

**MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION
PLAN-2023-24: JAMMU & KASHMIR
(A Case Study of Kulgam District)**



**Submitted to
Ministry of Health and Family Welfare
Government of India
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LIST OF ABBREVIATIONS

| | | | |
|------------------|--|------------------|---|
| AD | Allopathic Dispensary | GOI | Government of India |
| AEFI | Adverse Effect of Immunization | HBNC | Home Based New Born Care |
| AMC | Annual Maintenance Contract | HCV | Hepatitis- C Virus |
| AMG | Annual Maintenance Grant | HFDs | High Focus Districts |
| ANC | Anti- Natal Care | HFWTC | Health & Family Welfare Training Centres |
| ANM | Auxiliary Nurse Midwife | HIV | Human Immuno-deficiency Virus |
| ANMT | Auxiliary Nursing Midwifery Training | HMIS | Health Management Information System |
| ASHA | Accredited Social Health Activist | H&WCs | Health & Wellness Centres |
| ARSH | Adolescent Reproductive & Sexual Health | ICDS | Integrated Child Development Scheme |
| AWC | Anganwadi Centre | IDD | Intellectual Developmental & Disabilities |
| AYUSH | Ayurveda, Yoga & Naturopathy, Unani, Sidha& Homeopathy | IDSP | Integrated Disease Surveillance program |
| BeMOC | Basic Emergency Obstetric Care | IEC | Information Education & Communication |
| BHE | Block Health Educator | IFA | Iron & Folic Acid |
| BHW | Block Health Worker | ILR | Implantable Loop Recorder |
| BMO | Block Medical Officer | IMNCI | Integrated Management of Neo-natal & Child Infections |
| BPL | Below Poverty Line | IMR | Infant Mortality Rate |
| BPMU | Block Programme Management Unit | IPD | In- Patient Department |
| CCU | Critical Care Unit | IPHS | Indian Public Health Standards |
| CBC | Complete Blood Count | ISM | Indian System of Medicine |
| CeMOC | Comprehensive Emergency Obstetric Care | IUD | Intra- Uterine Device |
| CHC | Community Health Centre | JSY | Janani Suraksha Yojna |
| CHE | Community Health Educator | JSSK | Janani Sishu Suraksha Karyakaram |
| CHO | Community Health Officer | KFT | Kidney Function Test |
| CMO | Chief Medical Officer | LFT | Liver Function Test |
| COPD | Chronic Obstructive Pulmonary Disease | LHV | Lady Health Visitor |
| C-Section | Caesarean Section | LMP | Last Menstrual Period |
| CTG | Cardiotocography | LT | Laboratory Technician |
| CVD | Cardiac Valvular Dysplasia | MCH | Maternal and Child Health |
| DEIC | District Early Intervention Centre | MD | Mission Director |
| DDK | Disposable Delivery Kit | MDT | Multi Drug Treatment |
| DDO | District Data Officer | MIS | Management Information System |
| DH | District Hospital | MMPHW | Male Multi-Purpose Health Worker |
| DHO | District Health Officer | MMUs | Medical Mobile Units |
| DOTS | Directly Observed Treatment Strategy | MO | Medical Officer |
| DPMU | District Programme Management | MOHFW | Ministry of Health and Family Welfare |

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|---------------|---|--------------|---|
| | Unit | | |
| DTO | District Tuberculosis Officer | MoU | Memorandum of Understanding |
| ECG | Electro Cardio Gram | MS | Medical Superintendent |
| ECP | Emergency Contraceptive Pill | MTP | Medical Termination of Pregnancy |
| EDD | Expected Date of Delivery | NA | Not Available |
| EDL | Essential Drug List | NBCC | New Born Care Unit |
| ENT | Ear, Nose and Throat | NCD | Non -Communicable Diseases |
| FDS | Fixed Day Static | NGO | Non-Governmental Organisation |
| FMPHW | Female Multi-Purpose Health Worker | NO | Nursing Orderly |
| FRU | First Referral Unit | NQAS | National Quality Assurance Scheme |
| GIS | Geographical Information System | NIHFW | National Institute of Health & Family Welfare |
| GNM | General Nursing & Midwifery | NLEP | National Leprosy Eradication Program |
| NPCB | National Program for Blindness Control | SNCU | Sick New-born Care Unit |
| NRC | National Resource Centre | SPMU | State Program Management Unit |
| NRHM | National Rural Health Mission | SRS | Sample Registration System |
| NPHCE | National Program for Health Care of the Elderly | ST | Scheduled Tribe |
| NSSK | NavjatSushu Suraksha Karyakaram | STI | Sexually Transmitted Infection |
| NSV | Non-Scalpel Vasectomy | STLS | Senior T.B Laboratory Supervisor |
| NVBDCP | National Vector Born Disease Control Program | STS | Senior Treatment Supervisor |
| OP | Oral Contraceptive Pills | TB | Tuberculosis |
| OPD | Out Patient Department | TBA | Traditional Birth Attendant |
| OPV | Oral Polio Vaccine | TFR | Total Fertility Rate |
| ORS | Oral Rehydration Solution | TSH | Thyroid-stimulating hormone |
| OT | Operation Theatre | TT | Tetanus Toxoid |
| PNC | Post- Natal Care | USG | Ultra Sonography |
| PCB | Pollution Control Board | VBD | Vector Born Disease |
| PHC | Primary Health Centre | VDRL | Venereal Disease Research Laboratory |
| PHN | Public Health Nurse | VHND | Village Health and Nutrition Day |
| PIP | Program Implementation Plan | VHSC | Village Health and Sanitation Committee |
| PMU | Programme Management Unit | WIFS | Weekly Iron Folic Acid Supplementation |
| PPI | Pulse Polio Immunization | | |
| PPP | Public Private Partnership | | |
| PRC | Population Research Centre | | |
| PSC | Public Service Commission | | |
| QAC | Quality Assurance Cells | | |
| RBSK | Rashtriya Bal SwasthyaKaryakaram | | |
| RCH | Reproductive & Child Health | | |
| RKS | Rogi Kalyan Samiti | | |
| RMP | Registered Medical Practitioner | | |
| RNTCP | Revised National Tuberculosis Control Program | | |

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|------------|------------------------------|--|--|
| RPR | Rapid Plasma Reagin | | |
| RTI | Reproductive Tract Infection | | |
| SCs | Scheduled Castes | | |
| SC | Sub Centre | | |
| SN | Staff Nurse | | |

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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, 2023-24 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 2023-24, Ministry has identified 18 Districts of J&K for PIP monitoring by PRC Srinagar. These districts are Kupwara, Baramulla, Bandipora, Ganderbal, Budgam, Pulwama, Shopian, Kulgam, Anantnag, Kishtwar, Doda, Ramban, Reasi, Poonch, Rajouri, Udhampur, Samba and Kathua. The PRC officials are visiting these districts in a phased manner. Reports of few districts have already been submitted to the Ministry and the present report presents findings of the monitoring exercise pertaining to Kulgam District of J&K.

