MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION PLAN 2022-23: JAMMU & KASHMIR

(A Case Study of Baramulla District)

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

Syed Khursheed Ahmed
Showkat Anwar Bhat
M. Ibrahim Wani

POPULATION RESEARCH CENTRE
UNIVERSITY OF KASHMIR
SRINAGAR-190 006

October 2022

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LIST OF ABBREVIATINS

AD	Allopathic Dispensary	IPHS	Indian Public Health Standards
AEFI	Adverse Effect of Immunization	ISM	Indian System of Medicine
ALS	Advanced Life Support System	IUD	Intra Uterine Device
AMC	Annual Maintenance Contract	IYCF	Infant and Young Child Feeding
AMG	Annual Maintenance Grant	JSY	Janani Suraksha Yojana
ANC	Ante Natal Care	JSSK	Janani Sishu Suraksha Karyakaram
ANM	Auxiliary Nurse Midwife	LHV	Lady Health Visitor
ANMT	Auxiliary Nursing Midwifery Training	LMP	Last Menstrual Period
ASHA	Accredited Social Health Activist	MAC	
ARSH	Adolescent Reproductive and Sexual Health	MCH	Maternal and Child Health
AWC	Anganwadi Centre	MCTS	Mother and Child Tracking System
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, SiDH/Aha and Homeopathy	MD	Mission Director
BeMOC	Basic Emergency Obstetric Care	MDT	Multi Drug Treatment
BHE	Block Health Educator	MDR	Maternal Death Review
BHW	Block Health Worker	MIS	Management Information System
BLS	Basic Life-support System	MLHP	Mid-Level Health Personnel
BMO	Block Medical Officer	MMUs	Medical Mobile Units
BPL	Below Poverty Line	MO	Medical Officer
BPMU	Block Program Management Unit	MOHFW	Ministry of Health and Family Welfare
CAC	Comprehensive Abortion Care	MoU	Memorandum of Understanding
CCU	Critical Care Unit	MPHW (M)	Multi-Purpose Health Worker-Male
CBC	Complete Blood Count	MS	Medical Superintendent
CeMOC	Comprehensive Emergency Obstetric Care	NA	Not Available
CHC	Community Health Centre	NBCC	New Born Care Corner
CHE	Community Health Educator	NBSU	New Born Sick Unit
CHO	Community Health Officer	NCD	Non-Communicable Diseases
CMO	Chief Medical Officer	NGO	Non-Governmental Organization
C-section	Caesarean Section	NHRC	National Health Resource Centre
DEIC	District Early Intervention Centre	NO	Nursing Orderly
DEO	Data Entry Operator	NIHFW	National Institute of Health and Family Welfare
DDO	District Data Officer	NLEP	National Leprosy Eradication Program

DH/AH	District Hospital	NRC	National Resource Centre
DH/AHO	District Health Officer	NHM	National Health Mission
DOTS	Directly Observed Treatment Strategy	NVBDCP	National Vector Born Disease Control Program
DPMU	District Program Management Unit	OCP	Oral Contraceptive Pills
DTO	District Tuberculosis Officer	OPD	Out Patient Department
ECG	Electro Cardio Gram	OT	Operation Theatre
ECP	Emergency Contraceptive Pill	PHC	Primary Health Centre
EDL	Essential Drug List	PIP	Program Implementation Plan
ENT	Ears, Nose and Throat	PMU	Program Management Unit
FBNC	Facility Based New-born Care	PNC	Post Natal Care
FMPHW	Female Multi-Purpose Health Worker	PPP	Public Private Partnership
FRU	First Referral Unit	PRC	Population Research Centre
GNM	General Nursing and Midwife	QAC	Quality Assurance Cells
HBNC	Home Based New Born Care	RBSK	Rashtriya Bal Swasthya Karyakaram
HDF	Hospital Development Fund	RCH	Reproductive and Child Health
HFDs	High Focus Districts	RKS	Rogi Kalyan Samiti
HFWTC	Health and Family Welfare Training Centres	RNTCP	Revised National Tuberculosis Control Program
HIV	Human Immunodeficiency Virus	SBA	Skilled Birth Attendant
HMIS	Health Management Information System	SC /SHC	Sub Centre/Sub Health Centre
HR	Human Resource	SN	Staff Nurse
ICDS	Integrated Child Development Scheme	SNCU	Sick New-born Care Unit
IDSP	Integrated Disease Surveillance program	SRS	Sample Registration System
IEC	Information Education and Communication	ST	Scheduled Tribe
IFA	Iron and Folic Acid	STI	Sexually Transmitted Infection
IDR	Infant Death Review	STLS	Senior T.B Laboratory Supervisor
IMNCI	Integrated Management of Neonatal and Child Infections	STS	Senior Treatment Supervisor
IMR	Infant Mortality Rate	TBA	Traditional Birth Attendant
IPD	In-Patient Department	USG	Ultra Sonography

PREFACE

In order to restructure and recognize the economics of health since the dawn of 1947, various nationally designed Health and Family Welfare Programs and Policies have been launched and implemented in the country in general and particularly in the Union territory of Jammu and Kashmir. Since, the National Rural Health Mission (NRHM), which was initiated in 2005-06, has proved to be a valuable intervention to support in improving the health care by addressing the critical issues of, availability, accessibility, viability of services given the 1st phase (2006-12) of it. However, the 2nd phase National Health Mission (NHM) focused on the health system reforms so that critical gaps in the health care could be plugged-in. State Programme Implementation Plan (PIP) of the Union Territory of Jammu and Kashmir (2022-23) has been approved and the UT has been assigned, the agreed goals and targets. 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 the monthly basis. Significantly, the Ministry has identified twenty one (21) districts in which four are in Jammu and Kashmir, 12 in Bihar and five in West Bengal for PIP monitoring for 2022-23. The staff of the PRC, Srinagar has decided to visit these districts in a phased manner and in the 1st phase, the team visited Baramulla district in Jammu and Kashmir and thus the present report reveals the Challenges, Issues and findings of monitoring exercise for Baramulla district in Jammu and Kashmir.

This study was successfully completed with the efforts, involvement, cooperation, support and guidance of visible and invisible hands. In which we wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks goes to Mission Director, NHM of UT Jammu and Kashmir for his cooperation and support rendered to our monitoring team. We would like to thank our coordinator Mr. Bashir Ahmad Bhat for his support and encouragement at all stages of this study. Special thanks are due to Chief Medical Officer Baramulla, Medical Superintendent District Hospital Baramulla and BMO Uri, in-charge of CHC Uri, UPHC Baramulla and MO PHC Mohura, for sharing their experiences. We would like to appreciate the cooperation rendered by the officials of the District Programme Management Unit (DPMU) Baramulla and Block Programme Management Unit (BPMU), Uri for helping us in the collection of information. Special thanks are also to staff at PHC Mohura, UPHC Baramulla and HWC Salamabad for sharing their inputs.

Last but not the least credit goes to all respondents including community leaders and all those persons who spent their valuable time and responded with tremendous patience to our questions. It is expected that the findings of this study will be helpful to both the Union Ministry of Health and Family Welfare and the UT Government in modifying the health scenario of the district.

Srinagar
October, 2022

Syed Khursheed Ahmad,
Dr. Showkat Anwar Bhat
Dr. M. Ibrahim Wani

1. EXECUTIVE SUMMARY

In district Baramulla, health services in public sector are provided through 10 medical blocks and has a total of 280 health facilities which include one District Hospital/AH, one SDH, six CHCs/FRUs, 86 PHCs (84 in rural areas and 2 in urban areas), and 188 SCs. The district has converted and made operational about 60 PHCs and 132 SCs into HWCs. During our PIP monitoring visit, we visited five selected health facilities of district which include ***DH/AH Baramulla, CHC-Uri, PHC/HWC Mohura, UPHC/HWC Old Town Baramulla and HWC/SC Salamabad***. The summary of the findings is presented below:

- The DHAP is mainly prepared based on previous year performance and achievements of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Overall, a total of 8-10 percent random increase is being made for the previous year indicators in terms of allocation for deliveries, JSSK, JSY and other relevant indicators without taking into account the most recent health indicators released by NFHS-5, NITI Ayoug and MoHFW documents.
- The UT administration has drafted a comprehensive HR Policy for attraction, recruitment and retention of skilled professionals (for both NHM and regular positions) in rural and remote areas but there is also a need for strict implementation of transparent policy with regard to transfer of doctors, their trainings and detachments. NHM has filled the maximum gaps; but from the regular side, a large number of positions are vacant which have created a vacuum in the satisfactory delivery care.
- Medical Supplies Corporation Limited established in the UT procure and distribute drugs/equipment to health facilities and thus the supply chain to health institutions has improved. However, it was reported by visited health facilities that they do not get supplies as per the demand. Besides, there are delays in the supply of drugs. JKMSCL need to address this issue of delay of equipment and consumables for smooth delivery of services at the health facilities.
- The Government has announced the policy of providing free drugs to all, but the drugs supplied to the health facilities were found grossly insufficient; therefore, free drug policy is partly implemented in the district. Essential Drug list has been prepared for various types of health facilities but an updated list of drugs available at the facility was found missing in all the visited health facilities of the district.
- Screening for NCDs at HWCs, PHCs and NCD clinics is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for confirmation, diagnosis, treatment and follow– up. Besides, there is a need to provide various combinations of NCD drugs to the health facilities.
- The skill of ASHAs was assessed during our interaction at various health facilities and most of them had good knowledge of ANC, immunization, PNC etc. However, their performance on account of HBNC and filling-up of CBAC forms was found to be poor.
- Despite irregular and late release of funds, facilities are in a position to provide free drugs, diagnostics and diet under JSSK, but some patients also reported that they purchased few drugs from the market at the time of delivery. As far as free transport is concerned, free referral transport (from facility to facility) for deliveries and neonates is ensured in all facilities visited by us but home to facility and drop back facility is not ensured in all the cases.

