

**MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION  
PLAN-2022-23: JAMMU & KASHMIR  
(A Case Study of Kulgam District)**



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## LIST OF ABBREVIATIONS

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

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

<b>RBSK</b>	Rashtriya Bal SwasthyaKaryakaram		
<b>RCH</b>	Reproductive & Child Health		
<b>RKS</b>	Rogi Kalyan Samiti		
<b>RMP</b>	Registered Medical Practitioner		
<b>RNTCP</b>	Revised National Tuberculosis Control Program		
<b>RPR</b>	Rapid Plasma Reagin		
<b>RTI</b>	Reproductive Tract Infection		
<b>SCs</b>	Scheduled Castes		
<b>SC</b>	Sub Centre		
<b>SN</b>	Staff Nurse		

## PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in Jammu and Kashmir to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the States in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, 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, 2022-23 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 2022-23, Ministry has identified 21 Districts for PIP monitoring in consultation with PRC in Jammu and Kashmir, Bihar and West Bengal. The staff of the PRC is visiting these districts in a phased manner and in the 1st phase we visited Kulgam district 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 (Dr MohdRafiq) and Medical Superintendent (Dr Khurshid Ahmad) of the District Hospital 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 MS (Dr Gulzar Ahmad) of CHC DH Pora and MO of PHC Manzgama for their cooperation in data collection. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit of Kulgam District. Special thanks are also to the staff members posted at PHC and SC Manzgam for sharing their inputs.

We thank Mr. Bashir Ahmad Bhat, Associate Professor of the PRC for his immense support and guidance during the completion of this study. Special thanks are due to other colleagues of the PRC for providing moral support.

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

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## **1. EXECUTIVE SUMMARY**

The objectives of this exercise are to examine whether the State is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State and various districts. The district derives its name from its headquarters' town Kulgam. The population growth rate is about 7.73 percent and the sex ratio is 951. The district consists of 3 medical blocks and has 166 health institutions of different levels. There are 32 RKSs and 313 VHSCs in the district. The following is the summary of findings of this study:

### **Health Infrastructure**

The health services in the public sector in 5 medical blocks are delivered through 1 District Hospital, 2SDHs, 1 CHC, 45 PHCs and 118 SCs out of these 118 SCs. The district has converted 45 PHCs and 102 SCs into HWCs during the past two years. Kulgam district has also established one DEIC under RBSK, one NCD Clinic, an AFHC and an SNCU at the CH. The district has established a sanctioned blood bank at DH while a blood storage unit at CHC DH Pora has not yet been established.

### **Human Resource**

- ❖ From regular staff, 34 percent of positions of Staff Nurses (SNs) were vacant in the district. Similarly, 10 percent of pharmacists were also vacant in the district. Further, the information collected shows that 22 percent of positions of LT technicians, 37 percent of radiographers, 11 percent FMPHWs are vacant in the district.
- ❖ Among the doctors/specialists, 20 percent of the sanctioned positions of OBGYs, 25 percent Paediatricians 33 percent Anaesthetists 50 percent Orthopaedics, 66 percent ENT specialists were found vacant while as 100 percent positions of Surgeon Specialists, Physicians, Radiologist and Ophthalmologist are in place in the district.
- ❖ Among the NHM staff, out of the sanctioned strength, 4 percent SNs, were found vacant in the district and the 2 sanctioned position of paediatrician and 2 positions of MOs (MBBS) are vacant in the district.

### **Ability of Staff and infrastructure (OT).**

- ❖ The C-section deliveries are conducted only at the DH Kulgam mostly during the day time only. In case of any emergency, DH refers cases to GMC Anantnag or Lalded Hospital Srinagar.
- ❖ In DH Kulgam during the last month, out of the total of 375 deliveries, 133 normal deliveries and 242 C-section deliveries were performed at the facility. At CHC DH Pora a total of 40 deliveries were performed at the facility during the last month and all were normal deliveries.
- ❖ The condition of labour room, OT was found satisfactory at all the levels in the district while as 7 bedded SNCU at DH is exceptionally good (except for a full time Child Specialist) but the NBSU at CHC was also found functional. NBCC at PHC is also functional.
- ❖ JSY payments at health facility level shows that at DH, level, there is pendency for more than 200 case due to non-availability of funds while at CHC no case is pending till date.
- ❖ Regarding JSSK entitlements to beneficiaries, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery but it was found that there are serious deviations in their words and actions.
- ❖ During our interaction with such patients at various levels, it was found that various services like free medicines, diet, and transport are being given partially and above all the protocols regarding the discharging of patients after delivery are not followed.



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

### **Services under NHM**

- ❖ Though the district has implemented the free drug and diagnostic policy at all levels but during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility was not available to all. However, it was reported by the concerned MSs and MOs in -charge that free drug and diagnostic policy has been implemented to the Golden Card Holders only.
- ❖ The Dialysis unit has been established at the DH with 7 bedded and has been made functional but in PPP mode. The unit has a bed capacity of 7 beds and during the current year, 516 patients have received the dialysis service till 2020-21. On an average 12-15 patients are provided with the service on daily basis. The services at the Dialysis Centre are provided free of cost for BPL families only.
- ❖ Most of the staff sanctioned under the scheme both for the field teams and DEIC was found in position. There are 10 sanctioned RBSK teams in the district at the field level, but the performance of RBSK has been restarted during the current financial year as it was badly affected due to covid -19 pandemic. All teams are with requisite staff.
- ❖ Overall, 695 HBNC kits were available with ASHAs but these HBNC kits are not filled.
- ❖ Drug kits for ASHAs are refilled at the SC and PHC level HWCs on need basis.
- ❖ On the basis of our feedback from the community and health staff at various levels, it was conveyed to ASHA Coordinator and ASHA facilitators were that ASHAs need further orientation and continuous monitoring and supervision to improve their working.
- ❖ The district doesn't have an MMU but has a total of 70 ambulances (62 vehicles 8 under102) on road and 20 are GPS fitted and are handled through the centralized call centre.
- ❖ The district has 70(12ALS+58 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and is operational on a need basis 24X7.
- ❖ Centralized 102 and 108 have been started for the district but no additional vehicle in this regard has been provided so far to the district as such the vehicles used in the district were found insufficient and at times patientshire the vehicles, especially for JSSK.

