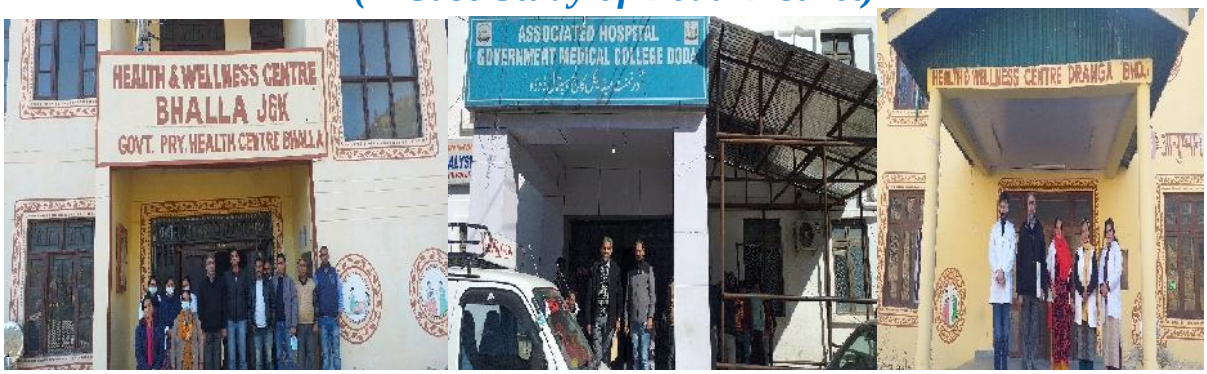
MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION PLAN 2021-22: JAMMU & KASHMIR

(A Case Study of Doda District)



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CONTENTS

LIST OF ABBREVIATIONS

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

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

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

PREFACE

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

Last but not the least credit goes to all respondents (including community leaders/members), and all those persons who spent their valuable time and responded with tremendous patience to our questions. It is hoped that the findings of this study will be helpful to both the Union Ministry of Health and Family Welfare and the State Government in taking necessary changes.

Srinagar
12-11-2021 **Jaweed Ahmad Mir**

1. EXECUTIVE SUMMARY

The objectives of this exercise are to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State and various districts. Doda is an old district which is in Jammu division of Jammu &Kashmir UT. The population growth rate is about 29.18% percent and the sex ratio is 919 The district consists of 5 medical blocks and has 182 health institutions of different levels. There are 396VHSCs in the district. The following is the summary of findings of this study:

Health Infrastructure

- The health services in the public sector in5 medical blocks are delivered through 1 GMC, 3CHC 13 PHCs/U-PHCs and 165SCs/MAC/.
- The district has converted 13 PHCs and 65 SCs into HWCs during the past two years. Doda district has also established one DEIC under RBSK, one NCD Clinic, an AFHC and an SNCU at the GMC. The district has established a sanctioned blood bank at GMC while as blood storage unit at CHC Bhadarwah has been established.

District Health Action Plan (GMCAP)

- 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 GMCAP in June 2021 thought the 1st instalment of funds was released in May, 2021 to the district.

Human Resource

- From regular staff, 60percent positions of MOs (MBBS) were vacant in the district. Similarly, 100 percent positions of Agathists and75 percent ofOBGY 87 percent of Paediatricians 100 percent Surgeon 100 percent Radiologistsand 71 percent of other specialists were also vacant in the district. Further, the information collected shows that 30 percent positions of Pharmacist and OT technicians were found vacant in the district.
- Among the NHM staff, out of the sanctioned strength, 100 percent Gynaecologists, Anaesthetist, Child Specialist, other specialists, 55 percent positions of MBBS Mos, 4 percent SNs, were found vacant in the district.
- No EmoC/LSAS trained doctor has been posted in any of the FRUs either under NHM or from the regular side.
- GMCDoda is still working with the sanctioned positions of various categories of HR as were during its status as district hospital (DH). Now new positions of HR which include specialists, para medical staff and office staff has been approved by the UT administration and the process of filling-up of such positions has already begun at different levels.
- oneBlood Bank Officer and public Health dentary are vacant at GMC.
- One doctor was found trained for EmoC and non for LSAS at the GMC. The GMC has a functional full-fledged unit of AYUSH but two Mos of Hemopathy are vacant.
- Most of the specialised services are not provided at the GMC as there are no sanctioned positions in Dermatology, and Nephrology, Cardiology and Psychiatry.
- Under NHM, GMC has a functional DEIC, SNCU, NCD Clinic, a mental Health unit under National Mental Health Programme (NMHP), Adolescent Friendly Health Clinic (AFHC), and an IYCF Centre are all functional in the GMC with most of the staff in position.
- GMC has also established one Dialysis Centre and4 Junior Staff nurses under NHM has been engaged for the same and the centre is being run on internal arrangement basis and NHM staff.

- **CHC Bhadarwah** has a total of 78 positions of medical and para medical staff sanctioned from the regular side and out of these, 43 percent positions of different categories were found vacant or have been attached to some other places. Two positions of General Surgery, one post of Gynaecologist Radiologist, Ophthalmologist, pathologist, ENT and Medicine are vacant.
- CHC Bhadarwah has established one NCD Clinicand all the permissible staff in not in position except Rehabilitator and DEO. Similarly, 2 FMPHWs for NBSU are also working in the CHC. Besides these, the CHC has also all other permissible positions under NHM which include, 2 each position of MOs, Lab Technicians, OT Technicians, X-Ray Technicians and Dental Surgeons in position.

- **PHC Bhalla** has not been converted into a HWC and has 4 sanctioned positions of MOs and are in position in place. But post of MO AYUSH is vacant. Other positions of para medical staff are filed in the PHC but 1 each sanctioned position of ANM is vacant.

- **Sub-Centre Dranga** has been converted into a HWC and there is one ANM and MPW posted from the regular side. One Mid-Level Health Personnel (MLHP), and one FMPHW underNHM.
- It was observed that a transparent policy of transfers and postings is not in place and there are pressures on transfers/postings from various quarters which have affected the proper functioning of various health institutions. The other issue that was observed in the field is "attachment" of various positions.
- Recruitment of regular/NHM staff especially at higher level is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level.
- During the previous year a total of 27 positions of various levels were vacant in NHM and all of them remained vacant in the district till date.
- None of the scheduled trainings were conduct due to Covid-19 as all the staff was engaged in covid vaccination drive.

Status of Service Delivery

- No SC or PHC is conducting any deliveries in the district. The CHC Bhadarwah has conducted 221 deliveries till October ,2021 and out of these 166 were normal and 55 C-Section in the district.
- The C-section deliveries are conducted both at the GMC as well as in the CHC Bhadarwah during the day time only. In case of any emergency, GMC conducts C-section deliveries during the night hours also but very rear.
- In GMCDoda during the last month, out of the total of 2215deliveries, 1496 normal deliveries and 219 C-section deliveries were performed at the facility. None of the deliveries were performed at PHC-HWC Bhalla during the last three months. Because it is not a designated delivery point.
- The condition of labour room, OT was found satisfactory at all the levels in the district while as SNCU at GMC is exceptionally good (except for a full time Child Specialist) but the NBSU at CHC was found non-functional. NBCC at PHC is also non-functional.
- JSY payments at health facility level shows that at GMC level, there is pendency of 1657 beneficiary till date while as at CHC level JSY benefits have been given to 175 delivered women till Sep,2021 all is clear. No such information is available at PHC or SCs as these payments are being made by the concerned BMO office only.

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- 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.
- CACissue was discussed at length with both the MS of GMC and BMO 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 2 health facilities in the district with ultrasound facilities and out of these 2 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 MSs 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 GMC and is fully functional with 5machines 4 for negative patients while one for Hip positive patients. The unit has a bed capacity of5 beds and during the current year, 1141sessions of the dialysis service have been conducted till date. On an average 3-5 patients are provided with the service on daily basis. The services at the Dialysis Centre are provided free of cost for BPL families and on Golden card.
- Most of the staff sanctioned under the scheme both for the field teams and DEIC was found in position. There are 10 sanctioned RBSK teams in the district at the field level, but the performance of RBSK has been very poor during the current financial year (till August, 2021).
- CMO informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for Covid-19 duty by the department since the outbreak.
- Community was not happy with the overall working of the RBSK since its beginning as not much has been delivered by the RBSK for the society.
- The SNCU has been established in the GMCDoda and has a bed capacity of 12 beds. There have been 111admissions NBSU at CHC Bhadarwah during the current year. The NBCC at Bhalla PHC is non-functional.

- Overall, 450 HBNC kits were available with ASHAs .
- During the current financial year (till July, 31st 2021) a total of 4711 visits were made by ASHAs to new-borns under HBNC. Drug kits for ASHAs are refilled at the SC and PHC level HWCs on need basis.
- Presently all the ASHAs have been involved with the vaccination drive for Covid-19 which has severely affected the working of HBNC and other related service being provided by the ASHAs.
- On the basis of our feedback from the community and health staff at various levels, it was conveyed to ASHA Coordinator and ASHA facilitators were that ASHAs need further orientation and continuous monitoring and supervision to improve their working.
- During the current year no maternal death has taken place but 6 infant death review has taken place while in the previous year no maternal deaths and 12 infant deaths were reviewed by the competent authority in the district. 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.

Mobile Medical Unit (MMU) and Referral Transport

- The district has one MMU but has 19 vehicles (102) on road and 6 are GPS fitted and handled through centralized call centre.
- The district has 5 (BLS) ambulances with Basic Life Support (BSL) and non with Advanced Life Support (ALS) and are operational on need basis for 24X7.
- Centralized 102 and 108 has been started for the district but no additional vehicle in this regard has been so far provided to the district and as such the vehicles used in the district were found insufficient and at times district need to outsource for hiring the vehicles especially for JSSK.

Comprehensive Primary Health Care (CPHC)

- A sizable number of SHS and PHC level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase.
- The district has enumerated about 72572 individuals so far and 32587 CBAC forms have been filled as per the target till date.
- All the 165 SHC-HWCs, and 13PHC-HWCs/U-PHCs have started NCD screening at their facilities in the district. District has not 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 due to COVID-19 pandemic.
- 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 190641 eligible persons and out of these, 14 percent (27096 persons) population has been covered till date and Community Based Assessment Checklists (CBAC) forms have been filled for them and has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers.
- Overall, among the screened population six percent (3885) persons were diagnosed for hypertension, and about four percent (2690) for diabetes in the district. Also, large number of persons were screened for various types of Cancers and out of these, 7 confirmed cases of Oral cancer and 3 women of breast cancer and 4persons with Cervical cancer from the district were being treated at tertiary care hospital of the UT.