- The district has functional 102 toll free number under the centralized system of transportation but only the available ambulances of district are used for the same. There are limited numbers of vehicles for referral transport with various health facilities for JSSK and other referral patients. Twelve (8 ALS+4 BLS) ambulances with GPS are operational on need basis for 24X7 in the district.
- The DH hospital now Associated Hospital for GMC Baramulla does not have the bed capacity as per the given population of the district. As per the records, the DH has a sanctioned bed capacity of 300 beds but only 233 functional beds were found at the facility as it should have at least 400 functional beds as per the given population and set guidelines under IPHS.
- The establishment of the SNCUs/NBSUs has resulted in improving the health needs of neonates and has minimized the referrals from DHs to tertiary care hospitals. However, the SNCU at DH/AH Baramulla has been made as an OPD for all the new-borns for weight and vitamin K dose (as all the new-borns are brought to SNCU for the same). The SNCU at CHC Uri is under construction.
- Facilities like USG, CT Scanning, dialysis, and other diagnostic test are available in DH, while only USG, X-ray and other basic lab testing facility is available at CHC-Uri. Despite, having the facility of good labour room/ward available in PHC Mohura, and UPHC old town Baramulla, not a single delivery has been conducted during last six months for unacceptable reasons.
- Overall, the referral rate from DH/AH Baramulla to territory care hospitals has come down and the rate of C-section deliveries has come down marginally at DH/AH. During 2020-21, 9 maternal deaths and 177 infant deaths were reported in the district and the constituent body reviewed only six maternal and 20 infant deaths. MMU has played a good role to reach-out to the difficult and far-flung areas and on an average 10 trips per month were made which covered 147 villages during 2020-21.
- In order to identify the different proven and prevailing diseases in general and especially among women and children, CHC Uri is conducting integrated RCH camps under the banner of “Hard to Reach Areas” along with the socialized MOs, Sonologists, Lab Technicians, and FMPHWs for diagnostic, treatment and other medical facilities.
- Although some health facilities have been accredited for Kayakalp and other facilities have initiated the process for the same. CHC Uri has scored 77 points and UPHC Baramulla has scored 88 points for the Kayakalp accreditation while as PHC Mohura has not yet initiated any process. DH/AH Baramulla has not yet initiated any process for LaQshya assessment so far due to poor infrastructural indicators in LRs and OTs.
- Institutionalized mechanism for grievance redressal was not evident in any of the visited health facility. 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. Very few health facilities have partly operationalized the Mera Aspatal Portal but its use was found to be very limited.
- Though the HMIS data quality in the district has improved but there is still a lot of scope for improvement in all the health facilities. All the health facilities were uploading their monthly work done on new HMIS portal and were satisfied with the new interface of the portal. RCH Register has been developed for service delivery recording tool for eligible couples, pregnant women and children at village and field level.

2. INTRODUCTION

On a yearly basis, the Ministry of Health and Family Welfare, Government of India, approves the State Programme Implementation Plans (PIPs) under the National Health Mission (NHM), and the State PIP for 2022-23 has been approved. While approving the PIPs, states have been assigned agreed goals and targets and are expected to achieve them, adhere to critical conditions, and implement the road map provided in each of the sections of the approved PIP. States had been implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to know how far these PIPs were implemented. However, in 2013-14, the Ministry of Health and Family Welfare decided to monitor the implementation of State PIP by involving all of the Population Research Centres (PRCs) in the country to undertake this monitoring exercise. It was decided that all PRCs will continue to conduct qualitative monitoring of PIPs in the states/districts assigned to them on a monthly basis. In the first phase, our team in PRC Srinagar undertook this exercise in District Baramulla for 2022-23.

2.1 Objectives of the Study

In consonance with the Program Implementation Plan (2022-23), the main objective of this study has been to monitor whether the UT is adhering to the critical conditions while implementing the plan and to what extent the crucial strategies identified in the PIP are implemented and to what extent the road map for priority action and various commitments are adhered.

2.2 Data Collection and Methodology

The methodology for monitoring of state PIP has been worked out by the MOHFW in consultation with PRCs in a workshop organised by the Ministry at NIHFW on August 12–14, 2013. The Ministry, on the recommendations of the NHSRC, decided to include information from the local AWCs, schools, and also from the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs. After receiving the comments from the PRCs, the checklists were finalised during a virtual meeting held by the NHSRC with all the PRCs of the country. During 2022–23, this PRC has been asked to cover 21 districts (04 in the Union Territory of J&K, 12 in Bihar and 05 in West Bengal). Thus, the present study pertains to the district of Baramulla. A schedule of visits was prepared by the PRC and three officials consisting of one Assistant Professor and two Research Assistants visited the District and information was collected from the Office of the Chief Medical Officer (CMO), District Hospital, CHC Uri, PHC-WHC Mohura, UPHC Baramulla and HWC Salamabad. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during our visit. An interaction with the community, AWWs and ASHAs was also held at the PHC and HWC levels to discuss various health-related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and the strategic areas of planning and implementation process as mentioned in the road map.

3. OVERVIEW OF JAMMU AND KASHMIR

With the given landmass of 2,22,236 sq. km, the erstwhile Jammu and Kashmir State was divided into two Union territories of Ladakh (59146 Sq Km) and the UT of Jammu and Kashmir (42241 sq km) on 5th August, 2019. The UT of Jammu and Kashmir, which is situated in the extreme north of India occupies a strategic

importance with its borders touching the neighboring country of Pakistan. Given the population pyramid, with 20 districts, the UT has 15,732,671(15.74 Million) of population with the overall sex ratio 889 and Child Sex Ratio 946 (0-06 years) and Sex Ratio at Birth 976 (NFHS – 5) while as around 7.6 percent of scheduled caste and 11 percent belongs to scheduled tribes. Since, the overall literacy rate of Jammu and Kashmir is 68 percent while as male literacy rate is 77 percent and female literacy rate was 57 percent (Census – 2011).

As far the vital statistics, the UT of Jammu and Kashmir has a crude birth rate (CBR) of 11.60 percent and a crude death rate (CDR) of 2.81 percent (Census-2011). The infant mortality rate (IMR) has come down to 16 (NFHS–5) as compared to 32 (NFHS–4), in which the under-5 mortality rate has dropped from 19 (NFHS–5) as compared to 38 (NFHS–4). Moreover, the neonatal mortality rate has come down to 10 (NFHS–5) as compared to 23 (NFHS–4). Nevertheless, family planning methods have shown an increasing trend from 57 percent (NFHS– 4) to 60 percent (NFHS– 5), while 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 86.6 percent (NFHS-4) to 92.6 percent (NFHS-5), while the number of fully immunized children increased from 86 percent (NFHS-4) to 96.6 percent (NFHS-5).

3.1 District Baramulla

District Baramulla is a gateway that connects the erstwhile Jammu and Kashmir with Neelam (PoK) from the north, and is surrounded by Kupwara from the north-west, Bandipora from the north east, Srinagar from the east, and Badgam and Poonch from the south. According to the population pyramid, District Baramulla has 10, 08, 039 (826039 rural and 182000 urban) people, of which 5, 34, 733 (53.4%) are male and 4,73, 306 (46.6%) are female, spread across 923 villages and 07 towns, with 04 percent of Scheduled Tribes and 0.15 percent of Scheduled Castes (Census - 2011).