The study was successfully completed due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals at different levels. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India, for giving us such an opportunity to be part of this monitoring exercise of National importance. We are highly thankful to Chief Medical Officer, Kulgam, Dr Mohd Rafiq and Medical Superintendent, District Hospital Kulgam Dr Gulzar Ahmad for extending their full cooperation and sharing with us their experiences for the successful completion of this exercise. We also place on record our thanks to BMO CHC Qazigund, Dr Shugufta Salam and MO of PHC Saidwara for their cooperation in data collection. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit of Kulgam District. Special thanks are also to the staff members posted at PHC and SC Bonigam 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

30-08-2023

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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 Kulgam district of Jammu and Kashmir and information was collected from the office of CMO, District Hospital Kulgam, CHC Qazigund, PHC Saidwara and H&WC Bonigam the first week of July, 2023. We also interacted with the community members and conducted some exit interviews with some respondents who had come to receive ANC/PNC, child immunization and delivery care services at the selected facilities. Main findings of the study are as follows:

- a) The availability of doctors at DH Kulgam has improved but still few positions of doctors are vacant. As, some part of the district is hilly and is prone to accidents, there is therefore an urgent need to put in place an Orthopaedic. The posts of Child Specialists are vacant forcing the parents to visit private clinics for treatment of their children.
- b) NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. This has resulted in improving the delivery of health care services in the district.
- c) 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 other activities also, therefore their main activities have suffered.
- d) The supply of drugs and equipments in the health institutions has improved with the establishment of J&K Medical Supplies Corporation limited. However, it was reported by the facilities that they do not get supplies as per the demand. JKMSCL should address this issue of delay of equipments and consumables.
- e) The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities just meet 40-50 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.
- f) 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.
- g) 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.
- h) The Government has introduced the 102/108 referral transport system in the district, but it was found that the No. of ambulances attached with 102/108 do not meet the full demand of the patients. Mostly the patients use a public transport to reach health

facilities. Home to facility and drop back facility under JSSK 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.

- i) C-section deliveries are on the rise in the district, which should be a cause of concern. More than two-third of deliveries at DH and CHC Qazigund are conducted through C-section.
- j) SNCU at is functional in the district. The establishment of these SNCUs have resulted in improving health of neonats and minimize the referrals from DH to tertiary care hospitals. The services of NBSU at CHC Qazigund are underutilized due to non availability of trained staff.
- k) 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.
- l) Institutionalized mechanisms for grievance redressal were 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.
- m) Screening for NCD at H&WCs, 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. Screening of women for breast and cervical cancer has not started.
- n) The district has been declared as TB free. A total of 145 TB cases have been notified in the district during 2023-24. All of them are receiving free treatment. The benefit of Nikshay PoshanYojana (NPY) has been initiated in case of 125.
- o) The dialysis Centre with a bed capacity of 6 has been established at DH Kulgam. It has been provided with requisite infrastructure and manpower. The patients availing dialysis services from this Centre are highly satisfied with its services.
- p) None of the facilities in the district are Laqshya or INQAS certified. Baseline assessment has been completed in DH and LR and OT of DH has is being upgraded to improve the scoring but due to the shortage of space in DH, it has not scored enough in internal assessment so as to qualify for external assessment. CHCs have completed the internal assessment but they have not scored enough for external assessment.
- q) All families are to be covered under the Ayushman Bharat scheme in Kulgam. The district has enrolled all the households under the scheme and Golden Cards have been issued in case of more than 90 percent of households. DH, CHCs and all 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. But patients who reported that doctors posted at Government health facilities generally recommend them to avail the surgical facilities on Golden cards from private hospitals rather than from government health facilities.

Data reporting is regular on the new HMIS portal. However, the DH has not regularly uploaded data pertaining to all the elements from August, 2022. For example OPD attendance for Allopathic and AYUSH, Surgeries conducted, Blood units issued and blood units issued on replacement have not been uploaded on HMIS after August, 2022. The overall data quality of the DH Kulgam has deteriorated. However, the data quality of CHC and PHC has improved.

The DH has not yet distributed new revised HMIS format to health facilities. Besides, the training has not yet been imparted on the revised HMIS formats at PHC and SC level. Only the BMEOs have received training on new HMIS formats. So the district is yet following the old HMIS formats and as such there is no mechanism in place to record or report information for new data elements in the district.

Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village and field level. Reporting and recording under RCH has improved and various data elements related to RCH are now being recorded on regular basis but still few important data elements are not taken seriously by the staff while recording on RCH registers.

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 2022-23 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. During 2023-24, Ministry has identified 18 Districts of J&K for PIP monitoring by PRC Srinagar. Reports of few districts have already been submitted to the Ministry and the present report presents findings of the monitoring exercise pertaining to Kulgam District of J&K.

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 NIHFWS 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 2023-24, this PRC has been asked to cover 18 districts all in the Union Territory (UT) of Jammu and Kashmir. These districts are Kupwara, Baramulla, Bandipora, Ganderbal, Budgam, Pulwama, Shopian, Kulgam, Anantnag, Kishtwar, Doda, Ramban, Reasi, Poonch, Rajouri, Udhampur, Samba and Kathua. The PRC officials are visiting these districts in a phased manner and in the current phase we covered Kulgam district. A schedule of visits was prepared by the PRC and two officials consisting of one Associate Professor and one Research Assistant visited Kulgam District during 10-6-2023 to 13.6.2023 and 17.7.2023-19.7.2023. A schedule of visits was prepared by the PRC and two officials consisting of one Associate Professor and one Research Assistant visited Kulgam District and collected information from the Office of CMO, District Hospital (DH), CHC Qazigund, PHC Health and Wellness Centre (HWC) Saidwara and Sub Centre (HWC) SC Bonigam. 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. State and District Profile

The Jammu and Kashmir lies to the north-west of the country looking like the crown on the map of India. It is a border state in the extreme north on Indian Union. Nature has been generous enough to bestow this state with the rich forest and tremendous water resources. Its natural vegetations have great diversity, ranging from the lush evergreen conifers on the gentle slopes at high altitudes to deciduous forest on the southern slopes of Shiwaliks. The UT of J&K comprising the divisions of



Jammu and Kashmir has an area of 2.22 lakhs sq. kms. But the area under actual control is 101387 sq. kms only. It shares its borders with Ladakh in the east, Pakistan in the West, Afghanistan and Russia in the North and plains of Punjab and Himachal Pradesh in the south and south-east.

The total geographical area of the State is 2, 22,236 square kilometers and presently comprises 20 districts and 75 medical blocks. According to 2011 Census, Jammu and Kashmir had a population of 10.25 million, accounting roughly for 1 percent of the total population of the country. The sex ratio of the population (number of females per 1,000 males) in the State according to 2011 Census was 883, 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. Scheduled Caste population accounts for 8 percent and Scheduled Tribe population account for 11 percent of the total population of the State. As per 2011 Census, the literacy rate among population age 7 and above was 55 percent as compared to 65 percent at the national level.

Table 1: Demographic Profile of District Kulgam.

| Demographic Character | Number/percentage/Ratio |
|---|-------------------------|
| Total geographical area | 1067 Sq. Kms |
| Total Population of the district as per census 2011 | 4,24,483 |
| Male | 2,17,620 |
| Female | 2,06,863 |
| ST Population | 26525 (6%) |
| Literacy rate | 59.23 |

| | |
|---|----------------------------|
| 0-6 Yrs population as per census 2011 | 71,501 |
| Population Growth rate | 7.73% |
| Sex ratio as per census 2011 | 951 females per 1000 males |
| Child Sex Ratio (0-6 Age) | 885 |
| Total Area | 1067 square kilometres |
| Total No. of Medical blocks | 05 |
| Total Villages | 313 |
| No. of CHCs | 01 |
| No. of PHCs | 45 |
| No. of SCs | 91 |
| No. of Health & Wellness Centers | (45 PHCs+102 SCs) |
| Total No. of ASHA's | 705 |
| Total No. of RKS (Rogi Kalyan Samitis) | 32 |
| Total No. of village Health & Sanitation Committees | 313 |

District Kulgam was carved out from Anantnag district in 2007. According to the 2011 census the district had a population of 4, 24,483 souls. Eighty-one percent of the population of the district lives in villages and agriculture/horticulture is the mainstay of the majority of the people in the district. The district spans an area of 1,067 sq. kms. The ST population constitutes 6 percent of the total population of the district. Forty-one percent of the population of the district was still illiterate at the time of Census 2011. The population growth rate is 7.73 percent and the sex ratio is 951 per thousand males which is much higher than the State which is 883. The district consists of 5 medical blocks namely Qaimih, Qazigund, Kulgam, Yaripora and Damhal Hanji Pora. The district has 313 revenue villages and village health sanitation committees have been formed in all these villages. A total of 32 Rogi Kalyan Samitis (RKS) have also been formed in the district.

