

**MONITORING OF NATIONAL HEALTH MISSION
STATE PROGRAMME IMPLEMENTATION PLAN 2023-24:
JAMMU & KASHMIR
(A Case Study of Kupwara District)**

**Submitted to
Statistics Division
Ministry of Health and Family Welfare
Government of India, New Delhi-110008**



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	CONTENTS	
	PREFACE	4
1	EXECUTIVE SUMMARY	5
2	INTRODUCTION	9
2.1	Objectives	9
2.2	Methodology and Data Collection	9
3	STATE AND DISTRICT PROFILE	10
3.1	Overview of District Kupwara	10
4	HEALTH INFRASTRUCTURE	12
5	DISTRICT HEALTH ACTION PLAN (DHAP)	13
6	STATUS OF HUMAN RESOURCE	13
6.1	Recruitment	15
6.2	Trainings	15
7	STATUS OF SERVICE DELIVERY	15
7.1	Free Drugs and Diagnostics Services	15
7.2	Dialysis Services	16
7.3	Rashtriya Bal Swasthya Karyakaram (RBSK)	16
7.4	Mobile Medical Unit (MMU)	17
7.5	Referral Transport	17
7.5.1	<i>Key observation and challenges related to referral transport mechanism</i>	17
8	REPRODUCTIVE & CHILD HEALTH SERVICES	18
8.1	Reproductive Health Services	18
8.2	Family Planning	19
8.3	Special New-born Care Unit/New-born Stabilization Unit	19
8.4	Home-Based New-born Care (HBNC)	20
8.5	Maternal and Infant Death Review	20
8.6	Immunization	20
8.7	Breastfeeding	21
8.8	Adolescent Friendly Health Clinic (AFHC)	21
8.9	Peer Education (PE) Programme	21
9	ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAS)	21
10	SERVICE AVAILABILITY PERCEIVED BY THE COMMUNITY	22
10.1	Lifestyle and living conditions	22

10.2	Awareness about the services available, and accessibility	22
10.3	Availability of HR and behavior of staff	22
10.4	ASHAs visits to the households for consultation/ services	23
10.5	Health seeking behavior and utilization of services	23
10.6	Key challenges pertaining to utilization of health services from public facilities	23
10.7	Suggestive changes in the current programme	24
11	COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)	24
11.1	Universal Health Screening (UHS)	24
12	COMMUNICABLE DISEASES PROGRAMME	25
13	QUALITY IN HEALTH SERVICES	26
13.1	Quality Assurance	27
13.2	Infection Control	27
13.3	Biomedical Waste Management	27
13.4	Information Education and Communication (IEC)	27
13.5	Grievance Redressal	27
14	HEALTH MANAGEMENT INFORMATION SYSTEM	27
15	STATUS OF FUNDS RECEIVED & UTILIZED	28
15.1	Payment Status	28
16	SERVICE AVAILABILITY AT THE PUBLIC HEALTH FACILITIES	29
16.1	Sub District Hospital Kupwara	29
16.2	Community Health Centre (CHC) Zachaldara	31
16.3	Primary Health Centre Behnipora	32
16.4	Sub Centres/ HWCs Ahgam	33
17	CONCLUSION & RECOMMENDATIONS	38
18	PHOTO GALLERY	41

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in Jammu and Kashmir to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the States in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, which started recently, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. The State Programme Implementation Plan (PIP) of Jammu and Kashmir, 2023-24 has been approved and the UT has been assigned mutually agreed goals and targets. The UT is expected to achieve them, adhere to the key conditionalities and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre (PRC), Srinagar on a monthly basis. During 2023-24, Ministry has identified 18 Districts of J&K for PIP monitoring by PRC Srinagar. These districts are Kupwara, Baramulla, Bandipora, Ganderbal, Budgam, Pulwama, Shopian, Kulgam, Anantnag, Kishtwar, Doda, Ramban, Reasi, Poonch, Rajouri, Udhampur, Samba and Kathua. The PRC officials are visiting these districts in a phased manner. Reports of few districts have already been submitted to the Ministry and the present report presents findings of the monitoring exercise pertaining to Kulgam District of J&K.

The study was successfully completed due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals at different levels. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India, for giving us such an opportunity to be part of this monitoring exercise of National importance. We are highly thankful to Chief Medical Officer, Kupwara, Dr Mir Mohammad Ramzan, Medical Superintendent Sub District Hospital Kupwara Dr. Mir Mohammad Shafi and Dy.CMO, Dr. Manzoor Ahmad for extending their full cooperation and sharing with us their experiences for the successful completion of this exercise. We also place on record our thanks to BMO Zachaldara, Dr.Ab. Gani Lone and MO of PHC Behnipora for their cooperation in data collection. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit of Kupwara District. Special thanks are also to the staff members posted at PHC Behnipora and SC Ahgam 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

11.11.2023

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1. EXECUTIVE SUMMARY

The objectives of the exercise is to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by various districts and the State. The present study was conducted in Kupwara district of Jammu and Kashmir and information was collected from CMO's Office of District Kupwara, Sub District Hospital Kupwara, CHC Zachaldara, PHC Behnipora, and H&WC Ahgam in the first week of November, 2023. We also conducted some exit interviews with some service seekers for ANC/PNC, child immunization and delivery care at the selected facilities. Main findings of the study are as follows:

- a) The availability of doctors at SDH Kupwara has improved but still few positions of doctors are vacant. As, some part of the district is hilly and is prone to accidents, there is therefore an urgent need to put in place an Orthopaedic. CHC Zachaldara has acute shortage of doctors. This is severely affecting the delivery of health care at CHC.
- b) NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. This has resulted in improving the delivery of health care services in the district.
 - a) J&K Medical Supplies Corporation limited has now been established in the State and it has started procuring and distributing drugs to health facilities. The supply of drugs and equipments in the health institutions has improved. However, it was reported by the facilities that they do not get supplies as per the demand. JKMSCL should address this issue of delay of equipments and consumables.
 - b) The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities just meet 40-50 percent of their demand of drugs; therefore, free drug policy is partly implemented in the district. There is a need to assess the actual demand of various drugs and provide them to the health facilities.
 - c) State government has made it mandatory for doctors to write only generic names of drugs in capital letters on prescriptions, but all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. Therefore there is a need that free generic drugs, as promised by government are made available in all hospitals so that doctors can write generic names of the drugs.
 - d) Despite irregular/late release of funding, facilities are in a position to provide free drugs, diagnostics and diet under JSSK. But patients also reported that they purchased few drugs from the market at the time of delivery. So far as free transport is concerned, only free referral transport for deliveries and neonats is ensured in all facilities visited by us.
 - e) The Government has introduced the 102/108 referral transport system in the district, but it was found that the No. of ambulances attached with 102/108 do not meet the full demand of the patients. Mostly the patients use a public transport to reach health facilities. Home to facility and drop back facility under JSSK is not ensured in all of the cases. This supports the need for operationalization of a fully functional patient transport system that is easily accessible so that pregnant women and emergency patients could avail of transport facilities from home to facility and also drop back home for JSSK beneficiaries.

- f) SNCU at SDH Kupwara is functional in the district. The establishment of these SNCUs have resulted in improving health of neonats and minimize the referrals from DH to tertiary care hospitals. The services of NBSU at CHC Zachaldara are underutilized due to non functional of labour room and Gyane OT.
- g) Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started improving. There is a need to appreciate those ANMs/ASHAs who are reporting such events.
- h) Institutionalized mechanisms for grievance redressal were not evident in any of the facilities visited by us. Often complaint boxes are seen to be having ‘token’ presence, and the boxes remained un-opened. Patients visiting the health facilities largely lacked awareness and knowledge regarding the grievance redressal mechanism.
- i) Screening for NCD at PHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for appropriate confirmation of diagnosis, treatment & follow- up. Besides, there is a need to provide various combinations of NCD drugs. Screening of women fr breast and cervical cancer has not started.
- j) The dialysis Centre with a bed capacity of 6 has been established at SDH Kupwara. It has been provided with requisite infrastructure and manpower. The patients availing dialysis services from this Centre are highly satisfied with its services.
- k) None of the facilities in the district are LaQshya or NQAS certified. Baseline assessment has been completed in SDH Handwara and LR and OT of SDH has been upgraded. Process is on to get the LR and OT LaQshya and NQAS certified. The district is in the process to plug in the infrastructural and other Gaps in 8 more CHCs and PHCs based on the internal assessment so that they also qualify for the NQAS certification.
- l) All families are to be covered under the Ayushman Bharat scheme in Kupwara. The district has enrolled all the households under the scheme and Golden Cards have been issued in case of 70 percent of households. DH, 7 CHCs and all private institutions have been empanelled to provide free services and separate counters with requisite infrastructure under PM-JAY help-desk have been established in the district hospital and CHCs. But patients who reported that doctors posted at Government health facilities generally recommend them to avail the facility of free surgical treatment from private hospitals rather than from government health facilities.

Facility wise Findings

Sub District Hospital Kupwara

- a. The Sub District Hospital has shortage of doctors keeping in view the work load. There is a need to put in place an ENT, Dermatologist and Orthopaedic surgeon at SDH.
- b. As the number of heart attacks among young people has increased, there is an urgent need to post a Cardiologist in the SDH.
- c. There are some private Chemist shops around District Hospitals. They have become a nuisance and pressurize the doctors not to prescribe generic drugs.

- d. The hospital has some ambulances, but these need now to be replaced with new ones which are equipped to handle the referred patients.

CHC Zachaldara

- a) The facility has been upgraded to the CHC level since couple of years but the specialized services has not been upgraded up to the CHC level due to which the medical officers posted urged that most of the patients have to be referred to GMC Handwara which leads to the load of patients' at GMC. Therefore, the staff as well as the public urged that the CHC need to be strengthen with all the specialized service along with the required infrastructure.
- b) Although the hospital is designated general surgeries but the hospital has no registered blood storage unit and therefore, the authorities insisted that the hospital should have its own blood storage unit because at times they have to face difficulty in arranging blood units during the emergency cases like accidental cases and most of the times they have to refer patients to GMC Handwara.
- c) Although the normal delivery services are available at CHC Zachaldara on 24x7 bases but at times during the night hours, the hospital has to refer the expectant mothers to GMC Handwara which a herculean task for them due the non availability of female medical officers during night hours. The incharge of the labour room insisted that a female medical officer need to be posted here at CHC Zachaldara so that the patients need not to be referred to the territory care hospital for the normal during the night hours.
- d) The Hospital has acute shortage of drugs due to which the hospital has to purchase the emergency drugs from the market on liability.
- e) The hospital has no landline internet connectivity due to which it is unable to upload and update the respective portals like HMIS in time. The management urged that a v-set facility may be provided to them so that the information may be easily updated on regularly.
- f) The main building of CHC has seepage issue due to which the tiles and the walls of the building has cracks which gave the building a bad shape and therefore the building needs an immediate renovation.
- g) The ASHA workers of block Zachaldara viewed that there are 'N' number of works which are associated with ASHA workers rather they complained of more workload and less incentives. Therefore, the ASHA workers opined that they need to be provided minimum wage than the assured incentives.

