with hypertension during the first six months of 2021-22.. CHC Langate has 1587 persons for hypertension, 1823 for diabetes, 254 for oral cancer and 29 for breast cancers. The percentage of confirmed cases is 14 percent for hypertension and 8 percent for diabetes. None was confirmed with oral or breast cancer at CHC Langate.

PHC Unisoo does not have a fixed day NCD clinic, instead NCD screening for diabetes and hypertension is done on all working days. Screening for cancers is not undertaken as service providers are not trained in cancer screening. During the last 6 months PHC has screened 200 persons for Hypertension and 165 for diabetes and out of these 26 percent had hypertension and 2 percent diabetes.

SC- HWC Pohrupeth has a target population of 1600 and CBAC forms have been completed for 1400 persons. We checked the CBAC forms but the quality of information contained in these forms is very bad. However, the H&WC has screened 1390 persons for hypertension, 850 for diabetes, 320 for oral cancers and 480 for breast cancers. Of these

650 (46 percent) have been detected with hypertension and 300 (35 percent) with diabetes. The NCD clinics are functioning on all working days at PH, CHC and DH. Te screening at H&WC is also done on all working days, since the MLHP has been posted there. The NCD record keeping at various facilities visited by us is extremely very poor.

12. COMMUNICABLE DISEASES PROGRAMME

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Team (RRT) has been constituted under the supervision of District Health Officer (DHO) in the district. There have been no major outbreaks in the district during the current and previous financial year in the district. Overall, only 18 percent of the private health facilities are regularly providing the weekly data under IDSP in the district. The information collected from the visited facility shows that the SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet they have been provided by the SHS while at PHC level HWC the data on IDSP 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 is not to prone to malaria and therefore National Vector Borne Diseases Control Programme (NVBDCP) has not much importance for the district. National Leprosy Eradication Programme (NLEP) is in vogue in the district but no new case of leprosy has been reported in the district during the current year. Under National Tobacco Control Programme, the district has conducted few awareness programmes under IEC component of the ROP. Recently the district has also received the funds for the Control of Blindness (COB) Programme from the State and the DH has started working for the programme with various sections of the hospital.

National Tuberculosis Elimination Programme (NTEP) is also working in the district but the Nodal Officer for the programme is based in the adjacent district as he looks after both the districts. During our visits to selected health facilities in the district, it was found that all the health facilities are actively involved in the eradication of TB and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs by the identified patients. The information collected from the CMO/DPMU office indicates that the district has achieved 75 percent target TB notifications. All the TB patients are tested for the HIV. Drug sensitive and drug resistance tests are available in the district and Universal Drug Susceptibility Testing (UDST) for Rifampicin has been conducted 74 percent of cases .

Further, the information collected shows that 181 patients have been notified from the public sector and the overall treatment success rate was found to be 91 percent in the district. There is one MDR TB patient in the district and treatment has been initiated in this case by the district authorities. There are 9 patients who have been notified from the private sector and treatment success rate is 95%. The plan for finding the active cases is

done as per the protocol set by the district. The district authorities reported that all the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT installments have been initiated in their favour.

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

13. QUALITY ASSURANCE

As per the information, District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. None of the facilities (DH, CHC Langate, PHC Unisoo or H&WC Pohurpeth) have received any award under Kayaklap. CHC, PHC and H&WC has done the initial assessment and have not scored enough to qualify for any award.

Laqsha baseline assessment has been completed in DH Handwara and CHC Langate. Although, the LR and OT of DH and CHC Langate has been upgraded but due to the shortage of space in DH Kupwara it has not scored enough in internal assessment so as to qualify for external assessment. MS of DH mentioned further improvement in internal assessment is possible when OT and LR are shifted to new building which is under construction. CHC Langate has not scored enough to qualify for external assessment.

13.1 GRIEVANCE REDRESSAL

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the entrance of each facility and these boxes are opened on regular basis by the officials of concerned health facilities to resolve the complaints if any. During the current financial year, out of total complaints, 90 percent of them have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far. None of the visited health facility was found much serious about the grievance redressal set-up and were of the opinion that all such issues are settled when brought in the notice of these health facilities but the community was not satisfied with this

argument at any level and were of the opinion that community members need to be taken onboard for settling such issues with maximum transparency.

13.2 PAYMENT STATUS

The district is already implanting the EAT module of PFMS for all types of payments. The district has released the salaries of NHM staff for the month ppf October and also the assured incentive of Rs. 2000 to ASHAs upto October, 2021. ASHAs have not yet received other incentives. JSY incentive to women is transferred by concerned BPMUs. Due to the delay in the release of funds, JSY incentive to women has been paid upto July, 2021. It was reported that the funds have now been allocated to the district and JSY payments to women will be released shortly. So far as the incentive under Nikshay Poshan Yojana in the district is concerned, it was found that all 214 TB patients are receiving payment. None of the patients or Provider has received any incentive under NTEP or NLEP. All the 21 ASHA Facilitators have received their per visit incentive so far in the district.