- None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on fixed-days basis at SC and PHC level while as at GMC and CHC, such services are provided on routine basis to the patients for all days of the week.
- SC-HWC Dranga has a population of 1243 individuals above the age of 30 years in their area and the number of CBAC forms filled since last six month by the HWC was 459 and out of these, individuals with score below 4 and individualswith score of 4 or above as per the CBAC format was not available.

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, out of total complaints, 90 percent of them have been resolved by the authorities in the district.
- No call centre has been established by the district in this regard so far. The community was not satisfied with the way for resolving grievances at any level and were of the opinion that community members need to be taken on board for settling such issues with maximum transparency.

Payment Status

- There is a huge backlog of JSY about 86% beneficiaries during the current financial year have not received JSY patient.
- only 571 have been benefited in the district. GMC has transferred to 283 JSY beneficiaries through DBT and CHC Bhadarwah have transferred to 175benefices out of 175cases.
- All the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date.
- None of the ASHAs, any patient or provider has received any incentive under NTEP or NLEP while as all the 58 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.
- Overall, none of the private health facilities are mapped on IDSP portal 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 GMC 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 100 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, 856 patients have been notified from the public sector and the overall treatment success rate was found to be 100 percent in the district. All the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT installments have been initiated in their favour.
- Up to 24X7 PHC level all the health facilities having a Designated Microscopy Centre (DMC) and most of these facilities (GMC, 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. One CBNAAT and one TruNat facilities are available at the CHC and GMC in the district and during the last 6 months the GMC has identified 5patient while as CHC has tested 6% percent patients for drug resistance through CBNAAT/TruNat. But at DH CBNAAT Cartridges are not available hence patients suffer.

Accredited Social Health Activists (ASHAs)

- District has a requirement of 585 ASHAs and out of these, 550 ASHAs have been selected till date. Twentyof the ASHA covers 1500 or more population for rural and 3000 or more population in urban areas. 35 village are without an ASHA in the district.
- Overall, 372 of the in-position ASHAs have been enrolled for PMJJBY, 193 have been brought under PMSBY, and 408 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, 396VHSNCs have been formed but so far, no training has been arranged for them till date.

Immunization

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

Family Planning

- Beside GMC, CHC and some PHCs, five 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 GMC 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 GMC is functioning properly. The female and male AFHC Counsellors and the DEO are in-position. The district doesn't have any NRC.
- IYCF Centre has not yet been established at the GMC.

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.
- CHC Bhadarwah had initiated Kayakalp in 2020-21 and had scored 75 points during the last assessment and DQAC is working with the CHC to improve the same for getting the requisite score for qualification. NQAS and LaQshya has been initiated at the CHC Bhadarwah and have completed internal assessment.
- PHC Bhalla has initiated Kayakalp has done much in this direction and have scored 69 points during an assessment in 2020-21.
- GMC hasnot initiated the process of Kayakalp or LaQshya because of Covid-19 pandemic.

Quality in Health Services

- Overall, general cleanliness, practices of staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the GMC and CHC but at other levels such issues are not taken seriously.
- The segregation of bio-medical waste was found satisfactory in the GMC and CHC but at other levels, segregation of bio-medical waste was either unsatisfactory or not available at all.
- Bio-medical waste at GMC, 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 GMC in the district.
- Most of the services provided by the GMC are underreported particularly for ANC visits and various doses of immunization.
- During our visit to various health facilities on spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved but still there is an urgent need to provide further training to all the stakeholders in this regard.
- Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village and field level.
- Reporting and recording under RCH has improved and various data elements related to RCH are now being recorded on regular basis but still few important data elements are not taken seriously by the staff while recording on RCH registers.

Status of Funds received and utilized

- During 2020-21 district has utilized about percent of funds received from various sources. District has made about 12 percent expenditure on all the major heads including RCH Flexipool, Mission Flexipool,
- Overall, the district has utilized Rs1,12,84,745/= of funds while district has received Rs 9,70,84,203/=that were received under different schemes of NHMwhich include PM-JAY, NPCDCs, IDSP, NMHP, NPHCE and NOHP during 2020-21.

- GMCDoda has been able to utilize Rs. 3.82 crores (96 percent) only, CHC Bhadarwah has spent 83 percent of the received amount and PHC Bhalla able to spent Rs. 34 thousand (94% percent). SC Dranga has spent Rs 1800/= out of Rs 2179/=.

2. INTRODUCTION

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

2.1 Objectives

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

2.2 Methodology and Data Collection

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

3. UNION TERRITORY AND DISTRICT PROFILE

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

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

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

The district Doda has a rich history. The district derived its name from its district headquarter Doda. It is said that one of the ancient Rajas of Kishtwar whose dominion extended beyond Doda persuaded one utensil maker Deeda, a migrant from Multan (now in Pakistan), to settle permanently in this territory and set up a utensil factory there. Deeda is said to have settled in a village which later on came to be known after him. With the passage of time the name Deeda has changed into Doda, The present name of the town.Consequent upon reorganization of District and Tehsils, NaibatThathri and NiabatBhalessa of Bhaderwah Tehsil also became full-fledged Tehsils in 1981.The district is endowed with vast wealth of natural beauty and resources. Full with natural endowments, scenic splendor, places of tourist interest, Worship, round the year snow cladded mountain peaks and challenging tracks allure the adventurers and trekkers not only from India but also from abroad.

Total area of district Doda is 4500 Sq. Kmts. (approx.). Doda district has been carved out from the erstwhile District Udhampur in 1948 and was the third largest in terms of area after Leh and Kargil. Further the State government on July 2006 trifurcated the district into three districts namely Doda, Ramban and Kishtwar. Lying in the outer Himalayan range in J&K State, the district falls between 32 degree-53' and 34 degrees 21' north latitude and 75 degree-1' and 76 degree-47' east longitude. On its north is Anantnag district of Kashmir division, district Kishtwar in the north-east, while south-west and south area bordered by the districts of Udhampur, Kathua and Chamba area of Himachal Pradesh. On its west is district Ramban. From east and south-east is Leh district. There are most

famous mountain peaks in district Doda like Marble Pass, Nunkun on the Suru border which rise to a height of 2300 ft. above sea level. Two other famous peaks are Brahma and Moon Sikle.

According to 2011 Census, the total population of Doda district is 4,09,936 which constitute about 4 percent of the total population of the State. Among them about 3.77(92%) lakh areRural and about 32 thousand areurban inhabitants. Overall literacy rate in the district has increased by 67%. Seventy-seven percent of the whole population are from general caste while as the district has a significant concentration of Scheduled Caste (13 percent) and Scheduled Tribe population (10 percent). Large majority of the population follow Islam. The population growth rate is 29 percent and the sex ratio is 919 females per thousand males. Sex ratio in general caste is 911, in schedule caste is 963 and in schedule tribe is 925. There are 933 girls under 6 years of age per 1000 boys of the same age in the district. Overall sex ratio in the district has increased by 16 females per 1000 male during the years from 2001 to 2011.The district has witnessed a dip in child sex ratio during 2001-2011 and according to 2011 Census, child sex ratio is 933. Child sex ratio here has decreased by 31 girls per 1000 boys during the same time. Slightly less than two-third of the population aged 7 years and above are literate with male literacy (78 percent) higher than female literacy (50 percent).There are about 80 thousand households in the district and an average 5 persons live in every family. The majority of the population nearly 92 percent (about 3.8 lakh) live in Doda district rural part and 8 percent (about 33 thousand) population live in the Doda district urban part. Rural population density of Doda district is 42 and urban population density is 1655 persons per km^2.

The district consists of 5 medical blocks namely Ghat (Doda), Gandoh, Assar, Thathri and Bhaderwah. The health services in the public sector are delivered through a network of 182 health institutions which consist of District Hospital Doda, 3 CHCs, 1 private hospital, 13 PHCs/ADs and 165 SCs/MACs. In addition to this there are 37 Rogi Kalyan Samitis fully operationalized in the district (Table 1).

Further HMIS data shows that ANC first trimester registration is 70percent during 2021-22 while as 4 ANC check-ups among the registered pregnant women had come down from 86 percent during 2018-19 to 79 percent during 2021-22. Further, the HMIS data shows that only 68 percent women registered for ANC had received 180 IFA tablets during 2019-20 and 70 percent women had received TT (TT1/Booster) injections during the same time in the district. Overall, 100 percent deliveries among the registered women had institutional deliveries at various public health facilities of the district. Caesarean section deliveries during 2021-22 account for 49 percent.

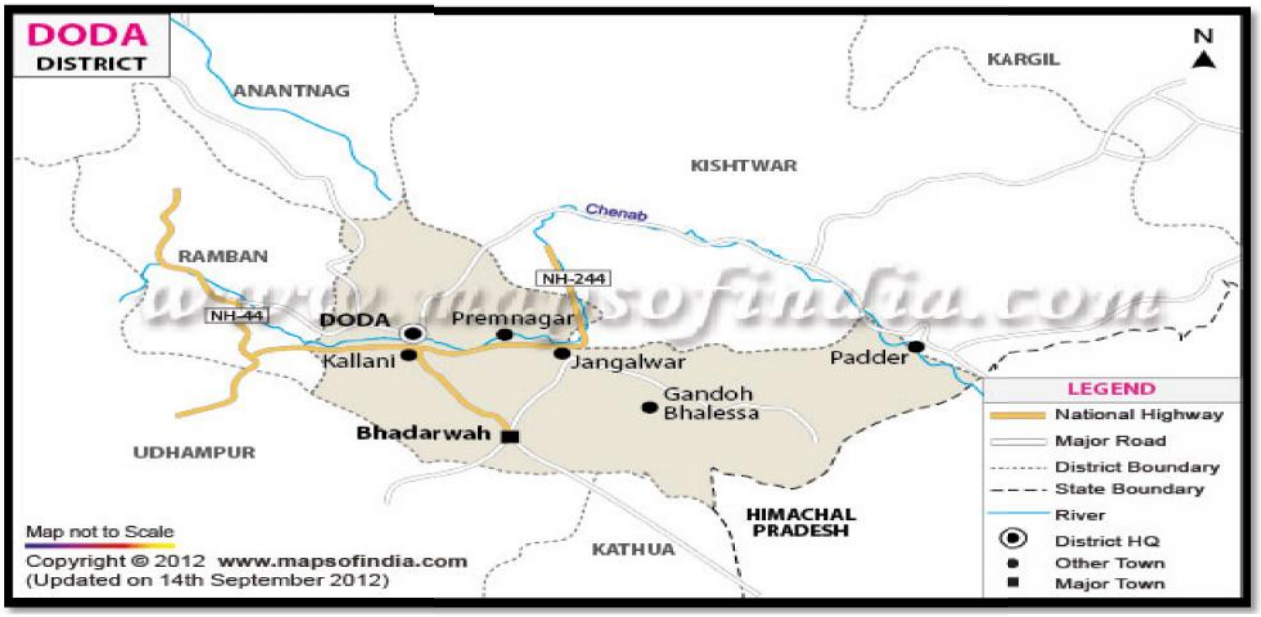

Table 3: Demographic Profile of District Doda

Indicator	Remarks/ Observation
Total number of Blocks	5
Total number of Villages	408
Total Population	409936
Rural population	377247
Urban population	32689
Literacy rate	64.68%
Sex Ratio	919
Sex ratio at birth	933
Estimated number of deliveries	46/sq.km(120/sq mi)
Estimated number of C-section	6900
Estimated numbers of live births	1380
Estimated number of eligible couples	6300
Estimated number of leprosy cases	0
Target for public and private sector TB notification for the current year	856
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 10 medical blocks which include, 1 GMC,1 SDH, 3 CHC, 13 PHCs and 165SCs/MAC/UHPs. The district has converted 13 PHCs/UPHCs and65 SCs into HWCs during the past two years. Doda district has also established one DEIC under RBSK, one NCD Clinic, an AFHCand an SNCU at the GMC. The district has recently established a sanctioned blood bank at GMC while as blood storage unit at CHC Bhadarwah has been established.Besides, these health facilities the district has also one each NCD clinics functional at

CHC Bhadarwah . Comprehensive 1st and 2nd trimester abortion services are provided by 4health facilities in the district.