PHC BEHNIPORA

- a) Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services on 24X7 basis.
- b) Non availability of X-ray facility is severely affecting the delivery of services.
- c) Although the facility has all the equipments and infrastructure for conducting normal deliveries, but due to the non availability of female staff and reluctance of the MOs, not a single delivery has been conducted at the facility.
- d) The posts of Lab technician and X-ray Technician are vacant, although a lab and X-Ray plant is available at the facility.
- e) The ambulance at the health facility is not available, thus there is a need of ambulance for any emergency purposes.

- f) Shortage of most of the emergency drugs is severely impacting the delivery of health care services.
- g) No doctor wants to be posted at this facility because of poor transport and road connectivity

H&WC AHGAM

- a) The H&WC is located in a rented building. It does not have facilities as per the guidelines of H&WCs. The building has acute shortage of space. It does not have a wash room, water and electricity facilities.
- b) One of the key challenges faced by the facility is shortage and irregular supply of drugs. During winter there is a huge increase in the number of patients complaining of fever, cough, cold and chest infections, but the facility has hardly any drugs for

2. INTRODUCTION

Ministry of Health and Family Welfare, Government of India approves the state Programme Implementation Plans (PIPs) under National Health Mission (NHM) every year and the state PIP for year 2022-23 has been also approved. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalities and implement the road map provided in each of the sections of the approved PIP document. Though, States were implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to know how far these PIPs are implemented. However, from 2013-14, Ministry decided to continuously monitor the implementation of State PIP and has roped in Population Research Centres (PRCs) to undertake this monitoring exercise. During the last virtual meeting organised by the MoHFW in March 2021, it was decided that all the PRCs will continue to undertake qualitative monitoring of PIPs in the states/districts assigned to them on monthly bases. During 2023-24, Ministry has identified 18 Districts of J&K for PIP monitoring by PRC Srinagar. Reports of few districts have already been submitted to the Ministry and the present report presents findings of the monitoring exercise pertaining to Kupwara District of J&K.

2.1 Objectives

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

2.2. Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in workshop organized by the Ministry at NIHFWS on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2023-24, this PRC has been asked to cover 18 districts all in the Union Territory (UT) of Jammu and Kashmir. These districts are Kupwara, Baramulla, Bandipora, Ganderbal, Budgam, Pulwama, Shopian, Kulgam, Anantnag, Kishtwar, Doda, Ramban, Reasi, Poonch, Rajouri, Udhampur, Samba and Kathua. The PRC officials are visiting these districts in a phased manner and in the current phase we covered Kupwara district. A schedule of visits was prepared by the PRC and two officials consisting of one Associate Professor and one Research Assistant visited Kupwara District during 13-10-2023 to 20.10.2023. A schedule of visits was prepared by the PRC and two officials consisting of one Associate Professor and one Research Assistant visited Kupwara District and collected information from the Office of CMO, Sub District Hospital (SDH) Kupwara, CHC Zachaldara, PHC Health and Wellness Centre (HWC) Behnipora and Sub Centre (HWC) SC Ahgam. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during our visit. A community interaction was also held at the PHC and HWC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

3. STATE AND DISTRICT PROFILE

The Jammu and Kashmir lies to the north-west of the country looking like the crown on the map of India. It is a border state in the extreme north on Indian Union. Nature has been generous enough to bestow this state with the rich forest and tremendous water resources. Its natural vegetations have great diversity, ranging from the lush evergreen conifers on the gentle slopes at high altitudes to deciduous forest on the southern slopes of Shiwaliks. The UT of J&K comprising the divisions of Jammu and Kashmir has an area of 2.22 lakhs sq. kms. But the area under actual control is 101387 sq. kms only. It shares its borders with Ladakh in the east, Pakistan in the West, Afghanistan and Russia in the North and plains of Punjab and Himachal Pradesh in the south and south-east.

The total geographical area of the State is 2, 22,236 square kilometers and presently comprises 20 districts and 75 medical blocks. According to 2011 Census, Jammu and Kashmir had a population of 10.25 million, accounting roughly for 1 percent of the total population of the country. The sex ratio of the population (number of females per 1,000 males) in the State according to 2011 Census was 883, which is much lower than for the country as a whole (940). Twenty-seven percent of the total population lives in urban areas which is almost the same as at the national level. Scheduled Caste population accounts for 8 percent and Scheduled Tribe population account for 11 percent of the total population of the State. As per 2011 Census, the literacy rate among population age 7 and above was 55 percent as compared to 65 percent at the national level.

As per the latest report of the Sample Registration System, Jammu and Kashmir has a crude birth rate (CBR) of 14.6 per thousand population, a crude death rate (CDR) of 4.6 and an infant mortality rate (IMR) of 17 per thousand live births. As per the NFHS, the under-5 mortality rate in J&K has dropped from 38 in 2015-16 to 19 in 2020-21. Use of family planning methods has shown an increasing trend from 57 percent in NFHS-4 to 60 percent in NFHS-5). The unmet need for family planning has decreased from 12 percent to 8 percent during the same period. The number of institutional deliveries rose from 87 percent (NFHS-4) to 93 percent (NFHS-5), while the number of fully immunized children increased from 86 percent (NFHS-4) to 97 percent (NFHS-5).

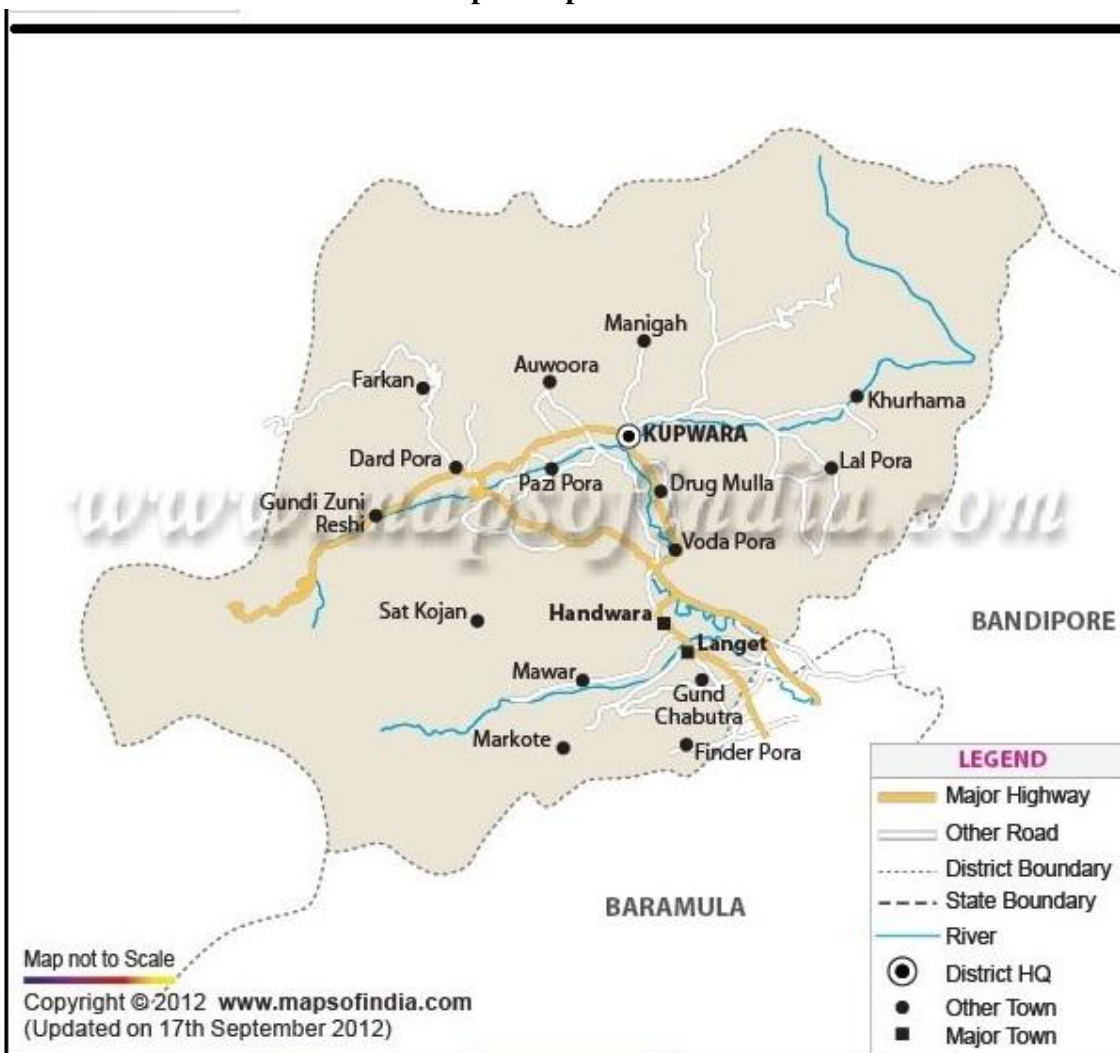
3.1 Overview of Kupwara District

Kupwara is a backward, frontier district of Kashmir Valley and the District Headquarter “Kupwara” is situated at a distance of 90 kms from the summer capital of UT, i.e. Srinagar. The District is situated at an average altitude of 5300 feet from the sea level. The geographical area of the District is 2379 square kilometers. The North West part of the District is bound by line of actual control (L.O.C)) while the southern portion is bound by the District Baramulla. There are three bad pocket areas, namely, Machil, Keran and Karnah located near L.O.C which remains land locked for more than six months in a year. There are some other areas located at barbed distances and remain cut off from District Headquarter for a considerable time, like Kumkadi, Lashdat, Jungund, Kethanwali and Budnambal.

According to 2011 Census, the total population of Kupwara district was 870354 which constitute about 8.5% of the total population of the state. The density of population of the district has gone up to 370 persons per square km. The district is by and large rural as more

than 88% percent of the population live in rural areas. Large majority of the population follow Islam, however, the district has a significant concentration of Scheduled Tribe population (8%). The population growth rate is about 34% which is higher than the State average of 23.7%. The district has witnessed a dip in sex ratio during 2001-2011 and according to latest census, overall sex ratio was 835 and child sex ratio was 879. Sex ratio at birth is 972. Kupwara district has a literacy rate of 64.51 percent of which 75.68 percent are males and 50.95 percent are females.

Map of Kupwara District



There are a total of 88798 children under age of 0-6 years as per 2015-16 estimates. Children under 0-6 formed 10 percent of total population of the district. (Census Hand-book). As per the NFHS-5, the sex ratio at birth in district Kupwara was 940 females per thousand males (slightly higher than NFHS-4). Further NFHS-5 data shows that ANC first trimester registration is 84% during 2019-20 while as ANC 4+ check-ups among the registered pregnant women was 89%. NFHS-5 also shows that only 29% women registered for ANC had received 100 IFA tablets during 2019-20 and 97% women had received TT (TT1/Booster) injections during the same time in the district. Overall, 97% of the births

were delivered at an institution and public health facilities accounted for 74% of the institutional deliveries. Caesarean section deliveries during 2019-20 account for 52% percent of total deliveries. C-section deliveries have increased by 20 percentage points between NFHS-4 and NFHS-5. The latest information received from the Office of CMO office shows that JSY incentive has been transferred in case of all the women who have delivered up to September, 2023. As per NFHS-5, 56% of couples in the district are using a modern method of contraception. Female sterilization is the most popular method (26%) and is followed by Pill and Condom.