4. HEALTH INFRASTRUCTURE

The health services in the public sector are delivered through a network of health care facilities which include 1 District Hospital, 3 CHCs, 45 PHCs and 111 SCs. All the PHCs and 102 SCs in the district have been upgraded into Health and Wellness Centers. Kulgam district has also established DEIC under RBSK, NCD Clinic and SNCU at the DH. The district has recently established a blood bank at DH. Comprehensive 1st and 2nd trimester abortion services are provided by 3 health facilities in the district.

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.

6. STATUS OF HUMAN RESOURCE

Appointment of human resource on regular basis is a centralized process. The recruitment of Gazetted positions is done by the State Public Service Commission and non gazetted positions are recruited by the State Services Selection Board. Further due to the deputation and attachments, the districts don't have the clear idea about the sanctioned strength of various regular posts in the district and therefore it is difficult for the monitoring teams to ascertain the actual deficiencies of human resource at various levels in the district. However, the details provided by the CMO/DPMU regarding the overall staff strength for regular and NHM positions in the district shows that among the regular staff, all posts of Paediatricians, 33 percent positions of OBGYs, 57 percent posts of the Anaesthetists, 15 percent positions of Surgeons, 25 percent positions of Physicians, 33 percent posts of Orthopaedics and ENT specialists were found vacant. All the regular posts of Radiologists are vacant. The district doesn't have any sanctioned positions of Cardiologist, Pathologist and Dermatologist.

So far as the paramedical staff is concerned, 20 percent positions of Female Multipurpose Health Worker (FMPHW) and 31 percent positions of Staff Nurses, 40 percent of Operation Theatre Technicians (OTT), 37 percent of Laboratory Technician (LT) were vacant in the district. Similarly, 28 percent of X-Ray Technicians and 24 percent of pharmacists are also vacant in the district.

So far as the availability of NHM staff is concerned, information provided by the DPM shows that, all the sanctioned positions of Gynaecologists, Medical Officers, AYUSH MOs and Dental Surgeons are in place. However 3 out of 5 positions of Anaesthetists and one out of two positions of Paediatrician are vacant. Further all the positions of LTs, OTT, MLPHP, FMPHW, MPW (Male), and Pharmacist are in place.

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 total number of vacant posts at the beginning of financial were 86 posts from regular side and 10 positions from NHM side and no posts were filled during the year 2022 and still these posts are vacant in the district.

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

| | Kulgam District | DH Kulgam | CHC Qazigund | PHC Saidwara 24X7 (HWC) | SC Bonigam |
|--|-----------------|-----------|--------------|-------------------------|------------|
| | | | | | |

| Staff details | Sanctioned | In-place | Vacancy (%) | Sanctioned | In | Vacant % | Sanctioned | In | Vacant % | Sanctioned | In | Vacant % | Sanctioned | In | Vacant % |
|----------------------------|------------|----------|-------------|------------|----|----------|----------------|-----------------------|----------|------------|----|----------|------------|----|----------|
| Gynaecologist/Obstetrician | 06 | 04 | 33 | 2 | 2 | 00 | 1 | 1 | 00 | | | | | | |
| Paediatrician | 04 | 04 | 00 | 1 | 1 | 00 | 1 | 1 | 00 | | | | | | |
| Anaesthetist | 07 | 03 | 57 | 2 | 1 | 50 | 2 | 2 | 00 | | | | | | |
| Surgeon | 07 | 06 | 15 | 2 | 2 | 00 | 1 | Attached GMC Anantnag | | | | | | | |
| Physician | 04 | 03 | 25 | 2 | 2 | 00 | Not sanctioned | | | | | | | | |
| Radiologists | 01 | 0 | 100 | 0 | 0 | 00 | | | | | | | | | |
| Pathologist | | | | | | | | | | | | | | | |
| Ophthalmologist | 01 | 01 | 00 | 1 | 1 | 00 | | | | | | | | | |
| Orthopedic | 03 | 02 | 33 | 1 | 1 | 00 | 1 | Attached CHC Bijbhara | | | | | | | |
| ENT | 03 | 01 | 66 | 1 | 0 | 100 | 1 | 1 | 00 | | | | | | |
| Dermatologist | | | | | | | | | | | | | | | |
| Dental surgeon | 0 | 0 | 0 | 0 | 0 | 0 | Not sanctioned | | | | | | | | |
| Other Specialists | | | | | | | | | | | | | | | |
| Medical Officers MBBS | 54 | 41 | 25 | 19 | 18 | 05 | 18 | 17 | 06 | 1 | 1 | 00 | | | |
| AYUSH MO | | | | 1 | 1 | 00 | | | | | | | | | |
| Dental MO | 30 | 26 | 14 | 2 | 2 | 00 | 1 | 1 | 100 | | | | | | |
| Paramedical staff | | | | | | | | | | | | | | | |
| Dental technician | 30 | 24 | 14 | 4 | 3 | 25 | 3 | 2 | 33 | | | | | | |
| Laboratory Technician | 38 | 24 | 37 | 8 | 4 | 50 | 3 | 2 | 33 | | | | | | |
| OT Technician | 10 | 06 | 40 | 5 | 4 | 20 | 4 | 1 | 75 | | | | | | |
| X-Ray Technician | 22 | 16 | 28 | 5 | 4 | 20 | 1 | 1 | 00 | | | | | | |
| ANM/FMPH W | 55 | 44 | 20 | 6 | 3 | 50 | 0 | 0 | | 1 | 0 | 100 | 1 | 0 | 100 |
| MPW (Male) | 20 | 20 | 00 | | | | | | | | | | | | |
| Staff | 53 | 38 | 31 | 15 | 10 | 33 | 7 | 4 | 43 | 1 | 0 | 100 | | | |

| | | | | | | | | | | | | | | | |
|-------------------------|-----|-----|----|---|---|----|---|---|----|---|---|----|---|---|-----|
| Nurse/JSN | | | | | | | | | | | | | | | |
| Pharmacist (Allopathic) | 113 | 86 | 24 | 0 | 0 | 00 | 4 | 4 | 00 | 1 | 1 | 00 | 1 | 0 | 100 |
| Other Paramedic | 442 | 335 | 24 | | | | | | | 6 | 6 | 00 | | | |