Table 4: Health Infrastructure (As on 31-07-2021) of District Doda

Facility	Sanctioned/ Planed	Operational
District Hospitals	1	1
Sub District Hospital	0	0
Community Health Centers (CHC)	3	3
Primary Health Centers (PHC)	13	13
Sub Centers (SC)	165	165
Urban Primary Health Centers (U-PHC)	0	0
Urban Community Health Centers (U-CHC)	0	0
Special Newborn Care Units (SNCU)	3	3
Nutritional Rehabilitation Centres (NRC)	0	0
District Early intervention Center (DEIC)	1	1
First Referral Units (FRU)	3	3
Blood Bank	1	1
Blood Storage Unit (BSU)	1	1
No. of PHC converted to HWC	13	13
No. of U-PHC converted to HWC	0	0
Number of Sub Centre converted to HWC	65	65
Designated Microscopy Center (DMC)	5	5
Tuberculosis Units (TUs)	1	1
CBNAAT/TruNat Sites	CBNAAT:01 Truenaat:01	CBNAAT:01 Truenaat:01
Drug Resistant TB Centres	0	0
Functional Non-Communicable Diseases (NCD) clinic At GMC At SDH At CHC	 1 0 3	 1 0 3
Institutions providing Comprehensive Abortion Care (CAC) services Total no. of facilities Providing 1st trimester services Providing both 1st & 2nd trimester services	 3 3 1	 3 3 1

5. DISTRICT HEALTH ACTION PLAN (GMCAP)

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/MS 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 GMCAP in June 2021,though; the 1st instalment of funds was released in May, 2021 to the district.

It was found that construction of building for one SC is pending for more than two years in the district. None of the buildings of any health facility is yet to be 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,from regular staff, 60 percent positions of MOs (MBBS) were vacant in the district. Similarly, 100 percent positions of Anaesthetists and 75 percent of OBGY, 87 percent of Paediatricians 100 percent Surgeon 100 percent Radiologists and 71 percent of other specialists were also vacant in the district. Further, the information collected shows that 30 percent positions of Pharmacist and OT technicians were found vacant in the district.

Among the NHM staff, out of the sanctioned strength, 100 percent Gynaecologists, Anaesthetist, Child Specialist, other specialists, 55 percent positions of MBBS Mos, 4 percent SNs, were found vacant in the district.

No EmoC/LSAS trained doctor has been posted in any of the FRUs either under NHM or from the regular side.

GMC Doda is still working with the sanctioned positions of various categories of HR as were during its status as district hospital (DH). Now new positions of HR which include specialists, para medical staff and office staff has been approved by the UT administration and the process of filling-up of such positions has already begun at different levels. At DH 70 percent of MBBS doctors, one Blood Bank Officer and public Health are vacant at GMC.Non doctor was found trained for EmoCor LSAS at the GMC. The GMC has no unit of AYUSH as this has been shifted to some other place many years earlier. Most of the specialised services are not provided at the GMC as there are no sanctioned positions in Dermatology, and Nephrology, Cardiology and Psychiatry. Under NHM, GMC has a functional DEIC, SNCU, NCD Clinic, a mental Health unit under National Mental Health Programme (NMHP), Adolescent Friendly Health Clinic (AFHC), is functional in the GMC with most of the staff in position has also established one Dialysis Centre and 4 Junior Staff nurses under NHM has been engaged for the same and the centre is being run on internal arrangement basis and NHM staff but the two sanctioned positions of Dialysis Technicians are vacant .

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CHCBhadarwah has a total of 78 positions of medical and para medical staff sanctioned from the regular side and out of these, 62percent positions of Mos and 36 percent of different categories were found vacant or have been attached to some other places. Two positions of General Surgery, Anaesthetists, Pathologists and one post of Gynaecologist, Radiologist, Ophthalmologist, paediatrician, ENT and Medicine are vacant.
CHC Bhadarwah has established one NCD Clinic and all the permissible staff in not in position except Rehabilitator and DEO. Similarly, 2 FMPHWs for NBSU are also working in the CHC. Besides these, the CHC has also all other permissible positions under NHM which include, 2 each position of MOs, Lab Technicians, OT Technicians, X-Ray Technicians and Dental Surgeons are in position.
short term training in radiology is performing USGs as the district has no sanctioned position of a Radiologist.

PHC Bhalla has been converted into a HWC and has 4 sanctioned positions of Mosand all are in position while the sanctioned position of Dental surgeon is also in place. The sanctioned position of ISM doctor from NHM is also vacant. Other positions of para medical staff are also filed inat the PHC but 1 sanctioned position of ANM/ FMPHW, is also vacant.

Sub-Centre Dranga has been converted into a HWC and there is one ANM, one MPW posted from the regular side. Since SC Dranga has been established as HWC and has one Mid-Level Health Personnel (MLHP), and one FMPHW under NHM sanctioned and both are in place.

It was observed that a transparent policy of transfers and postings is not in place and there are pressures on transfers and postings from various quarters which have affected the proper functioning of various health institutions. The other issue that was observed in the field is “attachment” of various positions. This has also proved fatal in the health care delivery system.

6.1 Recruitment of various posts

Since recruitment of regular staff is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level. The positions of doctors are filled through State Public Service Commission and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB). Thus, district authorities do not have any role in the recruitment of regular staff and hence no information was found available with the district. Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled by the office of the Mission Director (DM) at the central level while as some lower-level positions are recruited by the District Health Society (GMCS) under the Chairmanship of concerned District Magistrate (DM) of the district. The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances. The information collected shows that during the previous year a total of 48 positions of various levels were vacant in NHM and all of them are vacant till date. The last appointment under NHM was made

recently for the district for staff nurses under DBN scheme. The details regarding the regular and NHM staff is given below in table 6.1 and 6.2.

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

	Doda District			GMCDoda			CHC Bhadarwah			PHC Bhalla			SC/HWC Dranga		
Staff details	Sanctioned	In-61place	Vacancy (%)	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %
ANM	178	172	3				5	4	0	1		100	1	1	0
MPW (Male)	36	44	8 Excess												
Staff Nurse	57	57	0	18	14	33	9	9	0	1	0	100			
Lab technician	16	16	0	6	5	17	4	4	0	1	1	0			
Pharmacist	10	7	30	13	9	10	7	30	20	1	1	0			
MO (MBBS)	142	57	60	20	6	65	23	8	35	2	2	0			
OBGY	4	1	75	3	3	0	2	1	50						
Paediatrician	8	1	87	1	1	0	2	1	50						
Anaesthetist	8	0	100	2	2	0	2	0	100						
Surgeon	4	0	100	2	2	0	1	0	100						
Radiologists	2	0	100	1	1	0									
Other Specialists	14	4	71	1	1	0	3	0	100						
Dentists/ DS	20	16	20	4	3	25	2	1	50	1	1	0			
Dental tech	1	1	0	4	3	25	2	2	0	1	1	0			
X-ray technician	0	0	0												
OT technician	6	6	0				2	1	50						
CHOs	65	45	30												
AYUSH MO	42	42	0												
AYUSH Pharmacist	13	13	0												

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

	Doda District			GMCDoda			CHC Bhadarwah			PHC Bhalla			SC/HWC Dranga		
Staff details	Sanctioned	In-place	Vacancy (%)	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %
MBBS MOs	29	13	55				2	1	50	1	1	0			
Other Spelts.	0	0	0	10	0	100	1	0	100						
Lab Tech	14	16	2 Excess	1	1	0	2	2	0	1	1	0			
OT Tech	6	6	0				2	2	0						
X Ray	6	6	0				2	2							
Staff Nurse	56	54	04	25	24		3	3	0	2	2	0			
ANM/MPWs	186	185	0.64				5	4	20	1	0	100	1	1	0

/ FMPHW															
Dental Surgeon	1	1	0												
Dental Tech.	1	1	0												
Pharmacist (A)	23	22	04												
DEIC Unit															
Paediatrician				1	1	0									
MBBS Doctors				1	1	0									
MO Dental				1	1	0									
Physiotherapist				1	0	100									
Speech Therapist				1	0	100									
Psychologist				1	1	0									
Social Worker				1	1	0									
Staff Nurse				1	1	0									
DEIC Manager				1	0	100									
DEO DEIC (OS)				1	1	0									
Lab. Tech				1	0	100									
Dental Tech				1	1	0									
Optometrist				1	1	0									
Early interventionist				1	0	100									
Accounts Manager, IYCF and Adult Friendly Health Clinic units															
Accounts Manage				1	1	0									
AFHC counsellor				2	2	0									
IYCF Counsellor				0	0	0									
DEO AFHC				1	0	100									
SNCU															
MBBS Doctors				4	4	0									
Lab Tech				1	0	100									
FMPHW															
Staff Nurses				7	7	0									
DNB															
Staff Nurse															
NCD Clinic															
MO				1	0	100									
Physiotherapist				2	2	0									
Counsellor				1	1	0									
Staff Nurse				2	2	0									
Lab Technician				1	0	100									
DEO				1	0	100									
Mental Health															

Programme Officer				1	0	100									
Programme Manager				1	0	100									
Staff Nurse				1	0	100									
Phycologist				1	0	100									
Social Worker				1	0	100									
Record Keeper				1	1	0									
RBSK															
DEO				1	1	0									
ISM Doctor	27	27	00				4	3	25	1	1	0			
ISM Pharmacist	15	15	00				2	2	0	1	1	0			
MLHP/CHO	41	35	15										1	1	0
FMPHWs							2	2	0						

7. TRAININGS

Asvarious trainings for many 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, fourtypes of training courses for ASHAsHBYC, Induction Module, NCD and ASHA Certification Course were approved under ROP and out of these all-training programmes were conducted by the district as most of the Medical and Paramedical staff in the district was engaged with the Covid-19 duties during this period. The district was not able to conduct any trainings planned and approved under the ROP on SUMAN, GDM,NDD for ANMs/LHVs, IYFC, and Deworming, orientation on AnaemiaMukth Bharath (AMB)and were not held in the district during 2021-22 due to Covid-19.As the main focus was on COVID-19, thus trainingwas given to various health personal regarding the vaccination for Covid-19 during 2021-2022.