Further, the district fares well in terms of the proportion of the population with access to good sanitation and hygiene facilities, factors which have a bearing on improved health and lower disease burden. According to NFHS-5 conducted in 2019-20, 99 per cent of households have electricity in the district, and 98 per cent of households have access to an improved source of drinking water. The NFHS-5 survey reports that 68 per cent of households have improved sanitation facilities, a figure which has increased markedly since the earlier round of NFHS conducted in 2015-16 (40%). Apart from drinking water and sanitation facilities, 62 per cent of households use clean fuel for cooking in 2019-20 an improvement over the 48 per cent in 2015-16. Households using iodised salt are 98 per cent according to NFHS- 5.

4. HEALTH INFRASTRUCTURE

The district consists of 10 medical blocks namely Kupwara, Sogam, Kalaroos, Trehgam, Kralpora, Tanghdar, Vilgam, Handwara, Zachaldara and Langate. The health services in the public sector are delivered through a network of 304 health institutions which consist of 1 District Hospital, which has now been converted into Medical College, 3 Sub District Hospitals, 4 CHCs, 63 PHCs, 234 Sub Centres. The district is in the process to convert all the existing SCs and PHCs into Health and Wellness Centres. Till date the District has converted all the 63 PHCs into H&WCs, and out of the 234 SCs, 199 have already been converted to H&WCs. All the remaining 66 SCs are being planned now to be converted into H&WCs in a phased manner. Continuum of care has not been kept in mind while converting. Further, there are 3 Private Hospitals/Nursing Homes functioning in the district.

The district has also established 1 District Early Intervention Centre (DEIC) under RBSK, 2 Special Newborn Care Unit (SNCU), 8 First Referral Units (FRU), 2 Blood banks, 5 Blood Storage units (BSUs), 1 Designated Microscopy Center (DMC), 13 Tuberculosis Units (TUs), 2 CBNAAT /TruNat Sites and 1 Drug Resistant TB Centre. The CHC Kupwara and SDH Kupwara has registered blood banks while as blood storage facility is available 5 other CHCs. Special New Born Care units (SNCU) are functional at GMC Handwara and SDH Kupwara. Apart from district NCD clinic, there is a NCD clinic at each of the 7 CHCs. Out of these 304 health institutions in the district 1st trimester abortion services are provided by 22 health facilities, while both 1st and 2nd trimester abortion services are provided by 11 health facilities.

On an average a CHC covers 1.25 lakh population, a PHC serves about 12,000 rural population and a Sub Centre covers 3000. Comparing these figures with the IPHS norms,

district has adequate number of primary, secondary and Tertiary health care facilities. There is a need to have more CHCs in the district as the district has only 7 CHC. Further, keeping in view the terrain topography of the district, there is a need to establish few more PHCs and Sub Centres in Tangdar, Kalaroos and Machil.

5. DISTRICT HEALTH ACTION PLAN (DHAP)

The PIP is mainly prepared on the basis of previous year performance of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Various sources of data which include HMIS data, NFHS, data from the district authorities, Family Welfare data, Census projections and other relevant sources are used to prepare the annual PIP for the district. Normally, DHAPs are framed for one year only, but for the first time in 2022, the DHAP was formulated for two years (2022-23 and 2023-24). Overall, a total of 5 percent increase is made in the previous year indicators in terms of allocation for deliveries, JSSK, JSY and other relevant indicators. Preparation of Health Action Plan for the district involves all the stakeholders right from the SC level up to the district level functionaries as such action plan is sought by the district authorities from all the BMO/MSs of the district. The PIP is then submitted to the SHS for further discussions and approval. After approval of the district PIP, the SHS prepares a State level PIP and submit the same to the Ministry. The district has received the approved DHAP for the years 2023-2024 but the 1st instalment of funds was released in June 2023.

Status of Constructions

There are few pending construction works of health department in the district due to a lack of funds which include five works of NABARD and three of BADP.

6. STATUS OF HUMAN RESOURCE

Appointment of human resource on regular basis is a centralized process and even a large number of districts don't have the idea about the sanctioned strength of various regular posts for the district and thus makes it difficult for the monitoring teams to ascertain the actual availability/deficiencies of regular human resource at various levels in the district. In consonance with the information which has been received from the Office of CMO, regarding the overall sanctioned strength for regular staff in the district is 1188 positions, out of these 935 (78.7%) of the positions of various categories are in place, which means 253 (21.3%) positions are vacant. Of these 253 vacant positions from regular side 6 are Gynaecologist\Obstetrician, 2 are Paediatricians, 4 are Anaesthetists, 3 are Surgeons, 3 are Physicians, 3 are Ophthalmologists 5 are Orthopaedics, 9 are Dental surgeon, 5 are Other Specialists, 65 are Medical Officers (MBBS), 12 are Dental technician, 12 are Laboratory Technicians, 4 are X-Ray Technicians, 2 are CHO/MLHP, 18 are ANM/FMPHW, 2 are MPW (Male), 47 are Staff Nurse/JSN, 46 are Pharmacists (Allopathic) and 5 are Other Paramedic. Although, compared to previous year, the positions from regular side have improved in the district but according to the information received from DPM still the district does not have sanctioned positions of Radiologist, Pathologist, Dermatologist, AYUSH MO, Dental MO, Dental Hygienist, OT Technician, Radiographer/ X-ray Technician and AYUSH Pharmacist from the regular side.

So far as the availability of NHM staff is concerned, information provided by the DPM shows that the district has a sanctioned strength of 958 positions of various categories. Of these 895 (93.4%) are already posted at various health institutions, which means 63 (6.6%) positions are vacant. Of these 63 vacant positions from NHM side 5 are Medical Officers (MBBS), 3 are AYUSH MO, 4 are Laboratory Technicians, 4 are OT Technician, 28 are ANM/FMPHW, 5 are Staff Nurses/JSN, 3 are Pharmacists (Allopathic) and 11 are Other Paramedic.

Of the 44 positions in Programme Management Units, 14 percent are vacant. Vacancies are mainly in case of Monitoring and Evaluation Officers at District level. The non availability of DMEO is severely affecting the working of the DPMU. Further, the DPM who was attached with the office of MD, NHM has now joined back DPMU but he has not yet been assigned the charge of DPM and DPM NCD Unit is still discharging the duties of DPM.

Staff position of Kupwara District				
Staff category	Regular		Contractual	
	Sanctioned	In position	Sanctioned	In position
Gynaecologist/	11	6	2	1
Paediatrician	9	4	4	1
Anaesthetist	11	5	3	2
Surgeon	10	5	1	0
Physician	8	4	2	1
Radiologists	1	0	0	0
Pathologist	1	0	1	1
Ophthalmologist	4	2	1	0
Orthopaedic	2	0	0	0
ENT	1	1	0	0
Dermatologist	0	0	0	0
Psychiatrist	1	1	0	0
Dental surgeon	2	2	1	1
Other Specialists				
Medical Officers MBBS	153	107	43	35
AYUSH MO	7	3	8	8
Dental MO	30	26	14	
Paramedical staff				
CHO			50	50
Laboratory Technician	49	41	25	21
X-Ray Technician/Radiographer	14	11	8	8
ANM/FMPHW	168	144	148	138
Staff Nurse/JSN	78	46	96	80
Pharmacist (Allopathic)	47	42	27	25
Physiotherapist	1	1	3	3
PHN	3	2	1	0

6.1 Recruitment

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).. Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled by the office of the Mission Director (DM) at the central level while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Development Commissioner. The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances. The information collected shows that during the previous year a total of 50 positions of various levels were vacant in NHM and all of them remained vacant till 31st March, 2022. The last appointment under NHM in Kupwara was made for staff nurses under DNB scheme.

6.2 Trainings

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information provided by the CMO office shows that during 2021-22, 9 types of training courses for medical and paramedical staff were approved under ROP and out of these very few training programmes were conducted by the district as most of the staff in the district was engaged with the Covid-19 duties during this period. The district was approved to conduct NSSK training for 32 batches and has completed this training for all the batches. Further 240 participants, 208 completed Skill lab training. NIOS training has been conducted for 4 batches of ASHAS.

7. STATUS OF SERVICE DELIVERY

7.1 Free Drugs and Diagnostics Services

As per the information received from the CMO office, free drug policy has been implemented in the district at all health facilities. It was however found that free drugs are provided during ANC and delivery. NCD patients also are provided diabetes and hypertension drugs free of cost. Patients who are very poor patients also receive drugs free of cost. Thus, free drugs are not provided free of cost to all. Medical Officers mentioned that the drugs supplied to SDH and CHC are limited and meet only 50 percent of the available demand. The MO at the PHC and MLHP at H&WC reported that they are in a position to provide iron, ORS, TT, paracetamol, IV fluids and some diabetes and hypertensive drugs to the patients. While interacting with the patients at various health facilities, it was found that doctors generally prescribe branded drugs which are not available at the health facilities. It was also found that patients at PHC and SC had to arrange even for a syringe for having an injection.

Similarly diagnostic facilities are free only under JSSK and for BPL families. Diagnostic facilities for detection of NCDs are also free. It was found that the rates for various diagnostic investigations have been fixed by the Government and are prominently displayed in the SDH, CHC and PHCs.

People in general have to pay for various investigations. Now the whole UT has been covered under Ayushman Bharat PM-JAY Scheme and all the Golden Card Holders admitted in the hospitals are provided free surgical services, drugs and investigations.

7.2 Dialysis Services

The dialysis Centre with a bed capacity of 6 has been established at SDH Kupwara. It was formally inaugurated and made functional from the first week of January, 2020. It has been provided with requisite infrastructure and manpower. There are 4 dialysis units in it. The centre has been equipped 4 HD machines, two crash carts, monitors, portable ECG machine, refrigerator and other required material. Four Staff Nurses from NHM are posted in this Centre. The hospital has engaged additional manpower which includes 2 trained medical officers, 4 dialysis technicians, 4 staff nurses and 2 ward boys. It is conducting 2 sessions per day. On an average 4-6 patients receive dialysis service on daily basis. Thirty Four patients are presently availing the services from the dialysis centre. A total of 1595 dialysis sessions have been conducted during 2023-24 (till October 20). The services at the Dialysis Centre are free of cost for BPL families only. Other patients have to manage the cost of dialyzers. We interacted with 4 patients who are availing dialysis services from this Centre. All were satisfied with the dialysis services provided by this centre.

7.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

It is an important initiative aims at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Like other districts of the State, RBSK has been launched in Kupwara district in March 2014. Overall 17 Teams have all human resource in place. There is sanctioned strength of 94 positions and 84 of them have already been put in place. There are 20 RBSK teams (2 teams in each block) in the district and each team consists of 2 AYUSH Medical Officers, 1 FMPHW and 1 Pharmacist. There are 40 positions of AYUSH Medical Officers and only 2 are vacant. Barring one position of ANM, and 3 Pharmacists, all the posts of ANMs and Pharmacists have been put in place. The district has established District Early Intervention Centre (DEIC) at the District Hospital. While most of the posts in DEIC have been filled up, however some important positions like Paediatrician, Audiologist/Speech Therapist, Psychologists Lab Technician are vacant. The process for the recruitment of these positions has also been initiated.

