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

(A Case Study of Pulwama District)

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Ministry of Health and Family Welfare
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List of Abbreviations

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

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

PREFACE

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

The study was successfully accomplished due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks to Mission Director, NHM Jammu and Kashmir and Director Health services, Kashmir for their cooperation and support rendered to our monitoring team. We thank our Coordinator Mr. Bashir Ahmad Bhat for his support and encouragement at all stages of this study. Special thanks are due to Chief Medical Officer Pulwama, Medical Superintendent of District Hospital Pulwama and MO of CHC Rajpora for sparing their time and sharing with us their experiences. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Pulwama and Block Programme Management Unit Pulwama for their cooperation and help in the collection of information. Special thanks are also to staff at Primary Health Centre (HWC) Rahmoo and HWC Zagigam 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.

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1. EXECUTIVE SUMMARY

The objectives of this exercise are to examine whether the State is adhering to key conditionalties while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State and various districts. The population growth rate of district Pulwama is about 26 percent and the sex ratio is 913. The district consists of four medical blocks and has 150 health institutions of different levels. There are 52 RKSs and 336 VHSCs in the district. The following is the summary of findings of this study:

Health Infrastructure

- The health services in the public sector in 4 medical blocks are delivered through 1 DH, 3 CHCs, 48 PHCs, 1 TB centre and 97 SCs/MAC/UHPs.
- The district has converted 23 PHCs and 82 SCs into HWCs during the past two years. Pulwama district has also established one DEIC under RBSK, one NCD Clinic, an AFHC and an SNCU at the DH. The district has established 1 sanctioned blood bank and 1blood storage unit. This facility is only available at DH but not at CHC.

District Health Action Plan (DHAP)

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

Human Resource

- From regular staff, 38 percent positions of multipurpose male health worker (MMPHW) and 12 percent positions of Staff Nurses (SNs) were vacant in the district. Similarly, sixteen percent positions of each laboratory technicians and pharmacists were also vacant in the district. Further, the information collected shows that 20 percent positions of dental technicians, 56 percent OT technicians and 29 percent CHOs were found vacant in the district.
- Among the doctors/specialists, all the sanctioned positions of OBGYs, Surgeons, Anaesthetists and ENTs were found in place while as 11 percent positions of MOs and 75 percent of physician specialists are found vacant in the district.
- Among the NHM staff, almost all the sanctioned positions are in place. But even then both the positions of anaesthetists are vacant and a meagre percentage of MLHPs were found vacant in the district.
- One sanctioned position of Paediatricians, 1 gynaecologist and 2 MOs under NHM are also found vacant. No EmoC/LSAS trained doctor has been posted in any of the FRUs either under NHM or from the regular side.
- None of the doctors were found trained for EmoC and LSAS at the DH.
- Some of the specialised services are not provided at the DH as there are no sanctioned positions in dermatology, radiology and ophthalmology etc.
- Under NHM, DH has a functional DEIC, SNCU, NCD Clinic, Adolescent Friendly Health Clinic (AFHC), and an IYCF Centre are all functional in the DH with most of the staff in position.
- DH has also established one Dialysis Centre but the Staff under NHM has not yet been

engaged fully for the same and the centre is being run on internal arrangement basis from the NHM staff.

- CHC Rajpora has a total of 29 positions of medical and para medical staff sanctioned from the regular side and out of these, only 7 percent positions of different categories are found vacant.
- CHC Rajpora has established one NCD Clinic with internal arrangement of the staff in position. Two days in a week are fixed for NCD OPD. Similarly, 1 FMPHWs for NBCC is also working in the CHC. Besides these, the CHC has also some other permissible positions under NHM which include, 4 position of MOs, 2 each positions of Lab Technicians and SNs in place.
- PHC Rahmoo has been converted into a HWC and has 3 sanctioned positions of MOs and all of the 3 are in place. The sanctioned position of AYUSH doctor is vacant from the regular side. Other positions of para medical staff are partly filed in the PHC but 1 sanctioned position of ANM and 2 positions of Lab Technicians are vacant. PHC Rahmoo has been designated as 24X7 HWC and the PHC has sanctioned one MO, one ANM, one AYUSH MO and an AYUSH Pharmacist under NHM and all are in place.
- Sub-Centre Zagigam has been converted into a HWC and there is one ANM posted and 1 MPW male from the regular side. There is also 1 MLHP from NHM side and 1 ANM which has been attached to the CHC. No other staff is sanctioned nor in place at the SC. However, the SC is accompanied with 3 ASHAs.
- Recruitment of regular/NHM staff especially at higher level is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level.
- During the previous year a total of 16 positions of various levels were vacant in NHM and all of these were filled in till 31st March, 2021. Later this year out of 6 positions vacant under NHM, none of the position is vacant in the district till date.
- During 2021-22, nine types of training courses comprising 9 sessions for medical and para medical staff were approved under ROP and out of these the district was able to conduct only 5 sessions for only the 5 types of trainings, 1 completed training on SAANs, 1 completed as IUCD courses, 1 completed for PPIUCD, 1 completed on Injectable contraceptives and last 1 on completed PAIUCD.

Status of Service Delivery

- No SC is conducting any delivery in the district (3 per month). Again none of the PHCs 24x7 are conducting deliveries in the district (10 per month). While as all the 3 CHCs are conducting deliveries (20 per month).
- The C-section deliveries are conducted at the DH during the day time only. In case of any emergency, DH conducts C-section deliveries during the night hours also. Some CHCs are also conducting the C-section deliveries.
- In DH Pulwama during the last month, out of the total of 128 deliveries, 24 normal deliveries and 124 C-section deliveries were performed at the facility. At CHC Rajpora a total of 34 deliveries were performed at the facility during the last one month and out of these, 12 normal and 22 C-section deliveries were performed at the facility. None of the delivery was performed at PHC- HWC Rahmoo during the last three months.
- The condition of labour room, OT was found satisfactory at all the levels in the district. The SNCU is also established at DH with 4 radiant warmers. The NBCC is at CHC but not at PHC.
- JSY payments at health facility level shows that at DH and CHC level, there is no pendency for

any beneficiary for the year 2020-21 while as at PHC level such information of payments about JSY benefits was not available as such these payments are being made by the concerned BMO office only.

- Regarding JSSK entitlements to beneficiaries, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery but it was found that there are serious deviations in their words and actions.
- During our interaction with such patients at various levels, it was found that various services like free medicines, diet, and transport are being given partially and above all the protocols regarding the discharging of patients after delivery are not followed.
- PMSMA services on 9th of every month is a routine feature at all the designated health facilities in the district since its inception and all the identified high-risk women are taken care as per their obstructed and medical history.
- It was found that line listing of all the high-risk pregnancies is maintained and pursued accordingly but such records have not been maintained properly at all the health facilities.
- Care is being taken by the concerned health officials for all the women with regard to RMC and none of the women could complain us about any problem/deviation with regard to RMC.
- CAC issue was discussed at length with both the MS of DH and MO of CHC and they reported that CAC services are provided in all respects to all the women when they need.

Clinical Establishment Act

- The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team under the supervision of DHO which makes surprise checks to private USG clinics.
- There are 11 health facilities in the district with ultrasound facilities and all of these 11 health facilities are registered under PC&PNDT act.

Services under NHM

- Though the district has implemented the free drug and diagnostic policy at all levels but during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility was not available to all. However, it was reported by the concerned MS and MOs incharge that free drug and diagnostic policy has been implemented to the Golden Card Holders only.
- The Dialysis unit has been established at the DH in the year 2019 and is functioning smoothly. During the year 2020-21, a total number of 61 patients with 2050 sessions were provided. During 2021-22 till 30-11-2021, a total number of 27 patients with 938 sessions were performed at the DH. On an average 1 patient is provided the service on daily basis. The services at the Dialysis Centre are provided free of cost for BPL families only.
- Most of the staff sanctioned under the scheme both for the field teams and DEIC was found in position. There are 4 sanctioned RBSK teams in the district at the field level, but only 3 of them is having with full staff and infrastructure. In other words only 3 teams with vehicles are in the field. The reason for the 4th team could not be ascertained. The performance of RBSK has been very poor during the current financial year due to the staff busy with the Covid-19.
- CMO informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for Covid-19 duty by the department since the outbreak.