### **Comprehensive Primary Health Care (CPHC)**

- ❖ A sizable number of 102 SCs and 45 PHC level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase.
- ❖ The district has enumerated about 60810 individuals so far and their CBAC forms have been filled as per the target till date.
- ❖ All the 45 PHC-HWCs and 99 SCs have started NCD screening at their facilities in the district while 102 SCs have been upgraded to HWCs because district have appointed only 99 MLHP/CHOs in the district. District has achieved about 30 percent target in screening the planned individuals for various types of NCDs which include hypertension, diabetes, oral cancer, breast cancer, and cervical cancer.
- ❖ All the 99 established HWCs with MLHPs in place are providing teleconsultation services and organizing some wellness activities in the district.

### **Universal Health Screening (UHS)**

- ❖ Under universal health screening, the district has identified a target population of 204375 eligible persons and out of these, about 29.75 percent (60810 persons) population has been covered till date and Community Based Assessment Checklists (CBAC) forms

have been filled for them and has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers.

- ❖ Overall, among the screened population 5 percent (3390) persons were diagnosed for hypertension, and about 4.51 percent (2950) for diabetes in the district. Also, large number 12208 persons were screened for various types of Cancers and out of these, (2 Oral were diagnosed.
- ❖ None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on daily basis at SC and PHC level while as at DH and CHC, such services are provided on routine basis to the patients for all days of the week.
- ❖ SC-HWC Chogalpora has a population of 2526 souls out of these 950 individuals are above the age of 30 years in their area and 350 CBAC forms were filled since last six month by the HWC.

### **Grievance Redressal**

- ❖ The grievance redressal mechanism is in place at most of the health facilities and health facilities resolve the complaints (if any) on regular basis. During the current financial year, out of total complaints, 90 percent of them have been resolved by the authorities in the district.

### **Payment Status**

- ❖ There are 792 backlog cases of JSY beneficiaries during the current financial year in the district while DH Kulgam has about 200 beneficiaries without payment due to delay in the funds from the SHS. But ASHAs have been paid their routine recurring amount of Rs. 2000 per month till July 2022.

### **Communicable Diseases Programme**

- ❖ The district has been covered under the IDSP, NLEP, COB, NTCP, and NTEP but NVBDC has been implemented in the district.
- ❖ Under NTCP, the district has conducted few awareness programmes under IEC component of the ROP. Under COB Programme the district has recently received funds from the State and the DH has started working for the programme with various sections of the hospital.
- ❖ All the health facilities are actively involved in the eradication of TB and drug resistance tests are available in the district.

### **Accredited Social Health Activists (ASHAs)**

- ❖ The district has a requirement of 705 ASHAs and all have been selected till date.
- ❖ 313 of the ASHA covers 1500 or more population for urban and 3000 or more populations in urban areas. There is no village without an ASHA in the district.
- ❖ Overall, 99 percent of the in-position ASHAs have been enrolled for PMSYMY
- ❖ 5 ASHA facilitators have been enrolled under these social benefits schemes in the district.
- ❖ Overall, 313 VHSNCs have been formed but so far, no training has been arranged for them till date.

### **Immunization**

- ❖ Birth dose of BCG immunization is provided at DH, CHC, and PHC only. There is a practice that as long as the health facilities (where the BCG is administered) does not get the requisite number of children on a particular day they do not open the BCG vial and instead ask their parents to wait for the next time till they get the requisite number of infants.
- ❖ Outreach sessions are conducted to net in drop-out /left-out cases. VHNDs, outreach sessions are used to improve Pentavalent-1 Boost Besides Measles-2.

### **Family Planning**

- ❖ Beside DH, CHC and some PHCs, five SCs have also been identified and are providing IUD insertion or removal services in the district and have requisite trained manpower.
- ❖ There is no provision of home delivery of contraceptives to beneficiaries in the district. The IEC component is not much strong on various contraceptive methods in the district.
- ❖ The spacing methods like condoms and oral pills are available at all levels in the district.

### **Adolescent Friendly Health Clinic (AFHC)**

- ❖ The AFHC at DH is not functioning at DH. The female AFHC Counsellor and the DEO are not in-position. The district doesn't have any NRC.
- ❖ IYCF Centre has been established at the DH.

### **Quality Assurance**

- ❖ DQAC is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. None of the health facility in the district is quality certified.
- ❖ CHC DH Pora had initiated Kayakalp in 2021-22 and had scored 70.8 points during the last assessment and have received award also. DH has not imitated NQAS and LaQshay.