Child health screening cards have also been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. During the first 8 months of 2023-24, RBSK teams visited 923 schools and 222 AWCs and screened 123429 children and 14058 were found positive for identified health conditions. Of these 11234 (80%) were referred to various referral facilities for treatment. Further financial assistance of Rs, 32000 was granted in case of 4 patients for specialised treatment.

7.4 Mobile Medical Unit (MMU)

The State has procured 11 MMUs and some districts have been prioritized for putting in place these vehicles. One such MMU has also been provided to Kupwara district. Except the post of Medical Officer, all the remaining 3 positions sanctioned for operationlization of MMU has been put in place. These include a Pharmacist, Driver and Helper. Schedule of visits has been developed keeping in view the topography and outbreak of epidemics. The Dy. CMO approves the movement plan of MMU. The MMU generally covers the remotest areas of the district. MMU offers general examination, X-ray, ECG, lab facility, ophthalmic, family planning, ANC services and also help the RBSK teams in screening of children. In the Kupwara district during 2023-24, MMU Team has made 20 trips and covered 20 villages. On an average MMU has provided services to 1254 persons in its OPD patients, 498 lab investigations and referred 438 patients for further treatment. It has also provided ANC services to 66 women, and about 168 couples have been provided family planning services. If used effectively, MMU has a lot of potential to meet the health care demand of the district particularly in far flung areas. However, funds for POL and maintenance of the vehicle are limited and therefore its services remain under utilized. Further, due to the hilly terrain of the district and the road connectivity issues, the Vehicle is unable to reach the far flung areas of the district.

7.5 Referral Transport

The district has 8 ambulances with Basic Life Support (BLS) and 7 ambulances with Advanced Life Support and is operational on need basis for 24X7. One each of these Vehicles is placed at DH and CHCs. These ambulances with BSL and ASL are fitted with GPS and handled through centralized call centre. The district has 12 vehicles under 102/108 on road and are fitted with GPS. These ambulances are handled through centralized call centre. However, it was reported by the CMO that there is acute shortage of ambulances and the facilities are unable to provide ambulances to all the patients who need them or to pregnant women who need them from home to health facility.

7.5.1 Key observation and challenges related to referral transport mechanism

Some areas of district are hilly, although, road connectivity is better but due to the limited number of ambulances, most of the villages are not served by the referral transport services. Ambulances are generally stationed at health facilities for referral of patients. Most of the patients needing a referral from a CHC or SDH are provided an ambulance on payment of fuel charges. But, the facilities are not in a position to provide ambulances for transporting patients from home to facility due to shortage of ambulances. Therefore by and large people visit a health facility either through private transport or use public transport to reach a health facility. Although pregnant women under JSSK are supposed to call 102/108 for free transport to reach a health facility for delivery, but more than 90 percent of the women use private transportation to reach a health facility mainly due to unreliable 102/108 service.

8 REPRODUCTIVE & CHILD HEALTH SERVICES

8.1 Reproductive Health Services

As far as the delivery points is taken into account, the information collected from the DPMU/CMO office shows that deliveries are not conducted at any of the Sub Centres. However, few deliveries are conducted at 4 of the 24X7 PHCs in the District. All the 5 CHCs in the district are conducting more than 20 deliveries per month. The District Hospital and SDH Kupwara and SDH Sogam are conducting more than 50 deliveries in a month. The C-section deliveries are conducted at the DH and four CHCs (Kupwara, Sogam, Kralpora and Tangdar). In case of any emergency, DH and SDH Kupwara conduct C-section deliveries during the night hours also. During the current year, a total of 3512 deliveries have been conducted in the district upto September 2023 and C-section deliveries account for 38 percent of all deliveries in the district. During the last one year on an average a total of 180 deliveries and 100 C-section deliveries take place in a month at SDH Kupwara. In fact the number of deliveries conducted by SDH Kupwara is more than the number of deliveries conducted at DH Handwara. Due to the non availability of a gynaecologist, c-section are not conducted at CHC Zachildara. The women of the catchment area of CHC Zachaldara generally prefer to visit GMC Baramulla/Kupwara or CHC Kupwara for deliveries.

All women in the District are provided free delivery services, diagnostic and food during hospital stay under JSSK Referral transport facility is provided free of cost. The details of women who have received free services under JSSK during April-August 2023 is as under:

Number of Women provided free services under JSSK in Kupwara 2023-24.			
S. No	Component	Achievement 2022-23	Achievement ending September-2023
1	Pregnant women given drugs & Consumable	6973	3460
2	Pregnant women given free Diagnostics	39732	19435
3	Blood Transfusion	1270	419
4	Diet provided to Pregnant women	7061	3396
5	Pregnant women given free Referral facilities	5134	3063
6	No. of sick Neonates provided free drugs and consumable	917	603
7	Sick neonates given free Referral facilities	444	245

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

that they are providing all the listed benefits to the pregnant women at the time of delivery. Our interaction with the women who were present at the SDH Kupwara (maternity wards, post-operative wards, labour rooms, OPD, and relatives of these patients), confirmed that medicines were provided free of cost at the time of delivery. Free diet was also provided to them. Only referral transport was made available to the women. Women generally manage their own transport for reaching a health facility at the time of delivery and for reaching home after the delivery.

PMSMA services on 9th of every month is a routine feature at all the designated health facilities in the district since its inception and all the identified high-risk women are taken care as per their obstructed and medical history. It was reported by all the selected health facilities that line listing of all the high-risk pregnancies is maintained and pursued accordingly but during our record checking exercise at visiting health facilities, it was found that such records have not been maintained properly at all the health facilities.

The WHO's "Recommendation on Respectful Maternity Care" ensures freedom from harm and. During our visit to the selected health facilities, it was reported by all the women that they were treated with dignity but privacy is not ensured in post partum wards.

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

8.2 Family Planning

Facilities for sterilization, mini lap, Post Partum Sterilization IUD and PPIUD are available at SDH Kupwara. These services are generally provided on designated days. NSV services are not available in the DH. CHC Zachaldara only provides IUD services. Spacing methods of family planning (Oral Pills and condom) are available at all health facilities in the district. Sterilization camps are generally organized on the eve of World Population Day to provide various types of family planning services. However during 2023-24, no such camps have been organized in the district. Quality Assurance Cells (QAC) for monitoring of family planning activities have been constituted at district level. It was found that proper attention is not paid by the health facilities to maintain information about various methods of family planning. Family Planning now seems to be ignored area even during monthly review meetings. Family Planning Logistic Management and Information System (FPLMIS) has been integrated with the HMIS Portal in the district besides, the family welfare department of the UT.

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

The SNCU has been established in the DH Handwara (Kupwara) and SDH Kupwara. The SNCU at SDH Kupwara has a bed capacity of 8 beds. It has 8 radiant warmers, 5 step down care and one Kangaroo Mother Care (KMC) unit.. Two of the radiant warmers are non functional. One Child Specialist from Regular side, 1 paediatrician, 3 Medical Officers are posted at the SNCU. Two trained Staff Nurses and 3 Junior Nurses are posted in

SNCU. The overall cleanliness of SNCU was good. A total of 240 admissions are reported in the SNCU during the first 6 months of 2032-24. Most of these children (60%) are out born. Of the 240 admissions, 46% were referred to Children's Hospital, 52% were discharged after treatment and 2% expired. Free medicines and diagnostic services are generally available at the SNCUs but it was reported by the parents that they have to purchase some medicines from the market.

NBSUs have been established at all the CHCs in the district and have been provided requisite manpower. However, the performance of most of the NBSUs is not upto mark as due to the non availability of paediatricians at the CHCs, parents prefer to visit private health facilities for treatment of their new borns. There is a NBSU at CHC Zachaldara which is equipped with all the equipments but it has been a non-starter due to very few births taking place at the CHC. The district doesn't have any sanctioned Nutrition Rehabilitation Centre (NRC) and therefore, have no such admissions or referrals in this regard.

8.4 Home-Based New-born Care (HBNC)

There are 1062 ASHAs working in the district and 859 (80%) have been provided HBNC kits. It was reported by the ASHAs that these kits were partially filled as some of the items were missing from these kits and have become non functional. During the current financial year (till September 2023) 82% of the newborns have been visited by the ASHAs under HBNC. On the basis of our feedback received from the community, it was found that ASHAs generally pay 1-2 visits only. The ASHAs however, mentioned that parents generally do not welcome them for HBNC as they prefer to consult child specialists for the treatment. It appears that ASHAs probably are not well versed with the objectives of HBNC and their role in HBNC.

8.5 Maternal and Infant Death Review

ASHAs have been involved in reporting of maternal and Child deaths but during the current year no maternal death has been reported in the district. Last year 11 maternal deaths were reported and reviewed. This year 5 maternal deaths have been reported so far and all have been reviewed. Information on the infant deaths during current year shows that 17 infant deaths have been reported and all have been reviewed. Last year 47 infant deaths were reported and are also reviewed. Further, it was also found that all the visited health facilities maintain the data regarding the maternal and child deaths and report the same to the CMO and also upload this information on HMIS portal on monthly basis.

8.6 Child Immunization

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH, CHC, and PHC only. Very few SC-HWCs in the district also provide BCG doses of immunization to infants. In district there is practice that as long as the health facility (where the BCG is administered) does not get the requisite number of children on a particular day and they do not open the BCG vial and instead ask their parents to wait for the next time till they get the requisite

number of infants. This practice is followed at all levels including the DH and CHC. Outreach sessions are conducted to net in drop-out cases/left out cases. District Immunization Officer is in place in the district and is looking after the immunization. Almost all the SCs in the district have 2nd MPW/ANMs in place. Micro plans for institutional immunization services are prepared at sub centre level in the district. Cold Chain Mechanics for the maintenance of Cold Chain Machine and paramedic trained in Cold Chain Handling is in place in the district. VHNDs, outreach sessions are used to improve Pentavalent-1 Booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. AEFI committees have been established while Rapid Response Team has not yet been formed in the district. The information collected from the selected health facilities shows that all the health facilities including SCs hub cutters while as vaccine is not usually stored at SCs. Awareness among the ANMs about the immunization schedule and vial open policy was found satisfactory both at SC and PHC level HWCs.

8.7 Breastfeeding

During our visit to SDH 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.

8.8 Adolescent Friendly Health Clinic (AFHC)

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

8.9 Peer Education (PE) Programme

Peer Education Programme has been implemented in 4 blocks of the district but no activities could be undertaken in this area.

9. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

Kupwara district has a requirement of 1242 ASHAs as per the population of the district and out of these, 1144 (92%) ASHAs have been selected till date. Sixty three ASHAs cover 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 sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district. Overall, a total of 742 (65 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 953 ASHAs (89 percent of the in-position) have been brought under Pradhan Mantri Suraksha

Bima Yojana (PMSBY), and 640 (56 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) in the district. The district has enrolled 23 ASHA Facilitator under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 18 under Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 10 have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY). Since the district has a very limited urban/slum population and NUHM has not been extended to the district and thus no MAS have been formed in the district. On the other hand, 369 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and 96 are trained and accounts have been opened in case of 342 VHNCs.