- Community was not happy with the overall working of the RBSK since its beginning as not much has been delivered by the RBSK for the society.
- The SNCU has been established in the DH Pulwama and has a bed capacity of 8 beds with 4 radiant warmers. There have been 235 admissions (156 inborn+79 out born) in SNCU. The NBCC at CHC Rajpora is also functional partly.
- It was reported that a total of 440 ASHAs was having the HBNC kit available with them but at the initial stage these HBNC kits were partially filled as some of the items from kits were missing.
- During the current financial year (till November, 30th 2021) a total of 1496 visits were made by ASHAs to new-borns under HBNC. Drug kits for ASHAs are refilled at the SC and PHC level HWCs on need basis.
- Presently all the ASHAs have been involved with the vaccination drive for Covid-19 which has severely affected the working of HBNC and other related service being provided by the ASHAs.
- On the basis of our feedback from the community and health staff at various levels, it was conveyed to ASHA Coordinator and ASHA facilitators that ASHAs need further orientation and continuous monitoring and supervision to improve their working.
- D

uring the current year only 2 maternal and 24 infant death reviews has taken place while in the previous year 2020-21, 8 maternal deaths and 69 infant deaths were reviewed by the competent authority in the district. Further, it was also found that all the visited health facilities maintain the data regarding the maternal and child deaths and report the same to the CMO and also upload this information on HMIS portal on monthly basis. No maternal or child death was reported by any visited health facility in the district during the previous or current year.

Mobile Medical Unit (MMU) and Referral Transport

- The district doesn't have any MMU but has 36 vehicles on road and some of them are GPS fitted but not handled through centralized call centre.
- The district has 6 (2 ALS+4 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and are operational on need basis for 24X7.
- Centralized 102 and 108 has been started for the district but no additional vehicle in this regard has been so far provided to the district and as such the vehicles used in the district were found insufficient and at times district need to outsource for hiring the vehicles especially for JSSK.

Comprehensive Primary Health Care (CPHC)

- A sizable number of SHS and PHC level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase.
- The district has enumeration plan of 70000 individuals during 2021-22 and the CBAC forms have been filled for 21467as per the target till date.
- Majority of the SHC-HWCs (79) and PHC-HWCs (23) have started NCD screening at their facilities in the district. District has achieved 100 percent target in screening the planned individuals for various types of NCDs which include hypertension, diabetes, oral cancer, breast cancer, and cervical cancer.
- All the established HWCs are providing tele-consultation services and organizing some

wellness activities in the district.

Universal Health Screening (UHS)

- Under universal health screening, district has identified a target population of 70000 eligible persons and out of these, 31 percent (21467 persons) population has been covered till date and Community Based Assessment Checklists (CBAC) forms have been filled for them and have been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers.
- None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on fixed-days basis at SC while as at DH and CHC, such services are provided on routine basis to the patients for all days of the week.

Grievance Redressal

- The grievance redressal mechanism is in place at most of the health facilities and health facilities resolve the complaints (if any) on regular basis. During the current financial year, 100 percent of the complaints have been resolved by the authorities in the district.
- No call centre has been established by the district in this regard so far. The community was not satisfied with the way for resolving grievances at any level and were of the opinion that community members need to be taken on board for settling such issues with maximum transparency.

Payment Status

- There is no backlog of JSY beneficiaries for the year 2020-21and all the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date.
- A large number of ASHAs (260) received the incentive under NTEP or NLEP while as all the 16 ASHA Facilitators have received their per visit incentive so far in the district.

Communicable Diseases Programme

- The district has been covered under the IDSP, NLEP, COB, NTCP, and NTEP but NVBDC has not yet been implemented in the district.
- Only 8 percent of the private health facilities are providing the weekly data under IDSP in the district. The data from various public health facilities is uploaded on relevant forms on regular basis in the district.
- Two new cases of leprosy have been reported in the district during the current year.
- Under NTCP, the district has conducted few awareness programmes under IEC component of the ROP. Under COB Programme the district has recently received funds from the State and the DH has started working for the programme with various sections of the hospital.
- All the health facilities are actively involved in the eradication of TB and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs by the identified patients. District has achieved 90 percent target TB notifications. All the TB patients are tested for the HIV. Universal Drug Susceptibility Testing (UDST) for Rifampicin to achieve the elimination status is being done at the district and both drug sensitive and drug resistance tests are available in the district.
- Overall, 730 patients have been notified from the public sector and 60 patients have been notified from the private sector. Overall treatment success rate was found to be 90 percent in the district. All the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT

instalments have been initiated in their favour.

- Up to 24X7 PHC level all the health facilities are having a Designated Microscopy Centre (DMC) and most of these facilities (DH, CHC, and PHC) have taken a sample of about three percent from the OPD for microscopy tests during the last 6 months.
- The drugs for TB patients were found available at all levels. CBNAAT and TruNat facilities are available at the CHC and DH in the district.

Accredited Social Health Activists (ASHAs)

- District has a requirement of 634 ASHAs and out of these, 593 (94%) ASHAs have been selected till date. None of the ASHA covers 1500 or more population for rural and 3000 or more population in urban areas. A few ASHAs have been provided additional small villages in the district.
- Overall, 84 percent of the in-position ASHAs have been enrolled for PMJJBY, 93 percent have been brought under PMSBY and 25 percent have been enrolled for PMSYM in the district. None of the ASHA Facilitator has been enrolled under any social benefit scheme in the district.
- Overall, 336 VHSNCs have been formed but no training has been arranged for them till date.

Immunization

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

Family Planning

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

Adolescent Friendly Health Clinic (AFHC)

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

Quality Assurance

- DQAC is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. None of the health facility in the district is quality certified.
- DH had initiated Kayakalp in 2020 and had scored 90.86 and 85.71 points for this during the last assessment and has been asked by the DQAC to improve the same for getting the requisite score for qualification. NQAS and LaQshya have also been initiated in the district.
- CHC Rajpora has initiated Kayakalp and had scored only 60 points during 2020-21.Though PHC Rahmoo has not initiated Kayakalp or NQAS.

Quality in Health Services

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

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

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

Status of Funds received and utilized

- During 2020-21 district has utilized 100 percent of funds received from various sources.

District has made about 100 percent expenditure on all the major heads including RCH Flexipool, Communicable and non-communicable Flexi pool.

- Overall, the district has utilized 100 percent of funds that were received under different schemes of NHM. The district has utilized 100 percent of funds on various programmes such as RBSK, family planning, immunization, programme management, referral transport, NIDDCP and IDSP during 2020-21.

2. INTRODUCTION

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

2.1 Objectives

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

2.2 Methodology and Data Collection

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

3. UNION TERRITORY AND DISTRICT PROFILE

After the bifurcation of the State of Jammu and Kashmir on 5th August, 2019 into two Union Territories (UTs), the UT of Jammu and Kashmir which is situated in the extreme north of India, occupies a position of strategic importance with its borders touching the neighbouring countries of Afghanistan, Pakistan, China and Tibet. The total geographical area of the UT is 42241 square

kilometres and presently comprises of 20 districts in two divisions namely Jammu and Kashmir. According to 2011 Census, Jammu and Kashmir has a population of 12.30 million, accounting roughly for one percent of the total population of the country. The sex ratio of the population (number of females per 1,000 males) in the UT according to 2011 census was 872, which is much lower than for the country as a whole (940). Twenty- seven percent of the total population lives in urban areas which is almost the same as at the National level. Overall Scheduled Castes (SCs) account for 8 percent and Scheduled Tribe (ST) population accounts for 11 percent of the total population of the UT. As per 2011 census, the literacy rate among population age 7 and above was 69 percent as compared to 74 percent at the National level. The population density of Jammu and Kashmir is 56 persons per square kilometres. The crude birth rate of J&K is continuously declining and as per the latest estimates of Sample Registration System the UT has a CBR of 15.4 per thousand populations, a CDR of 4.9 and an IMR of 22 per thousand live births.

As per the recently concluded National Family Health Survey-5 (NFHS-5) data, the UT has improved in most of the critical indicators related to health. The infant mortality rate (IMR) has come down to 16 as compared to 32 during National Family Health Survey-4 (NFHS-4). Similarly, there is a decline (as per NFHS-5) in under 5 mortality rate as compared to NFHS-4 results as it has come down to 19 from 38. Further the data shows that the neonatal mortality rate has come down to 10 as compared to 23 during NFHS-4. The use of any family planning method has also gone-up from 57 percent (during NFHS-4) to 60 percent during NFHS-5. Similarly, the total unmet need for family planning in the UT has decreased from 12 percent to 8 percent. The percentage of institutional delivers has gone up to 92 percent from 86 percent as compared to NFHS-4 in the UT. Similarly, the percentage of fully immunized children has also gone up to 96 percent during NFHS-5 as compared to 86 percent during NFHS-4.