Given the socio-economic parameters, the district has an average literacy rate of 64.63% and the overall sex ratio stands at 885: The sex ratio at birth stands at 973(HMIS). There has been an improvement in Maternal and Child Health Care (MCH) indicators, as the ANC check-ups among pregnant women in the first trimester has increased from 56 percent (NFHS – 4) to 83 percent (NFHS – 5). As such, four ANC check-ups among pregnant women has also increased from 56 percent to 72 percent (NFHS – 5), while the number of PNC professionals has also increased (NFHS – 5) to the benchmark.

The proportion of institutional deliveries has increased from 75 percent (NFSH-4) to 89 percent (NFHS-5), with public health facilities accounting for the majority (85 percent). Nevertheless, full immunisation coverage for children aged 12–23 months has increased from 45 percent (NFHS–4) to 95 percent (NFHS–5). Moreover, the use of methods of family planning among the married have increased from 28 percent (NFHS-4) to 65 percent (NFHS-5) while the unmet need for family planning has declined from 21 percent (NFHS-4) to 6 percent (NFHS-5).

4. HEALTH INFRASTRUCTURE

In district Baramulla, public health service is delivered through a network of various categories of health facilities, in 10 medical blocks of district Baramulla. There are 281 health facilities which include one district hospital/Associate Hospital , 7 CHCs/FRUs including one SDH, one maternity hospital, 85 PHCs, and 188 SCs. Under Pradhan Mantri Jan Arogya Yojana (PMJAY), out of 85 PHCs, three-fourth (58 rural+2 urban) and 132 (70 percent) SCs have been converted into Health and Wellness Centers (HWC) during the last four years. In DH/AH, there is one District Early Intervention Centre (DEIC) under Rashtriya Bal Swasthya Karyakram (RBSK), one Non Communicable Diseases (NCD) clinic, one Adolescent Friendly Health Clinic (AFHC), one Infant and Young Child Feeding (IYCF), and one Special New-born Child Care Unit (SNCU). A registered blood bank is available in DH/AH, while blood storage is available at five FRUs in the district. Comprehensive Abortion Centre (CAC) is available in the district at six health facilities (1st and 2nd trimester), while 1st trimester abortion services are provided at DH/AH and CHCs in the district. CBNAAT/TruNat sites are available at three places in the district. All the visited facilities have round the clock availability of electricity and portable drinking water. Keeping in view the huge follow of patients it was found that there is a space constraint in CHC-Uri. In a maternity ward of CHC-Uri, with a dimension of 12X14 feet, there are six beds with no space for any movement and proper ventilation. In the case of SC/HWC Salamabad, UPHC, and PHC/HWC Mohura, infrastructure is well maintained and have enough space with zero or minimal patient follow.

5. DISTRICT HEALTH ACTION PLAN (DHAP)

DHAP is a principle instrument for planning, implementing, evaluation, and monitoring of the health sector in the district. Normally, DHAPs are framed for one year only, but for the first time, the current DHAP has been formulated for two years (2022–2024). The district had prepared the PIP for the two years 2022-24 and it was submitted to the Mission Director (MD) of NHM of Jammu and Kashmir. The DHAP is mainly prepared on the basis of the previous year's performance and achievements of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Overall, a total of 8–10 percent increase is being made for the previous year's indicators in terms of allocation for deliveries, like: JSSK, JSY, and other relevant indicators. The major flaw in the preparation of DHAP observed by our visiting team was that the district has not taken into account the latest figures on various health indicators released by the NITI Ayoug and Ministry from time to time. The district has not received the approved DHAP for the years 2022-2024 but the 1st installment of funds was released as a salary component only. There are eight pending construction works of health department in the district due to a lack of funds which include five of NABARD and three of BADP.

6. STATUS OF HUMAN RESOURCE

There are two categories of human resources in the health department: regular staff and NHM staff. The selection of regular staff is based on a centralized mechanism at the state level, while the selection of NHM staff is made through a centralized as well as at district level. From CMO/DPMU Baramulla, information regarding the overall staff strength (both for the regular and NHM side) shows that about a

quarter of positions were found vacant among various specialists from the regular side. The maximum dearth of vacancies is in O&G, anaesthetist and surgeon, with about one-half of them vacant.

Around 40 percent of the various specialists in the DH/AH Baramulla are unfilled on a regular basis. The most vacant position were found among anesthetists and surgeons, with more than half of them vacant. Despite at the district head quarter, having DH/AH status, there is no orthopedics, ENT, pathologist, or other specialists are available (as they all have been absorbed in GMC). All such services are being availed from the various specialists of GMC Baramulla as it works as Associated Hospital to GMC Baramulla. From NHM side, all specialists under various schemes are in position. From the paramedical side, in whole of the district about half of the OT techniques, one third of the X-ray technicians, and nearly one-half of the staff nurses are vacant. In DH/AH Baramulla, no dearth of paramedical staff was found. Overall, the in-position staff (out of the approved) for NHM is quite satisfactory, but from the regular side, a large number of vacancies in different cadres were found vacant and have created a vacuum in the satisfactory delivery of care by the health facilities in the district as a whole. In CHC-Uri, there is no sanctioned post for ENT, orthopedic, ophthalmologist, radiologist, dermatologist, and AYUSH MO. It is worth mentioning that all the sanctioned posts for various specialists are in place in CHC-Uri. From the NHM side, other than MO, there is no sanctioned post for any other specialist. There is also a wide gap between sanctioned and in-place paramedics staff on the regular side of CHC-Uri. Two-thirds of the staff nurses (M) and half of the laboratory technicians are unfilled. There are no OT techniques, X-ray techniques, and ANM/FMPHW. In visiting HWCs at SC, Salamabad, PHC Mohura, and UPHC Baramulla, there is not any dearth of staff. In PHC/HWC, Mohura, one pharmacist is attached to medical block Kunzer.

6.1 Recruitment of various posts

There is well established procedure for recruitment of regular staff through a centralized process and all regular positions are advertised in all national and local news paper. 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 (DH/AH) under the Chairmanship of concerned District Magistrate (DM). 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 only six posts of various categories under NHM and 90 post of specialists were found vacant, while from paramedical side more than 300 regular posts are vacant. The details in this regard for the regular staff were not provided by the CMO/DPMU.

Table 6: Details of Human Resource (Regular+ NHM) sanctioned, available and percentage of vacant positions in District Baramulla (Source: DPMU)

Staff details	Regular			NHM		
	Sanctioned	In position	%age vacant	Sanctioned	In position	%age vacant
Specialists						
Gynecologist	11	5	**54.5**	2	2	**0.0**
Paediatrician	10	5	**50.0**	2	2	**0.0**
Anesthetist	12	6	**50.0**	1	1	**0.0**
Surgeon	12	7	**41.7**	0	-	**-**
Physician	10	8	**20.0**	0	-	**-**
Radiologists	1	0	**100.0**	0	-	**-**
Pathologist	0	-	**-**	0	-	**-**
Orthopaedic	4	1	**75.0**	0	-	**-**
ENT	4	3	**25.0**	0	-	**-**
Dental Surgeon	42	39	**7.1**	1	1	**0.0**
Other Specialists	2	0	**100.0**	1	0	**100.0**
Medical Officers MBBS	268	214	**20.1**	56	51	**8.9**
AYUSH MO	0	0		41	41	**0.0**
Dental MO	0	0		0	0	
Paramedical staff						
Dental technician	45	36	**20.0**	1	1	**0.0**
Dental Hygienist	0	0		0	0	
Radiographer/ X-ray technician	1	0	**100.0**	14	14	**0.0**
Laboratory Technician	57	41	**28.1**	42	38	**9.5**
OT Technician	20	10	**50.0**	14	14	**0.0**
X-Ray Technician	45	30	**33.3**	14	14	**0.0**
CHO/ MLHP	29	16	**44.8**	132	100	**24.2**
AYUSH Pharmacist	0	0		33	29	**12.1**
ANM/FMPHW	144	128	**11.1**	256	251	**2.0**
MPW (Male)	25	23	**8.0**	12	12	**0.0**
Staff Nurse/JSN	118	68	**42.4**	148	135	**8.8**
Pharmacist (Allopathic)	168	138	**17.9**	23	22	**4.3**
Other Paramedic	710	523	**26.3**	68	64	**5.9**

6.2 Trainings

NHM organizes a variety of training programs for various categories of health staff at the National, State, Divisional, and District level. The information collected from CMO Baramulla about various training programmes for the staff during the year 2021-22, revealed that almost every year, various training courses are conducted at the district headquarters approved under the PIP in which different categories of health personals participate. During 2021–22, seventeen training courses were approved under ROP for medical and paramedical staff, and all the training programmes were conducted by the district in

different batches. The trainings imparted to the health workers during the same time included NCD Screening, NTCP, NPHCE, NIDDCP, NPCCHH, COB, NSSK, IMNCI, AF 1-3, MAA, GDM, WIFS, MHS, ANMOL/HMIS/RCH, and PMSMA.