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

10. SERVICE AVAILABILITY AS PERCEIVED BY THE COMMUNITY

10.1 Lifestyle and living conditions

Kupwara is a rural district. More than 80 percent of the population lives in rural areas. Large majority of the population is dependent on agriculture. As an aspirational district, various schemes have been launched to improve the overall socio-economic and development scenario of the district and the living conditions and the overall infrastructure has improved much during the last few years. People are well aware about various health programmes. More than 90 percent of the households have registered under Ayushman Bharat. The major health issues as perceived by the community are: Diabetes, hypertension, Thyroid disorders, asthma and water borne diseases and viral infections.

10.2 Awareness about the services available and accessibility

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

10.3 Availability of HR and behaviour of staff

An interaction with the community leaders reveals that health facilities have shortage of doctors. Due to the roster system, all doctors posted at a facility are not available for consultation. During off days, they generally indulge in private practice. They mentioned that high blood pressure, strokes and heart attacks are now a serious problem but there is hardly any Cardiologist and Neurologist at the DH or CHCs. Similarly, due to the non availability of Gynaecologist at CHC Zachaldara, women prefer to deliver at private health facilities or visit a public health facility of some adjacent district. It was also reported by

the community that most of the health facilities including the SDH wear a deserted look after 4 PM, as only emergency is open and those needing services after 4 PM are generally referred to Baramulla or Srinagar. The public is generally satisfied with the behaviour of the staff. But due to heavy work load at the OPD, they do not give enough time to patients.

10.4 ASHAs visits to the households for consultation/ services

ASHA are visiting the households particularly those households which have young infants and pregnant women. They motivate the women for ANC and child immunization. They also visit the infants for home based new born care. They provide information about and also are involved immunization, breastfeeding, nutrition, contraception. They also collect information from adult men and women about non communicable diseases and accompany them for screening for diabetes and hypertension.

10.5 Health seeking behaviour and utilisation of services

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

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

Like other parts of Kashmir, waterborne diseases like diarrhoea, dysentery and viral diseases like fever, cold cough are more common in Kupwara also. The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Team (RRT) has been constituted under the supervision of District Health Officer (DHO) in the district. Our interaction with the community members revealed that have been no major outbreaks in the district during the current and previous financial year in the district. In case people have diarrhoea or common colds, they either visit a SC/PHC and some visit a private practitioner or a local chemist.

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

As per the community perception, shortage of doctors is a major challenge in the district and particularly at CHC Zachaldara. Overcrowding of DH and CHCs and non availability

of drugs is another issue. Further, there is a need to open a dialysis centre in each of the CHCs, as the patients needing dialysis have to visit Srinagar. Due to the non availability of adequate number of Gynaecologist at health facilities particularly at CHCs, women are forced to utilize the ANC and delivery services from private facilities.

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

11 COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (H&WCs) would be created by transforming existing Sub Health Centres and Primary Health Centres to deliver Comprehensive Primary Health Care (CPHC) and declared this as one of the two components of Ayushman Bharat. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. For primary health care to be comprehensive, it needs to span preventive, promotive, curative, rehabilitative and palliative aspects of care. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. In this background all the PHCs and 199 (85%) of Sub Centres have been converted into H&WCs and have initiated the screening for NCDs in the 1st phase. The district has enumerated about 620404 individuals so far and CBAC forms have been filled in case of 282348 (45%) as per the target till date.

11.1 Universal Health Screening (UHS)

As mentioned above, the district is actively involved in universal health screening under different components of NHM. The NCD clinics at DH and CHC are functioning on all working days. The screening at PHC and H&WC is also done on all working days, Under universal health screening, district has identified a target population of 620404 eligible persons and out of these, Community Based Assessment Checklists (CBAC) forms have been filled for 282348 (45 percent of target population) upto September 2023. Screening for identification of people with hypertension and diabetes and detection of oral and breast cancers has been started. SC-H&WCs have filled about 2.0 lac CBAC forms and PHC-H&WCS have filled 33 thousand forms. The details provided by the DPMU regarding screening of NCDS are as under:

1. NC Indicator	Planned	Completed
2. Number of individuals enumerated by HWCs:	933140	620404
3. Number of CBAC forms filled by HWCs:	347510	282348
Number of HWCs started NCD Screening:	Planned	Completed
a) SC-HWC:	202188	201919

b) PHC-HWC:	145322	33567
c) UPHC-HWC:	Nil	Nil
4. Number of individuals screened by HWCs for:		
a) Hypertension:	282348	235486
b) Diabetes:	282348	235486
c) Both (hypertension & Diabetes)	282348	235486
d) Oral Cancer:	282348	235486
e) Breast Cancer:	168542	109348
f) Cervical Cancer:	168542	104721
5. Number of HWCs providing Teleconsultation services:	248	238
6. Number of HWCs organizing wellness activities:	248	238

The SDH Kupwara has diagnosed 14990 patients for diabetes and hypertension and 19531 for both. Out of these 2148 cases has been detected to have hypertension, 1399 have diabetes and 2537 have both diabetes and hypertension during the last six months. CHC Zachaldara has screened 15020 persons for hypertension and diabetes. Of these 1415 have been diagnosed with hypertension and 234 were diagnosed with diabetes. CHC Zachaldara has not screened any person for oral, cervical and breast cancer.

PHC Behnipora does not have a fixed day NCD clinic; instead NCD screening for diabetes and hypertension is done on all working days. Screening for detection of cancers is not undertaken at PHC as service providers are not trained in cancer screening. During the last 6 months, PHC has screened 1408 persons for Hypertension and 1402 for diabetes and out of these 5 percent had hypertension and 3 percent diabetes.

SC-H&WC Ahgam has a target population of 630 individuals and they have completed CBAC enumeration. The H&WC has screened 150 persons for hypertension and diabetes. Of the screened persons, 48 have been detected with hypertension and 23 with diabetes. The NCD record keeping at various facilities visited by us is extremely very poor but with the posting of MLHP at H&WC, the record keeping at H&WC has improved.

12. COMMUNICABLE DISEASES PROGRAMME

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Team (RRT) has been constituted under the supervision of District Health Officer (DHO) in the district. There have been no major outbreaks in the district during the current and previous financial year in the district. Overall, only 18 percent of the private health facilities are regularly providing the weekly data under IDSP in the district. The information collected from the visited facility shows that the SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet they have been provided by the SHS while at PHC level HWC the data on IDSP has is

uploaded on weekly basis as reported by the concerned MO. Further the information collected from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis but it was found that the DH is not providing such information on the portal for IDSP.

Further, the information collected from the CMO office shows that the district is not prone to malaria and therefore National Vector Borne Diseases Control Programme (NVBDCP) has not much importance for the district. National Leprosy Eradication Programme (NLEP) is in vogue in the district but no new case of leprosy has been reported in the district during the current year. Under National Tobacco Control Programme, the district has conducted few awareness programmes under IEC component of the ROP. Recently the district has also received the funds for the Control of Blindness (COB) Programme from the State and the DH has started working for the programme with various sections of the hospital.

National Tuberculosis Elimination Programme (NTEP) is also working in the district. The information collected shows that up to 24X7 PHC level all the health facilities are having a Designated Microscopy Centre (DMC) and most of these facilities (DH, CHC, and PHC) have taken a sample of about three percent from the OPD for microscopy tests during the last 6 months. The drugs for TB patients were found available at DH and CHC while as PHC incharge reported that the drugs for TB patients are being provided at the block level by the concerned BMOs.

Target for TB notification for 2023-24 is 380 and target of TB notification achieved as on 31.8.2023 is 230 (91%). Further, the information collected shows that the CBNAAT and TruNat facilities are available at the CHC and DH in the district and during the last 6 months the DH has identified 60 percent while as CHC has found 54 percent patients as drug resistant through TruNat at their respective facilities. The information collected further shows that none of the cases for TB were tested positive or was currently active at PHC or SC-HWC level. All the TB confirmed cases are tested for HIV in the district. During the last 6 months, 94 percent patients at DH have been brought under the Nikshay Poshan Yojana (NPY) and DBT instalments have been initiated in their favour. Maintenance of records of TB patients on treatment, drug resistance, and notification register was found updated and satisfactory at all levels.

13. QUALITY IN HEALTH SERVICES

13.1 Quality Assurance

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

The district has identified 8 facilities for NQAS certification during 2023-24. The LR and OT of SDH Kupwara have been upgraded and baseline assessment has been done and the facility is presently plugging in the gaps in infrastructure. Hopefully the facility will get NQAS and LaQsha certification.

13.2 Infection Control

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

13.3 Biomedical Waste Management

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

13.4 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-H&WC level not much attention has been paid in this regard. The IEC material related to MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the DH and CHC level but such material was insufficient at PHC and SCH&WC level.

13.5 Grievance Redressal

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

14 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

The Kupwara District had taken an early lead in the facility reporting of HMIS and also had shifted to new HMIS portal for uploading of information. The data quality of various health facilities particularly Sub District Hospital had improved a lot. However, the monitoring Team found that quality of HMIS of District Kupwara particularly SDH Kupwara has deteriorated. Information for most of the elements is missing from the registers. SNCU registers had no information about sex of

the child. Information about HB level of pregnant women was also missing. OPD attendance for Allopathic and AYUSH, Surgeries, Blood units issued and blood units issued on replacement did not match with the information on registers. Information about in patient head count at midnight, surgical site infections and Stock out rate of essential drugs, details about deaths is also not available.

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

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

The CHC Zachaldara has updated and uploaded the information regarding service delivery, infrastructure & human resources till date and the hospital has started the reporting and recording of data on the new data elements also. The Data entry operator has received the new formats from the PMU and the data entry operator has also distributed these new formats to the concerned section of the hospital. The data entry operator has informed the incharge for the reporting and recording of data on these new elements and the data entry operator has also received the training through virtual mode for the same which according to him was not found useful. Therefore, all the section incharges of the hospital viewed that a training course may be arranged form them through physical mode so that they will fully understand how to report and record the information on the new data elements because according to them they have still confusion in understanding the reporting of data on these new data elements. However, during, our PIP visit to CHC, a few on-the-spot instructions were also given to the data entry operator and the incharge of the facility as to how the recording and reporting of data can be improved.

15. STATUS OF FUNDS RECEIVED AND UTILIZED

15.1 Payment Status

The district is already implanting the EAT module of PFMS for all types of payments. The district has released the salaries of NHM staff for the month of august-2023 and also the assured incentive of Rs. 2000 to ASHAs upto July, 2023. ASHAs have not yet received other incentives. JSY incentive to women is transferred by concerned BPMUs. Due to the delay in the release of funds, JSY incentive to women has been paid upto August, 2023. It was reported that the funds have now been allocated to the district and JSY payments to women will be released shortly. So far as the incentive under Nikshay Poshan Yojana in the district is concerned, it was found that all 243 TB patients are receiving payment.