### **Quality in Health Services**

- ❖ Overall, general cleanliness, practices of staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the DH and CHC but at other levels such issues are not taken seriously.
- ❖ The segregation of bio-medical waste was found satisfactory in the DH and CHC but at other levels, segregation of bio-medical waste was either unsatisfactory or not available at all.
- ❖ Bio-medical waste at DH, CHC and PHC has been outsourced and regularly lifted by the concerned agency. These health facilities also bury some portion of the bio medical waste within the hospital premises.
- ❖ Display of appropriate IEC material in Health facilities was found by and large satisfactory at all levels. Only at SC level not much attention has been paid in this regard.
- ❖ Health Management Information System (HMIS) and Reproductive and Child Health (RCH)
- ❖ Data reporting is regular on the new HMIS portal though the data quality in the district has improved to a great extent but there is still a lot of scope for improvement in all the facilities particularly at DH in the district.
- ❖ Most of the services provided by the DH are underreported particularly for ANC visits and various doses of immunization.
- ❖ During our visit to various health facilities on spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved but still there is an urgent need to provide further training to all the stakeholders in this regard.
- ❖ Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village and field level.
- ❖ Reporting and recording under RCH has improved and various data elements related to RCH are now being recorded on regular basis but still few important data elements are not taken seriously by the staff while recording on RCH registers.

### **Status of Funds received and utilized**

- ❖ During 2021-22 district has utilized about 80 percent of funds received from various sources. District has made about 99 percent expenditure on all the major heads including RCH Flexi pool, Mission Flexi pool, and Immunization.

- ❖ Overall, the district has utilized 47 percent of funds that were received under different schemes of NHM. Except for COB and GNM nursing school, the district has utilized around 82 percent of funds received through NHM for various programmes which include PM-JAY, NPCDCs, IDSP, NMHP, NPHCE and NOHP during 2021-22.
- ❖ DH Kulgam has been able to utilize Rs. 535.25 lakh (96 percent) only, CHC DH Pora has spent Rs 365,891 /= (including the opening balance) of the received amount and PHC Manzgam was able to spent Rs. 42,633 lakhs (100 percent).No funds have been received by the SC during 2021-22 financial year.

## **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. Our team in PRC Srinagar undertook this exercise in the district of Kulgam for this month.

### **2.1 Objectives**

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

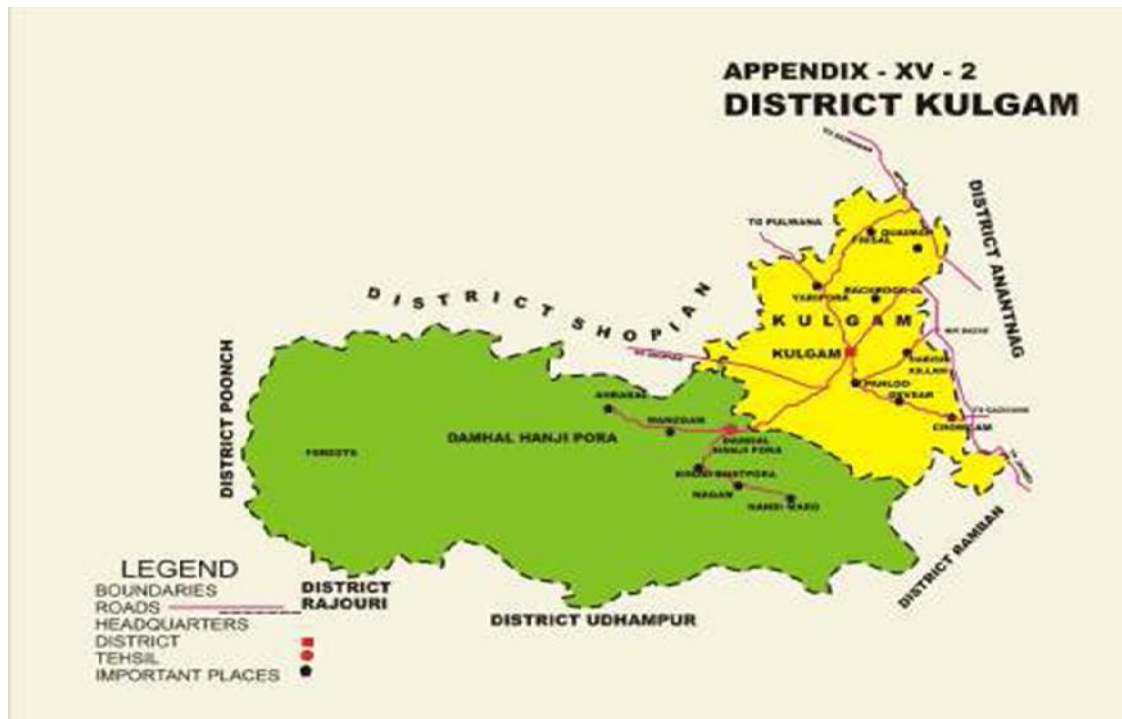
### **2.2 Methodology and Data Collection**

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in workshop organized by the Ministry at NIHF 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 2022-23, this PRC has been asked to cover 21 districts (4 in the Union Territory (UT) of Jammu and Kashmir 12 districts in Bihar and five districts of West Bengal). The present study pertains to district Kulgam. A schedule of visits was prepared by the PRC and three officials consisting of one Research Assistant and one Research Fellow visited Kulgam District and collected information from the Office of CMO, District Hospital (DH), CHC DH Pora, PHC Health and Wellness Centre (HWC) Manzgam and Sub Center (HWC) SC Chogalpora. 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 state of J&K stretches between 32° - 17' N to 37° - 05' North latitude and 72° - 31' E to 80° - 20' East longitude. From North to South, it extends 640 kms in length and from East to West over 480 kms in breadth. Jammu and Kashmir is strategically located in the north-west corner of India. Geographically, the Jammu and Kashmir state is divided into four zones. First, the mountainous and semi- mountainous plain commonly known as Kandi belt, the second, hills including Siwalik ranges, the third, mountains of Kashmir valley, and Pir Panjal range .