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

| Staff details | Kulgam District | | | DH Kulgam | | | CHC Qazigund | | | PHC Saidwara (HWC) | | | SC Bonigam (HWC) | | |
|--------------------------------|-----------------|----------|-------------|------------|-------------|----------|--------------|-------------|----------|--------------------|-------------|----------|------------------|-------------|----------|
| | Sanctioned | In-place | Vacancy (%) | Sanctioned | In position | Vacant % | Sanctioned | In position | Vacant % | Sanctioned | In position | Vacant % | Sanctioned | In position | Vacant % |
| MBBS (MOS) | 26 | 26 | 00 | 10 | 10 | 00 | 2 | 1 | 50 | | | | | | |
| Paediatrician | 2 | 01 | 50 | | | | | | | | | | | | |
| Anaesthetist | 5 | 03 | 60 | | | | | | | | | | | | |
| MO Ayush | 19 | 19 | 00 | | | | | | | 1 | 1 | 00 | | | |
| Lab Tech | 24 | 24 | 00 | | | | 2 | 2 | 00 | | | | | | |
| OT Tech | 08 | 08 | 00 | | | | 2 | 2 | 00 | | | | | | |
| X-Rat Tech | 08 | 08 | 00 | | | | 2 | 2 | 00 | | | | | | |
| Pharmacist (Ayush) | | | | | | | | | | 1 | 2 | 00 | | | |
| Pharmacist (Allopathic) | 10 | 10 | 00 | | | | | | | | | | | | |
| Staff Nurse | 102 | 99 | 03 | 68 | 65 | 05 | 2 | 2 | 00 | | | | | | |
| ANM | 134 | 134 | 00 | 4 | 4 | 00 | | | | | | | 1 | 1 | 00 |
| MPWs | 09 | 09 | 00 | | | | | | | | | | | | |
| DEIC Unit | | | | | | | | | | | | | | | |
| MO | 1 | 1 | 00 | | | | | | | | | | | | |
| Paediatrician | 1 | 1 | 00 | | | | | | | | | | | | |
| Dental Surgeon | 1 | 1 | 00 | | | | | | | | | | | | |
| Lab Technician | 1 | 1 | 00 | | | | | | | | | | | | |
| Dental Technician | 1 | 1 | 00 | | | | | | | | | | | | |
| IYCF Councillor | 1 | 1 | 00 | | | | | | | | | | | | |
| Optometrist | 1 | 1 | 00 | | | | | | | | | | | | |
| Physiotherapist | 1 | 1 | 00 | | | | | | | | | | | | |
| Speech Therapist | 1 | 1 | 00 | | | | | | | | | | | | |
| Psychologist | 1 | 1 | 00 | | | | | | | | | | | | |
| DEIC Manager | 1 | 1 | 00 | | | | | | | | | | | | |
| Social Worker | 1 | 1 | 00 | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|-----------------------|-----|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|-----|
| Early interventionist | 1 | 0 | 100 | | | | | | | | | | | | | | | | | |
| SNCU | | | | | | | | | | | | | | | | | | | | |
| MBBS Doctors | 2 | 2 | 0 | | | | | | | | | | | | | | | | | |
| Lab Tech | 1 | 1 | 0 | | | | | | | | | | | | | | | | | |
| FMPHW | 2 | 2 | 0 | | | | | | | | | | | | | | | | | |
| JGN | 1 | 1 | 0 | | | | | | | | | | | | | | | | | |
| RBSK | | | | | | | | | | | | | | | | | | | | |
| MOs | 20 | 20 | 00 | | | | | | | | | | | | | | | | | |
| ANM | 10 | 10 | 00 | | | | | | | | | | | | | | | | | |
| Pharmacist | 10 | 10 | 00 | | | | | | | | | | | | | | | | | |
| MLHPs | 115 | 111 | 04 | | | | | | | | | | | | | | | 1 | 0 | 100 |

6.2. Trainings

A variety of training for various categories of health staff are being organized under NHM at the National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies and the CMO office maintains information about the trainings imparted to its workers from time to time. The district has not yet received any funds for trainings during 2023-24, but 3 training courses (NSSK, NCD and NOIS) for medical and para-medical staff were approved under ROP and the district has conducted these 3 trainings courses despite non availability of funds.

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 also receive drugs free of cost. Thus, 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 50-60 percent of the current demand of drugs. The MO at the PHC and MLHP at H&WC reported that they are in a position to provide iron, ORS, TT, paracetamol, IV fluids 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 a syringe for having an injection.

Similarly diagnostic facilities are free only under JSSK and for BPL families. Diagnostic facilities for detection of NCDs are also free. 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 services, drugs and investigations.

7.2 Dialysis Services

The Dialysis unit with a bed capacity of 6 has been established at the DH in 2019. One of the beds is reserved for contamination by hepatitis B and C viruses infected patients and 5 are for normal dialysis patients. It has been provided with requisite infrastructure and manpower. The centre has been equipped with 5 HD machines, two crash carts, monitors, portable ECG machine, refrigerator and other required material. Four Staff Nurses were recruited under NHM for dialysis unit but two of them have been shifted to some other health facility. The hospital has not engaged any additional manpower; however some internal arrangement has been worked out to keep the unit functional.

The unit provides dialysis services to 12-15 patients on a daily basis. A total 3436 dialysis sessions have been conducted during April to July 2023. The services at the dialysis centre are provided free under PM-JAY Ayushman Bharat Pradhan Mantri Jan Arogya Yojana but it covers only dialysis sessions and does not cover medicines. The patients mentioned that the payment through Golden card has been curtailed from Rs1800/= to Rs 1000/= per session. As the drugs required by dialysis patients are not included in essential drug list, therefore patients have to buy the medicines from market resulting in huge out of pocket expenditure. We interacted with 4 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 Kulgam district in March 2014. There is sanctioned strength of 94 positions and 84 of them have already been put in place. There are 10 RBSK teams (2 teams in each block) in the district and each team consists of 2 AYUSH Medical Officers, 1 FMPHW and 1 Pharmacist. All the posts of AYUSH MOS, ANMs and Pharmacists are in place.

The district has established District Early Intervention Centre (DEIC) at the District Hospital. The DEIC is presently functioning from a makeshift room and has acute shortage of space. The DPR for the construction of a separate building for DEIC has been finalized. The RBSK has a sanctioned strength of 54 and of these positions 52 are in place. The all important position of Paediatrician and Early interventionist cum special educator is vacant.

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. During the first five months of 2023-24, RBSK teams are visiting schools and AWCs and are screening children for identified health conditions. Those found with diseases, disability and deficiencies are referred to appropriate health facilities for treatment.

During our interaction with the community members and teachers, it was found that they are highly satisfied with the working of RBSK teams.

The district has a Nutrition and Rehabilitation Centre (NRC). Infant and Young Child Feeding (IYCF) Centre has also been established with a counsellor but without any Medical officer.

7.4 Mobile Medical Unit (MMU)

The purpose of MMU is to provide medical preventive and curative services in order to ensure the availability of qualitative health care services for people in need in remote and underserved areas for patients who need various types of medical care provided in a cost effective way. Though some of the districts in J&K have been provided MMUs, but such a facility has not been provided to Kulgam district, despite considerable area of this district is hilly.

7.5 Referral Transport

The district has 62 ambulances with Basic Life Support (BLS) and 8 ambulances with Advanced Life Support and is 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. However, it was reported by the CMO that there is acute shortage of ambulances and the facilities are unable to provide ambulances to all the patients who need them or to pregnant women who need them from home to health facility.

7.5.1 Key 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 102/108 for free transport to reach a health facility for delivery, but more than 90 percent of the women use private transportation to reach a health facility mainly due to unreliable 102/108 service.

8. Reproductive & Child Health Services

8.1 Reproductive Health Services

As far as the delivery points are concerned, the information collected from the DPMU/CMO office shows that deliveries are not conducted at any of the Sub Centres and PHCs. However, few deliveries are conducted at one of the 24X7 PHC in the District. All the 3 CHCs in the district are conducting more than 20 deliveries per month. DH Kulgam is designated as FRU and both normal and C-section deliveries are performed in this health facility on 24X7 basis. More than 100 deliveries take place at DH Kulgam per month. The C-section deliveries are conducted at the DH and CHCs Qazigund and Yaripora during day time only. However c-sections in case of emergency are conducted during night also.

During the 2023-2024, a total of total of 8501 deliveries have been performed in the district. C-section deliveries accounted for 41% of all deliveries. Large majority of deliveries performed at DH Kulgam and CHC Qazigund are through C-section. In fact C-section deliveries account for 65% of all deliveries performed at DH and CHC Qazigund.

JSY payments to both beneficiaries and ASHAs are paid in DBT mode at block level. The district has paid JSY payments to all the women upto July, 2023. As far the availability of JSSK entitlements

are concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery. Our interaction with the women and relatives of these patients who were present at the DH and CHC Qazigund (maternity wards, post-operative wards, labour rooms, OPD,), confirmed that medicines and all diagnostics facilities were provided free of cost at the time of delivery. But free diet was provided partially. Only referral transport was made available to the women. Women generally manage 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. During our visit to the selected health facilities, it was reported by all the women that they were treated with dignity but privacy is not ensured in post partum wards.

Comprehensive abortion care (CAC) which is an integral component of maternal health interventions as part of the NHM is available at DH and CHC Qazigund.