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

Pulwama district is located at a distance of about 40 Kilometers from the summer capital of Srinagar. District came into existence in 1979 when it was carved out from Anantnag district. Again in 2007, the district was bifurcated into two districts namely Pulwama and Shopian. District Pulwama is called the ***Anand of Kashmir*** or "***Dudh-Kul of Kashmir***" on account of its high milk production. The district comprises of four tehsil namely Pulwama, Pampore, Tral and Awantipora. The district is famous for its fruits which are renowned for their durability, juiciness and flavor throughout the whole world. District Pulwama is famous for saffron cultivation which is mainly grown in the karewas of Pampore and adjoining areas. The chief industrial areas of Pulwama are Khrew (Pampore) and Lassipora. While Khrew has the distinction of having the State's largest Cement Plants, Lassipora is home to more than 100 different industrial units. Awantipora is one of the oldest cities of Kashmir, and home to the Islamic University of Science and Technology and the famous historical monuments of Awantiswami Temple. Awantipora has also now got another credibility of having the Kashmir's highest health facility as AIIMS which is under progress.

According to 2011 Census, the total population of Pulwama district was 560440 which constitute about 5.6 percent of the total population of the state. The projected population of the district as per 2017 is 618000. The district has a small concentration of ST population (4 percent). Large majority of the population follow Islam. The population growth rate is about 27 percent and the sex ratio is 913. The district has witnessed a dip in child sex ratio during 2001-2011 and according to 2011 Census, Child Sex Ratio was 829. Slightly less than two- third of the population age 7 and above is literate. Male literacy rate (74 percent) is higher than female literacy (52 percent). The district consists of 4 medical blocks namely Pulwama, Pampore, Awantipora and Tral. The health services in the public sector are delivered through a network of 150 health institutions which consist of 1 District Hospital, 3 CHCs/SDH, 1 TB Centre, 10 24x7 PHCs, 38 PHCs and 97 SCs (Table 3).

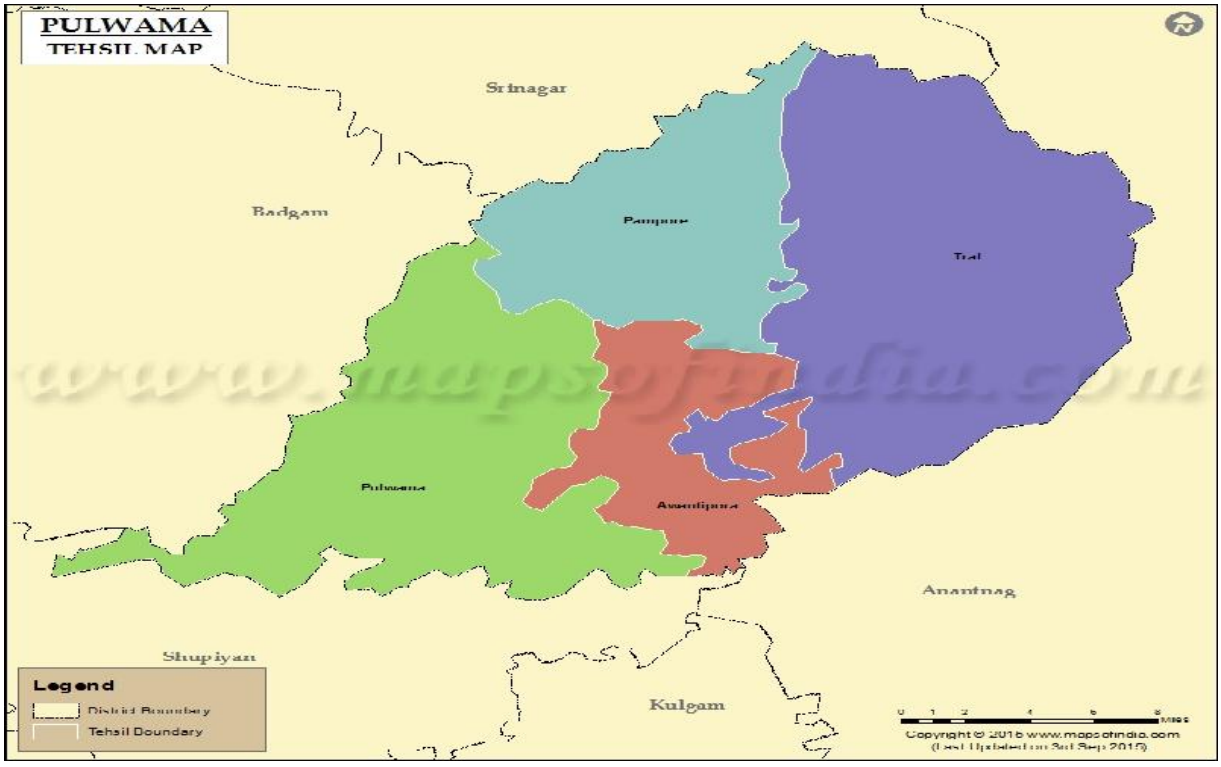

Table 3: Demographic Profile of District Pulwama	
Indicator	Remarks/ Observation
Total number of Blocks (Medical)	4
Total number of Villages	327 (Revenue villages) Census Hand Book
Total Population	6,44,033 Census Hand Book
Rural population	5,64,033 Census Hand Book
Urban population	80,000 Census Hand Book
Literacy rate	65.00% Census Hand Book
Sex Ratio	913 Census Hand Book
Sex ratio at birth	961 HMIS 2020-21
Estimated number of deliveries	11155 Family Welfare Estimation

Estimated number of C-section	1784 Family Welfare Estimation
Estimated numbers of live births	10039 Family Welfare Estimation
Estimated number of eligible couples	103045 Family Welfare Estimation
Estimated number of leprosy cases	2 CMO Office
Target for public and private sector TB notification for the current year	730 CMO Office
Estimated number of cataract surgeries to be conducted	NA

4. HEALTH INFRASTRUCTURE

The health services in the public sector are delivered through a network of various levels of health facilities (excluding tertiary and private hospitals) in 4 medical blocks which include 1 DH, 3 CHCs, 48 PHCs and 97 SCs/MAC/UHPs. The district has converted 23 PHCs and 80 SCs into HWCs during the past two years. Pulwama district has also established one DEIC under RBSK, one NCD Clinic, an AFHC and an SNCU at the DH. The district has one functional blood bank at DH and a well established blood storage unit. Besides these health facilities the district has also one each NCD clinics established at DH and at 2 CHCs. Further, comprehensive 1st and 2nd trimester abortion services are provided by 2 health facilities in the district and the Ist trimester is available at 25 health facilities.

Table 4: Health Infrastructure (As on 30-11-2021) of District Pulwama

Facility	Sanctioned	Operational
District Hospitals	1	1
Sub District Hospital	0	0
Community Health Centers (CHCs)	3	3
Primary Health Centers (PHC)	48	48
Sub Centers (SC)	97	96
Urban Primary Health Centers (U-PHC)	0	0
Urban Community Health Centers (U-CHC)	0	0
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	1	0
District Early intervention Center (DEIC)	1	1
First Referral Units (FRU)	3	3
Blood Bank	1	1
Blood Storage Unit (BSU)	2	1
No. of PHC converted to HWC	23	23
No. of U-PHC converted to HWC	0	0
Number of Sub Centre converted to HWC	82	80
Designated Microscopy Center (DMC)	13	13
Tuberculosis Units (TUs)	6	6
CBNAAT/TruNat Sites	1	1
Drug Resistant TB Centres	0	0

Functional Non-Communicable Diseases (NCD) clinic At DH At SDH At CHC	 DH = 1 SDH= 0 CHC = 2	 DH = 1 SDH= 0 CHC = 2
Institutions providing Comprehensive Abortion Care (CAC) services Total no. of facilities Providing 1st trimester services Providing both 1st & 2nd trimester services	 150 25 2	 18 25 2

5. DISTRICT HEALTH ACTION PLAN (DHAP)

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

It was found that none of the construction of building is pending for more than two years in the district. Again none of the buildings of any health facility is completed and handed over.

6. STATUS OF HUMAN RESOURCE

Appointment of human resource on regular basis is a centralized process and even a large number of districts don't have the idea about the sanctioned strength of various regular posts for the district and thus makes it difficult for the monitoring teams to ascertain the actual deficiencies of human resource at various levels in the district. The details provided by the CMO/DPMU regarding the overall staff strength separately for regular and NHM staff in the district shows that among the regular staff, 13 percent positions of Laboratory Technicians and 12 percent positions of Staff Nurses (SNs) were vacant in the district. Similarly, three percent of ANMs and 16 percent of pharmacists are also vacant in the district. It was found that all the 29 positions of dental technicians are in place. Further, 38 percent of MMPHWs, 56 percent OT technicians and 4 percent of CHOs were found vacant in the district. Among the doctors/specialists, all the sanctioned positions of OBGYs, Surgeons, and Anaesthetists were found in place while as 75 percent positions of specialists and 11 percent positions of MOs were found vacant in the district. Surprisingly, the district has not sanctioned position of Radiologist. Besides, 27 percent of x-ray technicians are vacant in the district.