7. STATUS OF SERVICE DELIVERY

The district has officially implemented the free drug for all, but it was found that it is not being implemented by all the health facilities that we visited during our monitoring exercise. Free diagnostic facilities are provided to only JSSK beneficiaries in the district. Some patients in DH/AH as well as at CHC Uri were interviewed, and they replied that "*Free drugs are not given in the hospital and use to purchase all drugs from the market*." An attendant of a pregnant lady said, "*Except some DNS bottles, all other medicines are purchased from the market*." At the same time, the visiting team enquired from the in-charge drug store of CHC-Uri about the same query, and he replied that "*some drugs have not been available in the drug store for the last 10 days*". Also, it has been found in CHC-Uri that a pregnant woman who was in labour pain, despite visited frequently to the public health facility at CHC Uri for checkups, was referred by the gynecologist for some investigation like USG and other blood tests to a private lab.

As far as the delivery points are taken into account, the information collected from the DPMU/CMO office shows that not a single SC is conducting more than three deliveries per month and only one 24X7PHC is conducting 10 or more deliveries per month in the district. Out of six, five CHCs in the district conduct more than 20 deliveries per month. C-section deliveries are conducted at the DH/AH Baramulla and some CHC-Uri. In case of any emergency, DH/AH and a few CHCs are conducting C-section deliveries during the night hours also. DH/AH Baramulla is designated as an FRU and both normal and C-section deliveries are performed in this health facility on a 24X7 basis. During the last month, out of the total of 620 deliveries in DH/AH, more than one-third (38 percent) were C-section deliveries. Similarly, at CHC Uri, a total of 71 deliveries were performed at the facility during the last one month, and all of these deliveries were normal. Due to the vacant post of a gynecologist, no C-section deliveries were performed at this facility. Despite having a good facility for labour room and 24X7 services in PHC/HWC Mohura, the concerned health facility does not conduct any delivery. The condition of the labour room, OT was found satisfactory at all the levels in the district. The SNCU at DH/AH was found to be in good condition but overburdened, while as SNCU at CHC-Uri is under construction, The NBSU at CHC was also found to be functional. The NBCC at PHC is also functional with the requisite equipment.

JSSK was launched to reduce the out-of-pocket expenditure for the families of pregnant women and sick newborn. During our visit to different categories of public health facilities, it was reported that, "all the beneficiaries have availed their JSSK listed benefits for safe delivery of pregnant ladies". When our team interacted regarding JSSK with some attendants of pregnant women who were admitted for delivery either in CHC-Uri or DH/AH Baramulla, their simple reply was "only *few facilities are being provided under JSSK*". Most of the attendants of PW also revealed that they *hired the private transport for reaching the hospital*. It was also disclosed there that all the benefits under JSSK are not given to the beneficiaries' in full. The protocols regarding the discharging of patients after delivery are not followed at all thus putting

both the mother and the new-born at risk by discharging them from the health facilities before the due time as per the guidelines.

PMSMA services on 9th of every month is a routine feature at all the designated health facilities, this facility is available at DH/AH Baramulla and at CHC-Uri. PMSMA had made an identification of women with different co-morbidities and are treated and taken care at these FRUs. 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 health facilities, it was found that such records have not been maintained properly at all the health facilities.

Respectful maternity care (RMC) is not only the marker of quality maternity care but also ensures the protection of the basic human rights of every child-bearing woman. RMC is protection from verbal and physical abuse, disrespect, and discrimination during care. It also aims to provide care to child-bearing women with dignity, privacy, and confidentiality. The government of India has adapted RMC under LaQshya to provide dignified care to pregnant women while in the health facility. During our visit to the selected health facilities, it was found that care is not being taken by the concerned health officials for all the women with regard to RMC. Registers for births and deaths were found at all the visited health facilities and were found updated. *On the day of visit, at CHC Uri, we randomly measured the weight of some new-borns in presence of BMO Uri, and it was found that, they all are underweight, but at the time of their birth, their weight was reported normal on their IPD cards.* Comprehensive abortion care (CAC) is an integral component of maternal health under NHM. Its aims are to reduce deaths and injury from either incomplete or unsafe abortions by evacuating the uterus; treating infection; addressing physical, psychological, and family planning needs; and referring to other sexual health services as appropriate. The availability of CAC was both at DH/AH and CHC-Uri. The AFHC at DH/AH Baramulla is functioning with two Counsellors (one male and one female) and the DEO are in-position in the clinic. Under AFHC, 118 meetings were conducted. Infant and Young Child Feeding (IYCF) Centre has been established at the DH/AH.

8. CLINICAL ESTABLISHMENT ACT

The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team under the supervision of District Health Officer (DHO) in this regard which makes surprise checks to private USG clinics and nursing homes. The data by these clinics is regularly received by the district. Overall, 31 health facilities (both public and private) are providing USG facilities and these facilities are registered under the PC&PNDT act.

9. SERVICES UNDER NHM

9.1 Free Drug Policy

NHM supports all the states to ensure free quality essential drugs available to all those who avail the services from public health facilities irrespective of any economic status. It was revealed from the CMO office, that the district has implemented the free drug policy at all levels, but during our visits to selected

health facilities and our interaction with the community at various levels, it was found that such facilities were not available to all. It was disclosed by the patients as well as their attendants at the visited placed that very few drugs (out of the total medicines prescribed by the doctor) are provided to patients when they visit any health facility for any treatment as per the old traditional system.

Further, it was also found that at most of the health facilities, the rate list for various diagnostic tests was displayed, and according to this rate list, people were being charged for any diagnostic test. However, it was reported by the concerned administrators of the health facilities that a free drug policy has been implemented for BPL families while JSSK beneficiaries get drugs and diagnostics free of cost at all levels in the district. During our interaction with the community, they reported that people are being charged for various services, including diagnostics and drugs, by the health facilities.

9.2 Dialysis Services

The dialysis unit has been established at the DH/AH and is fully functional. The Dialysis Centre has been given the requisite staff under NHM and some internal arrangement from the available human resources of different units of the hospital is also used for the smooth functioning of the dialysis centre. The total number of beds in the unit is eight, and in 2021-22, 106 patients get the dialysis service, while during the current year, only 43 patients have been dialysed. On an average, 3-5 patients are provided with the service on a daily basis. The services at the Dialysis Centre are provided free of cost to BPL and golden card holders only. The in-charge of the centre reported that at present there is no shortage of any major equipment or any instruments. The performance of the centre was found to be satisfactory and during our interaction with the patients and their relatives on the day of our visit to the dialysis centre, it was reported by all the patients and relatives that they were highly satisfied with the centre and said that their out-of-pocket expenses had come down drastically due to the opening-up of such a facility in their area.

9.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aimed at early identification and early intervention for children from birth to 18 years, and this concept in Baramulla is in vogue. There is one District Early Intervention Centre (DEIC) which was established earlier in the DH/AH. Most of the staff sanctioned under the scheme, both for the field teams and DEIC, were found in positions. There are 20 sanctioned RBSK teams in the district and, out of these; 19 teams have full sanctioned human resources. The DEIC has more than half of its approved staff in place. The performance of RBSK has suffered a major setback during the last two years (till August, 2021) as the teams were unable to screen the children at schools, and AWCs, but these teams have screened new-born children at delivery points at few places in the district, as was reported by the CMO. The district has hired 20 vehicles for these RBSK teams, and for each block, there are two teams in place. During normal times, each team screened approximately 38 children per day. It has also been found that 7851 children born at different delivery points have been screened for any defects at birth.

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

In District Baramulla, an operational SNCU is located at the DH/AH, and another is located at the Uri CHC. The SNCU at the DH/AH was established in the first phase and has a bed capacity of 12 beds. During our visit to DH Baramulla, we discovered that all newborn babies are transferred to SNCU for immunization, which is unsafe; similarly, at CHC Uri, SNCU is established but not yet operational. The SNCUs in the district have 12 radiant warmers and 12 step-down cares. There are two Kangaroo Mother Care (KMC) units at DH/AH.

During 2021–22, 1502 (799 inborn and 703 out born) infants had been admitted. Of these, 62 percent inborn and 71 percent out-born infants were discharged after getting the proper treatment. A large number of newly born infants were referred to other higher health facilities for advanced treatment. The SNCU has been virtually turned into an OPD as all newborns, as all of them are being brought to SNCU for weight and vitamin K dose, thus putting them all at the risk of infection. In the case of all the NBSUs in the district, a total of 2090 new-born were admitted and 2045 were discharged after the required treatment. CHC Uri admits all the new-born children into the NBSU and, after their check-up by the concerned doctor, they are discharged. The NBCC at Mohura PHC is functional and co-located with the delivery unit, but lacks space and a clean washroom.