14. QUALITY IN HEALTH SERVICES

14.1 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.

14.2 Biomedical Waste Management

The segregation of bio-medical waste was found satisfactory in the DH and CHC but at other levels, segregation of bio-medical was either unsatisfactory or not available at all. The awareness amongst the staff was found satisfactory and practice of segregation was being done properly at the DH and CHC. Bio-medical waste at DH, CHC and PHC has been outsourced and regularly lifted by the concerned agency. These health facilities also bury some portion of the bio medical waste within the hospital premises. SC Pohrupeth buries the waste material in pits constructed for the purpose.

14.3 Information Education and Communication (IEC)

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

15. STATUS OF FUNDS RECEIVED AND UTILIZED

The information collected from the CMO office regarding the receipt and utilization of funds during 2020-21 presented in Table 4: shows that the district has utilized more than 90 percent of funds received from various sources. The information collected further shows that the district has made about 90 percent expenditure on all the major heads including RCH Flexipool, Mission Flexipool, and Immunization. The only components

where utilization is less is Trainings. Due to the COVID, most of the proposed trainings could not be organized in the district.

Table 4: Status of Funds released and Utilized in Kupwara District April-September, 2021			
Indicator	**Budget Released (in lakhs)**	**Budget utilized (in lakhs)**	**% Utilization**
1. **FMR 1:** Service Delivery: Facility Based	52.84	51.18	96.9
2. **FMR 2:** Service Delivery: Community Based	40.5	39.73	98.1
3. **FMR 3:** Community Intervention	172.5	170.81	99.0
4. **FMR 4:** Untied grants	4.77	3.17	66.5
5. **FMR 5:** Infrastructure	8.35	8.34	99.9
6. **FMR 6:** Procurement	35.9	34.9	97.2
7. **FMR 7:** Referral Transport	16.8	15.6	92.9
8. **FMR 8:** Human Resource (Service Delivery)	1170.1	1139.32	97.4
9. **FMR 9:** Training	9.1	6.19	68.0
12. **FMR 12:** Printing	0.05	0.05	100.0
16. **FMR 16:** Programme Management	53.55	52.52	98.1
· FMR 16.1: PM Activities Sub Annexure	15.1	14.55	96.4
17. **FMR 17:** IT Initiatives for Service Delivery	19.06	15.67	82.2
Total	1598.62	1552.03	97.1

16. Conclusion

s) District Hospital and CHC Langate has acute shortage of specialists in general and Gynaecologists, Paediatrician and Anaesthetists in particular. The Surgeon, Gynaecologist and Anaesthetist posted at CHC Langate are attached Sib District Hospital Kupwara. This is severely affecting the delivery of health care at CHC Langate. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to utilize the services from other districts or from private clinics. Therefore, there is an immediate need to address the shortage of specialist doctors in the DH and CHCs on priority basis.

t) The State Government has drafted a comprehensive HR Policy for attraction, recruitment and retention of skilled professionals in rural and remote areas but there is also a need to implement a transparent policy with regard to transfer of doctors their trainings and detachments.

u) NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. In fact most of the health institutions in the district are run by NHM staff. This has

resulted in an increase in OPD services. But since there is a lot of disparity in the service conditions and salaries between the NHM staff and regular staff and this has started to discourage the NHM staff to take full interest in their duties. There is a need to look into the grievances of the NHM staff and redress their genuine demands.

v) Skill of ASHAs was checked using a check list and most of them had fairly good knowledge of ANC, immunization, PNC etc. However, their performance on account of HBNC was poor. Since most of them are asked to help the District administration in the COVID related activities, therefore their main activities have suffered.

w) J&K Medical Supplies Corporation limited has now been established in the State and it has started procuring and distributing drugs to health facilities. The supply of drugs and equipments in the health institutions has improved. However, it was reported by the facilities that they do not get supplies as per the demand. Besides, there are delays in the supply of drugs. JKMSCL should address this issue of delay of equipments and consumables.

x) Essential Drug List has been prepared for various facilities but an updated list of drugs available at the facility is not displayed in any of the facilities visited by us.

y) The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities just meet 30-40 percent of their demand of drugs; therefore, free drug policy is partly implemented in the district. There is a need to assess the actual demand of various drugs and provide them to the health facilities.

z) State government has made it mandatory for doctors to write only generic names of drugs in capital letters on prescriptions, but all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. Therefore there is a need that free generic drugs, as promised by government are made available in all hospitals so that doctors can write generic names of the drugs.