So far as the availability of NHM staff is concerned, information provided by the DPM shows that almost all the sanctioned positions under NHM are in place and a meagre percentage of about 3 of different categories of positions are vacant. This substantiated that out of 366 positions, 356 are in place currently and are delivering their services smoothly in the district. No EmoC /LSAS trained doctor has been posted in any of the FRUs in the district either under NHM or from the regular side. The rationalization of EmoC and LSAS trained doctors could not be ascertained by the monitoring team due to non-availability of information from the CMO office but during our visit to DH and CHC, availability of such trained doctors was found at both places in the district where C-section deliveries and EmoC services are available.

District Hospital Pulwama is situated on Pulwama-Newa Road and is accessible from the main road easily. The building is in a good condition but does not have adequate space for gynecology unit. The total bed capacity of the hospital is 200. It has also 21 ICU beds available. It has no separate wards for male and female patients except for maternity ward. The DH has presently a sanctioned strength of 46 General Duty Doctors/MOs and out of those 36 are in position. Three positions of gynecologists are vacant presently. While as positions like medical superintendent, 3 anesthetists, 1pathologist and 4 surgeons are in place at the DH. It was reported that one medical officer is providing the opthomological services at the DH. Both the positions of orthopedics are vacant presently. At the same time one important position of radiologist is not sanctioned for the DH. Besides, there are also vacant positions among the para medic staff at the DH. The graph shows that 6 positions laboratory technicians, 2 positions of pharmacists and 4 positions of dental technicians are vacant from the regular side. Most of the specialised services are not provided at the DH as there are no sanctioned positions in Dermatology, ENT and Radiology. Such state of affair has badly affected the health care delivery system at the DH.

Under NHM, DH has a functional District Early Intervention Centre (DEIC) under RBSK which is being looked after by the MO. The DEIC is presently having the staff strength of Manager, Dental Technician, Audiologist and Psychologist. But there is no Early Interventionist. Other permissible staff is available like as MO, Physiotherapist, Social worker, a SN but no data entry operator (DEO) is in place. There is no position of paediatrician and lab technician. The SNCU at the district hospital Pulwama has a capacity of 8 beds and are functional. It has sanctioned staff strength of 1 Paediatrician, 4 Medical Officers, 5 Staff Nurses, 1 Lab Technician and 1 Data Entry Operator. All sanctioned positions are in place. Three of the MOs, 4 Staff Nurses posted at SNCU have received both NSSK and IMNCI training. The SNCU is fitted with two ACs. There is a common room for both intramural and extramural new-borns in SNCU. The SNCU is neat and clean. The NCD Clinic is also functional at the DH and has all the permissible positions, which include one each MO, Physiotherapist, Counsellor, Epidemiologist, SN, Lab Technician, and DEO in place. Further, mental health unit has not been initiated in the district. The DH has also a DEO and an Adolescent Friendly Health Clinic (AFHC) Counsellor, Accounts Manager and an IYCF Counsellor in position. In addition to these, the DH has also engaged two each Lab Technicians, OT Technicians and 5 SNs under NHM. It was found that the staff engaged under NHM is being used in the DH as per the requirement of the hospital and not used only for those schemes for which they have been engaged.

CHC Rajpora is a newly upgraded CHC. It has not been provided the desired infrastructure. It has a total strength of 29 positions of medical and para medical staff sanctioned from the regular side and almost all of these positions are in place except 1 MO and 1 specialist in medicine. Similarly, in case of para medical staff almost all the staff which includes 4 SNs, 4 lab technicians, 4 pharmacists, 1 dental technician and 1 dental assistant in place.

The details regarding the engagement of NHM staff shows that CHC Rajpora has initiated the work in NCD Clinic with the existing staff and no additional staff has been provided to the facility. However there are 4 MOs, 2 SNs and 2 laboratory technicians provided under NHM.

PHC Rahmoo has been converted into a HWC and has 3 sanctioned positions of MOs and all of them are in position. There is also 1 MO (AYUSH) from regular side which is vacant but from NHM side 1 AYUSH is in place. The sanctioned position of 1 ANM and 2 lab technicians are not filled-in from the regular side. Other positions of para medical staff are all filed in the PHC. PHC Rahmoo has been designated as 24X7 HWC and the PHC has sanctioned one MO, one ANM, one AYUSH MO and an AYUSH Pharmacist under NHM and all these position are in place.

Sub-Centre Zagigam is functioning as a HWC in its own well established building. The SC has one ANM and one MPW male posted from the regular side. One MLHP is also working at the centre from NHM side. There is also one ANM from the NHM side but she has been attached to the concerned CHC Rajpora.

6.1 Recruitment of various posts

Since recruitment of regular staff is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level. The positions of doctors are filled through State Public Service Commission and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB). Thus, district authorities do not have any role in the recruitment of regular staff and hence no information was found available with the district. Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled by the office of the Mission Director (DM) at the central level while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Magistrate (DM) of the district. The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances.

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

	Pulwama District			DH Pulwama			CHC Rajpora			PHC Rahmoo 24X7 (HWC)			SC/HWC Zagigam		
Staff details	Sanctioned	In-place	Vacancy (%)	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %
ANM	133	129	3							1	0	100	1	1	0
MPW (Male)	8	5	38										1	1	0

Staff Nurse	59	52	12	8	8	0	4	2	50	1	1	0			
Lab technician	38	33	13	11	5	55	4	2	50	2	0	100			
Pharmacist	112	94	16	7	7	0	4	2	50	1	2*	*			
MO (MBBS)	160	142	11	46	36	22	10	9	10	3	3	0			
OBGY	6	6	0	6	3	50	1	0	100						
Paediatrician	4	3	25	2	1	50	2	0	100						
Anaesthetist	6	6	0	3	3	0	1	0	100						
Surgeon	8	8	0	4	4	0									
Radiologists	0	0	0												
Orthopaedics	3	1	67	2	0	100									
Ophthalmologist/ ENT	2	2	0												
Pathologist	1	1	0	1	1	0									
Psychiatrist	1	1	0												
Other Specialists	8	2	75	4	2	50									
Dentists/ DS	29	29	0	5	3	40	1	0	100						
Dental tech	20	16	20	6	2	67	1	0	100						
X-ray technician	26	19	27												
OT technician	9	4	56												
CHO/ MLHP	82	79	4												
AYUSH MO	38	35	8							1	0	100			
AYUSH Pharmacist	21	20	5												

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

	Pulwama District			DH Pulwama			CHC Rajpora			PHC Rahmoo 24X7 (HWC)			SC/HWC Zagigam		
Staff details	**Sanctioned**	**In-place**	**Vacancy (%)**	**Sanctioned**	**In position**	**Vacant %**	**Sanctioned**	**In position**	**Vacant %**	**Sanctioned**	**In position**	**Vacant %**	**Sanctioned**	**In position**	**Vacant %**
MBBS Doctors	23	21	9	5	5	0	4	4	0	1	1	0	1	1	0
Gynaecologist	3	3	0	2	2	0									
Child Specialist	2	1	50	1	1	0									
Dentist	2	2	0	2	2	0									
Lab Tech	17	16	6	2	2	0	2	2	0						
OT Tech	6	6	0												
X Ray tech.	6	6	0												
Dental technician	2	2	0	2	2	0									
Staff Nurse	95	95	0	7	7	0	2	2	0						
MLHP	NA	NA											1	1	0
ANM/MPWs	120	120	0							1	1	0			
AYUSH MO	38	35	8							1	1	0			
AYUSH pharmacist	21	20	5							1	1	0			
PMU/Accounts Manager, IYCF and Adult Friendly Health Clinic units															
DPM	1	1	0												
DAM	1	1	0												
DMEO	1	1	0												