The district has sanctioned a Nutrition Rehabilitation Centre (NRC) and 367 patients were admitted during 2021-22. More than one-third of all patients who have admitted in NRC, were suffering with diarrhoea and fever problems, and 15% have nutritional disorder. Most of the patients have been discharged after getting proper treatment and only a few (3) patients have been referred for advanced treatment. Since NRC unit has been dismantled and work on an NRC, NICU, PICU under one roof is near completion.

9.5 Home-Based New-born Care (HBNC)

Overall, 643 HBNC kits were available with ASHAs in the district of Baramulla. During the current financial year (till November, 31st 2022), a total of 13065 visits were made by ASHAs to new-born under HBNC. There are 615 drug kits available for ASHAs. ASHAs at all the places were involved with the Covid vaccination drive, but on the day of our visit, all the ASHAs at SC-HWC were present for interaction with us, while at other visited health facilities they were not. The information collected from them for some specific questions shows that a sizable number of ASHAs were given the HBNC kits in the initial phase. In SC Salamabad, a CBAC survey was conducted by ASHA, in which only a five-year age difference was seen between mother and daughter and a seven-year difference between son and father.

9.6 Maternal and Infant Death Review

In district Baramulla, during the current (2022-23), two maternal death, one child death, 53 infant deaths and 72 still-births were reported, while as in previous year (2021-22), nine maternal deaths, 177 infant deaths and 201 still-births were reported. 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.

9.7 Peer Education (PE) Programme

A Peer Education Program has been implemented in the district, and four blocks have been covered so far. Furthermore, based on the data gathered, 229 villages have been identified and covered by the district's PE program.

10. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT

MMU is the key strategy to facilitate access to public health care for people living in remote, difficult, under-served, and unreached areas. On a monthly basis, the MMU staff performs a variety of activities, including: 10 trips, 10 camps, 147 villages covered, 750 OPD visits, and 312 lab investigations. It is important to mention that no rapid diagnostic tests have been done for malaria by MMU.

In terms of referral transport, the district has a limited number of vehicles with various health facilities for JSSK and other referral patients. The district has a functional 102 toll-free number under the centralized system of transportation, but only the available ambulances in the district are used for the same, which are fitted with GPS. The district has 12 (8 ALS+4 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and they are operational 24X7 on a need-basis. These ambulances with BSL and ASL are fitted with GPS and handled through a centralized call centre. On an average, 400 calls are received per day for ALS and BLS. The district's vehicles were found to be insufficient, and the district was forced to outsource the hiring of vehicles, particularly for JSSK.

11. COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In order to ensure delivery of Comprehensive Primary Health Care (CPHC) services, existing Sub Health Centres covering a population of 3000-5000 are being converted to Health and Wellness Centres (HWC), with the principle being that that time to care should not be more than 30 minutes. Primary health centers in rural and urban areas are also be converted to HWCs under Ayushman Bharat. In this background, a sizeable number of SHC and PHC level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase. Under CPHC, the district has enumerated about 775339 individuals so far, and 179920 CBAC forms have been filled in the district. Out of 188 SHCs in the district, 132 SHC (70 percent), all PHCs and UPHCs have been designated as health and wellness centers (HWC). District Baramulla has not yet met the 100 percent target for filling out CBAC forms, but a large population has been screened for various types of NCDs such as hypertension, diabetes, oral cancer, breast cancer, and cervical cancer. In DH/AH Baramulla, the screening rate of various types of NCDs like hypertension, diabetes, oral cancer etc is very low. In the case of CHC-Uri as well as PHC Mohura, screening of all NCDs is conducted satisfactorily. Screening is done at all the established HWCs, but tele-consultation services and some wellness activities are being provided by 162 HWCs in the district. DH/AH and UPHC Baramulla does not provide telecommunication, while as CHC Uri and PHC/HWC Mohura this facility is available.

11.1 Universal Health Screening (UHS)

Universal Health Screening (UHS) was considered a good idea under the umbrella of NMH. Under universal health screening, during 2021-22 till date, 98,545 CBAC forms have been filled in district Baramulla. During

NCD screening, 6.1 percent, 4.3 percent, and 2.4 percent of patients have been diagnosed with hypertension, diabetes, and cervical cancer respectively. In case of visited health facilities, the information collected shows that the DH/AH Baramulla has done screening for various NCDs during the last six months, and the same number of patients have been detected for hypertension as well as diabetes, which constitutes 5.8 percent of total suspected patients on a routine basis. There are two issues in NCD screening in district hospitals: (i) the number of NCD screenings is low, like hypertension and diabetes; and (ii) record keeping for NCD in DH/AH is not maintained properly.

In CHC Uri, more than 2000 individuals were screened for various NCDs, and out of these, 4.1 percent were confirmed for hypertension and 3.9 percent were confirmed for diabetes. Again, record keeping of CHC-Uri is not properly maintained. NCD screening was also conducted in PHC Mohura for hypertension and diabetes, and 40 cases of hypertension and five cases of diabetes were confirmed and are being treated at the health facility on a regular basis. It is a very worrying situation in UPHC Baramulla that one fourth of suspected cases of hypertension and one fifth of suspected diabetics are confirmed as such. SC-HWC Salamabad has also confirmed some cases among the suspected cases of various NCDs in their area and are being treated at various levels in the district. Overall, it was observed from the whole analysis that the severity of both hypertension as well as diabetes is less in rural areas than in urban areas.

12. GRIEVANCE REDRESSAL

It has been seen at every visited health facility that a complaint box is placed on the main entrance and that these boxes are opened on a regular basis by the officials of the concerned health facilities to resolve complaints if any. There is no toll-free call centre established in the district. None of the visited health facilities were taken seriously about the grievance redressal system and were of the opinion that all such issues were resolved when brought to the attention of these health facilities, but the community was not satisfied with this argument at any level and were of the opinion that community members needed to be taken on-board for resolving such issues with maximum transparency. The Mera-Aaspatal has been initiated at the DH/AH level and the authorities are in the process of making it functional at all the units of DH/AH.

13. PAYMENT STATUS

According to the CMO office, more than 40 percent of JSY payments are pending at the district level due to lack of funds. In case of DH/AH Baramulla, from March 2022, JSY payments have not been disbursed due to the non-availability of funds, while in case of PHC/HWC Mohura and CHC-Uri, till June 2022, all the JSY payments have been disbursed. In UPHC/HWC Old Town Baramulla, JSY payments are made by DH/AH Baramulla. It has been concluded that all types of documentation regarding JSY payments are much faster at lower levels of health facilities (PHCs and CHCs) than DH/AH. In the case of ASHAs, all the 1159 beneficiaries have been paid their routine recurring amount of Rs. 2000 per month till date. Furthermore, 62 ASHA facilitators were found to have received their ASHA facilitator reward of Rs. 300 as an incentive for field visits.

All the payments are being made through DBT in the district. No other incentive has been received by any ASHA in the district for other activities during the current financial year. The delay in the disbursement of incentives to beneficiaries has been due to the delay in the release of funds by SHS to the district and also due to prevailing pandemic situation.

14. COMMUNICABLE DISEASES PROGRAMME

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Teams (RRTs) have been constituted both at the district level as well as at the block level. The Rapid Response Teams (RRTs) in Baramulla are composed of D.H.O., Epidemiologist, General Physician, and Microbiologist. In the previous year, four outbreaks were investigated, but no major outbreaks were reported in the district during the current or previous year. All the designated health facilities in the district are regularly uploading the weekly data under the IDSP on the portal. The data is properly monitored, and early signs of epidemics are detected. The information collected from the visited facility shows that the SC-HWC is reporting the data on a daily basis in form-S under IDSP in the online mode on the tablet that has been provided by the SHS, while at PHC level, the data on IDSP is uploaded on a weekly basis as reported by the concerned MO. Furthermore, the information collected from the CHC and DH/AH indicates that the data on the P, S, and L forms under IDSP is being updated on a weekly basis. The data of IDSP is utilised for planning and implementation of health programmes. Further, the information collected from the CMO office reveals that the district is not covered under the National Vector Borne Diseases Control Programme (NVBDCP), but the authorities failed to provide us with a copy of any micro or macro plan regarding the programme.

Under the National Leprosy Eradication Programme (NLEP), three new cases of leprosy have been reported in the district during the current year, while there are no new G2D cases in the district. The district has not provided any reconstructive surgery for any G2D cases, but MCR footwear or self-care kits are available there. It is pertinent to mention that five percent of health workers are vaccinated against hepatitis "B". The district has one treatment site or model treatment centre for viral hepatitis. Under the National Tobacco Control Programme and the National Iron Deficiency Disorders Control Programme, the district has conducted a few awareness programmes under the IEC component of the ROP at facility and panchayat level.