The information collected from the CMO office regarding the receipt and utilization of funds during 2022-23 presented in Table 4: shows that the district has utilized more than 99 percent of funds received from various sources. The information collected further shows that the district has made about 99 percent expenditure on all the major heads

including RCH Flexipool, Mission Flexipool, and Immunization. The only component where utilization is less is Trainings. Due to the COVID, most of the proposed trainings could not be organized in the district

NHM Financial Position 2022-23 & 2023-24		
S. No	Particulars	Rs. In Lakhs
1	Availability 2022-23	5066.25
2	Expenditure Ending 03/2023	5045.82
3	Availability 2023-24	888.79
2	Expenditure Ending 07/2023	863.48

Janani Suraksha Youjana (JSY)					
➤ It is a safe motherhood intervention with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women.					
S. No	Component	Achievement ending March 2022-23	Financial 2022-23 (Rs. In Lacs)	Achievement as on date	Financial 2023-24 (Rs. In Lacs)
1.	Beneficiaries (Mother) given incentive Rural @1400 Urban @1000	@1400 = (8168 Cases)	114.32	@ 1400 =1331 @ 1000 = 14	18.64 0.14
2.	ASHA's (Accredited Social Health Activities) given incentive @600	@ 600 (15468)	92.81	@60 =1674	12.27

16. SERVICE AVAILABILITY AT THE PUBLIC HEALTH FACILITIES

16.1 SUB DISTRICT HOSPITAL KUPWARA

Sub District Hospital Kupwara is located in the Kupwara town. The hospital is accessible from the main road easily. The SDH complex consists of about 2 main buildings. The main hospital is housed a newly constructed two storey building. This newly constructed building has adequate facility to house almost all the facilities which CHC is supposed to provide. SDH Kupwara is a accredited DNB hospital in the disciplines of medicine and general surgery. It has a functional bed capacity of 200. There are 3 staff quarters for doctors and two quarters for other staff.

According to the information provided by Medical Superintendent (MS) of SDH Kupwara it presently has a sanctioned strength of 10 Specialists and 8 of them are in place. One post of Surgeon and one post of Orthopaedic are vacant. The hospital also has a sanctioned strength of 24 General duty doctors and 15 are working in the hospital. Of the 33 positions of paramedical staff 25 are in place. The vacancies are in case of OT Technicians, X-ray Technicians and Staff Nurses.

So far as the availability of NHM staff is concerned the, almost all the positions sanctioned under NHM are in place. The SNCU with a bed capacity of 8 is also functioning at SDH Kupwara Handwara. Although the post of Child Specialist is vacant but the 4 positions of MBBS doctors and 2 positions of Staff Nurses and 3 positions of Junior Staff Nurses are in place.

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

16.1.1 Availability of Services

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

16.1.2 Availability of drugs and diagnostics

All drugs in the EDL list of SDH are available in the DH. As most of the people have received the Golden Cards, so the DH is in a position to provide free drugs to more than 90 percent of patients. But, the hospital is in a position to provide only 40-50 percent of the prescribed drugs free of cost to OPD patients. There are two reasons for this. As most of drugs available at DH are generic but doctors do not prescribe generic drugs. Secondly, the supply of drugs is not demand driven and therefore hospital is not in a position to provide free drugs to all. However, SDH provides all drugs and consumables free of charge in case of JSSK. EDL is displayed prominently in the OPD, OT and labour room. Computers have been provided but computerized inventory management of drugs is not yet in place. Our interaction with the IPD patients revealed that 90 percent of the drugs prescribed to them were provided to them free of cost.

Medical Superintendent mentioned that almost all the essential equipments/instruments and other laboratory equipment required in the OPD, OT, labour room, SNCU and laboratory are available and functional. Laparoscopes, CT Scan, X-Ray-USG and Lab facility is available. MRI Machine has been procured but it is not yet functional due to the non availability of HR. Further the lab of the hospital is in need of a fully automatic analyser to meet the growing diagnostic demand generated by JSSK. Equipment maintenance and repair mechanism is somewhat poor. District Hospital requires an Incubator, pathological and biochemical analyzer Anaesthesia work station, Deflator, Doppler, Gel method technology, Centrifuge, Eye operating microscope, Horizontal autoclave and Digital ECG.

16.1.3 Whether services are optimally utilised, average workload of staff

The services available at SDH Kupwara are optimally utilized. The hospital sees a huge rush of patients every day. A total of 130533 patients have visited the OPDs of SDH Kupwara during 20223-24 (April-August) as against 123940 by District Hospital Handwara. AYUSH OPD accounts for about 3 percent of the total OPD in the SDH. A total of 9332 admissions have been made in the IPD of SDH as against 7659 in DH.. Further 614 major and 3567 minor surgeries have been performed in the hospital. Around 1077 institutional deliveries have been reported at the SDH. C-section deliveries account for 55 percent of total deliveries. Information collected from the laboratory shows that a total of 149919 lab investigations, 4927 USG, 15648 X-ray and 5887 ECGs were performed during the first 6 months of 2023-24.

16.1.4 Key challenges observed in the facility and the root cause

- e. The Sub District Hospital has shortage of doctors keeping in view the work load. There is a need to put in place an ENT, Dermatologist and Orthopaedic surgeon at SDH.
- f. As the number of heart attacks among young people has increased, there is an urgent need to post a Cardiologist in the SDH.
- g. There are some private Chemist shops around District Hospitals. They have become a nuisance and pressurize the doctors not to prescribe generic drugs.
- h. The hospital has some ambulances, but these need now to be replaced with new ones which are equipped to handle the referred patients.

16.2 COMMUNITY HEALTH CENTRE, ZACHALDARA

Community Health Centre (CHC) of Zachaldara is first referral unit, standalone institute accessible from the nearest road connectivity with the capacity of 10 functional beds and has no Intensive Care Unit (ICU) beds. The Hospital is situated at the centre of Zachaldara town and is housed in a newly constructed building without a compound boundary wall. The hospital complex consists of one main building with three stories but the building requires an immediate renovation as it has seepages and cracks due to which the interior design of the building has de-shaped. The first referral point for CHC Zachaldara is GMC Handwara which is located around 10 kms away from Zachaldara town. The CHC covers around 37,689 population of the area and 02 PHCs, 01 NTPHC and 18 HWCs are working under this CHC. The hospital operates from 10:0 AM – 4:00 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is maintained well and it has all the

basic amenities such as 24x7 running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area, drug store room and a complete power back-up which is maintained through a generator and solar system. The hospital is getting electricity and water supply on 24x7 bases. The hospital has the availability of color coded bins for segregation of waste and the biomedical waste management is outsourced to a private agency namely Kashmir Health Care System Lassipora (KHSL) of Pulwama.

This Community Health Centre (CHC) has 06 posts of sanctioned strength including 05 medical officers and 01 Dental medical officer from regular side and all these posts are in place. In case of paramedical staff, the hospital has 16 posts of sanctioned strength including 02 Dental technician, 03 Lab technicians, 02 FMPHWs, 07 Staff Nurses and 02 Pharmacist (Allopathic) but presently only 08 posts are in place including 02 Dental technicians, 02 lab technicians, 02 FMPHWs and 01 Pharmacist which simply indicates that around 08 (50 percent) posts are vacant. On the NHM side, the CHC Zachaldara have 22 posts of sanctioned strength including 02 Medical Officers, 04 AYUSH MOs (RBSK), 02 x-ray technicians, 03 Lab technicians, 02 OT technicians, 05 FMPHWs and 02 Staff Nurses and all these posts are in place. Due to the non-availability of specialists, patients have no choice other than to visit the GMC Handwara which increases the load of patients at the GMC. It is therefore suggested that the hospital may strengthened with the specialists so that the local public will not suffer during the harsh weather conditions.

The hospital has dedicated desktops for data entry and internet connectivity (broadband) is good. The hospital has initiated the process for the internal assessment of Kayakalp and obtained the score of around 66.5 percent points during 2022-23 but the hospital has not yet initiated for the certification of Kayakalp and NQAS due the non-availability of full strength of specialists as well as the required infrastructure. The hospital has not initiated the external assessment for LaQshya in case of labour room and Operation Theater due to the non-availability of specialists services like Gynecologist as well as surgeons and other necessary surgical instruments like Laparoscope, Video Laparoscope, Multifunctional Ortho Drill, LMA (I-Gel) Assorted size, Sigmoidoscope, Gaffing knife (Ortho), Reduction Clamp (Ortho), Bone holding clamp/reduction holding clamp, Cutter and retractors, Saw, T-handle.

Status of Services

Apart from emergency services, the CHC provides services like ANC, General OPD, Delivery, PNC, Immunization, Family Planning, laboratory services and general medicine, labour room complex, imaging services (x-ray, USG) while as the other specialized services like O&G, pediatrics, general surgery, Anesthesiology, Ophthalmology, Dermatology, Orthopedics, Radiology, dental, NBCU, Emergency care OTs, DEIC, NRC, CLMC, NICU, PICU, ICU, Burnt Unit, dialysis unit, Skill Lab and teaching block for medical, nursing as well as paramedical staff are not available at CHC Zachaldara. Due to the lack of these services, the local public suffers and they have no option other than to visit the GMC Handwara. However, the hospital administration has initiated the process for the same and shall be functional these units in the next financial year 2024-25. Further, the hospital is also not functional with the emergency services like Triage, Resuscitation and Stabilization. As the conditions of labour room is good and is functional with the required infrastructure, the CHC Zachaldara has done around 34 normal deliveries during the financial year 2023-24 prior to this PIP exercise. A total of 34 newborns have been immunized for the birth dose and same has been breastfed within one hour during the financial year 2023-24.

The hospital does not have the facility of OTs for general, Anesthesiology, orthopedic and ophthalmology and has neither a registered Blood Bank nor has designed blood storage unit. The hospital is providing tele-radiology services to the patients and on an average 01-02 cases are attend per day.

The CHC, Zachaldara does not have functional Dialysis Unit, the District Early Intervention Centre (DEIC), the SNCU, the Adolescent Friendly Health Clinic (AFHC) and CLMC programmes due to the close proximity of GMC Handwara because these facilities are available there at GMC. However, the screening for non-communicable diseases such as diabetes, hypertension and their treatment is available at CHC Zachaldara. The NCD clinic has an optimal workload and is performing well in terms of screening, treatment, referrals and follows up patients. The CHC Zachaldara is also organizing various national health programs such as HIV/AIDS, control of water borne disease, jaundice, control of blindness, elimination of tuberculosis, leprosy, RBSK, PMJA and PMSMA activities.

All the JSSK entitlements including free delivery services, diet, drugs and diagnostics, transport, PMSMA services are provided free of cost irrespective of economic status of the patients. During the interaction, the delivered mothers and staff incharge said that free medicine is being provided to delivered mothers and they are not purchasing any drug from the market during the hospital stay. Registers for entering births and deaths have been maintained. The hospital has not reported any maternal deaths or child deaths during 2022-23 and 2023-24. It has been reported that vaccines, hub cutters are available and the staff is aware about the open vial policy. In case of respectable maternity care, the hospital under takes the strict privacy measures and birth attendant is allowed with patient only. With regard to the FP services, the hospital has basket of choices and provides as per the choice of patient.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 1.89 percent of the OPD cases were tested for the same. The anti-tuberculosis drugs are available at the facility and currently 15 confirmed tuberculosis patients are taking anti-tuberculosis drugs from the hospital. The hospital does not have any instruments of CBNAAT/TruNat for drug resistance but 0.09 percent of patients have been tested through CBNAAT/TruNat since the last six months through PPP mode. The transport mechanism is not in place for investigations within the public sector for tuberculosis testing and for others too. All the tuberculosis patients are tested for HIV and diabetes. The facility had done the disbursement of Nikshay Poshan installments through DBT and nothing have been left backlog in this case since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy. The CHC Zachaldara had done a field survey but had not identified any Leprosy case through the RBSK teams since the last 12 months. The CHC Zachaldara has not identified any HIV patients during 2022-23. The CHC had received an amount of Rs. 2.15 lakh (untied/RKS fund) under NHM during 2022-23 and has utilized almost 100 percent of received fund during the same year. The hospital has utilized this amount in buying the emergency medicine and equipments, hospital upkeep, sanitation, patient amenities, campus cleaning and buying contingency items and quality programmes etc. Citizen's charter, timings of the facility and list of services available are displayed properly at the entrance gate of the hospital. Complaint box is available and complaints are also received through the 104 toll

free number, the number is functional at State Health Society Kashmir. Mostly the complaints are reported verbally and solved on spot.