8. STATUS OF SERVICE DELIVERY

The district has officially implemented the free drug and diagnostic services for all but it was found that it is not being implemented by all the health facilities that we visited during our monitoring exercise. As far as the delivery points is taken into account, the information collected from the DPMU/CMO office shows that no SC or any PHC is conducting any deliveries in the district (3 per month in case of SC and 10 per month in case of PHC). Three CHCs in the district conducts more than 20 deliveries per month in the district. The C-section deliveries are conducted both at the GMC as well as in the CHC Bhadarwah during the day time only. In case of any emergency, GMC conducts C-section deliveries during the night hours also. GMCDoda is designated as FRU and both normal and C-section deliveries are performed in this health facility on 24X7 basis. During the last month, out of the total of 1715deliveries, 1496normal deliveries and 219 C-section deliveries were performed at GMC . Similarly, at CHC Bhadarwah a total of 221 deliveries were performed at the facility during April to October 2021 out of these, 166 normal and 55 C-section deliveries were

performed at the facility. Further, the information collected shows that no deliveries were performed at PHC Bhalla during the last three months. PHC Bhalla has trained staff (MO/SN/ANM) 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 GMC is exceptionally good but the NBSU at CHC was found also functional but with lack of space. NBCC at PHC is non-functional because it is not a delivery point.

The information about the JSY payments at health facility level shows that at GMC and CHC level, there is pendency of 1657cases out of 2215 total benefices till datein the district and only 571have been paid through DBT mode in the district. while as at PHC level such information of payments about JSY benefits was not available as such these payments are being made by the concerned BMO office only. As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery but 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 more efforts are needed to 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 MS of GMC and BMO of CHC Bhadarwah 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 2 health facilities in the district with ultrasound facilities and out of these, 2 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 has only 3 CHC. So far, the district has converted 65 SCs and 13 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 CHC and 24X7 PHCs as off now though the district hasBlood Bank but there are some very hard-to-reach areas where such facility is needed especially during the harsh winters. GMC has extended this facility to 705 patients mostly the pregnant ladies and 73 units of blood are currently available in the Blood Bank while CHC Bhadarwah has provided this facility to 9 patients and 3 units of blood were available in blood storage unit at the time of our visit.

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

10.2 Dialysis Services

The Dialysis unit has been established at the GMCin June, 2018 and is functional. The Dialysis Centre has been given four JGNs from the NHM side but Centre needs additional staff to run the DC

to its full capacity. The DC is run by internal arrangement from the available human resource of different units of the hospital. The unit has a bed capacity of 5 beds and during the current year,984 sessions were conducted and 66 patients have received the dialysis service till date. On an average 3-5 patients are provided with the service twice in a day. The services at the Dialysis Centre are provided free of cost for BPL families only. The in charge of the Centre reported that at present there is no Washroom for the DC though it has two washrooms but both are non-functional due to leakage which effects the services of the OT in second floor hence are closed and the patients, attendants face lot of problems for not having this facility. In DC both the sanctioned positions of dialysis technicians are vacant. The performance of the centre was found to be satisfactory.

10.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

The RBSK has been implemented in Doda district form March 2014 and the District Early Intervention Canter (DEIC) has also been established in GMCDoda. Most of the staff sanctioned under the scheme both for the field teams and DEIC was found in position. There are 54 sanctioned RBSK teams in the district and out of these 13 teams have full sanctioned human resource but the performance of RBSK has been very poor during the current financial year (till August, 2021) as the teams have been unable to screen the children at delivery points or elsewhere though it has been extremely difficult time for the RBSK teams as they have been working 24X7 during this period for Covid-19 duties and have been on the forefront in containing Covid.During our interaction with the district level authorities, CMO informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for Covid duty by the district health staff since the outbreak.Community was not happy with the overall working of the RBSK since its beginning as not much has been delivered by the RBSK for the society.

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

The SNCU has been established in the GMCDoda and has a bed capacity of 12 beds. The SNCU has 12 radiant warmers, two CPAP and has two Ventilators and Kangaroo Mother Care (KMC) unit is under construction. The details of work done shows that there have been 597 admissions in SNCU or NBSU during the current year at the GMC. while as in case of CHC Bhadarwah , the NBSU has admitted 27neonates during the same period. The NBCC at Bhalla PHC is non-functional as no delivery is being conducted on this facility. The district has no sanctioned Nutrition Rehabilitation Centre (NRC) and therefore, nosuch admissions or referrals in this regard during the same period.

10.5 Home-Based New-born Care (HBNC)

Overall, 450 HBNC kits were available with ASHAs in the district out of 550. It was reported that these HBNC kits were partially filled as some of the items from kits were missing. During the current financial year (till July, 31st 2021) a total of 4711 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 that the drug kits are being refilled at their respective health facilities on need basis. Since ASHAs at all the places were involved with the Covid vaccination drive and were not available at their respective facilities but were later contacted by our monitoring team telephonically for their response on various issues. The information collected from them for some specific questions shows that very limited number of ASHAs were given the HBNC kits in the initial phase with only few items in the kit (as other items were missing). Presently all the ASHAs have been involved with the vaccination drive for Covid-19 which has severely

affected the working of HBNC and other related service being provided by the ASHAs. District ASHA Coordinator and ASHA facilitators were also contacted during the PIP visit and various issues related to working of ASHAs were discussed with them. On the basis of our feedback from the community and health staff at various levels, it was conveyed to them that ASHAs need further orientation and continuous monitoring and supervision to improve their working.

10.6 Maternal and Infant Death Review

During 2021-22 three maternal and 37 infant death review has taken place while in the previous year 2020-21 fifteen maternal deathsand 103 infant deaths were reviewed by the competent authority in the visited facilities. 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.

10.7 Peer Education (PE) Programme

Peer Education Programme has been implemented in the district and under this programme four blocks have been covered so far in the district .

11. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT

The district hasone MMU. However, in terms of referral transport, the district has19 vehicles/102 on road which are GPS fitted and handled through centralized call centre. On an average each ambulance shares at least one trip per day and travels an average distance of 50 kms in a day. The district has 4 BLSambulances with Basic Life Support (BSL) and no ambulance with Advanced Life Support (ALS) and are operational on need basis for 24X7. These ambulances with BSL are also GPSfitted and handled through centralized call centre. The average number of calls received for these ambulances varies from 2to4calls per day. Ambulance with BLS get two trips. The average distance travelled by these ambulances was found to 60 kms/day. Though 102 and 108 has been started for the district but no additional vehicle in this regard has been so far provided to the district and as such the vehicles used in the district were found insufficient and at times district need to outsource for hiring the vehicles especially for JSSK.

12. COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (HWCs) would be created by transforming existing Sub Health Centers 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 sizeable 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 32587 individuals so far and their CBAC forms have been filled as per the target till date. All the 65SHC-HWCs, and 13PHC-HWCs have started NCD screening at their facilities in the district. Further, the information collected shows that the district has achieved 100 percent target in screening the planned individuals for various types of NCDs which include

hypertension, diabetes, oral cancer, breast cancer, and cervical cancer. All the established HWCs are providing teleconsultation services and organizing some wellness activities in the district.

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 72572eligible persons and out of these, 44 percent (32587 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, 69666 persons in the district were screened for hypertension and out of these, six percent (3885) persons were diagnosed for the same and were treated or are under treatment in the district at various health facilities. Similarly, more than 69666 persons from the target population were screened for diabetes and out of these, aboutfour percent (2690) 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, 7 confirmed cases of Oral cancer and 3 women of breast cancer and 4 for cervical cancer were being treated at tertiary care hospital of the UT as such facility was not available in the district.

The GMChas diagnosed 28 percent (out of the 6669 screened) for hypertension and 23 percent (out of 6669 screened) for diabetes during the last six month. Bhalla PHC has diagnosed 10 percent (out of 109screened) for hypertension and 13 percent (out of 109 screened) for diabetes while as SC-HWC Dranga has identified 0.*78* percent (out of 255screened) for hypertension and about 0.39percent (out of 255 screened) for diabetes during the same time. Further, the information provided by the DPMU/CMO office. The NCD clinics are functioning on fixed-days basis at SC and PHC level while as at GMC and CHC, such services are provided on routine basis to the patients for all days of the week. Overall, the information collected shows that a large number of persons especially women were screened for various types of cancers (oral, breast, and cervical cancer) but no one was diagnosed for any cancer.

SC-HWC Dranga has a population of 1800 individuals above the age of 30 years in their area and the number of CBAC forms filled since last six month by the HWC was 850 and out of these, no individualwas with score below 4 or a score of 4 or above as per the CBAC format because this information was not available.

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, 90 percent of them have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far.None of the visited health facility was found much serious about the grievance redressal set-up and were of the opinion that all such issues are settled when brought in the notice of these health facilities but the community was not satisfied with this argument at any level and were of the opinion that community members need to be taken on-board for settling such issues with maximum transparency.

14. PAYMENT STATUS

he information provided by the CMO office shows that overall, the district has a huge backlog of JSY beneficiaries during the current financial year as only 34 percent JSY beneficiaries have

received the payments while as there is a backlog of 1657 women (66 percent) in this regard. All the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date while as none of the ASHAs, any patient or Provider has received any incentive under NTEP or NLEP. All the 63ASHA Facilitators have received their per visit incentive so far in the district. The information collected from the selected health facilities shows that GMC and CHC has no pendency for payments to beneficiaries or ASHAs while as at PHC and SC-HWCs such information was not available as the payments for these institutions is made by the concerned BMO office. The delay in disbursement of incentives to ASHAs and beneficiaries or patients has caused by the delay in release of funds by SHS to the district and also by the pandemic situation prevailing through-out.

15. COMMUNICABLE DISEASES PROGRAMME

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Team (RRT) has been constituted under the supervision of District Health Officer (DHO) in the district. There have been no major outbreaks in the district during the current and previous financial year in the district. Overall, only none of the private health facilities are 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 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 GMC 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 but two new cases of leprosy has been reported in the district during the current year. Under National Tobacco Control Programme, the district has conducted few awareness programmes under IEC component of the ROP. Recently the district has also received the funds for the Control of Blindness (COB) Programme from the State and the GMC has started working for the programme with various sections of the hospital.