RMNCH+Dist Consultant	1	0	100												
DEOs	6	6	0	1	1	0	1	1	0						
BAM	4	3	25	1	0	100	1	1	0						
BMEOs	4	3	25	1	0	100	1	1	0						
AHC/IYCF	2	2	0	2	2	0									
Accounts Manage	1	1	0	1	1	0									
SNCU															
MBBS Doctors	4	4	0	4	4	0									
Paediatrician	1	1	0	1	1	0									
Staff Nurses	5	5	0	5	5	0									
Lab technician	1	1	0	1	1	0									
DEO	1	1	0	1	1	0									
NCD Clinic															
MO	1	1	0	1	1	0									
Physiotherapist	1	1	0	1	1	0									
Counsellor	1	1	0	1	1	0									
Staff Nurse	1	1	0	1	1	0									
Lab Technician	1	1	0	1	1	0									
DEO	1	1	0	1	1	0									
Epidemiologist	1	1	0	1	1	0									
RBSK/DEIC															
MO/MBBS	7	7	0	1	1	0	2	2	0						
Paediatrician	1	0	100	1	0	100									
MO Dental	1	1	0	1	1	0									
Optometrist	1	1	0	1	1	0									
Staff Nurse	1	1	0	1	1	0									
Psychologist	1	1	0	1	1	0									
Physiotherapist	1	1	0	1	1	0									
Lab.Tech	1	0	100	1	0	100									
Dental tech	1	1	0	1	1	0									
Audiologist	1	1	0	1	1	0									
Health educator	1	1	0	1	1	0									
DEIC Manager	1	1	0	1	1	0									
Social Worker	1	1	0	1	1	0									

7. TRAININGS

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies and CMO office maintains information about the trainings imparted to its workers from time to time. The information provided by the CMO office informed that almost every year various training courses are held at the district headquarter approved under the PIP in which different categories of health personnel participate. During 2020-21, 9 different types of training courses for medical and para medical staff were planned under ROP and out of these only 5 training programmes were conducted by the district as most of the staff in the district was engaged with the Covid-19 duties during this period. The district was able to conduct 1 training course on SAANs, 1 course on IUCD, 1 on PPIUCD, 1on injectable contraceptives and

lastly 1 course on PAIUCD. During 201-22 all the health staff was busy with providing the vaccination for Covid-19.

8. STATUS OF SERVICE DELIVERY

The district has officially implemented the free drug and diagnostic services for all but it was found that it is not being implemented by all the health facilities that we visited during our monitoring exercise. As far as the delivery points is taken into account, the information collected from the DPMU/CMO office shows that no SC is conducting any delivery in the district (3 per month). Similarly, no PHCs 24x7 is conducted any delivery in the district (10 per month). While as 3 CHCs in the district conducts more than 20 deliveries per month in the district. The C-section deliveries are conducted only at the DH during the day time only. In case of any emergency, DH conducts C-section deliveries during the night hours also. DH Pulwama is designated as FRU and both normal and C-section deliveries are performed in this health facility on 24X7 basis. Besides there are both public and private 11 health facilities who are providing the ultrasound services in the district. Furthermore, all these 11 service stations are registered under PCPNDT act. CHC Rajpora has trained staff in the labour room as reported by the concerned MO. The condition of labour room, OT was found satisfactory at all the levels in the district while as SNCU at DH is good with functional of 4 radiant warmers, 1 step-down care and 1 kangaroo mother care. The NBSU is available at CHC. NBCC at PHC is also functional and in good condition with requisite equipment and infrastructure.

The information about the JSY payments as provided by CMO office mentioned that out of 4644 beneficiaries, none of them is pending by JSY benefit. As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery but it was found that there are serious deviations in their words and actions. During our interaction with such patients at various levels (maternity wards, post-operative wards, labour rooms, OPD, and relatives of these patients), it was found that various services like free medicines, free diet, free transport are being given partially and above all the protocols regarding the discharging of patients after delivery are not followed at all thus putting both the mother and the new-born at risk by discharging them from the health facilities before the requisite time. PMSMA services on 9th of every month is a routine feature at all the designated health facilities in the district since its inception and all the identified high-risk women are taken care as per their obstructed and medical history. It was reported by all the selected health facilities that line listing of all the high-risk pregnancies is maintained and pursued accordingly but during our record checking exercise at visiting health facilities, it was found that such records have not been maintained properly at all the health facilities.

Respectful maternity care (RMC) is not only the marker of quality maternity care but also ensures the protection of basic human rights of every child-bearing woman. RMC is protection from verbal and physical abuse, disrespect, and discrimination during care. It also aims to provide care to child-bearing women with dignity, privacy, and confidentiality. The WHO has acknowledged RMC as a fundamental right of every child-bearing woman and encourages health service provision to all women in a manner that maintains their dignity, privacy, and confidentiality. The WHO's

"Recommendation on Respectful Maternity Care" ensures freedom from harm and mistreatment and enables informed choice and continuous support during labour and childbirth. The Government of India has adapted RMC under LaQshya to provide dignified care to pregnant women while in the health facility. During our visit to the selected health facilities, it was found that care is being taken by the concerned health officials for all the women with regard to RMC and none of the women could inform/complain us about any problem/deviation with regard to RMC.

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

9. CLINICAL ESTABLISHMENT ACT

The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team under the supervision of District Health Officer (DHO) in this regard which makes surprise checks to private USG clinics. The data by these clinics is regularly received by the district. There are 11 health facilities in the district with ultrasound facilities and out of these, all 11 health facilities are registered under PC&PNDT act.

The district has sufficient health facilities in terms of SCs and PHCs but there is a need to have more CHCs in the district as the district widely spread on far flung areas. So far, the district has converted 80 SCs and 23 PHCs into H&WCs while as the process of converting more health facilities into H&WCs has got hampered due to the Covid-pandemic. The selection of converting any health facility is taken by the SHS in consultation with the district health officials and in the first phase only those health facilities were converted into HWCs where the health facility had its own government building and later on it was extended to the rented buildings also. There is also need to have some Blood Storage Units (BSUs) at CHCs and 24X7 PHCs as off now the district doesn't have any such unit though there are some very hard-to-reach areas where such facility is needed especially during the harsh winters.

10. SERVICES UNDER NHM

10.1 Free Drug Policy

As per the information received from the CMO office, we were told that the district has implemented the free drug and diagnostic policy at all levels but during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility was not available to all. It was found that very few drugs (out of the total medicines prescribed by the doctor) are being provided to the patients when they visit to any health facility for treatment. Further, it was also found that at most of the health facilities the rate list for diagnostics was at display and according to this rate list people were being charged for any diagnostic test. However, it was reported by the

concerned MSs and MOs incharge that free drug and diagnostic policy has been implemented to the Golden Card Holders which have been issued under the Ayushman Bharat PM-JAY Scheme. During our interaction with the community the same observation of ours was found true as most of the community members reported that they are being charged for various services including diagnostics and drugs by the health facilities.

10.2 Dialysis Services

The state-of-the-art Dialysis Centre at District Hospital Pulwama was sanctioned under Prime Minister's National Dialysis Programme and the District Hospital has acquired the much needed dialysis machines. The Centre also has state-of-the-art infrastructure including German imported beds and other facilities. The Dialysis Centre has given two dialysis technologists and one staff from the NHM side but the Centre is being run on the internal arrangement from the available human resource from different units of the hospital. There are 6 dialysis machines and one HCV positive isolation machine available in the unit. The unit has a bed capacity of 6 beds and during the current year, 95 tests were conducted and 27 patients (938 sessions) have received the dialysis service till date. On an average 6 patients are provided with the service on daily basis. The services at the Dialysis Centre are provided free of cost for BPL families only. The in charge of the Centre reported that there are two shifts on Monday and Thrusday and in each shift 6 patients were provided services The performance of the centre was found to be satisfactory. There is a dialysis centre in CHC Rajpora with only one dialysis machine. There is only one position of dialysis technician from regular side. On an average this centre gives 6-8 dialysis sessions per month. This centre has RO plant in place which can take care of five dialysis machines at CHC.

10.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

Like other districts of the State, RBSK has been launched in Pulwama district in March 2014. District Early Intervention Canter (DEIC) has also been established in DH Pulwama. Most of the staff sanctioned under the scheme both for the field teams and DEIC was found in position. There are 4 sanctioned RBSK teams in the district and all the teams have full sanctioned human resource but the performance of RBSK has been very poor during the current financial year (till November, 2021) as the teams have been unable to screen the children at delivery points or elsewhere though it has been extremely difficult time for the RBSK teams as they have been working 24X7 during this period for Covid-19 duties and have been on the forefront in containing Covid. Last year they only screened 1956 children for defects born in delivery points. Community was not happy with the overall working of the RBSK since its beginning as not much has been delivered by the RBSK for the society.

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

.The SNCU has been established in the DH Pulwama and has a bed capacity of 8 beds. The SNCU has 4 radiant warmers, 1 step-down cares and but has 1 Kangaroo Mother Care (KMC) unit. SNCU has also one single surface phototherapy machine available. The details of work done shows that there have been (156 inborn+79 out born admissions) in SNCU. Out of 156 inborn cases 144 cases have got defects at birth. And out of 79 outborn cases 74 have got defected at birth. Further 37 of them have been referred to territiary district for treatment. NBSU is functional in CHC Rajpora, PHC Rahmoo is not any delivery point. The district doesn't have any sanctioned Nutrition Rehabilitation

Centre (NRC) because of space constraint in the district hospital, and therefore, have no such admissions or referrals in this regard.