8.1.1 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. CHC Qazigund only provides IUD, PPIUD services. Spacing methods of family planning (Oral Pills and condom) are available at all health facilities in the district. Sterilization camps are generally organized on the eve of World Population Day to provide various types of family planning services. However during 2022-23, no such camps have been organized in the district. There is no provision of home delivery of contraceptives to beneficiaries in the district. During April to June 2023, the DH has performed 26 sterilizations and has inserted 10 IUDs while CHC Qazigund has inserted 3 IUDs and 3 PPIUCDs. Quality Assurance Cells (QAC) for monitoring of family planning activities have been constituted at district level. The QAC normally meets twice a year but during 2023-24, no meeting of QAC has taken place. 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.

8.2 Child Health Services

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

The SNCU has been established in the DH Kulgam and has a bed capacity of 8 beds. One of the SNCU beds is non functional since the establishment of SNCU. Although it was repaired several

times, but it could not be made functional. The SNCU has 4 radiant warmers, 4 step down care but has no Kangaroo Mother Care (KMC) unit due to space constrain as the maternity hospital is under construction. The SNCU has 11 sanctioned positions. The post of Child Specialist is in place. Among other positions two posts of Staff Nurses are vacant. A total of 479 inborn admissions and 228 outborn admissions are reported in the SNCU during 2023-24. Of the 479 inborn, 7 (1%) were referred to Children's Hospital, 98% were discharged after treatment.. However, among the out born, 99% were discharged, and only 1 child was referred to Srinagar for specialized treatment. Free medicines and diagnostic services are generally available at the SNCUs but it was reported by the parents that they have to purchase some medicines from the market.

The district has a sanctioned Nutrition Rehabilitation Centre (NRC). One MO is posted at the NRC, but due to shortage of space and non availability of other support staff, NRC is almost non functional in the DH. NBSUs have been established at the CHCS. Although a NBSU was established at CHC Qazigund but it had almost become non functional. However, the present MS of CHC Qazigund has taken personal interest to make the NBSU functional and has replaced all the non functional equipment and now the NBSU Qazigund is one of the best NBSUs in the district. PHC Saidwara has a NBCC but deliveries do not take place at this PHC, so both the labour equipment and NBCC is non functional.

8.2.2 Home-Based New-born Care (HBNC)

There are 698 ASHAs working in the district and 643 (92%) have been trained in MODULE 6-7 and all the 698 ASHAS have been provided HBNC kits. It was reported by the ASHAs that these kits were partially filled as some of the items were missing from these kits and have become non functional. During the current financial year (till July, 31st 2023) ASHAS have made 10213 HBNC visits and have visited 78% of the newborns. On the basis of our feedback received from the community, it was found that ASHAs generally pay 3-4 visits only. The ASHAs however, mentioned that parents generally do not welcome them for HBNC as they prefer to consult child specialists for the treatment. It appears that ASHAs probably are not well versed with the objectives of HBNC and their role in HBNC.

8.2.3 Maternal and Infant Death Review

ASHAs have been involved in reporting of maternal and Child deaths but during the current year no maternal death has been reported in the district. Last year 1 maternal death were reported and reviewed. Information on the infant deaths during current year shows that 2 deaths have been reported and both have been reviewed. Last year also 30 infant deaths were reported and 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.

8.2.4 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. 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, they do not open the BCG vial and instead ask the 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 FMPW/ANMs in place. Micro plans for institutional immunization services are prepared at sub centre level in the district. 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 Pentavalent-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.

8.2.5 Breastfeeding

During our visit to DH and CHC, it was observed that women are counselled to breast feed their babies and adequate information is given about breast feeding. It was found 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.

8.3 Adolescent Friendly Health Clinic (AFHC)

AFHC is functional at DH Kulgam. Two counsellors (1 Male and 1 Female) are posted at the clinic but the post of Data Entry Operator is vacant. The counsellors provide services to adolescents and also provide information about various contraceptive methods. Oral pills, condoms, sanitary napkins are distributed through ARSH clinic. Weekly Iron Folic Strips are not available in the 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. The clinic has acute shortage of space and therefore lacks proper infrastructure.

8.4 Peer Education (PE) Programme

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

9. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Kulgam District has a requirement of 711 ASHAs as per population of the district but at present 698 ASHAs are currently working in the district have been selected till date. Nine ASHA cover 1500 or more population for rural and 3000 or more populations in urban areas. The information further reveals that there is no village without an ASHA in the district.

Overall, 81 percent of the in-position ASHAs have been enrolled for PMJJBY 98 percent for PMSBY and 38 percent for PMSYMY but none of the ASHA Facilitator has been enrolled under any social benefit scheme in the district. Overall, 313 VHSNCs have been formed but so far, no training

has been arranged for them till date. Though health officials maintained that they have put in place a mechanism to monitor performance of ASHAs and have also identified non/under-performing ASHAs, but none of the ASHAs has been disengaged from the system. Therefore, monitoring of ASHAs and identification of non-performing ASHAs raises some important questions regarding the functioning of the whole institution of ASHAs and the credibility of this monitoring mechanism. 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, 313 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and their accounts have been opened in the bank. All the VHSNC members have received training. 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.

10. SERVICE AVAILABILITY AS PERCEIVED BY THE COMMUNITY

10.1 Lifestyle and living conditions

Kulgam is a rural district. More than 75 percent of the population lives in rural areas. Large majority of the population is dependent on agriculture and horticultural. Various schemes have been launched to improve the overall socio-economic and development scenario of the district and the living conditions and the overall infrastructure has improved much during the last few years. People are well aware about various health programmes. More than 98 percent of the households have registered under Ayushman Bharat. The major health issues as perceived by the community are: Diabetes, hypertension, Thyroid disorders, asthma and water borne diseases and viral infections.

10.2 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, diarrhoea, 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.

10.3 Availability of HR and behaviour of staff

An interaction with the community leaders reveals 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 round the clock at CHCs, 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 GMC Anantnag 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.

10.4 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. They provide information about and also are involved in immunization, breastfeeding, nutrition, and contraception. They also collect information from adult men and women about non-communicable diseases and accompany them for screening for diabetes and hypertension.

10.5 Health seeking behaviour and utilisation of services

People generally use public health facilities in case they are sick. Utilization of Antenatal care services is very high. More than 96 percent of the pregnant women receive antenatal services from 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 Kulgam. 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 diarrhoea, dysentery and viral diseases like fever, cold cough are more common in Kulgam 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 there have been no major outbreaks in the district during the current and previous financial year in the district. In case people have diarrhoea or common colds, they either visit a SC/PHC and some visit a private practitioner or a local chemist.

10.6 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 adequate number of Gynaecologists at health facilities particularly at CHCs, women are forced to utilize the ANC and delivery services from private facilities.

During our interaction with the community, it was found that HWC provides health care services for minor ailments only. They mentioned that HWC has essential drugs and diagnostics as per the protocol and the services are provided to the locals on a daily basis. They were of the view that an

ambulance needs to be placed at the disposal of SC for emergency referral services. Overall, the community was found satisfied with the services being provided by the PHC and SC for ANC, PNC, Contraceptive services, AH counselling, nutrition counselling for every individual. They also reported that most of the time people have to purchase medicines from their own pockets.

10.7 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 CHCs in the district.

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 district has enumerated about 207000 individuals so far and 207000 CBAC forms have been filled as per the target till date. In the 111 SHC-HWCs, and 29 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.

In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (H&WCs) 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 out of 45 PHCs, 29 have been converted into H&WCs. Similarly, 111 SCs out of 118 have been converted into H&WCs. These Centres have initiated the screening for NCDs in the district. The district has enumerated 207000 individuals so far and their CBAC forms have been filled.

11.1 Universal Health Screening (UHS)

The district is actively involved in universal health screening under different components of NHM. Under universal health screening, the district has identified a target population of 207000 eligible persons. The Community Based Assessment Checklists (CBAC) forms have been filled for them and out of them 161000 (78%) has been screened for various non-communicable diseases like hypertension, diabetes and oral cancers. About 40 thousand women have been screened for breast cancer. Overall, among the screened population 13829 persons (8.6%) were diagnosed for hypertension, and about 7287 (4.5%) for diabetes in the district. Universal screening has also helped to diagnose 6 cases of stomach cancers and 1 case of breast cancer. None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on daily basis at SC and PHC level while as at DH and CHC Qazigund; such services are provided on routine basis to the

patients for all days of the week. SC-HWC Bonigam has a population out of 3471 individuals 1630 above the age of 30 years in their area and 200 CBAC forms were filled since last six month by the HWC.