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.

District Kulgam is a newly created district that came into existence after being carved out from district Anantnag and made functional administratively with effect from 2nd April, 2007. According to the 2011 census the district has a population of 4, 24,483 souls. Eighty-one percent of the population of the district lives in villages and agriculture is the mainstay of the majority of the people in the district. The district spans an area of 1,067 Sq. km and is headquartered at Kulgam town. The ST population of the district constitutes 6 percent of the

total population. Forty-one percent of the population in the district is still illiterate. The population growth rate is 7.73 percent and the sex ratio is 951 per thousand males which is much higher than the state which is 883. The district consists of 5 medical blocks. The district has 313 revenue villages and village health sanitation committees have been formed in all these villages. A total of 32 Rogi Kalyan Samitis (RKS) have also been formed in the district.

**Table 1: Demographic Profile of District Kulgam.**

<b>Demographic Character</b>	<b>Number/percentage/Ratio</b>
Total geographical area	1067 Sq. Kms
Total Population of the district as per census 2011	4,24,483
Male	2,17,620
Female	2,06,863
ST Population	26525 (6%)
Literacy rate	59.23
0-6 Yrs population as per census 2011	71,501
Population Growth rate	7.73%
Sex ratio as per census 2011	951 females per 1000 males
Child Sex Ratio (0-6 Age)	885
Total Area	1067 square kilometres
Total No. of Medical blocks	05
Total Villages	313
No. of CHCs	01
No. of PHCs	45
No. of SCs	91
No. of Health & Wellness Centers	(45 PHCs+102 SCs)
Total No. of ASHA's	705
Total No. of RKS (Rogi Kalyan Samitis)	32
Total No. of village Health & Sanitation Committees	313

#### **4. HEALTH INFRASTRUCTURE**

The health services in the public sector are delivered through a network of various levels of health facilities (excluding 12 tertiary and private hospitals) in 5 medical blocks which include, 1 District Hospital, 2 SDH, 1 CHCs, and 45 PHCs and 118 SCs. All the PHCs and 102 SCs have been upgraded into Health and Wellness Centers in the district. Kulgam district has also established one DEIC under RBSK, one NCD Clinic, and an SNCU at the DH. The district has recently established a sanctioned blood bank at DH while at SDH DH Pora no blood storage unit has been established. Besides, these health facilities the district has also one each NCD clinics functional at CHC DH Pora Comprehensive 1st and 2nd trimester abortion services are provided by 3 health facilities in the district.

#### **5. DISTRICT HEALTH ACTION PLAN (DHAP)**

The PIP is mainly prepared on the basis of previous year performance of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Various sources of data which include HMIS data, data from the district authorities, Family Welfare data, Census projections and other relevant sources are being taken into account to prepare the annual PIP for the district. Overall, a total of 5 percent increase is being made for the

previous year indicators in terms of allocation for deliveries, JSSK, JSY and other relevant indicators. Preparation of Health Action Plan for the district involves all the stakeholders right from the SC level up to the district level functionaries as such action plan is sought by the district authorities from all the BMO/MSs of the district. The district has also received the approved DHAP in April 2022-23, though; the 1st instalment of funds was released in July, 2022 to the district.

## **6. STATUS OF HUMAN RESOURCE**

Appointment of human resource on regular basis is a centralized process and even a large number of districts don't have the idea about the sanctioned strength of various regular posts for the district and thus makes it difficult for the monitoring teams to ascertain the actual deficiencies of human resource at various levels in the district. The details provided by the CMO/DPMU regarding the overall staff strength separately for regular and NHM staff in the district shows that among the regular staff, 11 percent positions of Female Multipurpose Health Worker (FMPHW) and around 34 percent positions of Staff Nurses (SNs) were vacant in the district. Similarly, 26 percent of X-Ray and 22 percent of LTs and 10 percent of pharmacists are also vacant in the district. Among the doctors/specialists, 20 percent the sanctioned positions of OBGYs, 25 percent Paediatricians 33 percent Anaesthetists 50 percent Orthopaedics, 66 percent ENT specialists were found vacant while as 100 percent positions of Surgeon Specialists, Physicians, Radiologist and Ophthalmologist are in place in the district. Surprisingly, the district doesn't have any sanctioned position of a Cardiologist, Pathologist and Dermatologist.

So far as the availability of NHM staff is concerned, information provided by the DPM shows that 7 percent positions of MOs, 44 percent of Antitheists and 100 percent Paediatricians were found vacant in the district.

### **District Hospital Kulgam**

The DH has presently a sanctioned strength of 19 General Duty Doctors/MOs and 14 are in position. Similarly, all other specialized positions of doctors which include the Medical Superintendent, 2 General medicine, 2 Gynaecologists, 2 Anaesthetists, 1 Ophthalmologist, 2 Dentists, and 1 Orthopaedic surgeon are in position. Besides, this almost all the paramedic staff which include 10 JSNs, 4 Laboratory Technicians, 4 OT Technicians, 4 Radiographers and 3 Dental technicians are in position from the regular side. Most of the specialised services are not provided at the DH as there are no sanctioned positions in Dermatology, ENT, Pathology, Dermatology, Cardiology and Radiology. Such state of affair has badly affected the health care delivery system at the DH.