10.5 Home-Based New-born Care (HBNC)

It is reported that 440 HBNC kits are available with ASHAs in the district. Further it was reported that the kits initially provided were partially filled as some of the items from kits were missing. During the current financial year (till November 24th, 2021) a total of 1496 visits were made by ASHAs to new-borns under HBNC. No drug kits for ASHAs were available in the district at the time of our visit but it was reported by the ASHAs at the SC and PHC level HWCs, the drug kits are being refilled at their respective health facilities on need basis. Presently all the ASHAs have been involved with the vaccination drive for Covid-19 which has severely affected the working of HBNC and other related service being provided by the ASHAs. District ASHA Coordinator and ASHA facilitators were also contacted during the PIP visit and various issues related to working of ASHAs were discussed with them. On the basis of our feedback from the community and health staff at various levels, it was conveyed to them that ASHAs need further orientation and continuous monitoring and supervision to improve their working.

10.6 Maternal and Infant Death Review

During the current year only 2 maternal and 24 infant death review has taken place while in the previous year 2020-21, 8 maternal deaths and 69 infant death was reviewed by the competent authority in the district. Further, it was also found that all the visited health facilities maintain the data regarding the maternal and child deaths and report the same to the CMO and also upload this information on HMIS portal on monthly basis. No maternal or child death was reported by any visited health facility in the district during the previous or current year.

10.7 Peer Education (PE) Programme

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

11. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT

The district doesn't have any MMU. However, in terms of referral transport, the district has 36 vehicles /102 on road and are GPS fitted and handled through centralized call centre. On an average each ambulance shares at least one trip per day and travel an average distance of 49 kms in a day. The district has (2 ALS+4 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and are operational on need basis for 24X7. These ambulances with BSL and ASL are fitted with GPS and handled through centralized call centre. Ambulance with ALS get one trip per day while as ambulance with BLS also gets one trips. The average distance travelled by these ambulances was found 95kms/day. Though 102 and 108 has been started for the district but no additional vehicle in this regard has been so far provided to the district and as such the vehicles used in the district were found insufficient.

12 .COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In February 2018, the Government of India announced that 1, 50,000 Health & Wellness Centres (HWCs) would be created by transforming existing Sub Health Centres and Primary Health

Centres to deliver Comprehensive Primary Health Care (CPHC) and declared this as one of the two components of Ayushman Bharat. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. For primary health care to be comprehensive, it needs to span preventive, promotive, curative, rehabilitative and palliative aspects of care. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. In this background a sizable number of SHS and PHC level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase. The district has enumerated about 44552 individuals so far and their CBAC forms have been filled as per the target till date. All the 79 SHC-HWCs and 23 PHC-HWCs have started NCD screening at their facilities in the district. Further, the information collected shows that the district has achieved 100 percent target in screening the planned individuals for various types of NCDs which include hypertension, diabetes, oral cancer, breast cancer and cervical cancer. All the established HWCs are providing tele-consultation services and organizing some wellness activities in the district though such activities have got hampered since the Covid-19 pandemic struck the globe.

12.1 Universal Health Screening (UHS)

The district is actively involved in universal health screening under different components of NHM. Under universal health screening, district has identified a target population of 70000 eligible persons and out of these, 30 percent (21467 persons) population has been covered till date and Community Based Assessment Checklists (CBAC) forms have been filled for them. This population has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers. The details provided by the DPMU shows that overall, 83328 persons in the district were screened for hypertension and out of these, 53 percent (44464) persons were diagnosed for the same and were treated/under treatment in the district at various health facilities. Similarly, 47616 persons from the target population were screened for diabetes and out of these, 91 percent (43628) persons were diagnosed for the same and were under treatment at various health facilities of the district. Further, the information provided by the DPMU shows that a large number of persons were screened for various types of Cancers and out of these, 28225 confirmed cases of Oral cancer, 10278 Breast cancer and 3592 Cervical cancer and all the cases of these were being treated at tertiary care hospital of the UT as such facility was not available in the district.

The DH has diagnosed 22 percent (out of the 167 screened) for hypertension and 2 percent (out of 931 screened) for diabetes during the last six month. Rajpora CHC has diagnosed 28 percent (out of 340 screened) for hypertension and 14 percent (out of 130 screened) for diabetes. While-as PHC-HWC Rahmoo has not conducted any screeing during the same period. SC- HWC Zagigam screened 332 for hypertension and 122 cases for diabetes during the same period. None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on fixed-days basis at DH, CHC and SC to the patients. Overall, the information collected shows that a large number of persons especially women were screened for various types of cancers (oral, breast, and cervical cancer) but no one was diagnosed for any cancer.

Again SC provide the requisite information the enumeration and number of CBAC forms filled-in.

13. GRIEVANCE REDRESSAL

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the entrance of each facility and these boxes are opened on regular basis by the officials of concerned health facilities to resolve the complaints if any. During the current financial year, out of total complaints, 100 percent of them have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far. None of the visited health facility was found much serious about the grievance redressal set-up and were of the opinion that all such issues are settled when brought in the notice of these health facilities but the community was not satisfied with this argument at any level and were of the opinion that community members need to be taken onboard for settling such issues with maximum transparency.

14. PAYMENT STATUS

The information provided by the CMO office shows that overall, the district has not any backlog of JSY beneficiaries during the year 2020-21.100 percent of JSY beneficiaries have received the payments during the last year. All the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date.while as 555 of the ASHAs, patient incentive and all the 2 providers incentive has received under NTEP. All the 16 ASHA Facilitators have received their per visit incentive so far in the district. The information collected from the selected health facilities shows that DH and CHC has no pendency for payments to beneficiaries or ASHAs while as at PHC and SC-HWCs such information was not available as the payments for these institutions is made by the concerned BMO office. The delay in disbursement of incentives to ASHAs and beneficiaries or patients has caused by the delay in release of funds by SHS to the district and also by the pandemic situation prevailing through-out.

15. COMMUNICABLE DISEASES PROGRAMME

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Team (RRT) has been constituted under the supervision of District Health Officer (DHO) Epidemiologist, Physician and Microbiologist .in the district. There has one case of chicken pox in the district during the current. Year.The private sector did not cooperate and not providing the weekly data under IDSP in the district. The information collected from the visited facility shows that the SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet they have been provided by the SHS while at PHC level HWC the data on IDSP has is uploaded on weekly basis as reported by the concerned MO. Further the information collected from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis but it was found that the DH is not providing such information on the portal for IDSP.

Further, the information collected from the CMO office shows that the district has not yet implemented the National Vector Borne Diseases Control Programme (NVBDCP) while as National Leprosy Eradication Programme (NLEP) is in vogue in the district as 2 new case of leprosy has been reported in the district during the current year and is under MDT treatment. Under National Tobacco Control Programme, the district has conducted few awareness programmes under IEC component of the ROP.

The district has a post of District TB Officer who is also looking after the Shopian district.

National Tuberculosis Elimination Programme (NTEP) is also working in the district. The district has a post of District TB Officer who is also looking after the Shopian district. During our visits to selected health facilities in the district, it was found that all the health facilities are actively involved in the eradication of TB and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs by the identified patients. The information collected from the CMO/DPMU office indicates that the district has achieved 730 target TB notifications till Oct-2021. All the TB patients are tested for the HIV. Universal Drug Susceptibility Testing (UDST) for Rifampicin to achieve the elimination status is being done at the district and both drug sensitive and drug resistance tests are available in the district. Further, the information collected shows that 179 patients have been notified from the public sector and the overall treatment success rate was found to be 90 percent in the district. There is one MDR TB patients in the district and treatment has been initiated in this case by the district authorities. Further there are also 20 patients notified from the private sector and their treatment success rate is 90 percent so far in the district. The plan for finding the active cases is done as per the protocol set by the district. The district authorities reported that all the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT installments have been initiated in their favour.

16. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Pulwama district has a requirement of 634 ASHAs as per the population of the district and out of these, 593 (93%) ASHAs have been selected till date. None of the ASHA covers 1500 or more population for rural and 3000 or more population in urban areas. The information further revels that there is no village without an ASHA in the district.

A sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district. Overall, a total of 500 (84 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 550 (92 percent of the in-position) have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 150 (25 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) in the district. None of the ASHA Facilitator has been enrolled under any social benefit scheme in the district. Since the district has a very limited urban/slum population and NUHM has not been extended to the district and thus no MAS have been formed in the district. On the other hand, 336 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed out of this 326 formed,190 trained and MAS account opened for 326 ASHAs.