National Tuberculosis Elimination Programme (NTEP) is also working in the district but the Nodal Officer for the programme is based in the adjacent district as he looks after both the districts. During our visits to selected health facilities in the district, it was found that all the health facilities are actively involved in the eradication of TB and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs by the identified patients. The information collected from the CMO/DPMU office indicates that the district has achieved 57 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. Further, the information collected shows that 499 patients have been notified from the public sector and the overall treatment success rate was found to be 100 percent in the district. There are 4 MDR TB patient in the district and treatment has been initiated in these cases by the district authorities. There has been 39patients notification from the private sector for above mentioned cases 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 NikshayPoshan Yojana (NPY) and DBT installments have been initiated in their favour.

The information collected shows that up to 24X7 PHC level all the health facilities are having a Designated Microscopy Centre (DMC) and most of these facilities (GMC, 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 GMC and CHC while as PHC in charge reported that the drugs for TB patients are being provided at the block level by the concerned BMOs. Further, the information collected shows that the CBNAAT and TruNat facilities are available at the CHC and GMC in the district and during the last 6 months the GMC has identified one person as drug resistant while as CHC has tested 6 percent patients for drug resistance through CBNAAT/TruNat at their respective facilities. The information collected further shows that none of the cases for TB were tested positive or were currently active at PHC or SC-HWC level. All the TB confirmed cases are tested for HIV in the district. During the last 6 months, 100 percent patients at GMC and at CHC have been brought under the NikshayPoshan Yojana (NPY) and DBT instalments have been initiated in their favour. Maintenance of records of TB patients on treatment, drug resistance, and notification register was found updated and satisfactory at all levels.

16. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Doda district has a requirement of 585 ASHAs as per the population of the district and out of these, 550 (62%) ASHAs have been selected till date. 20 of the ASHA covers 1500 or more population for rural and 3000 or more population in urban areas. The information further reveals that there is no village without an ASHA in the district.

A sizeable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district. Overall, a total of 372 (68 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 193 (35 percent of the in-position) have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 408 (74 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, 396 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed but so far, no training has been arranged for them till date.

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

17. IMMUNIZATION

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

children on a particular day and they do not open the BCG vial and instead ask their parents to wait for the next time till they get the requisite number of infants. This practice is followed at all levels including the GMC and CHC. Outreach sessions are conducted to net in drop-out cases/left out cases. District Immunization Officer is in place in the district and is looking after the immunization. Almost all the SCs in the district have 2nd MPW/ANMs in place. Micro plans for institutional immunization services are prepared at sub centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for the preparing micro plans.

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

Further, the information provided by these health facilities shows that 1852 new-bornchildren were administered the birth dose (BCG, OPV and Hib0 doses) during the last three months at GMC while as 221 infants were administered such doses at CHC Bhadarwah during the same time. Further, the information collected shows that PHC Bhalla had not administered any such doses to infants during the same time. During our visit to GMC 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 GMC, CHC and some PHCs, five 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 4 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 GMC 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 Bhalla, both the GMC as well as the CHC have trained manpower for providing IUCD/PPIUCD. Counselling on FP is mainly provided by the gynaecologists, SNs and CHOs at GMC 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 one each sterilization for FP was done at GMC and CHC while as such service was found unavailable at PHC Bhalla. Family Planning Logistic Management and Information System (FPLMIS) has been integrated with the HMIS Portal in the district besides, the family welfare department of the UT.

19. ADOLESCENT FRIENDLY HEALTH CLINIC (AFHC)

The AFHC at GMCDoda was established during 2009-10 and presently the clinic is functioning properly. The female 2 AFHC Counsellor one male one female isin-position in the clinic. The clinic doesn't have any DEO for data entry. The district has not established 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 hasnot been established at the GMC in the district one Counsellor in 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. None of the health facility in the district is quality certified. CHC Bhadarwah though it has received an award in 2019 also but had initiated Kayakalp in 2020-21 and had scored only 75 points during the internal assessment and have been asked by the DQAC to improve the same for getting the requisite score for qualification. NQAS has not been initiated but LaQshya has been initiated at the CHC Bhadarwah and internal assessment has been completed. Though PHC Bhalla has initiated Kayakalp in 2020-21 but has not done much in this direction and have scored only 62 points during an assessment.GMChas not initiated any of the three programmes due to Covid-19 pandemic. DQAC has directed the GMC and PHC Bhalla to work for the quality assurance of their respective institutions under various quality assurance programmes.

21. QUALITY IN HEALTH SERVICES

21.1 Infection Control

Overall, the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the GMC 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 GMC and CHC but at other levels, segregation of bio-medical was either unsatisfactory or not available at all. The awareness amongst the staff was found satisfactory and practice of segregation was being done properly at the GMC and CHC. Bio-medical waste at GMC, 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 Dranga 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 GMC and CHC level but such material was insufficient at PHC and SC level.

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

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 GMC in the district. Most of the services provided by the GMC 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 12 percent of funds received from various sources. The information collected further shows that the district has made about 98 percent expenditure on all the major heads including RCH Flexipool, Mission Flexipool, and Immunization. Overall, the district has utilized 44 percent of funds that were received under different schemes of NHM. Except for NVBDCP and NPPCF, the district has utilized around 35 percent of funds received through NHM for various programmes which include IDSP,NVBDCP,NPCB+VI, NMHP, NPHCE ,NTCP and NPPCF during 2020-21.

The information collected from the selected health facilities regarding the receipt and utilization of funds during 2020-21 shows that the GMCDoda had received a total of Rs. 3.37 crores from various sources and out of these, the facility has been able to utilize Rs3.18 crores only.The funds were mainly utilized on purchase of minor equipment and maintenance of the health facility. On the other hand, CHC Bhadarwah had received an amount of Rs. 7.28lakhs during the same period and the facility were able to spent 83 percent of the received amount. The facility failed to provide the break-up of expenditure made under RKS funds. Similarly, PHC Bhalla had received an amount of Rs 36thousand during the financial year 2020-21 and out of these, the facility was able to spent (94 percent). PHC Bhalla has mainly spent the amount under RKS for maintenance of the health facility and have purchased few smaller equipment for the facility. The purchases have been mainly made on purchase of office lockers, crash cart machine, power stabilizers, water purifiers, and some equipment. The FMPHW at the HWC Dranga reported that they have received Rs 2179/= funds

S. No.	Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Expenditure %age
	RCH and Health Systems Flexi pool			
1.	Maternal Health	205.36	131.27	36.07
2.	Child Health	20.85	12.81	38.56
3.	RBSK	4.43	1.03	76.74
4.	Family Planning	.94	.78	17.02
5.	RKSK/ Adolescent health	4.75	4.31	9.26
6.	Immunization	25.43	21.01	17.38
7.	Untied Fund	40.93	36.86	9.94
8.	Infrastructure	17.48	12.67	27.51
9.	ASHAs	147.66	147.28	0.25
10.	HR	1039.36	1030.81	0.82
11.	Programme Management	76.21	57.77	24.19
12.	MMU	2.00	1.22	39
13.	Referral Transport	71.97	47.01	34.68
14.	Procurement	99.60	74.98	24.71
15.	Quality Assurance	7.15	6.21	13.14
16.	PPP	20.78	15.52	25.31
	Communicable Diseases Pool			
17.	Integrated Disease Surveillance Programme (IDSP)	13.87	12.11	12.68
18.	National Vector Borne Disease Control Programme (NVBDCP)	4.16	0	0
	Non-Communicable Diseases Pool			
19.	National Program for Control of Blindness and Vision Impairment (NPCB+VI)	81031145	432146	99.46
20.	National Mental Health Program (NMHP)	589506	324594	44.91
21.	National Programme for Health Care for the Elderly (NPHCE)	3336667	1822882	45.36
22.	National Tobacco Control Programme (NTCP)	11955122.02	8703510	27.19
23.	National Programme for Prevention and Control of Fluorosis (NPPCF)	169961	0	0
	Total	97084204	11284746	88.37

Table 23.2: Details of Funds Received and Expenditure among the selected Health Facilities in Doda District during 2020-21

S. No		GMCDoda	CHC Bhadarwah	PHC Bhalla	HWC Dranga
1	**Funds Received**	33783306	728119	36463	2187
2	**Expenditure Made**	31824225	603299	34393	1800
3	**Percentage Expenditure**	**94%**	**83%**	**94%**	**82%**

since 2020-21 and have utilized Rs 1800/= funds at this facility. The FMPHW reported that we make purchases as per our requirement and the facility gets the items as per those requirements after getting approved from the VHSC.

24. FACILITY-WISE BRIEF

24.1 District Hospital Dodais situated at the entry of the town and is housed in a new specious building. It has a bed capacity of 200functional beds but few blocks of the hospital are still under construction therefore, fewer beds are available at the facility with new separate beds for males and females. Almost all the necessary services which include general medicine, O&G, pediatric, surgery, anesthesiology, ophthalmology, dental, imaging services, DEIC, SNCU, labour room complex, ICU, dialysis unit, NCD, mental health and emergency care are available at the hospital. Blood Bank has been established recently and the process of registration has been completed for the blood bank. Teaching block and skill lab is still under construction. The hospital doesn't provide any teleconsultation services to the patients. The accommodation for medical and para medical staff is still under construction. The hospital is getting 24X7 electricity and water supply.

The GMC is still working with the DH staff as the additional staff as per the IPHS standards for the GMC has been recently sanctioned by the UT administration and has not yet been appointed. A large chunk of NHM staff has made their presence felt as various sections of hospital are being helped out by this staff. Most of the specialised services are not provided at the GMC as there are no sanctioned positions in Dermatology, Orthopaedics, ENT, Pathology, and Radiology. Such state of affair has badly affected the health care delivery system in GMC.No doctor was found trained for EmoC at the GMC.

Under NHM, the GMC 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 GMC 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 GMC 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 GMC. Overall, a total of about medical and para medical staff under NHM is working at this facility.

All the necessary equipment is available in the GMC. All the sections of the hospital were found well equipped but the hospital is without a CT-Scan or MRI facility. None of the essential equipment was found non-functional or had any shortage. The central lab of the hospital remains open for 24X7 and all the requisite diagnostics are being done in the hospital on 24X7 basis. Thyroid profile is not being done in the hospital and imaging service (USG) is done during the day time only as the hospital don't have any radiologist. Supply of 131 drugs was reported to be sufficientin and the Essential Drug List is displayed in the store and at the entrance also. Management of the inventory of drugs is manual. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK.

GMC has not initiated Kayakalp, NQAS and LaQshya has not been implemented for the labour room and OT. Overall, a total of 35 patients have been provided the services from the dialysis center during the current financial year at the GMC. 1066 newborns have been immunized for the birth

dose during the last three months while as 728 newborns were breastfed within one hour during the same time. As per the records of the NCD at GMC, a total of 6669 patients have been screened for hypertension, and 6669 for Diabetes and out of these, 1853percent patients have been confirmed as hypertensive and about 1529 were confirmed for diabetes by the GMC 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 GMC for waste segregation. The GMC has out-sourced disposal of biomedical waste which is collected on daily basis.