The NCD record keeping at various facilities visited by us is extremely very poor but with the posting of MLHP at H&WC, the record keeping at H&WC has improved.

12. COMMUNICABLE DISEASES

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. The information collected from the visited facility shows that the SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet they have been provided by the SHS while at PHC level HWC the data on IDSP is uploaded on weekly basis as reported by the concerned MO. Further the information collected from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis but it was found that the DH is not providing such information on the portal for IDSP.

National Tuberculosis Elimination Programme (NTEP) is also working in the district. Kulgam has been declared as a TB free district. The district TB Unit is part of the Anantnag district and TB Unit has its head quarter at Anantnag. The information collected shows that 5 health facilities are having a Designated Microscopy Centre (DMC). The RNTCP lab at DH is manned by 1 STS, 1 STLS and 1 Lab Technician and all the 3 posts have been sanctioned under NHM. The district has an annual target of 16507 (3% of sputum collected) and the district has conducted 12523 presumptive exams. A total of 142 cases have been notified. The details of the work done by various DMCs in the districts are presented in below Table.

| Indicator | Achievement |
|--|-------------|
| Estimated Population | 550218 |
| Annual Target for Presumptive Sputum Exams @ 30 Sputums/1000 population | 16507 |
| Achieved in presumptive Exams | 12534 |
| Total cases Notified | 142 |
| Transferred In cases | 59 |
| Total Put on Rx | 142 |
| Released from Rx | 29 |
| On Treatment Patients | 113 |
| Eligible for NPY through DBT | 142 |
| Beneficiaries paid through DBT | 125 |
| Amount Paid for NPY through DBT | Rs 142000 |
| Panchayats having TB cases | 88 |
| TB Free Panchayats | 145 |
| Nikshay Mitras Registered | 13 |
| No. of TB cases provided with Nutritional Support since inception of PMTBMBA | 170 |

The drugs for TB patients were found available at DH and CHC while as PHC in charge 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 TruNat facilities are available at the CHC and DH in the district. A total of 142 patients are eligible under the Nikshay PoshanYojana (NPY) and DBT instalments have been initiated in favour of 125 patients. Maintenance of records of TB patients on treatment, drug resistance and notification register was found updated.

13. QUALITY IN HEALTH SERVICES

13.1 Quality Assurance

DQAC is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. None of the health facilities in the district is quality NQAS certified. PHCs Bugam and Tarigam and H&WC Parigam Payeen and Sailkhajen were conferred with Kayaklap awards during 2022-23.

DH initiated has undertaken internal assessment for NQAS but has only 63% and is in the process to plug in the shortcoming identified during internal assessment. The district has identified CHC Qazigund and PHC Bonigam for NQAS. Internal assessment has been done for both these facilities and assessment from the State Team is awaited. None of the facilities in the district is LaQshya certified. The infrastructure at labour room of DH is being upgraded to score more than 75% so as to qualify for State Assessment. DH has scored only 70% under Kayaklap and has therefore not qualified for any award during 2022-23. CHC Qazigund has qualified for Kayaklap award but MS mentioned that they have not yet received any cash award.

13.2. 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.

13.3 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 and PHC. The facilities are not maintaining any information about post surgical site infection cases..

13.4 Biomedical Waste Management

The segregation of bio-medical waste was found satisfactory in at all facilities. The awareness amongst the staff was found satisfactory and the practice of segregation of waste was being done properly at the DH, CHC and PHC. Bio-medical waste at DH, CHC and PHC has been outsourced and regularly lifted by Health Care Biomedical Waste Lassipora the concerned agency. SC Bonigam buries the waste material in pits constructed for the purpose.

13.5 Information Education and Communication (IEC)

Display of appropriate IEC material in Health facilities was found by and large satisfactory at all the levels. 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.

14 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

The Kulgam District had taken an early lead in the facility reporting of HMIS and also had shifted to new HMIS portal for uploading of information. The data quality of various health facilities particularly District Hospital had improved a lot. However, DH has a sanctioned post of Data Entry Operator under ARSH who had the responsibility of collecting work done reports from various sections of the Hospital and upload it on HMIS website. However, he was attached with the Office of Block Medical Officer DH Pora, Kulgam in August, 2022 and this has affected the uploading of HMIS data. Currently the Programme Manager Mental Health Programme has been given the additional job of uploading the HMIS data. However, he is not yet fully well versed with the data recording mechanism and various HMIS data elements, so the data recording and its reporting has suffered a lot. This is substantiated by the fact that although DH has uploaded the HMIS data for all the 12 months of 2022-23 but data uploading is incomplete after August 2022 as data for most of the indicators has not been uploading on HMIS. OPD attendance for Allopathic and AYUSH, Surgeries, Blood units issued and blood units issued on replacement have not been uploaded on HMIS after August, 2022. Information about in patient head count at midnight, surgical site infections and Stock out rate of essential drugs, details about deaths have not been uploaded at all on HMIS for 2022-23. Information about breast feeding is not recorded on registers but it was found uploaded on HMIS. The ANM on duty in the labour room and post surgical ward mentioned that there is no column in the register for recording breastfeeding within 1 hour of birth, therefore, all children born are shown to have been breastfed within 1 hour of birth. So the information uploaded on HMIS about these indicators is completely wrong.

The DH has not yet distributed new revised HMIS format to health facilities. Besides, the training has not yet been imparted on the revised HMIS formats at PHC and SC level. Only the BMEOs have received training on new HMIS formats. So the district is yet following the old HMIS formats and as such there is no mechanism in place to record or report information for new data elements in the district.

The monitoring team discussed this issue with the CMO and we were informed that new HMIIS formats will be made available to all the health facilities from the month of August 2023 and a plan has been devised to organise training on new HMIS formats at block level in the month of August, 2023.

15. STATUS OF FUNDS RECEIVED AND UTILIZED

During 2023-24, funds are released as per demand from time to time, and the district has utilized all the funds of 1st quarter of 2023-24 under different account heads. It needs to be mentioned here that the funds allocation is done through Single Nodal Agency (SNA) to all the districts in Jammu and Kashmir and this has brought maximum transparency in allocation and expenditure of funds. The information collected from the CMO office regarding the receipt and utilization of funds for the

financial year 2022-23 reveals that the district has utilized 100 percent of funds received from various sources. District has made about 100 percent expenditure on all the major heads including RCH Flexi pool, Mission Flexi pool, and Immunization.

Overall, the district has utilized 0.52 lakh of funds that were received under different schemes of NHM. The district has utilized around 100 percent of funds received through NHM for various programmes NCD programmes which include NMHP, NPHCE, NPCDCS and DRP during 2022-23. DH Kulgam has been able to utilize Rs. 578.51 lakh (100 percent) funds received during 2022-23, CHC Qazigund has spent Rs 9492163 (100%) of the received amount. But PHC Saidwara and HWC Bonigam have received no funds during 2022-23 and 2023-24 financial year.

15.1 Payment Status

The information provided by the CMO office shows that overall, the district has no backlog of JSY beneficiaries during the current financial year and 100 percent JSY beneficiaries have received the payments. All the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date. During the last 6 months, 73 percent of TB patients have received incentive under the Nikshay Poshan Yojana (NPY) through DBT. The information collected from the selected health facilities shows that DH, CHC and PHC have no pendency for payments to beneficiaries or ASHAs.

16. SERVICE AVAILABILITY AT THE PUBLIC FACILITIES

16.1 District Hospital Kulgam

District Hospital Kulgam is situated at the centre of the town and is housed in a 3 storey new building. The 1st referral point for district is DH. It has a bed capacity of 150 but few blocks of the hospital are still under construction. The accommodation for medical and para medical staff is not available. The hospital is getting 24X7 electricity and water supply. 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.