Under NHM, DH has a functional District Early Intervention Centre (DEIC) under RBSK which is being looked after by the MO. The DEIC is having permissible position of DEIC Manager, Psychologist, Optometrist, and an Early Interventionist. Other permissible staff like MO, Physiotherapist, Speech Therapist, a Optometrist, and a Data Entry Operator (DEO) are in position. The SNCU has also been established and have strength of 2 permissible MOs, 5 FMPHWs, and 2 SNs in position while the post of Lab Technician is vacant at the SNCU. The NCD Clinic is also functional at the DH and has all the permissible positions, which include one each MO, Physiotherapist, Counsellor, SN, Lab Technician, and DEO in place. Further, a mental Health unit under National Mental Health Programme (NMHP) has also



been established in the DH and has all the permissible positions which include a Programme Officer, Programme Manager, SN, Physiologist, Social Worker and a Record Keeper in position. The DH has not DEO and an Adolescent Friendly Health Clinic (AFHC) Counsellor, Accounts Manager and an IYCF centre are not in position.

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

Staff details	Kulgam District			DH Kulgam			CHC DH Pora			PHC Manzgam 24X7 (HWC)			SC Cogalpora		
	Sanctioned	In-place	Vacancy (%)	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %
Gynaecologist/Obstetrician	05	04	20	2	2	00	1	0	100						
Paediatrician	04	03	00	1	1	00	1	0	100						
Anaesthetist	06	04	00	2	2	00	1	0	100						
Surgeon	05	05	00	2	2	00	1	0	100						
Physician	03	03	00	2	2	00	1	0	100						
Radiologists	01	01	00	0	0	00									
Pathologist															
Ophthalmologist	01	01	00	1	1	00									
Orthopedic	02	01	50	1	1	00	1	0	100						
ENT	03	01	66	1	0	100	1	0	100						
Dermatologist															
Dental Surgeon	25	24	04	2	2	00	1	0	100						
Other Specialists															
Medical Officers MBBS	144	114	21	19	14	26	7	2	<b>62</b>	3	1	66			
AYUSH MO				2	1	50									
Dental MO	--	--					1	1	100						
<b>Paramedical staff</b>															
Dental technician	30	25	17	4	3	25	1	0	100						
Laboratory Technician	37	29	22	8	4	50	1	0	100						
OT Technician				5	4	20	1	0	100						
X-Ray Technician	23	17	27	5	4	20	2	2	00						
ANM/FMPHW	53	47	12	6	3	50	1	1	00				1	1	00
MPW (Male)	29	29	00												
Staff Nurse/JSN	53	35	34	15	10	33	8	2	88	3	0	100			
Pharmacist (Allopathic)	121	108	11	0	0	00	4	3	25	1	1	00			
Other Paramedic							15	11	27	1	1	00			

### CHC DH Pora

CHC has a total of 16 positions of MOs and 36 para- medical staff sanctioned from the regular side. In CHC DH Pora only 2 sanctioned positions of MOs (out of 7 sanctioned MBBS) are in place while all other sanctioned positions of specialists which include

Gynaecologist, Paediatrician Physician, Anaesthetist, General Surgeon, Orthopaedic, ENT and Dental Surgeon are vacant. Similarly, in case of para medical staff 21 positions are in position which include 1 FMPHW, 1 lab technician, (Out of 3 Sanctioned) 3 pharmacists, (out of 4 sanctioned), and 2 staff nurses (out of 8 sanctioned positions) are in place. In CHC DH Pora, 3 ANMs, 1 OT, 1 Dental technicians, 2 Lab Technicians, are vacant in the CHC. The details regarding the engagement of NHM staff shows that CHC DH Pora has 2 SNs, 2 OT, 2 LT and 2 X-ray technicians sanctioned and are also in position. While out 2 MOs sanctioned only one position is filled and has been attached at PHC DK Marg.

**PHC Manzgam** has been converted into a HWC and has 3 sanctioned positions of MOs only one is in position. The sanctioned position of MO (MBBS) and Ayush MO is also filled-in from the NHM side. Other positions of para medical staff are also filled in the PHC but 1 each sanctioned position of Lab Technician, Dental and X-ray technician are vacant.

**HWC Cogalpora** has each sanctioned positions of FMPHW and Pharmacist from regular side both are in place while from NHM one position of FMPHW and one MLHP/CHO both are also filled in they have a part time sweeper also.

### 6.1 Recruitment of various posts

Since recruitment of regular staff is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level. The positions of doctors are filled through State Public Service Commission and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB). Thus, district authorities do not have any role in the recruitment of regular staff and total number of vacant posts at the beginning of financial were 86 posts from regular side and 10 positions from NHM side and no posts were filled during the year 2022 and still these posts are vacant in the district.

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

Staff details	Kulgam District			DH Kulgam			CHC DH Pora			PHC Manzgam 24X7 (HWC)			SC Cogalpora (HWC)		
	Sanctioned	In-place	Vacancy (%)	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %
MBBS (MOS)	27	25	7	10	10	00	2	1	50	1	1	00			
Paediatrician	2	0	100												
Anesthetist	6	04	33												
MO Ayush	19	19	00				2	1	50	1	1	00			
Lab Tec	25	25	00	5	5	00	2	2	00	1	0	100			
Ayush Pharmacist	19	19	00							1	1	00			
Pharmacist (Allopathic)	10	10	00												
Staff Nurse	102	98	04	68	65	05	2	2	00	2	2	00			
ANM/MPWs	134	134	00	4	4	00							1	1	00

## **7. Trainings**

A variety of training for various categories of health staff are being organized under NHM at the National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies and the CMO office maintains information about the trainings imparted to its workers from time to time. The information provided by headquarter since informed that almost every year various training courses are held at the district headquarter approved under the PIP in which different categories of health personnel participate. During 2021-22, 6 types of training courses for medical and para - medical staff were approved under ROP and out of these the district was able to conduct all training was conducted during 2022-23 as the district has not received any funds so far for trainings.