Key Challenge

1. The infrastructure for the GMC is yet incomplete as most of the blocks are still under construction thus have space problem for smooth running of various services at the facility.
2. GMC is still functioning with the sanctioned strength of the DH as few new appointments have been made as per the GMC status though some posts have been recently approved for this GMC by the UT administration.
3. Covid-19 has been the main challenge for the last two years many wards of hospital was converted as Covid management facility and thus have affected all other services of the hospital.

24.2 Community Health Centre (CHC) Bhadarwah is situated at the extreme of the district Doda and is bordering with district Kathua and is housed in annew building built in 2005. It is a dedicated FRU more than 40 kms from Doda. The functional inpatient bed capacity of the CHC is 50 beds with no separate beds for males and females. As per IPHS standards almost all the necessary services which include general medicine, O&G, pediatric, surgery, anesthesiology, ophthalmology, dental, and imaging services (X-ray and USG) are available at the CHC. NBSU and Blood Storage Facility was also found at the CHC. The hospital doesn't provide any teleconsultation services to the patients. There is a limited accommodation for medical and para medical staff at the facility. The hospital is getting 24X7 electricity and water supply. The washrooms of the facility were found in dilapidated condition and need immediate intervention for the safety of the building, staff and patients.

Besides, NHM staff under various schemes, CHC Bhadarwah along has a staff strength of 64 medical and paramedical and around 36 percent positions of various categories were found vacant. CHC Bhadarwah is providing some of the specialized services as there are some sanctioned staff for such specialized services. A Doctor with short term training in radiology is performing USGs at this health facility.

Under NHM, the CHC Bhadarwah has established one NCD Clinic and all the permissible staff in position. Similarly, 2 FMPHWs for NBSU are also working in the CHC. Besides these, the CHC has also all other permissible positions which include,1position of MOs, 2 positions of Lab Technicians, OT Technicians, X-Ray Technicians and 4FMPHWs are in position.

All the necessary equipment for OTs, Labs, labour room and other sections was found available in the CHC. None of the essential equipment was found non-functionalor had any shortage but has acute shortage of space which hampers the smooth functioning of the CHC. Thyroid profile is not being done in the hospital and imaging service (USG) is done during the day time only as the hospital don't have any radiologist. There is no JanAushadhi drug store inCHC. Supply of drugs was reported to be sufficient and the Essential Drug List was not displayed in the store and at the entrance also. Management of the inventory of drugs is manual. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at CHC. The CHC has no mechanism in place for online consultation for patients.

CHC has initiated Kayakalp in 2020-2119 and had achieved a score of 67 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. four child and one maternal death has been reported from the facility during 2020-21 and 2021-2022. A total of 99 newborns have been immunized for the birth dose during the last three months while as allnewborns were breastfed within one hour during the same time. Activity under NCD has been performed at the CHC during last 6 months 122 patients have been confirmed as hypertensive and 87 patients confirmed as diabetic at the NCD clinic.

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 GMC for waste segregation. The CHC has out-sourced disposal of biomedical waste which is collected on daily basis.

Key Challenge

1. CHC is running in a very good building but has acute shortage of staff and staff quarters and heating system. The facility has very limited staff for NCD only rehabilitator and DEO are in position rest all positions are vacant.
2. The facility has dearth of medical and paramedical staff as a sizable number of specialized posts are vacant and thus affects the smooth functioning of various units of the CHC.
3. CHC needs some more equipment which include Elisa Reader (Thyroid Analyzer), colour Doppler and Anaesthesia Work Station.

Achievements

1. The Ayushman Bharath Counter under PM-JAY has also been computerized at the health facility.
2. Herbal garden has also been maintained at the facility and laundry of the CHC has also been upgraded.

24.3 PHC Bhallais the is situated at a distance of 15 kms from block headquarter and is easily accessible by a macadamized road. It is functioning in a two-story government building. The PHC caters approximately a population of 2170 persons. There are 8 SC and 4 villages in the PHC area. There are also 4 ASHAs working under the PHC. The institution has a bed capacity of 10 beds with no separate wards for male and female patients. The institution is having no staff quarter for its medical officer or other para-medical staff. Back up for electric supply is available at the facility in

the form of one inverterpresently. There is no ambulance in the PHC at present. The PHC must be designated as H&WC.

The PHC has sanctioned strength of 4MOs but out of these, only two MBBS MO is in position besides, one MO from NHM side. PHC has noAyush doctor or pharmacist but a Dentist is in position.

Services like as ANC/PNC, child immunization, general medicine, minor surgeries, teleconsultation, normal delivery and abortion services are provided by the PHC on regular basis.The PHC provide vaccination to the children twice in a month

Most of the essential equipment required for a PHC are available and are functional. The available equipment includes BP apparatus, Stethoscope, sterilized delivery sets, weighing machines, needle cutter, ILR and deep freezer, emergency tray with emergency injections and Operation theatre table etc. The items like as neonatal pediatric and adult resuscitation kit, mobile light, auto clave, MVA/EVA equipment, oxygen cylinder is not available. PHC is providing the diagnostic facilities like pregnancy testing, hemoglobin, CBC, serum bilirubin test, urine albumin and sugar, blood sugar, malaria, T. B, HIV, RAT for Covid-19. Drugs for common ailments, ORS, Zinc, de-worming are available. Drugs for NCDs are also available at the PHC but multi-drug therapy for NCDs was found missing at the health facility. Supply of drugs was reported to be sufficient in PHC. Essential drug list is not displayed in the Pharmacy.

A total of 23 women were registered at the PHC for ANC-1 services during the April, 2021- July, 2021. Women generally do visit this facility for ANC-3rd and ANC 4th checkup. None of the pregnant women was anemicor hypertensive at the PHC. As per the records of the NCD at PHC, a total of 109patients have been screened for hypertension same number for Diabetes, and non for Brest cancer or Cervical Cancer and out of these, 11patients have been confirmed as hypertensive and 14 as diabetic by the PHC during April to July 20121.

Cleanliness of the facility particularly wards is not satisfactory. 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 the PHC for waste segregation. The PHC have out-sourced disposal of biomedical waste which is collected once in a week. PHC Bhalla has initiated Kayakalp in 2019 but has not done much in this direction and have scored only 69 points during an assessment in 2020-21.

Key Challenge

1. Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services.
2. No X-ray machine is at the facility
3. NO ambulance at the health facility is available and need an ambulance for any emergency purposes.
4. Funds are not being released in time by the DHS and the requisition for various items is not met from the existing funds released to the health facility.

24.4 Health and Wellness Centre Dranga

This SHC-Health and Wellness Centre (HWC) is located in village area, having no narrow road connectivity. This H&WC islocated in a rented building without water and electricity facility. The Center is 8Kms away from block and 5 Kms way from linked PHC. This SC was converted into H&WC in March 2020. The H&WC caters to 02 villages with a catchment population of around 1243. The H&WC is housed in a rented building, with 3 rooms and wash roomin the building. One room is being utilized for OPD services and other room for routine immunization. OPD room is being used as a drug store also. It is in good conditionbut without a boundary wall and is not connected with registered electricity connection and 24*7 drinking water facility.

H&WC Dranga has a sanctioned strength of 1 ANM/MPW besides, and 1 position of MPW Male from the regular side and both of them are in place. From NHM side, the center has 1 position of MLHP and 1 FMPW sanctioned. Two ASHAs are working with this HWC.

The H&WC provides OPD /NCD screening /ANC checkup, short stay of patients, IFA, TT injections, routine immunization once a week, Covid vaccination, and temporary methods of family planning services (condoms and oral pills). It does not serve as a DOTs Centre for TB patients but ANM and ASHA work in area to identify TB patients. This facility is also providing teleconsultation services to the needy patients. It is not functioning as a delivery point. MPW/ANM has given a tablet recently to upload the data of various schemes of NHM on regular basis.

EDL was displayed in H&WC which contains 28 essential drugs as per the guidelines all drugs were found available at the center on the day of our visit. So far as contraceptives are concerned, oral pills, emergency contraceptive pills (ECPs) and condoms were found available at the centre. Few drugs for hypertensive and diabetic patients were also found available at the centre which include Amlodipine, Metoprolol, and Metformin. The was no shortage of drugs for hypertension and diabetic from last 7 days.

Testing kits for checking hemoglobin, pregnancy status and blood sugar have been provided to the HWC in sufficient numbers. Thermometer and BP apparatus were also found at the HWC.Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc. In addition to this, HWC received 48 equipment on 25/5/2021. This equipment includes Try instrument, Torch (ordinary) Dressing drum with cover, Hemoglobinometer, Surgical scissors straight 140mm, Cusco's, Sims's retractor, Plain Forceps, Tooth Forceps, Needle holder 6 inches, Dressing forceps, Clinical thermometer oral and rectal. Hub cutter and needle destroyer, suction machine, I/V stand, Artery forceps, BP Apparatus, Digital thermometer, Tongue depressor, Oxygen cylinder with trolley, Snellen vision chart, Stadiometer, Nebulizer, Vaccine carrier, Mouth mirror. Near vision chart, Oxygen concentrator rest of all the equipment is available at the centre. The records verified in the visited health facilities shows that the documentation and records regarding the line-listing of severely anemic, and filling of MCP cards was satisfactory.

Screening camps are conducted by the center and under this programme, 255 individuals were screened as hypertensive. Out of these, 2 cases were diagnosed for hypertension, 1was diagnosed with diabetes. Further, 255 were screened for oral cancer, 145 screened for breast cancer and 145 for cervical cancer. Nineteen persons were counseled for life style diseases.

The general cleanliness of the H&WC was. The HWC does not have a proper mechanism for management of bio-medical waste as deep burial pit for waste management is not available. Complaint/suggestion box was not found to be available in the HWC. Though H&WC has not received any fund since May 2020. ASHAs reported that they have been trained in HBNC but they have not received HBNC kits. All medicines for ASHA kits are available to ASHAs (except paracetamol). ASHAs are getting assured remuneration in time but incentives get delayed.

Key Challenge

1. No electricity, not enough space for running the HWC activities, no boundary wall and proper road connectivity.
2. No facility of running water or drinking water in the centre is available.
3. No heating arrangement is available in the centre.
4. No residential quarters for staff are available.

24.5 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 as per the protocol and the services are provided to the locals on daily basis as the MLHP remains at the center for all working days. They were of the view that an ambulance needs to be placed at the disposal of HWC for emergency referral services. Overall, the community was found satisfied with the services being provided by the HWC for ANC, PNC, Contraceptive services, AH counselling, nutrition counselling for every individual. They also reported that most of the time people have to purchase medicines from their own pockets.