aa) Despite irregular/late release of funding, facilities are in a position to provide free drugs, diagnostics and diet under JSSK. But patients also reported that they purchased few drugs from the market at the time of delivery. So far as free transport is concerned, only free referral transport for deliveries and neonats is ensured in all facilities visited by us.

bb) Home to facility and drop back facility is not ensured in all of the cases. This supports the need for operationalization of a fully functional patient transport system that is easily accessible so that pregnant women and emergency patients could avail of transport facilities from home to facility and also drop back home for JSSK beneficiaries.

cc) JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs.

dd) SNCU at DH is functional in the district. The establishment of the SNCU has resulted in improving health of neonats and minimize the referrals from DH to tertiary care hospitals. The services of NBSU at CHC Langate are under utilized as very few deliveries take place

ee) Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started improving. There is a need to appreciate those ANMs/ASHAs who are reporting such events.

ff) Institutionalized mechanisms for grievance redressal was not evident in any of the facilities visited by us. Often complaint boxes are seen to be having ‘token’ presence, and the boxes remained un-

opened. Patients visiting the health facilities largely lacked awareness and knowledge regarding the grievance redressal mechanism.

gg) Screening for NCD at PHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for appropriate confirmation of diagnosis, treatment & follow- up. Besides, there is a need to provide various combinations of NCD drugs.

hh) The dialysis Centre with a bed capacity of 5 has recently been established at CHC Kupwara. It has been provided with requisite infrastructure and manpower. The patients availing dialysis services from this Centre are highly satisfied with its services.

ii) None of the facilities in the district or Laqshya or INQAS certified. Although some CHCs have done the internal assessment but they have not scored enough for external assessment. Baseline assessment has been completed in DH Handwara and LR and OT of DH has been upgraded but due to the shortage of space in DH Kupwara it has not scored enough in internal assessment so as to qualify for external assessment.

jj) All families are to be covered under the Ayushman Bharat scheme in Kupwara. The district has enrolled more than 85 percent of the households under the scheme and Golden Cards have been issued in case of 60 percent of households.. DH, 7 CHCs and 2 Private institutions have been empanelled to provide free services and separate counters with requisite infrastructure under PM-JAY help-desk have been established in the district hospital and CHCs. DH Kupwara has uploaded 7219 beneficiaries on BIS portal and has generated 6927 golden cards during the last 9 months (December, 2020-October, 2021) A total of 625 claims have been raised and 557 of these have been approved. The total amount disbursed is 5689670.

Facility wise Challenges

District Hospital

f. The District Hospital currently has space constraint although a new building is under construction but pace of construction is slow.
g. It was found that the DH has mostly local staff and some of whom are working in the hospital for the last 15 years. These employees have started creating problems for the hospital administration, which affects the delivery of services.
h. Shortage of specialist doctors particularly cardiology, dermatology and Neurology is impacting the service delivery. As the number of heart attacks among young people has increased, there is an urgent need to post a Cardiologist in the DH.
i. There are some private Chemist shops around District Hospitals. They have become a nuisance and pressurize the doctors not to prescribe generic drugs.
j. The hospital has some ambulances, but these need now to be replaced with new ones which are equipped to handle the referred patients.

CHC Langate

f. The main challenge is the non-functioning of Gynaecology unit TO as both the Surgeon and Anaesthesiologist has been deputed to SDH Kupwara. The posts of Specialists (Gynaecologist, Medicine and Orthopaedic) are vacant.
g. The hospital does not have a proper ambulance facility.

h. The hospital does not have a Broad Band Internet Connection, so interconnectivity is also an issue in uploading of timely information.
i. Due to the non availability of staff, CHC has not progressed in terms of Laqsha.
j. BMEO is presently attached with the office of Deputy Commissioner and this has resulted in affected the monitoring and supervision of periphery facilities

PHC Unisoo

g) Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services on 24X7 basis.
h) Non availability of X-ray facility is severely affecting the delivery of services.
i) Although the facility has all the equipments and infrastructure for conducing normal deliveries, but due to the reluctance of the staff, not a single delivery has been conducted at the facility.
j) The post of Lab technician is vacant and although some temporary arrangement has been made to conduct lab technician, but PHC needs a fully fledged laboratory with dedicated staff and a CBC analyser.
k) The only ambulance at the health facility is very old and has high maintenance cost and thus need a new ambulance for any emergency purposes.
l) Shortage of most of the drugs is severely impacting the delivery of health care services.

H&WC Pohurpeth

c) One of the key challenges faced by the facility is shortage and irregular supply of drugs. During winter there is a huge increase in the number of patients complaining of fever, cough, cold and chest infections, but the facility has hardly any drugs for the treatment of these ailments.
d) The H&WC was not branded as per the set guidelines of H&Cs. The building has acute shortage of space. The toilets have been left incomplete. Drinking water facility is also not available. There is no facility for the disposal of bio medical waste.

17. Photo Gallery