## **8. STATUS OF SERVICE DELIVERY**

The district has officially implemented the free drug and diagnostic services for all but it was found that it is not being implemented by all the health facilities that we visited during our monitoring exercise. As far as the delivery points is taken into account, the information collected from the DPMU/CS office shows that no SC is conducting any deliveries in the district. The CHCs in the district conducts more than 20 deliveries while PHC conducts 5 deliveries per month in the district. The C-section deliveries are conducted only at the DH during the day time only. In case of any emergency, DH conducts C-section deliveries during the night hours also. DH Kulgam is designated as FRU and both normal and C-section deliveries are performed in this health facility on 24X7 basis. During the last month, out of the total of 375 deliveries, 133 normal deliveries and 242 C-section deliveries were performed at the facility. Similarly, at CHC DH Pora a total of 20 deliveries were performed at the facility during the last one month and all were normal deliveries performed at the facility. Further, the information collected shows that 5 normal deliveries were performed at PHC-HWC Manzgam during the last one month. PHC Manzgam has trained staff (MO/SN/ANM) in the labour room as reported by the concerned MO. The condition of labour room, OT was found satisfactory at all the levels in the district while as SNCU at DH is exceptionally good (except for a full time Child Specialist) but the NBSU at CHC was found also functional with requisite staff and infrastructure. NBCC at PHC is also functional and in good condition with requisite equipment and infrastructure.

The information about the JSY payments at health facility level shows that at DH, CHC and PHC / H&WC level, there is pendency for more than 200 cases only on DH because of delayed release of funds till July 2022. As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery but it was found that there are serious deviations in their words and actions.

During our interaction with such patients at various levels (maternity wards, post-operative wards, labour rooms, OPD, and relatives of these patients), it was found that various services like free medicines, free diet, free transport are being given partially and above all the protocols regarding the discharging of patients after delivery are not followed at all thus putting both the mother and the new-born at risk by discharging them from the health facilities before the requisite time. PMSMA services on 9th of every month are not resumed

due to covid -19 pandemic. 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.

## **9. CLINICAL ESTABLISHMENT ACT**

The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team under the supervision of District Health Officer (DHO) in this regard which makes surprise checks to private USG clinics.

## **10. SERVICES UNDER NHM**

### **10.1 Free Drug Policy**

As per the information received from the CS office, we were told that the district has implemented the free drug and diagnostic policy at all levels but during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility was available to all. It was found that mostly drugs (out of the total medicines prescribed by the doctor) are being provided to the patients when they visit to any health facility for treatment. Further, it was also found that at most of the health facilities the rate list for diagnostics was at display and according to this rate list people were being charged for any diagnostic test. However, it was reported by the concerned MSs and MOs in charge that free drug and diagnostic policy has been implemented to the Golden Card Holders which have been issued under the Ayushman Bharat PM-JAY Scheme. During our interaction with the community the same observation of ours was found true as most of the community members reported that they are being charged for various services including diagnostics and drugs by the health facilities.

### **10.2 Dialysis Services**

The Dialysis unit has been established at the DH with 6 (5+1HIV Positive ) bed capacity and has been made functional. The Dialysis Centre has been given 4 staff nurses but two have been shifted to some other place no dialysis Technician has been recruited so far in the district and the centre is running on internal arrangement. This problem has been found in most of the dialysis centers as 80 percent of the dialysis centers are operational on internal arrangements in Jammu and Kashmir. During the current year, 2640 sessions were conducted and about 100 patients have received the dialysis service till date. On an average 12-15 patients are provided with the service on daily basis. The services at the Dialysis Centre are provided free of cost for all patients on Golden Card through Ayushman Bharat. The in charge of the Centre reported that at present there is no shortage of any major equipment or any instrument. The performance of the centre was found to be satisfactory.

### **10.3 Rashtriya Bal SwasthyaKaryakaram (RBSK)**

The RBSK has been implemented in Kulgam district from March 2014 and the District Early Intervention Center (DEIC) has also been established in DH Kulgam. Most of the staff sanctioned under the scheme both for the field teams and DEIC was found in position. There are 10 sanctioned RBSK teams in the district and all the teams have full sanctioned human resource but the performance of RBSK has been very poor during the current financial year (till August, 2022) as the teams have been unable to screen the children at delivery points or

elsewhere though it has been extremely difficult time for the RBSK teams as they have been working 24X7 during this period for Covid-19 duties and have been on the forefront in containing Covid. During our interaction with the district level authorities, CS informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for Covid duty by the department since the outbreak. Community was not happy with the overall working of the RBSK since its beginning as not much has been delivered by the RBSK for the society.

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

The SNCU has been established in the DH Kulgam and has a bed capacity of 11 beds. The SNCU has 8 radiant warmers, one step down care but has no Kangaroo Mother Care (KMC) unit due to space constrain as the maternity hospital is under construction. The details of work done shows that there has been a good number of admissions either in SNCU or NBSU during the current year as the NBCC at Manzgam PHC is also. Functional and co-located with delivery unit and is functional as all the new-born babies are taken care there. The district has sanctioned Nutrition Rehabilitation Centre (NRC).

#### **10.5 Home-Based New-born Care (HBNC)**

Overall, 695 HBNC kits were available with ASHAs in the district. It was reported that these HBNC kits were partially filled as some of the items from kits were missing. During the current financial year (till August, 31st 2022) a total of 8216 visits were made by ASHAs to new-borns under HBNC. No drug kits for ASHAs were available in the district at the time of our visit but it was reported by the ASHAs at the SC and PHC level HWCs that the drug kits are being refilled at their respective health facilities on need basis.