Key challenge

1. Expected pregnant ladies (For delivery) suffer for transport facility.
2. Diabetic and hypertensive patients suffer due to in-sufficient medicinessupplyat HWC.
3. Need HWC infrastructure as per the guidelines and a government building for smooth functioning.

24.RECOMMENDATIONS AND ACTION POINTS

There is 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 therecommendations and suggestions for further improvement:

- Human resource is amongst the basic pillars to run any programme and its rational use makes success stories. Though, Doda district has shortage of 32 percent human resource from the regular side but the human resource provided under different schemes of NHM 315 out of 342to 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 GMC as it is still working

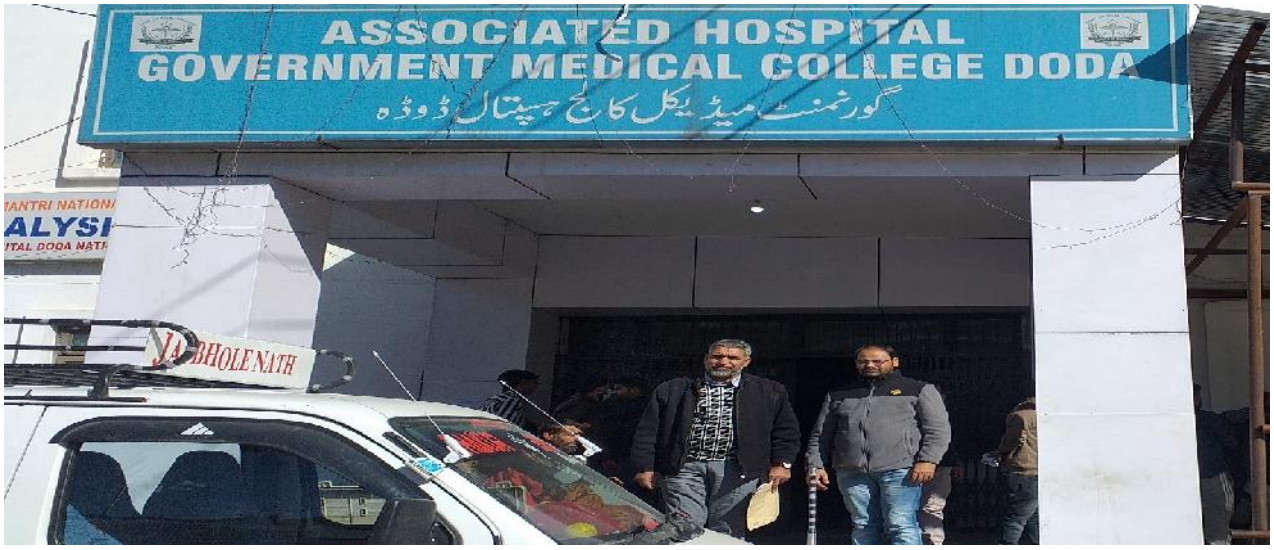
with the staff strength of a DH. There is an urgent need to appoint a specialist in Rdiology ,Nephrology, Cardiology Nero surgery ,at GMC and radiographer at CHC for performing USGs and other related investigations as the district does not have a radiologist.

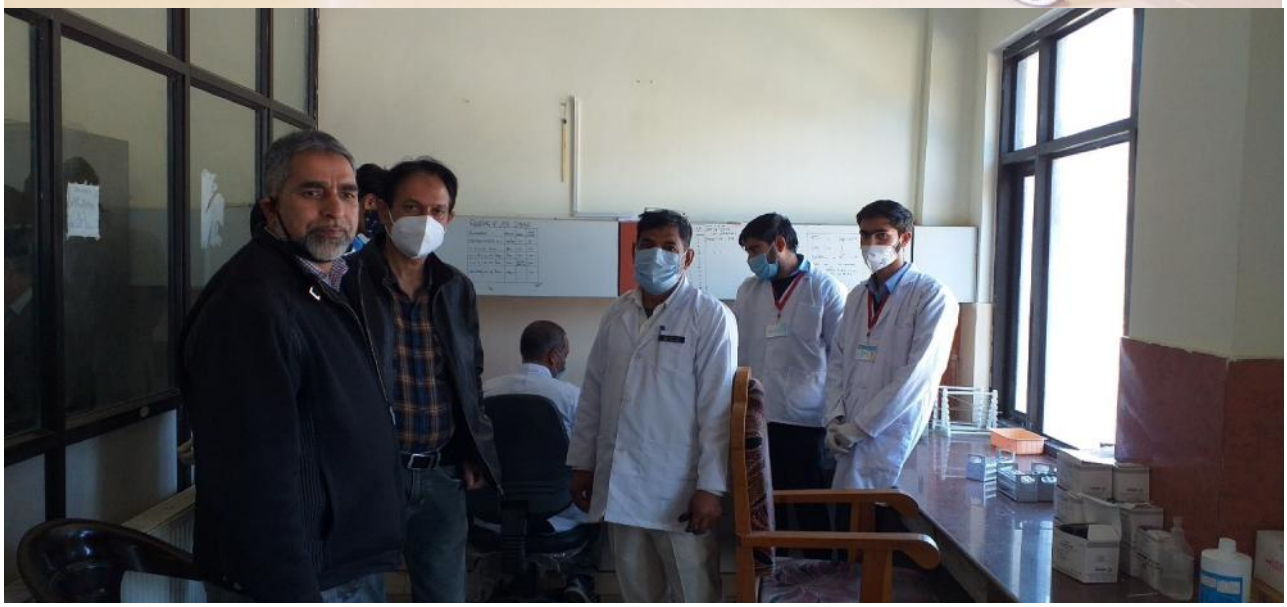
- Availability of infrastructure is also an important component of service delivery and in this regard, the district has received very good support from the NHM as well as from other agencies and the district has been able to upgrade their health infrastructure as per IPHS standards but there are still some gaps which needs to bridged on priority basis. Among these, there is a need to complete the unfinished work of the various blocks of the newly constructed GMC to make it functional in a better way. Similarly, the construction of new building at CHC Bhadarwah also needs to be completed at the earliest and all those SHSs which have been upgraded to HWCs and are in rented buildings must be provided enough space to make them visible and allow them to perform at the fullest.
- 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, GMC and CHC needs CT-Scan/MRI. This is more important for the district as the road connecting to Kashmir and CHC connecting to Kathuais prone to accidents and such a facility at GMC/CHC can save many precious lives. Similarly, at PHC level (especially those which havenot been converted into HWCs X-ray machines should be available and few old type analysers can also be replaced be new multi-tasking analysers for better efficacy and output. Further, it is also suggested to provide Elisa reader (Thyroid Analyser) to GMC and CHC as almost all the pregnant women under JSSK need to go for thyroid profile and in the absence of such facility at these health facilities, these women have to get it done outside and thus put more burden on their pockets. The district is without a MMU and as such it is suggested to provide a MMU to the district to net-in the hard-to-reach areas for various facilities through MMU.
- 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 provedit 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

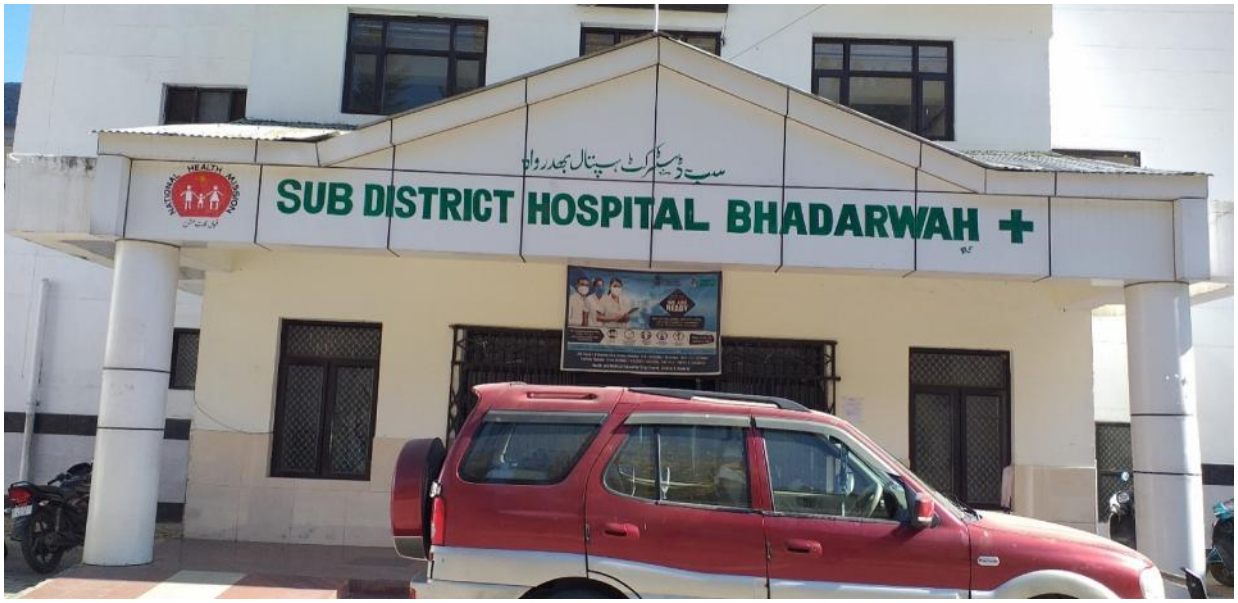
get on spot feedback from the patients regarding the implementation of JSSK as there are some serious issues related to benefits being provided to the women under JSSK.

- 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 only CHC Baderwah in the district is quality certified. GMC has not imitated Kaya kalp, NQAS and LaQshya but CHC Bhadarwah has initiated process for this, but they have shortage of staff. 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.