DH Kulgam was upgraded to District Hospital some 15 years back but it was working with the staff strength of a Sub District Hospital till 2020. Recently new positions of HR have been sanctioned by the UT administration which includes specialists, Paramedical staff and office staff. According to the information provided by Medical Superintendent (MS) of DH Kulgam, the DH presently has a sanctioned strength of 34 from regular side staff, out of these 30 (88%) are in place. One post each of ENT, Anaesthetist, Psychiatrist and Medical Officer is vacant. The DH does not have Radiologist, Pathologist and Dermatologist. The hospital also has 14 positions of doctors from NHM side and except the two positions of Paediatricians all other posts of doctors are in position. Of the 55 positions of paramedical staff from regular side and 33 (60%) are in place. The vacancies are in case of Laboratory Technicians, Operation Theatre Technicians and Staff Nurses. The hospital also has 93 positions of paramedical staff from NHM side, which include 67 Staff Nurses. Of these 93 positions, 90 are in place.

Under NHM, DH has a functional District Early Intervention Centre (DEIC) under RBSK which is being looked after by the MO. The DEIC has a sanctioned staff strength of 14 and 12 of them are in position. The post of Child Specialist and is District Early Interventionist is vacant. The SNCU has also been established and has strength of 11. The post of Child Specialist Staff Nurse is vacant. 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 the required staff. The DH has also established one Dialysis Centre run on internal arrangement without dialysis technicians. NHM staff is being used in the DH as per the requirement of the hospital and not used only for those schemes for which it has been engaged. It was found that NHM staff is playing a vital role in the smooth functioning of the DH.

Most of the basic equipment required in a district hospital are available but it does not have a CT-Scan and MRI facility. Thyroid profiling facility is also not available in the hospital and imaging service (USG) is done during the day time only as the hospital don't have any radiologist. Jan Aushadhi shop is available in the DH premises. It has 340 products, but it was found that all the doctors do not prescribe generic drugs. Therefore there is less demand of generic drugs among patients. The hospital procures medicines from the Jan Aushadhi shop.

DH has initiated Kayakalp and has received 71 points as a result of internal assessment. The hospital is not yet LaQshya or NQAS certified. Cleanliness of the facility was found satisfactory at all levels in the hospital. Citizen's charter, timings of the facility and list of services available are displayed properly.

16.1.1 Availability of Services

Almost all the necessary services which include general medicine, O&G, labour room complex, ICU, dialysis unit, NCD, mental health, paediatric, surgery, anaesthesiology, ophthalmology, dental, imaging services, DEIC, SNCU, NRC and emergency care are available at the hospital. Blood Bank is established and fully functional. The hospital doesn't provide any Teleconsultation services to the patients. 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/PPIUD 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. Blood bank services are available at DH and have issued 131 in the month of July, 2023 and 25 blood units were available in the blood bank.

16.1.2 Availability of drugs and diagnostics

All drugs in the EDL list of DH are available in the 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 90 percent of IPD patients. So far as OPD, patients are concerned, the hospital is in a position to provide 45-50 percent of prescribed drugs to 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. List of Essential Drugs is displayed in the DH but quantity of available drugs is not displayed in the OPD, OT and labour room. Computers have been provided but computerized inventory management of drugs is partly in place. Our interaction with the OPD patients revealed that only 40 percent of the drugs prescribed to them were provided from the hospital pharmacy.

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, CT Scan are not available. Further the lab of the hospital is in need of a fully automatic analyser to meet the growing diagnostic demand generated by JSSK.

16.1.3 Whether services are optimally utilised, average workload of staff

The services available at DH Kulgam are optimally utilized. The hospital sees a huge rush of patients every day. A total of 368016 patients have visited the OPDs of DH during 2022-23. AYUSH OPD accounts for about 1 percent of the total OPD in the DH. A total of 1808 admissions have been made in the IPD of DH. Further 3067 major and 672 minor surgeries have been performed in the hospital. Around 3248 institutional deliveries have been reported at the DH. C-section deliveries account for 65 percent of total deliveries. Information collected from the laboratory shows that a total of 173585 lab investigations were performed during 2022-23.

16.1.4 Key Challenge

1. The infrastructure for the DH is not yet incomplete as most of the blocks especially maternity section hospital are still under construction thus have space problem for smooth running of various services at the facility.
2. There are some private Chemist shops around District Hospitals. They have become a nuisance and pressurize the doctors not to prescribe generic drugs.

16.2 Community Health Centre (CHC) Qazigund

Community Health Center Qazigund is situated at NH 44 (Srinagar to Jammu) and is housed in a new building. It is a dedicated FRU and is next referral point after DH Kulgam which is at a distance of 35 kms. The functional inpatient bed capacity of the CHC is 40 beds with separate beds for males and females. The services that are available at CHC Qazigund include general medicine, general surgery, ENT, Orthopaedics, Radiology and Dermatology.

CHC has a sanctioned strength of 26 doctors and para- medical staff from the regular side. There are currently 22 doctors posted at the CHC. The post of Surgeon is currently attached with CMO Office Anantnag and Ortho is working at SDH Bijbehara. Of the 22 positions of paramedical staff, 14 are in position. The vacancies are in case of Staff Nurse, OT Technician, and Dental Technician. Apart from regular staff, CHC also has 1 position of Medical Officer and 10 positions of paramedical staff from NHM side and all the 11 positions are in place.

CHC has initiated Kayakalp and NQAS but is not yet LAQSHA certified due to lack of infrastructure and staff. NCD clinic is not established because of non availability of staff and infrastructure. However NCD screening is done through routine OPD clinic.

Cleanliness of the facility was found satisfactory at all levels in the hospital. Colour coded waste bins (blue and yellow) are available in each section of the DH for waste segregation. The CHC has outsourced disposal of biomedical waste which is collected on daily basis.

16.2.1 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, General surgery, and dental services. Facility for normal delivery is available and c-section deliveries are also conducted. NBSU is also functional at the CHC. Blood storage facility is available.

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.

16.2.2 Availability of drugs and diagnostics

The CHC has a functional lab which conducts basic blood and urine analysis like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, X-Ray, VDRL, LFT and KFT. It was also found that CHC has adequate supplies of reagents and consumables in the laboratory. Various tests like RPR, T3, T4 testing facility, culture sensitivity and histopathology are not available at CHC and the ANC cases requiring these tests have to obtain these services from the private diagnostic facilities. Further it has a functional X-ray, and USG. Thyroid profile is not done in the hospital. Blood Storage Facility is not available at the CHC. Essential Drug List was displayed in the store and at the entrance of CHC 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 are available at facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at CHC.

16.2.3 Service Utilization

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

16.2.4 Key Challenge

1. Under construction building needs to be completed well in time, because CHC is running from an old building with acute shortage of space.
2. The facility has dearth of medical and paramedical staff as all posts of specialists are vacant and thus affects the smooth functioning of various units of the CHC.
3. CHC needs some more equipment which includes Elisa Reader (Thyroid Analyzer), colour Doppler and Anaesthesia Work Station.

16.3 PHC Saidwara

PHC Saidwara is the 24x7 PHC-HWC which was converted into a HWC in 2019. It is situated at a distance of 8 kms from block headquarter and is easily accessible by a macadamized road. It is functioning in a double-story government building along-with a new block but without a boundary wall and internal road and front side space. PHC is located near Jawahar Tunnel and gets heavy snow fall during winter which blocks the entry to the PHC, causing problems for both staff and patients especially during night hours. The PHC caters approximately a population of 6474 persons. There are 7 SCs and 7 villages in the PHC area. There are also 11 ASHAs working under the PHC. The institution has a bed capacity of 5 beds with no separate wards for male and female patients. The institution is also having staff quarter for its medical officer and other Para-medical staff. Back up for electric supply is available at the facility in the form of one inverter presently.