Under the National Tuberculosis Elimination Programme (NTEP), a target of three fourths of TB patients has been notified. All the visited health facilities are actively involved in NTEP. In this regard, the services of ASHAs are also being utilized to ensure the supply and consumption of drugs to the identified patients. Both drug susceptibility testing (UDST) to achieve the elimination status done at the district and both drug sensitive and drug resistance testing is available. Further, the information collected shows that all the patients have been notified by the public sector, and the overall success rate was found to be 100 percent in the district. There are five MDR TB patients in the district, and treatment has not been initiated in these cases by the district authorities. The plan for finding active cases is done as per the protocol set by the district. Under Nikshay Poshan Yojana (NPY), 813 patients have been notified as beneficiaries, and among

them, 93 percent of beneficiaries have been paid. At PHC/HWC Mohura and UPHC Baramulla, there is no designated microscopy centre (DMC) availability, nor any drug available for anti-TB patients, while at DH/AH Baramulla and CHC Uri, these facilities are available. Further, the information collected shows that the CBNAAT and TruNat facilities are available at the CHCs and DH/AH in the district. The maintenance of records of TB patients on treatment, drug resistance, and notification was found to be updated and satisfactory at all levels.

15. Accredited Social Health Activists (ASHAs)

Out of 1186 required ASHA staff as per the population of the district, 1184 are working in the Baramulla district. One-fourth of the ASHA covers 1500 people or more in rural areas and 3,000 people or more in urban areas. In the district, all villages have ASHAs, and these ASHAs have been brought under various social benefit schemes in the district. Under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), a total of 1044 (88.02 percent) ASHAs have been enrolled for Pradhan and under PMSBY, except a few. All other ASHAs enrolled in the district and more than one-half have been enrolled for PMSYMY, while as for other benefit schemes, none of the ASHAs have been enrolled so far under PMSYMY. Furthermore, the information collected shows that none of the ASHA Facilitators have been enrolled in any scheme in the district. Since the district has a very limited urban population and NUHM has been extended to the district and have converted to PHCs into UPHCs, 9 MAS have been formed in the district also. On the other hand, 534 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and training has been arranged for all of them till date. The ASHAs have not yet been paid any incentive for the filling-up of CBAC forms, immunisation coverage, HBNC activities, or telephone charges.

16. IMMUNIZATION

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH/AH, CHC, and PHC only. None of the SC-HWCs in the district provide BCG doses of immunization to infants. During our visit to different health facilities in district Baramulla, it has been found that during the last three months (April-July), 1462 in DH Baramulla, 177 in CHC-Uri, 56 in UPHC Baramulla, new born infants were immunized with first birth dose. Outreach sessions have been held to meet with drop-out or left-out cases. A District Immunization Officer (DIO) is in place in and is looking after the programme. Almost all the SCs in the district have 2nd MPW/ANMs in place. Micro plans for institutional immunization services are prepared at the sub-centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for preparing micro plans. Cold Chain Mechanics for the maintenance of cold chain machines and paramedics trained in cold chain handling are in place in the district. At VHNDs, outreach sessions are used to improve Pantavelent-1 Booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. AEFI committees and Rapid Response Teams have been formed in the district. The information collected from the selected health facilities shows that all the health facilities, including SC Salamabad, have hub cutters available and the vaccine is not usually there.

17. FAMILY PLANNING

Besides DH/AH, CHCs and some PHCs, a few SCs have also been identified and are providing IUD insertion or removal services in the district. The district is currently providing IUCD services through a network of identified health institutions of various categories in the district. Information regarding various methods of family planning is also provided through VHND sessions at the SC-HWC level. The spacing methods, like condoms and oral pills, are available at all levels in the district. Besides, at PHC Mohura, both the DH/AH as well as the CHC have trained manpower to provide IUCD/PPIUCD. Counselling on FP is mainly provided by the LHVs, SNs, and CHOs at the DH/AH and CHC levels, while as such, counselling is also provided by the MOs and ANMs at the SC and PHC levels in the district. During the last three months, 106 cases of female sterilisation for FP were done at DH/AH/AH while at CHC Uri, during the last month, two cases of such female sterilisation for FP were done at Mohura PHC, where such a facility is not available.

18. QUALITY ASSURANCE

Quality Assurance Committees (QACs) have been established for the purpose of improving safety and quality of health services. A District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs, etc. DQAC held one meeting during this year and the members stressed upon to ensure the rollout of standard protocols for RMNCHC+A services, disseminate quality assurance guidelines and tools, monitor health facilities for improving quality measures by mentors, payment of family planning compensation, and compile and collate outcomes/complications in maternal, neonatal and child health. DH/AH Baramulla is has been assessed by NQAS and scored 69 points while as in case of Kayakalp assessment, the DH/AH had initiated the internal assessment and scored 96 points during 2020-21, but the *visiting external assessment team has not observed goodness among the parameters, which are prerequisite for Kayakalp award.* CHC Uri has scored 77 points for internal assessment of Kayakalp, while as PHC Mohura has not yet initiated any process in this regard. LaQshya has not been implemented in DH and CHC. Because both at DH Baramulla and CHC-Uri, labour rooms are not in good condition and have the space constraints. These labour rooms are not worth for LaQshya status. DQAC has directed all the health facilities to work for the quality assurance of their respective institutions under various quality assurance programmes.

18.1 Information Education and Communication (IEC)

At all levels, the display of appropriate IEC material in health facilities was deemed satisfactory. They have increased their visibility in terms of IEC by putting up hoardings and banners for various services they are providing at their health facility. The IEC material related to NCDs, MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the DH/AH, CHC, and PHC levels also.

19. HEALTH MANAGEMENT INFORMATION SYSTEM AND REPRODUCTIVE AND CHILD HEALTH

19.1 Health Management Information System (HMIS)

The Health Management Information System (HMIS) is a Government-to-Government (G2G) web-based Monitoring Information System that has been put in place by the Ministry of Health & Family Welfare (MoHFW). Data on this website is regularly reported. Though the data quality in the district has improved to a great extent, but there is still a lot of scope for improvement in all the facilities, particularly at DH/AH in the district. It has been seen that most of the services provided by the DH/AH are underreported, particularly for ANC visits, NCD check-ups, and various doses of immunization. In the district, there is still a lot of scope for improving the recording and reporting of HMIS data so that it can be streamlined further. There is a need for training to the data entry operators to improve the quality of the data. During our visit to various health facilities, a few on-the-spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved. However, there is an urgent need to provide further training to all the stakeholders in this regard so that misconceptions regarding reporting and recording can be corrected. All the health facilities were uploading their monthly work done on the new HMIS portal and were satisfied with the new interface of the portal.

19.2 Reproductive and Child Health (RCH)

The National Health Mission (NHM), Government of Jammu and Kashmir, like other states in the country, has rolled out the RCH Portal State-wide-a web-based application for RCH that replaces the MCTS portal. In this regard, the integrated Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women, and children at village and field level. The training of health functionaries has been completed and data collection and reporting under the RCH portal has been regular in the district.

20. STATUS OF FUNDS RECEIVED AND UTILIZED

The information collected from the CMO office regarding the receipt and utilization of funds during 2022-22 shows that the district has utilized 96 percent of the funds that they received from various sources. It has also been found that except for a few indicators like service delivery community-based, community intervention, infrastructure and procurement, there is full utilisation of funds on all other indicators.

Similarly, the funds released to the district during 2021-22 under RCH and Health Systems Flexi pool, which include maternal health, child health RBSK, immunization, CPHC, ASHAs, HR, programme management, referral transport, and procurement, were spent almost in-full by the district till March 31st, 2022. Among various indictors of RCH and Health system flexi pool, maximum budget was released for HR, followed by ASHAs. It has been also revealed by CMO, that under communicable diseases pool, there is no budget released IDPS and NVBDCP till March 2022, while all released funds for NLEP and NTEP have been fully utilised. Budget released for various indicators of non-communicable disease pool like NPCB+VI, NMHP, NPHCE, NPCDCS have also been fully utilised, while for the Dialysis Programme, NTCP, NPCCHH, NPPC, NPPCF, NRCP, NPPCD, PPCL and National Program for Prevention and Management of Burns and Injuries, there was no budget released for these indicators.

As per the data collected from the selected health facilities regarding the receipt and utilization of funds during 2021-22 shows that the DH/AH/AH Baramulla had received a total of Rs. 4.021 corers from various sources and out of these, the facility has been able to utilize 99 percent funds. UPHC Baramulla, have received an amount of Rs 35, 12,435, and all funds has been utilised by it. CHC Uri has not revealed the information regarding fund utilization. Similarly, in case of PHC Mohura and HWC Salamabad all the funds received during 2020-21 were utilized during the same period. Most of the expenditure by these health facilities was made on purchase of few equipment and some renovations.