PHOTO GALLERY



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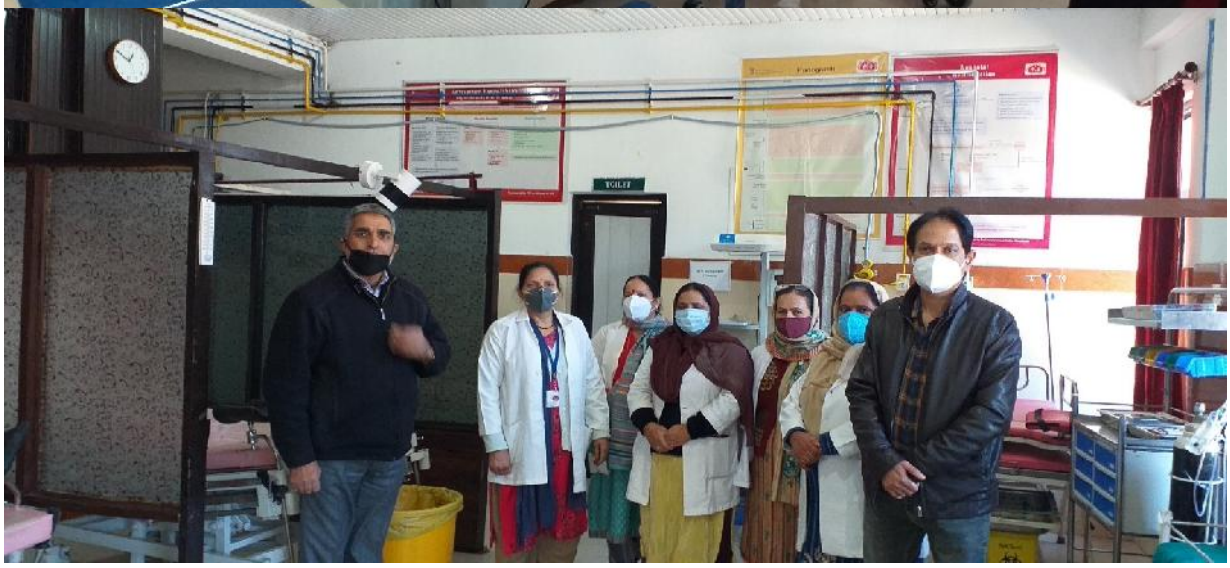
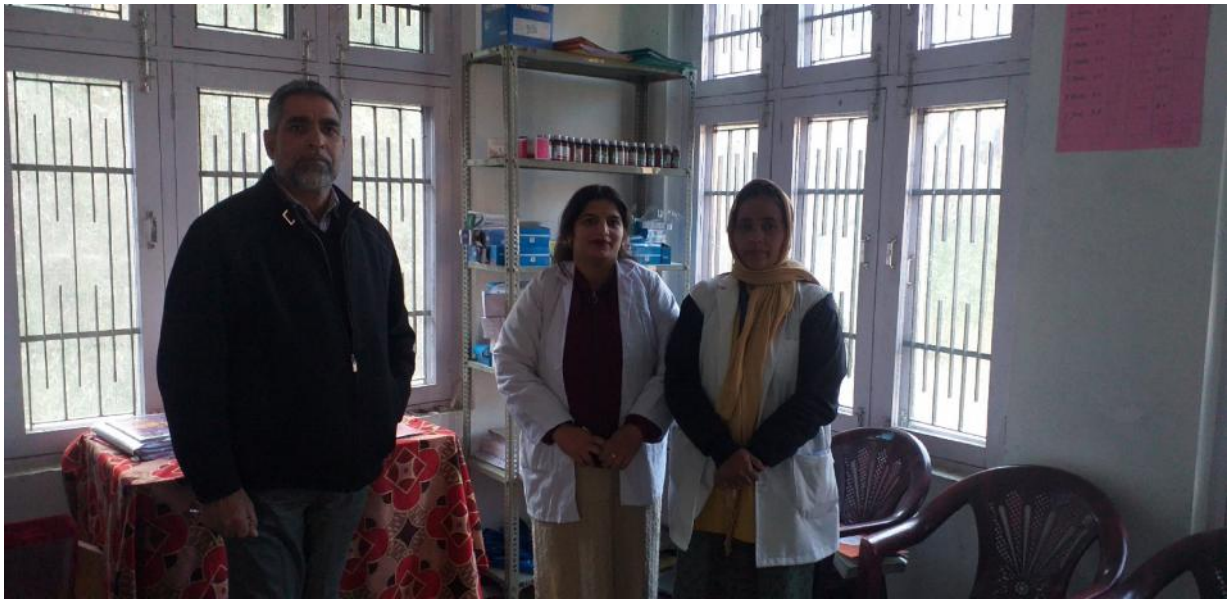
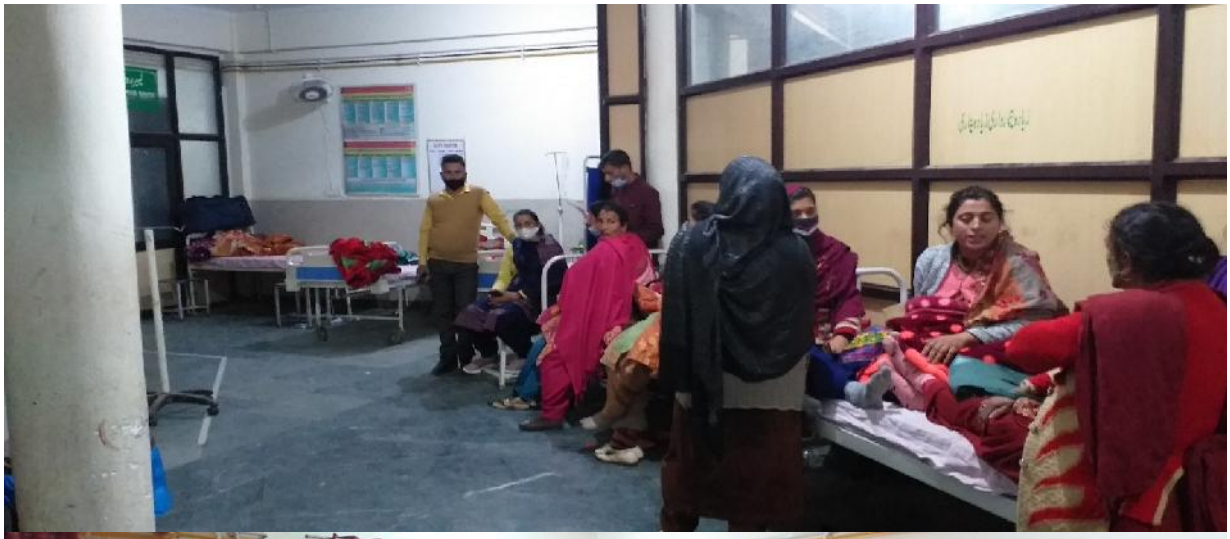
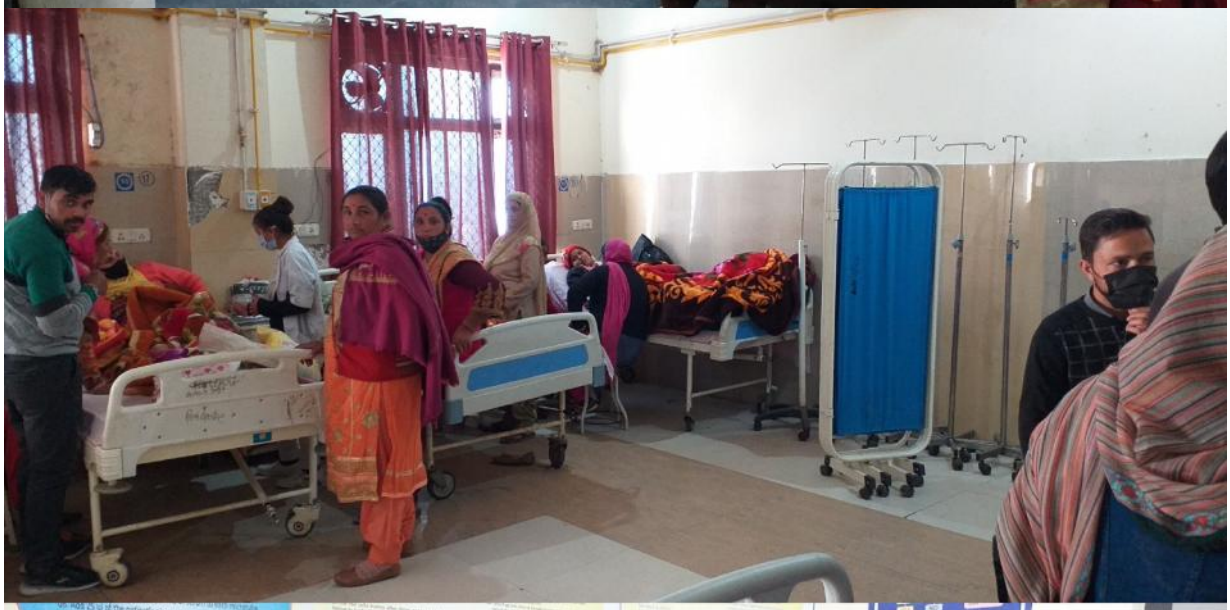

TOILET

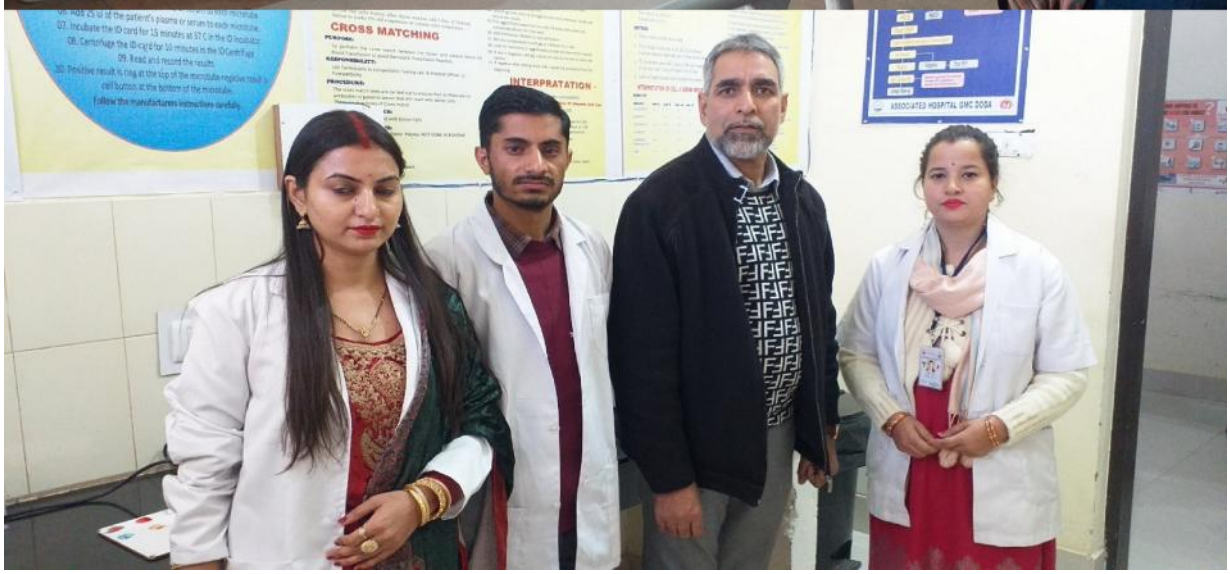

HEALTH & WELLNESS CENTRE DRANGA (BHD.)
आयुष्मान




HEALTH & WELLNESS CENTRE
BHALLA J&K
GOVT. PRY. HEALTH CENTRE BHALLA






CROSS MATCHING
INTERPRATATION