Two doctors from regular side and 1 AYUSH MO from NHM side are posted at the PHC. The post of Pharmacist, lab technician, and dental technician but both the positions of staff nurse and FMPHW are vacant. The PHC has no female staff member hence the ANC related services gets affected as the pregnant ladies hesitate to visit the facility.

16.3.1 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, immunization, basic laboratory services, treatment for minor ailments, screening and treatment of hypertension and diabetes, spacing methods of family planning, counselling services for ANC. Although a labour room is available, but due to the non-availability of female staff (FMPHW/ANM) deliveries do not take place at this PHC.

16.3.2 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, PHC had only 15 drugs available on the day of our visit. Diclofenac, dexona injection, Citrizine, Paracetamol, Albendazole and some of the NCD drugs were not available at the PHC. Diabetic drugs and combination of diabetic and hypertension drugs are also not available. Updated EDL was not found displayed at the facility. The facility also had shortage of syringes and intravenous drip sets. It was found that the hospital is in a position to meet only 50 percent of the demand of drugs and other consumables.

16.3.3 Whether services are optimally utilised, average workload of staff

Although limited facilities are available at the PHC, but there are two MO (MBBS) 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 and immunization are optimally utilized. Family planning services particularly condom and oral pills are also optimally distributed at the PHC. The facility can easily conduct deliveries but due to the lack of interest on behalf of doctors and FMPHW/ANM deliveries do not take place here.

16.3.4 Key Challenge

1. Due to shortage of the staff, the health facility is not able to provide any delivery services (Normal deliveries), lab facility services on 24X7 bases are not available. No Teleconsultation service is provided by the facility.
2. There are no boundary wall and approach road for the safety and availing the services.
3. The ambulance at the health facility is insufficient and all the pregnant ladies are referred to other higher facilities thus need more ambulance for any emergency situation.

16.4 Sub Centre Bonigam

This SC is located in an old building without HWC branding. This SC is within main habitation, 7 Kms away from block and 5 Kms away from linked PHC. The SC caters to 3 villages with a catchment population of around 3471. The SC is housed in a old building, with 2 rooms and one non functional wash room. One room is being utilized for OPD services and other room for routine immunization. OPD room is being used as a drug store also. It is in a bad physical condition and is not connected with registered electricity connection. The centre has no drinking water facility. The work under taken under H&WC fund has been left incomplete by the agency due to lack of funds. So this has resulted that centre is without a registered electricity connection and without drinking water and wash room facilities.

HWC Bonigam is in a very old building which is not in a good condition the land on one side of H&WC is sinking which can damage the building in near future. SC-HWC Bonigam has a sanctioned position each of FMPHW and pharmacist from regular side but both are vacant while from NHM side one position of FMPHW and one MLHP/CHO is posted at the facility.

16.4.1 Availability of Services

All services as per IPHS are not available at SC Bonigam. Facility of ANC registration, ANC checkups, measurement of height, weight, BP and HB is available the entre. TT and IFA are 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.

16.4.2 Availability of drugs and diagnostics

As per the Essential Drug List, 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, Dexona injection, Citrizine, Paracetamol, Albendazole, Doxycycline, Ciprofloxacin and some of the NCD drugs were not available at the H&WC. Amlodipine tablets are available. Diabetic drugs and combination of

diabetic and hypertension drugs are not available at H&WC. Updated EDL was not found displayed at the facility. The facility also has shortage of testing kits for checking haemoglobin, pregnancy status and blood sugar. Thermometer and BP apparatus is available 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.

16.4.3 Whether services are optimally utilised, average workload of staff

Looking at the utilization of services from the H&WC, it was found that services are not optimally utilized. Although a MLHP and a FMPHW are working at the centre, but on an average less than 15 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 H&WC. On average in a month, the facility provides ANC services to 4 women and immunization to 10 children. Very few women visit for contraception services. However, 31 adults have been screened for Hypertension among these 23 are confirmed and 18 adults are screened for Diabetes among these 11 are confirmed at H&WC.

16.4.4 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&WCs. The building has acute shortage of space. The toilets are almost not functional due to the non availability of water.

17. CONCLUSION & RECOMMENDATIONS

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

- Human resource is amongst the basic pillars to run any programme and its rational use makes success stories. Though, Kulgam district has some shortage of human resource from the regular but the human resource provided under different schemes of NHM to the district has been a milestone in itself but still there is need of Specialists at CHC level. There is a need for audit and rationalization of human resource (both from the regular as well as NHM side) on the basis of workload and work done by different health facilities. There is an urgent need to appoint a Pathologist, Cardiologist, Dermatologist and ENT specialists at DH and CHC level to provide best possible services to the people. Radiologist is needed for performing USGs and other radiology related investigations as the district does not have a radiologist.
- Availability of infrastructure is also an important component of service delivery and in this regard, the district has received very good support from the NHM as well as from other agencies and the district has been able to upgrade their health infrastructure as per IPHS

standards but there are still some gaps which needs to bridge on priority basis. Among these, there is a need to complete the under construction building of Maternity hospital at DH .

- Another issue which needs to be addressed at the earliest is the non-availability of some equipment at various health facilities and in this regard, DH needs MRI and CHC needs MRI and CT Scan these facilities will help in providing better services. Similarly, at PHC level old type X-ray machines should be replaced by the digital machines and few old type analysers can also be replaced by new multi-tasking analysers for better efficacy and output. Further, it is also suggested to provide Elisa reader (Thyroid Analyser) to DH and CHC as almost all the pregnant women under JSSK need to go for thyroid profile and in the absence of such facility at these health facilities, these women have to get it done outside and thus put more burden on their pockets.
- The district is without a MMU and as such it is suggested to provide a MMU to the district to net-in the hard-to-reach areas for various facilities through MMU.
- Free drug policy at ground level, needs to be implemented in a better way so that the population can get benefited. There is also a need to provide sufficient and multi-salt drugs to the HWCs for NCDs as they have become the primary source for providing drugs to such patients at the grass root level. Prescription audit is not taking place in the district at any health facility therefore, there is a need for audit of diagnostic tests or drugs prescribed by the doctors at all the higher health facilities.
- Though JSSK for pregnant women is in vogue but it was found that pregnant women get some food, drugs, referral transport and partly to-and-fro transportation. It was also observed that the monitoring mechanism for its implementation is poor.
- The records pertaining to tests conducted in different labs, Breast feed within one hour, Weight at birth, transport facility (from home and back, referral), diet given during stay at the health facility, medicines being provided under JSSK need to be kept in proper shape and ready for any public scrutiny.
- The institution of ASHA has proved to be an asset to the RCH as it has proved a vital role in immunization, ANC, PNC, institutional deliveries, and other related issues of RCH. Since these ASHAs are not highly qualified but still they have been performing better but need continuous monitoring and supportive supervision. It is therefore, suggested to make these coordinators and facilitators answerable to a core group at the district level for better results in terms of regular orientation/trainings of ASHAs.
- Though District Level Quality Assurance Committee (DQAC) is functional in the district but there is a need to use its expertise in a much efficient way so that various level health facilities can get accredited/certified for Kayakalp, NQAS, and other national level accreditations more in near future as till date the visited DH, CHC, PHC have not been awarded in NQAS or LaQshya in the district but DH has scored 70 points in Kayakalp and 63

points in LaQshya for Labour room and 78 points for OT in the internal assessment while CHC Qazigund has received 71 points in Kayaklap in NQAS only 57 points in Internal assessment.

- Referral transport is the measure issue in the district hence there is need of more ambulances at all facilities so that people can be benefited and precious lives can be saved.

18. PHOTO GALLERY



Jan Aushadhi Kendra Drug store At DH



Screening of Diabetes Patients at DH



Space constrains at CHC Qazigund in Labour room.



SNCU at DH with limited space



Laboratory At DH



USG facility at DH Kulgam



Golden Card Registration Counter at DH.



Color coded Bins for Bio medical waste