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

17. IMMUNIZATION

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH and CHC only. Very few SC-HWCs in the district also provide BCG doses of immunization to infants. In district there is practice that as long as the health facilities (where the BCG is administered) does not get the requisite number of children on

a particular day and they do not open the BCG vial and instead ask their parents to wait for the next time till they get the requisite number of infants. This practice is followed at all levels including the DH and CHC. Outreach sessions are conducted to net in drop-out cases/left out cases. District Immunization Officer is in place in the district and is looking after the immunization. Almost all the SCs in the district have 2nd MPW/ANMs in place. Micro plans for institutional immunization services are prepared at sub centre level in the district.Rs1000 is provided to each block and Rs. 100 to each SC for the preparing micro plans.

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

Further, the information provided by these health facilities shows that 825 new-born children were administered the birth dose (BCG, OPV and Hib0 doses) during the last three months at DH while as 127 infants were administered such doses at CHC Rajpora during the same time. Further, the information collected shows that PHC-HWC Rahmoo did not provide the birth dose during the period. During our visit to DH and CHC, it was observed that the practice of early initiation of breastfeed (with 1st hour of delivery) is followed at both the places for normal deliveries but such practice was not followed for C-section deliveries and it was observed that few women had resorted to bottle-feed at these health facilities also.

18. FAMILY PLANNING

Beside DH, CHC and some PHCs/SCs have also been identified and are providing IUD insertion or removal services in the district. The district is currently providing IUCD services through a network of majority of identified health institution of various categories in the district. There is no provision of home delivery of contraceptives to beneficiaries in the district. The IEC component is not much strong as only some information on various contraceptive methods was found available at DH and CHC level. The information regarding various methods of family planning is also provided through VHND sessions at the SC-HWC level. The spacing methods like condoms and oral pills are available at all levels in the district. Besides, at PHC Rajpora, the DH as well as the CHC and SC has trained manpower for providing IUCD/PPIUCD. Counselling on FP is mainly provided by the gynaecologists, SNs and CHOs at DH and CHC level while as such counselling is provided by the MOs and ANMs at SC and PHC level in the district. During the last one month 10 sterilizations for FP were done at DH and such service was found unavailable at visited CHC and PHC. Family Planning Logistic Management and Information System (FPLMIS) have been integrated with the HMIS Portal in the district besides, the family welfare department of the UT.

19.ADOLESCENT FRIENDLY HEALTH CLINIC (AFHC)

ARSH clinic at DH Pulwama has been established and 1 ARSH Counsellor is posted in ARSH clinic. ARSH counsellor provides ARSH related services and also provides contraceptives. The clinic doesn't have any separate Counsellor for males. The district doesn't have any Nutrition and Rehabilitation Centre (NRC) but the process of establishment of NRCs in HFDs of the UT has been taken up in the UT for setting-up of a 10 bed Nutrition and Rehabilitation Centres (NRC) and in this regard some lower-level positions of staff have been sanctioned for these districts under NHM. Infant and Young Child Feeding (IYCF) Centre has not yet been established at the DH in the district but the process of establishing has been initiated recently by advertising the Counsellor position for the same.

20. QUALITY ASSURANCE

As per the information, District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. Some of the health facilities in the district are quality certified. DH had initiated Kayakalp in 2018 and had scored 90 points for this during the last assessment and in May 2021-22 scored 71 points for the same.And has been asked by the DQAC to improve the same for getting the requisite score for qualification. NQAS and LaQshya have also been initiated in the district. CHC Rajpora has initiated Kayakalp and had scored only 60 points. Though PHC Rahmoo has not initiated Kayakalp.

21. QUALITY IN HEALTH SERVICES

21.1 Infection Control

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

21.2 Biomedical Waste Management

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

21.3 Information Education and Communication (IEC)

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

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

22.1 Health Management Information System (HMIS)

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

22.2 Reproductive and Child Health (RCH)

Like other States in the country, National Health Mission (NHM), Govt. of Jammu and Kashmir State has also rolled out RCH Portal State wide–a web-based application for RCH replacing MCTS portal. In this regard the integrated Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village and field level. The training of health functionaries has been started in the State and data collection and reporting under the RCH portal has been started at the State as well as district Level.

23. STATUS OF FUNDS RECEIVED AND UTILIZED

The information collected from the CMO office regarding the receipt and utilization of funds during 2020-21 shows that the district has utilized about 100 percent of funds received from various sources. The information collected further shows that the district has made about 100 percent expenditure on all the major heads including RCH Flexi pool, Communicable and non-communicable Flexi pool. Overall, the district has utilized 100 percent of funds that were received under different schemes of NHM. The district has utilized more than 100 percent of funds on various programmes such as RBSK, family planning, immunization, programme management, referral transport, NIDDCP and IDSP during 2020-21. It was also reported that the major works are in progress regarding comprehensive primary health care.

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

S. No	Component	Total Funds Received	Total Expenditure	Net Balance	Expenditure %age
1	**A.** RCH & health Systems Flexi pool	82,417,000	82,417,000	0	100
2	**B.** Communicable Diseases Pool	44,5000	44,5000	0	100

3	**C.** Non-Communicable Diseases Pool	2,915,000	2,915,000	0	100
4	**D.** NPCCHH Pool	0	0	0	0
Total "A+ B+C+D"		**85,777,000**	**85,777,000**	**0**	**100**

24. FACILITY-WISE BRIEF

24.1 FACILITY-WISE BRIEF

District Hospital Pulwama is situated on Pulwama Newa Road and is accessible from the main road easily. The building is in a good condition but does not have adequate space for gynecology unit. The total bed capacity of the hospital is 200. However, the hospital has a gynecology ward with a capacity of 35 beds. A separate IPD block has already been constructed and is that block gynecology be functional from May, 2019. This block has separate wards for male and female. Only dialysis unit is functioning in new IPD block right now. The maternity ward and SNCU shifted to this new building. There are only a few Staff quarters for Medical Officers. There are totally no staff quarters for Medical Officers, Staff Nurses and other paramedical staff. This hospital provides various 24X7 services for General Medicine, trauma care, emergency, obstetrics and gynecology, Pediatrics, C-section delivery, surgery major, surgery minor and abortions. Dental, orthopedics, ENT, ophthalmology, ARSH clinic and RTI STI, Radiology and Dermatology services are available during day time only. Doctors on call are available for emergency purposes during night hours. The hospital is not currently providing services in the areas of Cardiology due to the non availability of specialist doctor. Services for mini laparoscopy, NSV, IUD are also available. There is a functional neat and clean SNCU in the hospital with all necessary equipments.

The district hospital also has a registered Blood Bank (B.B), which is looked after by a Pathologist as the hospital does not have a post of Blood Bank Officer. The BB has adequate facilities for storage and blood transfusion. 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 is displayed properly. Complaint box is also available for registration of complaints and grievances.

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

All the necessary equipment is available in the DH. All the sections of the hospital were found well equipped but the hospital is without MRI facility. None of the essential equipment was found nonfunctional of had any shortage. The central lab of the hospital remains open for 24X7 and all the requisite diagnostics are being done in the hospital on 24X7 basis. Thyroid profile is t being done in the hospital and imaging service (USG) is done during the day time only.. Management of the inventory of drugs is manual. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at DH. The DH has no mechanism in place for online consultation for patients.

DH has initiated Kayakalp while as internal assessment for NQAS has been done. LaQshya has been partially been implemented for the labour room while as OT has not yet been upgraded under LaQshya. Overall, a total of 27 patients 938 sessions have been provided the services from the dialysis centre during the current financial year at the DH. 825 newborns have been immunized for the birth dose during the last three months while as only 90 newborns were breastfed within one hour during the same time. As per the records of the NCD at DH, a total of 167 patients have been screened for hypertension, and 931 for Diabetes and out of these, 38 patients have been confirmed as hypertensive and about 21 patients were confirmed for diabetes by the DH during last 6 months prior to our visit.

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

Key Challenge

1. District hospital premises need to be macadamised
2. District hospital needs MRI machine.
3. SNCU needs security guard outside ward.
4. Park of hospital should be again handedover to floriculture instead of municipality.
5.