#### **10.6 Maternal and Infant Death Review**

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

#### **10.7 Peer Education (PE) Programme**

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

### **11. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT**

The district doesn't have any MMU. However, in terms of referral transport, the district has 62 vehicles/102 (08 vehicles) on road and 20 are GPS fitted and handled through centralized call centre. On an average each ambulance shares at least one trip per day and travels an average distance of 124 kms in a day. The district has 70 (08ALS+62 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and are operational on need basis for 24X7. Though 102 and 108 has been started for the district but no additional vehicle in this regard has been so far provided to the district and as such the vehicles used in the

district were found insufficient and at times district need to outsource for hiring the vehicles especially for JSSK.

## **12. COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)**

In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (HWCs) would be created by transforming existing Sub Health Centres and Primary Health Centres to deliver Comprehensive Primary Health Care (CPHC) and declared this as one of the two components of Ayushman Bharat. The district has enumerated about 204375 individuals so far and 60810 CBAC forms have been filled as per the target till date. In the 99 SHC-HWCs, and 45 PHC-HWCs have started NCD screening at their facilities in the district. Further, the information collected shows that the district has achieved 100 percent target in screening the planned individuals for various types of NCDs.

### **12.1 Universal Health Screening (UHS)**

The district is actively involved in universal health screening under different components of NHM. Under universal health screening, the district has identified a target population of 204375 eligible persons and out of these, about 29.75 percent (60810 persons) population has been covered till date and Community Based Assessment Checklists (CBAC) forms have been filled for them and has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers. Overall, among the screened population 5 percent (3390) persons were diagnosed for hypertension, and about 4.51 percent (2950) for diabetes in the district. Also, large number 12208 persons were screened for various types of Cancers and out of these, (2 Oral were diagnosed. None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on daily basis at SC and PHC level while as at DH and CHC, such services are provided on routine basis to the patients for all days of the week. SC-HWC Chogalpora has a population out of 2526 individuals 950 above the age of 30 years in their area and 350 CBAC forms were filled since last six month by the HWC. None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on fixed-days basis at SC and PHC level while as at DH and CHC, such services are provided on routine basis to the patients for all days of the week.

## **13. Grievance Redressal**

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

## **14. Payment Status**

The information provided by the CS office shows that overall, the district has no backlog of JSY beneficiaries during the current financial year and 100 percent JSY beneficiaries have

received the payments. All the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date while as all of the ASHAs, any patient or Provider has received all incentives under NTEP or NLEP. The information collected from the selected health facilities shows that DH , CHC and PHC have no pendency for payments to beneficiaries or ASHAs . The delay in disbursement of incentives to ASHAs and beneficiaries or patients has been caused by the delay in the release of funds by SHS to the district and also by the pandemic situation prevailing throughout.

#### **15. Communicable Diseases**

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

National Tuberculosis Elimination Programme (NTEP) is also working in the district. During our visits to selected health facilities in the district, it was found that all the health facilities are actively involved in the eradication of TB and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs by the identified patients. The information collected from the CMO/DPMU office indicates that the district has achieved 74 percent target TB notifications. All the TB patients are tested for the HIV. Universal Drug Susceptibility Testing (UDST) for Rifampicin to achieve the elimination status is being done at the district and both drug sensitive and drug resistance tests are available in the district. Further, the information collected shows that 178 patients have been notified from the public sector and the overall treatment success rate was found to be 82 percent in the district. There is one MDR TB patient in the district and treatment has been initiated in this case by the district authorities. There has been no patient notification from the private sector for above mentioned cases so far in the district. The plan for finding the active cases is done as per the protocol set by the district. The district authorities reported that all the patients of TB have been brought under NikshayPoshanYojana (NPY) and DBT instalments have been initiated in their favour and 73 % benefices have been paid under this programme.

The information collected shows that 5 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 in charge reported that the drugs for TB patients are being provided at the block level by the concerned BMOs. Further, the information collected shows that the CBNAAT and TruNat facilities are not available at the CHC and DH in the district. During the last 6 months, 73 percent patients at DH and CHC have been brought under the NikshayPoshanYojana (NPY) and DBT instalments have been initiated in their favour. Maintenance of records of TB patients on

treatment, drug resistance, and notification register was found updated and satisfactory at all levels.

#### **16. Accredited Social Health Activists (ASHAs)**

District has a requirement of 705 ASHAs and all have been selected till date. 313 of the ASHA covers 1500 or more population for urban and 3000 or more populations in urban areas. No village without an ASHA in the district. Overall, 99 percent of the in-position ASHAs have been enrolled for PMSYMY 5 ASHA Facilitator has been enrolled under these social benefit scheme in the district. Overall, 313 VHSNCs have been formed but so far, no training has been arranged for them till date. Though health officials maintained that they have put in place a mechanism to monitor performance of ASHAs and have also identified non/under-performing ASHAs, but none of the ASHAs has been disengaged from the system. Therefore, monitoring of ASHAs and identification of non-performing ASHAs raises some important questions regarding the functioning of the whole institution of ASHAs and the credibility of this monitoring mechanism.

#### **17. IMMUNIZATION**

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH, CHC, and PHC only. 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. Rs. 1000 is provided to each block and Rs. 100 to each SC for the preparing micro plans.