21. FACILITY-WISE BRIEF

21.1 District Hospital/Associated Hospital Baramulla is situated at the centre of the Baramulla town and is housed in a well-structured building with enough space but after opening-up of GMC Baramulla in the same building on temporary basis (as the separate building for GMC is under construction) most of the activities have been hampered. The 1st referral point for DH/AH is GMC Baramulla which is located in the same building. It has a bed capacity of 300 beds and has 23 ICU beds available for any emergency. Almost all the necessary services that include general medicine, O&G, pediatric, surgery, anesthesiology, dental, imaging services, labour room complex, ICU, dialysis unit, OTs, AYUSH and emergency care are available at the hospital. DH/AH has a registered Blood Bank and is functional on 24X7 bases with almost all the required equipment pertaining to the blood bank. On the day of our visit, 82 blood units were available and 280 blood transfusions were done during the last one month in the hospital. There are no tele-consultation services to the patients. The hospital is getting electricity and water supply on 24X7 bases and has a dedicated back-up for both electricity and water supply for the hospital. OTs for general, orthopedic, OGY, ophthalmology, ENT and emergency were found available at the DH/AH/AH, but the physical condition of these OTs are not satisfactory.

The DH/AH is has sanctioned staff as per the IPHS standards which include a sanctioned strength of 34 MOs both from regular as well as NHM side (only three forth in-position), and specialists all from the regular side include four for medicine, three for anaesthesia, three for OBGY, two for ophthalmology and four for surgery one each from radiology, ENT, orthopaedic, pathology and 2 each from paediatrics and dental (various services are being provided by the GMC staff). Among the paramedical staff out of sanctioned strength of 60 SNs/GNMs (both from regular side and NHM), 85 percent were found in-position. There are also12 lab technicians, five dental technician, eight X-Ray technician (6 in position), 09 OT techniques. There is no CHO/MLHP and AYUSH pharmacist. Under NHM; various service centres were established like: DEIC, SNCU, NCD clinic, AFHC etc. and some these facilities have not performed up to the mark during last three years due to Covid 19 and other administrative issues. There is also one well-established one Dialysis Centre with sufficient staff from the NHM side. NHM staff both from doctors as well as from paramedical side is performed up to the mark and their services are not restricted to only for those schemes for which they have been engaged.

All the necessary equipment are available in the DH/AH. All the sections of the hospital were found well equipped and have in-house CT-Scan facility also. The central lab of the hospital remains open for 24X7 and all the requisite diagnostics are being done in the hospital on 24X7 basis. All diagnostic services (lab, X-Ray, USG) are free for all BPL and JSSK beneficiaries. Besides, Jan Ashudiya facility, hospital has a huge drug store and remains open for the services from 10-4 pm only. Supply of drugs was reported to be sufficient and the Essential Drug List was displayed in the store and at the entrance also. All these patients were given referral transport by the DH/AH. DH/AH has 12 dedicated ambulances for referral services under toll free numbers of 102 and 108. In DH/AH internal assessment for Kayakalp and NAQAS has been conducted and 96.08 points for Kayakalp and 69 points for points NAQAS has been scored. LaQshya has not been implemented in the labour rooms and OTs of DH/AH.

In month of July alone, 591 newborn were immunized and 21 female sterilizations were performed at the DH/AH. All lab tests like USG, ECG, CT and other tests were conducted in the DH/AH. It has been found that record keeping for NCD is maintained properly. There is some vagueness in suspected cases of NCD and confirmed cases of NCD. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in each section of the DH/AH for waste segregation.

Key Challenge: *In DH/AH Baramulla, there is acute shortage of manpower (both of doctors and para medical staff). It is very sensitive that despite having the DH/AH status, there is no pathologist, orthopedics ENT and other specialist (such services are being provided by GMC). It has been also found that there is shortage of transport especially critical care ambulances and MRI facility. Renovation of various units is urgently needed.*

21.2 Community Health Centre (CHC) is located in district Baramulla, on the National High Way Srinagar Muzaffarabad road, 45 Kms away from district head quarter. It is a standalone facility housed in an old building and lack space. It is a dedicated FRU and its next referral point is DH/AH/ and GMC Baramulla which is at a distance of 45 kms. CHC-Uri is functional in old building with 60 bed capacity and also new building is under construction. CHC-Uri provides only few services like: general medicine, O&G, paediatrics general surgery and anaesthesia. More than half of services are unavailable in the CHC-Uri. In this health facility maximum services are offered by regular side employees and only three MO from NHM side are sanctioned. During last one month (June 2022), no C-Section delivery was performed in the facility. The hospital is getting 24X7 electricity and water supply. The OT and washrooms of the facility were found in good condition. Out of 3 sanctioned posts of MOs; only two were in-position. Besides, NHM staff under various schemes, CHC Uri has staff strength of 21 medical and 91 para-medicals from both the regular side and all sanctioned staff is found in position.

There is also the facility of X-Ray, USG and SNCU/MNCO that are under umbrella of NHM. Under NHM, the CHC Uri has established an NCD Clinic with permissible staff. The CHC has not yet been given the staff as per the IPHS standards permissible for CHCs. It has been seen that all the necessary equipment for OT, Lab, labour room and other sections was found available in the CHC. Imaging service (USG) is done during

the day time only on selected days when the concerned BMO visits the hospital for the same. CHC Uri has also an established drug store and remains open for the services from 10-4 pm only. Supply of drugs was reported to be irregular but ELD was displayed in the store and at the entrance. Management of the inventory of drugs is manual though the facility has internet and computers available. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at CHC.

CHC Uri has initiated for Kayakalp and achieved a score of 77 points during the last assessment while as NQAS and LaQshya has not been initiated yet. DVDMS has been initiated at the CHC for supply chain management system. No child or maternal death has been reported from the facility during the last two years. A total of 77 newborns were immunized for the birth dose during the last three months while as all the newborns were breastfed within one hour during the same time. Cleanliness of the facility was found un-satisfactory at various levels. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in each section of the CHC for waste segregation.

Key Challenge: *Out of 25 specialized services only around half of the service specialists are available due to insufficient manpower as per the IPHS. There is no MRI and CT scan facility available, have insufficient ambulances/transport, and Need new and digital X-ray machine and equipment for dental section, insufficient infrastructure.*

21.3 PHC Mohura is a 24X7 PHC and was converted into a HWC in 2020-21. It is situated at a distance of 40 kms from block headquarter and on Srinagar Muzaffarabad National High Way Road. It is functioning in a well-constructed in a double-story government building with enough space. The institution has a bed capacity of 16 beds with separate wards for male and female patients. The health facility has 24*7 running water, facility of geriatric and disability friendly ramp, well-maintained toilets, OPD waiting room, etc. available. The facility provides different types of services like, OPD, IPD, MOT, X-Ray, NCD checkup, dental care etc. The total in position manpower strength of the facility composed of two MO, (one regular and one NHM), one MO (AUSH), one SNs (NHM), one ANM, one lab techniques, and one Pharmacist. There is more than fifty percent deficit in the staff strength. Facility of tele-consultation or delivery services is provided by the PHC. The PHC has not initiated for Kayakalp, but for NQAS internal assessment has been made. On the day of visit all essential drugs are not available there. The given health facility has regularly conducted NCD screening and about 400 individuals have been screened for NCDs by this facility till date.

PHC is providing diagnostic facilities like pregnancy testing, hemoglobin, BT/CT, and blood sugar to pregnant women. Drugs for common ailments, ORS, Zinc, and de-worming were found available. Some drugs are available in sufficient quantity like OCPs and EC pills. The list of essential drugs was not displayed

in the PHC. It is very encouraging that cleanliness of the facility was found satisfactory. The PHC bury the biomedical waste in deep burial in the facility premises as no out-sourcing has been done in this regard. PHC Mohura has not yet initiated Kayakalp. All the registers were found updated and clean.