Status of Drug and Diagnostics

The CHC Zachaldara has a designed laboratory manned by 04 Lab technicians and remains functional from 10:00 AM – 4:00 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides around 32 test services like Haematology: HB, BT-CT, Blood Group, CBC, PBF, ESR), Bio-Chemistry: Blood Sugar, KFT, LFT, Amylase, Uric Acid, Lipid Profile, Serology: HbsAg, HIV, HCV, VDRL and Others: WIDAL Test, RF, CRP, ASO, TROP-T, Sputum for AFB, Urine Analogy, GT, Stool & etc. The Lab technicians viewed that they have also kept rapid testing kits available in support of the automatic analyzes during the non-availability of electricity. The imaging service such as x-ray (300 MA with CR system) and USG services are available on daily basis but due to the close proximity most of the pregnant women likes to visit the GMC Handwara. Due the non-availability of specialists, the hospital does not have the availability of specialized services like MRI and CT scan on daily basis and therefore, the hospital has outsourced these imaging services to a private agency. However, most of the necessary and advanced instruments of Labs, Labour room and other sections equipments are up to date and are available in adequacy.

Supply of drugs was reported to be insufficient and the essential drug list (EDL) which consists of around 121 drugs has been displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of the visit, 49(40.49 percent) drugs were available out of the EDL drugs. As such the acute shortage of essential drugs was found during 2023-24. The management of the CHC complained that the drugs are not being provided to this facility as per the demand and most of the times, the drugs remains in delayed and short in supply due to which the hospital has to purchase the emergency drugs from the market on liability. Management of the inventory of drugs is manual and all drugs are provided free of cost to all the JSSK patients irrespective of economic status of the patients. The drugs are also being provided free under Golden Card, Ashman Bharat, BPL and elderly people. All the essential drugs including drugs required during labour or delivery and essential obstetric and emergency obstetric care were found available at the hospital under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, no IUCDs and no PPIUCDs were available at the CHC Zachaldara. A total of zero female sterilization was performed at the CHC during 2022-23 and 2023-24.

Workload and Utilization of Services:

The services which are available at the CHC Zachaldara have been optimally utilized but due the close proximity of GMC Handwara, CHC has no rush of patients especially OPD as well as IPD. On an average, less than 900 patients' visits the OPDs and less than 23 admissions have been reported in the IPD at CHC Zachaldara on the monthly basis for short stay. As per the record, around 5153 lab investigations were done during the financial year 2023-24 prior to this monitoring activity. The CHC Zachaldara has referred around 107 severe patients to higher level health facilities like GMC Handwara for special treatment such as Delivery cases, Accidental cases, and hypertensive etc., due the non-availability of specialized services whereas only 12 cases were referred from various sub-centres including high risk pregnancy and accidents etc. All these patients were given referral transport by the hospital. The CHC has 03 dedicated ambulances for referral services under toll free

numbers of 108 and 102. The referral transport of 102 is available free of cost under JSSK, accidental cases and children only. During an interaction, the expectant mothers and ASHA workers viewed that the hospital is providing home to facility transport services to expectant mothers to capture the mothers from their respective residences and at times the hospital manages to provide drop back from facility to home referral transport services to all delivered mothers.

The CHC Zachaldara has functional NCD Clinic in 01 day (Saturday) in a week and a total of 15020 suspected patients have been screened for hypertension and diabetes, of these a total of 1415 patients have been diagnosed hypertensive and 224 patients have been diagnosed diabetes whereas 23 have been diagnosed both hypertension as well as diabetes during 2022-23 and 2023-24 prior to our visit. The hospital has also initiated the process of screening for various types of cancers but no such patient has been reported Oral, breast or any other type of cancers till date.

Key Challenges of CHC Zachaldara:

The facility has been upgraded to the CHC level since couple of years but the specialized services has not been upgraded up to the CHC level due to which the medical officers posted urged that most of the patients have to be referred to GMC Handwara which leads to the load of patients' at GMC. Therefore, the staff as well as the public urged that the CHC need to be strengthen with all the specialized service along with the required infrastructure.

Although the hospital is designated general surgeries but the hospital has no registered blood storage unit and therefore, the authorities insisted that the hospital should have its own blood storage unit because at times they have to face difficulty in arranging blood units during the emergency cases like accidental cases and most of the times they have to refer patients to GMC Handwara.

Although the normal delivery services are available at CHC Zachaldara on 24x7 bases but at times during the night hours, the hospital has to refer the expectant mothers to GMC Handwara which a herculean task for them due the non availability of female medical officers during night hours. The incharge of the labour room insisted that a female medical officer need to be posted here at CHC Zachaldara so that the patients need not to be referred to the territory care hospital for the normal during the night hours.

The Hospital has acute shortage of drugs due to which the hospital has to purchase the emergency drugs from the market on liability.

The hospital has no landline internet connectivity due to which it is unable to upload and update the respective portals like HMIS in time. The management urged that a v-set facility may be provided to them so that the information may be easily updated on regularly.

The main building of CHC has seepage issue due to which the tiles and the walls of the building has cracks which gave the building a bad shape and therefore the building needs an immediate renovation.

The ASHA workers of block Zachaldara viewed that there are 'N' number of works which are associated with ASHA workers rather they complained of more workload and less incentives. Therefore, the ASHA workers opined that they need to be provided minimum wage than the assured incentives.

16.3 PRIMARY HEALTH CENTRE BEHNIPORA

PHC Behnipur is located at a distance of 10 Kms from CHC Zachaldara. It covers a population of about 16300 located in 12 villages. Seven Sub Centres are attached with this PHC. The PHC has been converted into H&WC. The PHC is housed in two storied building. The second storey of the building is complete but the first storey is incomplete as it has no doors and windows. Consequently the facility presently does not have adequate space for various facilities. It also does not have adequate toilet facility as there is only one toilet functional in the PHC. Drinking water facility is also not available in the PHC. It has a capacity of 06 beds. Residential quarters are not available although a quarter for MO is under construction for the last 15 years but it has not been completed. Two MO (MBBS) doctors, 01 SN and 1 Pharmacist are in position. One more AYUSH Medical Officers and 1 AYUSH Pharmacist under NHM is also posted at the PHC. Six staff members of this PHC (3 Pharmacist, 1 Nursing Orderly and 2 MMPHW) are attached with some other health facility. The PHC is without any Lab Technician.

16.3.1 Availability of Services

Most of the services as per IPHS standards are not available at the PHC. The services available at the PHC are emergency, medical and essential OPD services, referral, antenatal care, post natal care, immunization, treatment for minor ailments, screening and treatment of hypertension and diabetes, spacing methods of family planning, counselling services for ANC. Although a labour room is available, but hardly any delivery takes place at the facility.

16.3.2 Availability of drugs and diagnostics

As per the Essential Drug List, a PHC should have 23 drugs available. But it was found that out of these 23 drugs, PHC had only 12 drugs available on the day of our visit. Dexamethasone, dexona injection, oxytocin, inj and some of the NCD drugs were not available at the PHC. Diabetic drugs and combination of diabetic and hypertension drugs are also not available. Updated EDL was not found displayed at the facility. The facility also had shortage of syringes and intravenous drip sets. It was found that the facility is in a position to meet only 30 percent of the demand of drugs and other consumables.

PHC has a laboratory but has remained closed from last 3 years due to the non- availability of Lab Technician. X-ray and USG services are also not available at the facility.

16.3.3 Whether services are optimally utilised, average workload of staff

Although limited facilities are available at the PHC, but there are two MO (MBBS) doctors posted at the PHC. Keeping in view the availability of doctors at the facility, we could not find many patients at the facility during our visit. Therefore OPD services are not optimally utilized at the facility. However, ANC and immunization are services are also not optimally utilized. Family planning services particularly condom and oral pills are optimally distributed at the PHC. The facility can easily conduct deliveries but due to the lack of interest on behalf of doctors and FMPHW/ANM deliveries do not take place here.

16.3.4 Key Challenge

- h) Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services on 24X7 basis.
- i) Non availability of X-ray facility is severely affecting the delivery of services.
- j) Although the facility has all the equipments and infrastructure for conducting normal deliveries, but due to the non availability of female staff and reluctance of the MOs, not a single delivery has been conducted at the facility.
- k) The posts of Lab technician and X-ray Technician are vacant, although a lab and X-Ray plant is available at the facility.
- l) The ambulance at the health facility is not available, thus there is a need of ambulance for any emergency purposes.
- m) Shortage of most of the emergency drugs is severely impacting the delivery of health care services.
- n) No doctor wants to be posted at this facility because of poor transport and road connectivity

16.4 SUB CENTRES/ H&WCS AHGAM

Sub Centre Ahgam has been converted into H&WC in 2021. It covers a population of around 1681 and covers 3 villages. The H&WCs is housed in rented building and a government building is under construction for the SC for the last 12 years. The facility is located at a distance of 3 Kms from PHC Behnipur and around 2 Kms from CHC Zachaldara. The staff consists of 1 MLHP\CHO, 2 FMPHWs and 1 Pharmacist. Branding of H&WC has not been undertaken due to non availability of funds. Bath rooms are partly functional as the facility of running water is not available. Drinking water facility is also not available at the facility. The facility does not have any electric connection. The building is non-fenced and therefore has privacy and security issues.

16.4.1 Availability of Services

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

16.4.2 Availability of drugs and diagnostics

As per the Essential Drug List, H&WCs should have 23 drugs available. But it was found that out of these 23 drugs, SC had only 19 drugs available on the day of our visit. Amlodipin, diabetes drugs, anti-acid tablets, PCM Syrup, Albendazol and some of

hypertensive drugs were not available at the H&WC. Amlodipine tablets are available. Diabetic drugs and combination of diabetic and hypertension drugs are not available at H&WC. Updated EDL was not found displayed at the facility. The facility also has shortage of testing kits for checking haemoglobin, pregnancy status and blood sugar. Thermometer and BP apparatus is available at the HWC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc. Oxygen concentrators are also available at the facility.