24.2 Community Health Centre Rajpora

CHC Rajpora is situated at 10 kms from district hospital Pulwama. CHC Rajpora is a double storied building with electricity facility power backup water supply and heating arrangement. CHC has not been provided the desired infrastructure. OT is operational for 5 days a week in general surgery, Ortho, Ophtho and GYNI and Obstetrics In dialysis Only 1 machine is present/operational at present RO plant is in place which can accommodate 5 machines. A full fledged physiotherapy unit is in place with 1 physiotherapist Well equipped lab with almost all the analysers is in place except TSH analyser. X ray - CR system very much in place and operational. A well equipped emergency room is in place A Multi scanner USG machine in place A medical officer trained in sonology is in place Blood storage unit present but non functional because of non availability of 24/7 electricity back up(hot line)

CHC has a total of 29 positions of medical and para medical staff sanctioned from the regular side and 27 of these positions are in place. All the sanctioned positions of medical staff which include 9 MOs are in place. Similarly, in case of para medical staff almost all the staff which include 4 S Ns, 4 lab technicians, 4 pharmacists, 1 dental assistant are in place.
The details regarding the engagement of NHM staff shows that CHC Rajpora has initiated the work in NCD Clinic with the existing staff and no additional staff has been provided to the facility. However there are 1 MO, 1 counseller,1 SNs and 1 laboratory technicians provided under NHM.
CHC has initiated Kayakalp in 2018-19 and had achieved a score of 60% during the last external assessment while as NQAS and LaQshya has not been initiated yet. DVDMS has also not been initiated at the CHC for supply chain management system. No child or maternal death has been reported from the facility during the last two years. A total of 127 newborns have been immunized for the birth dose during the last three months while as all the 127 newborns were breastfed within one hour during the same time
Cleanliness of the facility was found satisfactory at all levels in the hospital. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in each section of the CHC for waste segregation. The CHC has out-sourced disposal of biomedical waste which is collected on daily basis.

Key Challenge

1. The facility needs new OT table.
2. The facility has lack of space, lack of manpower.
3. CHC needs 24x7electricity facility.
4. Dialysis section needs more dialysis machines.

24.3 PHC Rahmoo is located in double story building, ground floor is partially functional but is without permanent connection of electricity and without whitewash. The 24x7 PHC-HWC which was converted into a HWC in 2020-21. It is situated at a distance of 3 kms from block headquarter and is located on road side. It is functioning in a one-story government building along with five canal land and having 10 rooms. The PHC caters approximately a population of 5,400 persons. The institution has a bed capacity of 4 beds with no separate wards for male and female patients. The institution is having separate staff quarter for its medical officer but is not in a living condition.The quarters for para-medical staff is underconstruction. Back up for electric supply is available at the facility in the form of one inverter presently.

The PHC has sanctioned strength of 3 MOs but all the three MBBS MO is in position besides, one MO from NHM side. PHC has one Ayush doctor. One sanctioned position of ANM, Two Lab Technicians, are vacant, while as the One positions of SN and two pharmacist are in place.

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

Key Challenge

1. PHC building to be completed.
2. PHC needs Ambulance.
3. The facility needs X-ray and USG.

24.4 HWC Zagigam This Health and Wellness (HWC) is located on road side at a distance of 5 KMs from CHC Rajpora. The SC caters to 4 village with a catchment population of around 2950. The SC is housed in a single story govt building, with 4 room and two wash rooms..This SC is converted into healt and wellness centre HWC in 2018-19. It is in good physical condition and is connected with registered electricity connection. The centre has designated sign board. The centre has running water facility.

Testing kits for checking hemoglobin, pregnancy status and blood sugar have been provided to the HWC. Thermometer and BP apparatus were also found at the HWC. Other available and functional equipment at the centre includes examination table, weighing machine (adult and infant), etc. ASHA received HBNC Kit last year in 2020-21

Zagigam has a sanctioned strength of 1 ANM/MPW besides, and 1 position of MPW Male from the regular side are in place. From NHM side, the centre has 1 position of FMPW sanctioned and are in place. 1 MLHP and 3 ASHAs are working with this SC.
The general cleanliness of the HWC was satisfactory. Though HWC has received fund last year. ASHA reported that they have been trained in HBNC, they have received HBNC kits. All medicines for ASHA kits are available to ASHAs. ASHAs are getting their assured renumeration in time but their incentives get delayed.

Key Challenge
1. HWC-SC has needs of lady doctor.
2. HWC needs pure water supply.
3. HWC needs sweaper.

Community
During our interaction with the community, it was found that HWC provides health care services for minor ailments only. They mentioned that HWC has essential drugs and diagnostics. Overall, the community was found satisfied with the services being provided by the HWC for ANC, PNC, Contraceptive services, NCD, Covid vaccination, AHcounselling, nutrition counselling for every individual. They also reported that most of the time people have to purchase medicines from their own pockets.

25. RECOMMENDATIONS AND ACTION POINTS

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

- Human resource is amongst the basic pillars to run any programme and its rational use makes

success stories. Though, Pulwama district has some shortage of human resource from the regular side but the human resource provided under different schemes of NHM to the district has been a milestone in itself. The judicious use of this human resource can prove more effective. There is a need for audit and rationalization of human resource (both from the regular as well as NHM side) on the basis of workload and work done by different health facilities. This can also be done on the basis of performance of each individual health professional (from top to bottom) so that facilities with high workload can get some additional staff on need basis. Further, there is an urgent need to look into unnecessary "attachments" of doctors or paramedical staff which have been made in the district for unknown reasons. There is also need to speed up the recruitment of recently approved staff for DH as it is still working with the staff strength of a CHC.

Availability of infrastructure is also an important component of service delivery and in this regard, the district has received very good support from the NHM as well as from other agencies and the district has been able to upgrade their health infrastructure as per IPHS standards but there are still some gaps which needs to bridged on priority basis. Among these, there is a need to complete the unfinished work of the various blocks of the newly constructed DH to make it functional in a better way.

Another issue which needs to be addressed at the earliest is the non-availability of some equipment at various health facilities and in this regard, DH needs MRI. Further, it is also suggested to provide (Thyroid Analyser) to CHC as CHC collects only thyroid samples at own lab as almost all the pregnant women under JSSK need to go for thyroid profile and in the absence of such facility at these health facilities, these women have to get it done outside and thus put more burden on their pockets.

- Though officially the district has implemented the free drug policy but at ground level, this argument was not substantiated either by the concerned health facility officials or by the community members and in fact, our interaction with the patients both at OPD and IPD proved it to be a virtual non-starter. It was found that majority of the patients have not received even 20 percent of prescribed medicines free medicines from any of the health facilities that we visited. Although, at one of the health facilities, an official said that such facility is provided to golden card holders for IPD only but the IPD patients revealed that the procedure to get free of cost treatment under PM-JAY is somewhat complicated. It is suggested that a special team at the district level should be formed to look into the matter and come out with the facts and implement the free drug policy of the district in a better way so that the population can get benefited. There is also a need to provide sufficient and multi-salt drugs to the HWCs for NCDs as they have become the primary source for providing drugs to such patients at the grass root level. Prescription audit is not taking place in the district at any health facility therefore, there is a need for audit of diagnostic tests or drugs prescribed by the doctors at all the higher health facilities.
- Though JSSK for pregnant women is in vogue but it was found that pregnant women get some food, drugs, referral transport and partly to-and-fro transportation. It was also observed that the monitoring mechanism for its implementation is poor. The records pertaining to tests conducted in different labs, transport facility (from home and back, referral), diet given during stay at the health facility, medicines being provided under JSSK need to be kept in proper shape and ready for any public scrutiny. There is a need to constitute a team of some external agency to audit the performance of various components of JSSK and pay surprise visits to the health facilities and get

on spot feedback from the patients regarding the implementation of JSSK as there are some serious issues related to benefits being provided to the women under JSSK.

- The institution of ASHA has proved to be an asset to the RCH as it has proved a vital role in immunization, ANC, PNC, institutional deliveries, and other related issues of RCH. Since these ASHAs are not highly qualified but still they have been performing better but need continuous monitoring and supportive supervision. Though the district has ASHA Coordinator and Facilitators to monitor them but it was found that the monitoring was not effective and result oriented. It is therefore, suggested to make these coordinators and facilitators answerable to a core group at the district level for better results in terms of regular orientation/trainings of ASHAs, effective implementation of HBNC/HBYC and other related work of ASHAs.
- Various schemes like RBSK, NCD Clinic, NMHP, AFHC, IYCFC, NCD, Dialysis Centres and other programme under NHM have brought revolution in the health care system by providing variety of services to the population but in order to make them much more effective, it is suggested to create a common platform for all these schemes (as the manpower under these schemes have diverse expertise) for mandatory field visits to reach to the needy population at their door-step and provide them the required services.
- Though District Level Quality Assurance Committee (DQAC) is functional in the district but there is a need to use its expertise in a much efficient way so that various level health facilities can get accredited/ certified for Kayakalp, NQAS, and other national level accreditations as till date none of the health facility in the district is quality certified. LaQshya has been implemented partly in DH but CHC Rajpora has not initiated any process for this, it is therefore, suggested to impress upon the concerned health facilities to implement all quality assurance indicators to make their facilities visible and at par with the standards of IPHS.