Key Challenge: *Due to non-availability for O&G specialist, no delivery is performed in the facility. There is shortage of human resources. There is no dentist, no dental technician, and no staff nurse.*

21.4 Health and Wellness Centre Salamabad is located in the Uri tehsil of the Baramula district in Jammu & Kashmir, India. It is situated 7 km away from CHC-Uri and 50 km away from the district headquarter of Baramulla. It is housed in a standalone two-storey building with sufficient space. It caters to a population of around 5000 and is housed in a government building. The facility has a 24X7 water facility, a ramp for disabled people, and a drug store. It is a two-storey building with four rooms, two bathrooms, one drug store, etc. There is also one ANM, one CHO, and five ASHAs in position. A Mercury BP instrument, a thermometer, a glucometer, and a haemoglobin metre is available there. The branding of the facility has not been done. This health facility provides the services of OPD for ANC, day-care IPD, NCD screening, ANC check-up, and temporary methods of family planning services (condoms and oral pills). EDL was displayed in HWC, which contains 23 essential drugs as per the guidelines. All the drugs were available at the centre on the day of our visit. So far as contraceptives are concerned, oral pills, emergency contraceptive pills (ECPs) and condoms were found available at the centre. A few drugs for hypertensive and diabetic patients were also found available at the centre, which included Amlodipine, Metoprolol, and Etonal. Other available and functional equipment at the centre includes an examination table, a screen, a weighing machine (adult and infant), etc. The records verified in the visited health facilities show that the documentation and records regarding the line-listing of severely anaemic patients and the filling of MCP cards were not satisfactory. During the last 6 months, no screening camps were conducted by the centre. During the last month, about 900 suspected patients were screened for various NCDs, among which seven cases were confirmed as hypertensive and three as diabetic. The H&WC's overall cleanliness was satisfactory. As a deep burial pit for waste management is available, the HWC has a proper mechanism for the management of bio-medical waste. There was no complaint/suggestion box found in the HWC. ASHAs reported that they have been trained in HBNC but have not received any number of HBNC visits during the current year. ASHAs are getting assured remuneration on time, but incentives get delayed.

Key Challenge: *Need Electricity, water supply, Road connectivity, and have shortage of testing kits and other equipment. ASHAs associated with SHC/HWC are not well trained, and educated.*

21.5 Urban Primary Health Center Baramulla is located in Old Town Baramulla, three Kms away from DH/AH Baramulla. It has concrete building with enough space and good road connectivity. The facility has 10 beds and has facility of general OPD, IPD, X-Ray, Dental unit, USG, Ambulance, NCD services, ECG etc. This health facility has availability of 24X7 drinking water, geriatric and disability friendly ramps, clean

toilets, OPD hall, power backup etc. The total manpower strength in UPHC comprised of two MOs, two SNs, nine ANM, two lab technicians, one NHM pharmacist and two others. The facility has initiated for Kayakalp and received three consecutive awards in three years and in latest the facility has scored 87.7 points and also internal assessment for NQAS has been initiated. On the day of visit, 62 essential drugs are available there and also all drugs for NCD are available there. Different types of diagnostics test (pregnancy testing, hemoglobin, BT/CT, and blood sugar to pregnant women) are conducted there. The UPHC has the good facility of labour and other delivery related services are available, but till date no delivery of pregnant lady was made there. NCD screening in the UPHC is at low pace and only 288-suspected patients are screened during last six months and 25 percent were confirmed as hypertensive and 20 percent as diabetic. During 2021-22, the facility has utilized the entire received budget.

Key Challenges: *There is no Allopathic medical officer, X-Ray technician, and dental techniques. Also there is only one medical officer from regular side. Despite having the facility of labor room and other delivery related equipment, till date there is no delivery conducted in the facility. .*

21.6 Community/PRIs: During our interaction with the community, it was found that majority of the population prefer public health facilities for all kinds of health care services as there are very limited private health facilities in the district. Majority of the people use iodized salt, safe drinking water, LPG for cooking and better sanitation in urban/town areas while as in rural areas all such facilities are not available to community and use firewood, non-filtered drinking water and don't have better ventilation in their kitchen. Community members expressed that though HWC provides health care services for minor ailments, ANC services, immunization of children and NCD services in their area but they mentioned that very few essential drugs and diagnostics are being provided by the public health facilities to them free of cost as they have to pay for almost all the services they get from these health facilities. They further reported that their out of pocket expenditure for any visit at the public health facility ranges from 70-90 percent of the total cost of medicines and diagnostics (except for JSSK beneficiaries). Community members in SC-HWC area were extremely unhappy for moving out the MLHP time and again. Overall, the community was found to be partly satisfied with the working, knowledge, training and supervision support of ASHAs. For almost all the health related issues, people prefer to go to higher level facilities for better treatment. Community was not satisfied with the working of RBSK field teams. They were of the view that HWCs should be strengthened and more equipment for lab and drugs should be kept at their disposal so that they can serve in a better way for the community.

Key challenge: *Need manpower for health facilities as per the requirement and workload, impress on implementation of free drug policy for all as announced by the UT administration, Intensify NCD screening by HWCs through camps at various places in their respective areas, Need to create strong coordination with various other likeminded departments for better coverage of various health and wellness issues of the population at the village level.*

22. RECOMMENDATIONS AND ACTION POINTS

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

- *The DHAPs are being prepared without taking into account the latest health statistics on different parameters of the district provided by various government agencies from time to time so that realistic targets can be put in these DHAPs for achieving in a stipulated time. It is therefore, impressed upon the district level authorities to take maximum care while preparing the DHAP for submission and its approval.*
- *Though there exists some deficiency of staff at higher level health facilities but at the lower level health facilities, the existing staff lack trainings, motivation and supervision as few lower level health facilities were found with very limited work done in comparison to the available manpower. In addition, work culture at lower level health facilities was unsatisfactory due to lack of proper monitoring/supervision from the higher-level officials of the district/block. It is therefore, suggested that after proper assessment of required manpower as per the workload for each of the health facility may be done and accordingly the staff (both medical and paramedical) can be given to a health facility so that optimum use of available manpower can be made in the district.*
- *Regular trainings, orientation, workshops etc. need to be organized on regular intervals for each category of health workers so that their efficiency and quality of work can be improved. However, 617 posts of various categories under NHM as well as from regular side are vacant in the district, which need to be filled in order to streamline the delivery of health care services through public health facilities.*
- *As the UT administration has implemented the free drug policy but at the ground level, it's implementation was found to be partial. There is a need to assess the actual demand of various drugs at each health facility and provide them to the health facilities for proper implementation of the free drug policy. Further, it is also suggested to strengthen the supply chain of drugs and equipment from the concerned agencies to various health facilities so that the gaps with regard to deficiency of equipment and drugs can be filled for uninterrupted services to the public.*
- *The orientation of ASHAs with regard to filling-up of CBAC forms and HBNC was found to be weak. Since ASHAs have limited educational qualification, therefore, it is very important to keep them abreast*

of the latest programmes and the work they are supposed to perform. In this regard, it is suggested to arrange regular orientation/training programmes for them by qualified trainers. Further, it is also suggested to monitor their work very efficiently by the higher authorities and encourage them by having regular interaction with them.

- *Almost all the major schemes under NHM which include RBSK, DEIC, NCD, HWCs and few other activities have suffered enormously due to the Covid pandemic as both the staff and the infrastructure has been fully utilized by the district for management of Covid. It is therefore, suggested to make all the schemes under NHM fully functional by placing the staff of these schemes at their respective places and strictly monitor their activities/performance in a better way to make them more productive for which they have been actually appointed under NHM.*
- *Though with the proper procedure and guidelines given regarding JSSK, it has been found that JSSK in the district Baramulla, is not fully implemented. There is a need to constitute a team of some external agency to audit the performance of various components of JSSK and make surprise visits to health facilities and get on spot feedback from the IPD/OPD patients regarding the implementation of JSSK.*
- *Though, the district has functional 102 toll free number under centralized system of transportation but have limited numbers of vehicles for referral transport with various health facilities for JSSK and other referral patients. Therefore, this supports the need for operationalization of fully functional patient transport system that is easily accessible so that pregnant women and emergency patients could avail transport facilities from home to facility and drop back under JSSK.*

PHOTO GALLERY

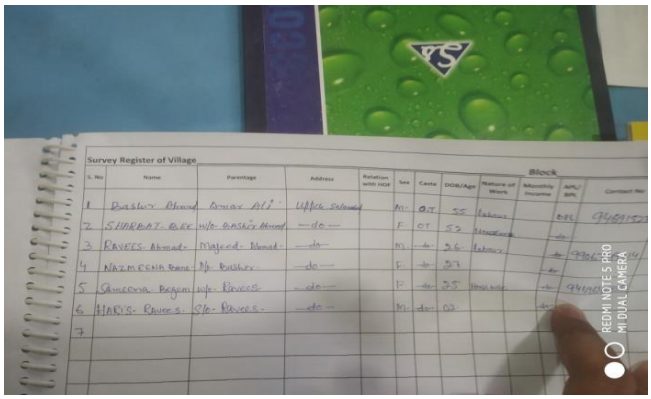
Patient of Ward IPD SDH URI

Under Construction SNCU at CHC Uri

SDH URI

Interaction With the Doctors and DPM Baramulla at SDH URI

ASHA's and Staff at SC/HWC Salamabad Uri



CBAC Form Filled by ASHA's

PHC Mohura URI

UPHC Old Town Baramulla