16.4.3 Whether services are optimally utilised, average workload of staff

Looking at the utilization of services from the H&WC, it was found that services are not optimally utilized. Although a MLHP and a FMPHW are working at the centre, but on an average less than 17 persons visit the facility for treatment of minor ailments. The populace generally prefers to visit secondary or tertiary care health facilities where at least a MBBS doctor is available. However, immunization services and to some extent ANC services are fully utilized at the H&WC. On average in a month, the facility provides ANC services to 5 women and immunization to 8 children. Very few women visit for contraception services. However, 150 adults have been screened for Hypertension and diabetes and among these 48 are diagnosed with hypertension and were diagnosed with diabetes/

16.4.4 Key challenges observed in the facility and the root cause

- c) The H&WC is located in a rented building. It does not have facilities as per the guidelines of H&WCs. The building has acute shortage of space. It does not a wash room, water and electricity facilities.
- d) One of the key challenges faced by the facility is shortage and irregular supply of drugs. During winter there is a huge increase in the number of patients complaining of fever, cough, cold and chest infections, but the facility has hardly any drugs for

17. CONCLUSION AND RECOMMENDATIONS

- a) The availability of doctors at SDH Kupwara has improved but still few positions of doctors are vacant. As, some part of the district is hilly and is prone to accidents, there is therefore an urgent need to put in place an Orthopaedic. CHC Zachaldara has acute shortage of doctors. This is severely affecting the delivery of health care at CHC.
- b) The State Government has drafted a comprehensive HR Policy for attraction, recruitment and retention of skilled professionals in rural and remote areas but there is also a need to implement a transparent policy with regard to attachment and transfer of staff.
- c) NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. This has resulted in improving the delivery of health care services in the district.
- d) Skill of ASHAs was checked using a check list and most of them had fairly good knowledge of ANC, immunization, PNC etc. However, their performance on account of HBNC was poor. Since most of them are asked to help the District administration in other activities also, therefore their main activities have suffered.

- e) J&K Medical Supplies Corporation limited has now been established in the State and it has started procuring and distributing drugs to health facilities. The supply of drugs and equipments in the health institutions has improved. However, it was reported by the facilities that they do not get supplies as per the demand. JKMSCL should address this issue of delay of equipments and consumables.
- f) The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities just meet 40-50 percent of their demand of drugs; therefore, free drug policy is partly implemented in the district. There is a need to assess the actual demand of various drugs and provide them to the health facilities.
- g) State government has made it mandatory for doctors to write only generic names of drugs in capital letters on prescriptions, but all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. Therefore there is a need that free generic drugs, as promised by government are made available in all hospitals so that doctors can write generic names of the drugs.
- h) Despite irregular/late release of funding, facilities are in a position to provide free drugs, diagnostics and diet under JSSK. But patients also reported that they purchased few drugs from the market at the time of delivery. So far as free transport is concerned, only free referral transport for deliveries and neonats is ensured in all facilities visited by us.
- i) The Government has introduced the 102/108 referral transport system in the district, but it was found that the No. of ambulances attached with 102/108 do not meet the full demand of the patients. Mostly the patients use a public transport to reach health facilities. Home to facility and drop back facility under JSSK is not ensured in all of the cases. This supports the need for operationalization of a fully functional patient transport system that is easily accessible so that pregnant women and emergency patients could avail of transport facilities from home to facility and also drop back home for JSSK beneficiaries.
- j) SNCU at SDH Kupwara is functional in the district. The establishment of these SNCUs have resulted in improving health of neonats and minimize the referrals from DH to tertiary care hospitals. The services of NBSU at CHC Zachaldara are underutilized due to non functional of labour room and Gyane OT.
- k) Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started improving. There is a need to appreciate those ANMs/ASHAs who are reporting such events.
- l) Institutionalized mechanisms for grievance redressal were not evident in any of the facilities visited by us. Often complaint boxes are seen to be having 'token' presence, and the boxes remained un-opened. Patients visiting the health facilities largely lacked awareness and knowledge regarding the grievance redressal mechanism.
- m) Screening for NCD at PHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened

cases for appropriate confirmation of diagnosis, treatment & follow-up. Besides, there is a need to provide various combinations of NCD drugs. Screening of women for breast and cervical cancer has not started.

- n) The dialysis Centre with a bed capacity of 6 has been established at SDH Kupwara. It has been provided with requisite infrastructure and manpower. The patients availing dialysis services from this Centre are highly satisfied with its services.
- o) None of the facilities in the district are Laqshya or NQAS certified. Baseline assessment has been completed in SDH Handwara and LR and OT of SDH has been upgraded. Process is on to get the LR and OT LaQshya and NQAS certified. The district is in the process to plug in the infrastructural and other Gaps in 8 more CHCs and PHCs based on the internal assessment so that they also qualify for the NQAS certification.
- p) All families are to be covered under the Ayushman Bharat scheme in Kupwara. The district has enrolled all the households under the scheme and Golden Cards have been issued in case of 70 percent of households. DH, 7 CHCs and all private institutions have been empanelled to provide free services and separate counters with requisite infrastructure under PM-JAY help-desk have been established in the district hospital and CHCs. But patients who reported that doctors posted at Government health facilities generally recommend them to avail the facility of free surgical treatment from private hospitals rather than from government health facilities.

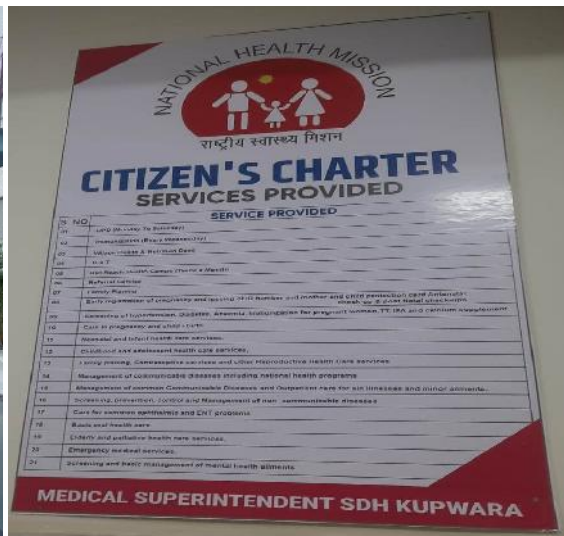
18. PHOTO GALLERY



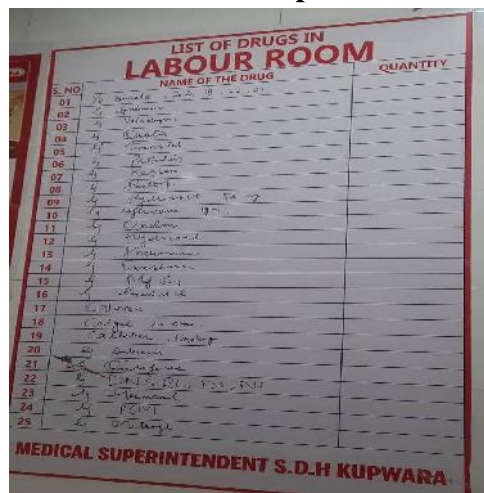
The premises of the main building of CHC Zachaldara is clean and maintained



Citizen Charter at CHC Zachaldara



Citizen Charter at SDH Kupwara

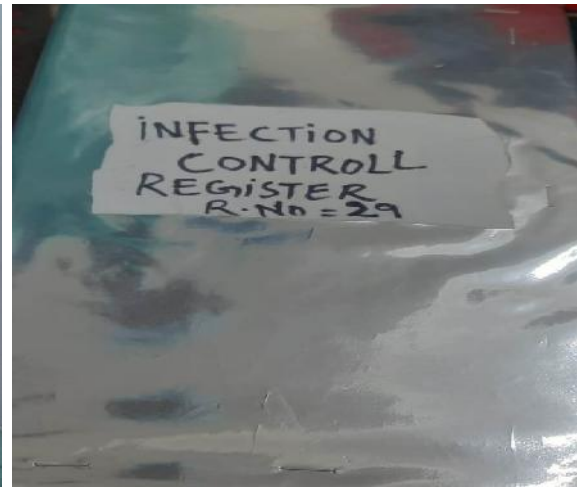




Good Privacy of the labour room at SDH Kupwara



Labour room is equipped with the Child Lap (Manzul)



The condition of NBSU at CHC Zachaldara is good and maintained with protocol.



USG at Zachildra



The Lab is equipped with the required analyzers



The condition of the CHC building is not good because of Seepage issue

۳ ہفتوں سے زیادہ کھانسی، ٹی، بی ہو سکتی ہے۔
جلدی ہی بلغم کی جانچ کرائیں۔ اور ٹی، بی ہونے پر ڈاٹس اپنائیں
ٹی، بی کی جانچ اور علاج بالکل مفت ہے۔

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بینک اکاؤنٹ میں کورس ختم ہونے تک جمع ہونگے
ٹی، بی کے دیگر علامات: ۱۔ بخار ہونا ۲۔ تھوک کے ساتھ خون آنا ۳۔ بھوک نہ لگنا
۴۔ وزن کم ہونا ۵۔ رات کو پینا آنا۔

DISTRICT TB CONTROL SOCIETY KUPWARA
PRINTED AT A.A INDUSTRIES KUPWARA (9906698630)

MONTH: _____
 RECORD REGISTER - DISTRICT HOSPITAL KUPWARA
 ADMISSION/ DISCHARGE

Work done of NBSU 21st April to 21st May 2022
 Total no. of babies admitted = 102
 Total no. of Male babies = 54
 Total no. of Female babies = 47

Workdone of SNCU from 21st April to 21st May 2022
 Total no. of babies admitted = 38
 Total no. of Male babies = 19
 Total no. of Female babies = 19
 Total no. of Referral out babies = 20
 LBW babies = 1
 Death = 01

Workdone of NBSU 21st May to 21st June 2022
 Total no. of babies admitted = 118
 Total no. of Male babies = 55
 Total no. of Female babies = 63

Workdone of SNCU from 21st May to 21st June 2022
 Total no. of babies admitted = 33
 Total no. of Male babies = 23
 Total no. of Female babies = 10
 Total no. of Referral out babies = 18
 LBW babies = 2
 Death = Nil

Record Keeping at SDH Kupwara

Maha Samaj KI 199H
 Page No. _____
 Date _____

Work done ANC Section
 20.9.22 to 20.10.22

ANC Registration = 28
 1st Trimester = 13
 2nd check-up = 19
 4th check-up = 13

T.T 1st = 28
 T.T 2nd = 11
 T.T Boosters = 09
 Iron Beneficiary = 150
 Calcium = N/A

IUD insertion = 08
 IUD Rended = 03
 Oral Pills = 60
 Hb less 7 = Nil
 Hb less 11 = 29
 Chaya = 120
 Antifa = 17
 Hcen = 16
 Iron secrete = Nil
 Folic acid = 29
 Oral Pills mala. d = 50
 Condom = 50 Packet
 E. Pills = 150 Tab.

Work done ANC sec
 20.8.22 to 20.9.22

ANC Registration =
 1st Trimester =
 2nd check up =
 4th check up =
 T.T 1st =
 T.T 2nd =
 T.T Booster =
 Iron Beneficiary
 Calcium
 IUD insertion
 IUD Rended
 Oral Pills
 Hb less 7
 Hb less 11
 Chaya
 Antifa
 Hcen
 Iron secrete
 Folic acid
 Oral Pills
 Condom