Cold Chain Mechanics for the maintenance of Cold Chain Machine and paramedic trained in Cold Chain Handling is in place in the district. During our visit to DH and CHC, it was observed that the practice of early initiation of breastfeed (with 1st hour of delivery) is followed at both the places for normal deliveries but such practice was not followed for C-section deliveries and it was observed that few women had resorted to bottle-feed at these health facilities also.

#### **18. Family Planning**

Beside DH, CHC and some PHCs, five SCs have also been identified and are providing IUD insertion or removal services in the district. The district is currently providing IUCD services through a network of 11 identified health institution of various categories in the district. There is no provision of home delivery of contraceptives to beneficiaries in the district. The IEC component is not much strong as only some information on various contraceptive methods was found available at DH and CHC level. The information regarding various methods of family planning is also provided through VHND sessions at the SC-HWC level. The spacing methods like condoms and oral pills are available at all levels in the district. Besides, at PHC Manzgam, both the DH as well as the CHC have trained manpower for providing IUCD/PPIUCD.



## **19. Adolescent Friendly Health Clinic (AFHC)**

The AFHC at DH Kulgam Has not been established. The female AFHC Counsellor and the DEO are not in-position in the clinic. The clinic doesn't have any Counsellor or infrastructure at DH. The district has a Nutrition and Rehabilitation Centre (NRC. Infant and Young Child Feeding (IYCF) Centre has not yet been established but councillor is in place at the DH in the district.

## **20. Quality Assurance**

DQAC is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. None of the health facilities in the district is quality certified. DH initiated Kayakalp in 2021-22 and scored 70.8 points during the last assessment. CHC has not imitated NQAS and LaQshayto date because the CHC has an acute shortage of space and the building for CHC is under construction.

## **21. QUALITY IN HEALTH SERVICES**

### **21.1 Infection Control**

Overall, the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the DH, CHC and PHC but at SC level such issues are not taken seriously because the building is very old.

### **21.2 Biomedical Waste Management**

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

### **21.3 Information Education and Communication (IEC)**

Display of appropriate IEC material in Health facilities was found by and large satisfactory at all the levels. The IEC material related to MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the DH and CHC level but such material was insufficient at PHC and SC level.

## **22. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)**

### **22.1 Health Management Information System (HMIS)**

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

## **22.2 Reproductive and Child Health (RCH)**

Like other States in the country, National Health Mission (NHM), Govt. of J&K has also rolled out RCH Portal State wide—a web-based application for RCH replacing MCTS portal. In this regard the integrated Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village and field level.

## **23. STATUS OF FUNDS RECEIVED AND UTILIZED**

The information collected from the CS office regarding the receipt and utilization of funds during 2020-21 shows that the district has utilized about 82 percent of funds received from various sources. The information collected further shows that the district has made about 90 percent expenditure on all the major heads including RCH Flexipool, Mission Flexipool, and Immunization. Overall, during 2021-22 district has utilized about 80 percent of funds received from various sources.

District has made about 99 percent expenditure on all the major heads including RCH Flexi pool, Mission Flexi pool, and Immunization. Except for COB and GNM nursing school, the district has utilized around 82 percent of funds received through NHM for various programmes which include PM-JAY, NPCDCs, IDSP, NMHP, NPHCE and NOHP during 2021-22. DH Kulgam has been able to utilize Rs. 535.25 lakh (96 percent) only, CHC DH Pora has spent Rs 365,891 (including the opening balance) of the received amount and PHC Manzgam was able to spent Rs. 42,633 (100 percent). No funds have been received by the SC during 2021-22 financial year. Table: 4.

FMR (As Per ROP Budgetheads, if Available) In Addition to previous year you are supposed to provide the fund utilization for current year also							
Status of expenditure in 2021-22 and 2022-23							
Indicator	2021-22			2022-23 (Ending Sep 22)			Reason for Low utilization ( If Less than 60%)
	ROP	Funds Availbale	Utilized	ROP	Funds Availbale	Utilized	
1.FMR 1: Service Delivery: Facility Based	188.93	58.67	58.67	254.59	21.72	21.72	
2.FMR 2: Service Delivery: Commuuty Based	43.33	22.93	22.93	43.24	11.52	11.52	
3.FMR 3: Community Intervention	297.56	312.00	312.00	307.41	136.54	136.54	
4.FMR 4: Untied Grants	178.51	39.90	36.49	77.42	7.24	4.34	Rs 2.90 Lac Advance payment laying at JKMSCL
5.FMR 5:Infrastructure	13.92	2.71	2.71	72.72	0.07	0.07	
6.FMR 6: Procurement	65.15	53.65	46.65	81.2	14.17	7.17	Rs 7.00 Lac Advance payment laying at JKMSCL
7.FMR 7:Referral Transport	23	25.02	25.02	23.00	7.50	7.50	
9.FMR 8:Human Resource ( Service Delivery)	1643.71	1450.89	1450.62	2057.86	937.40	937.40	
10.FMR 9: Training	21.56	9.19	9.19	24.44			
10.FMR 10:Review, Research and Surveillance	0.38			0.04			
11.FMR 11: IEC-BCC	5.67	2.94	2.94	8	4.33	4.33	
12.FMR 12: Printing	2.21			1.7			
13.FMR 13: Quality	4.86	3.00	3.00	7.16			
14.FMR 14: Drug Warehouse							
15.FMR 15:PPP							
16.FMR 16: Programme Mana	90.10	76.39	76.39	117.18	51.33	51.33	
FMR 16.1: PM Activities Sub Annexure	27.28	21.83	21.83	36.55	8.36	8.36	
17.FMR 17: IT Intiatives for Service Delivery	0.48	0.30	0.30	1.38			
	2606.65	2079.42	2068.74	3113.89	1200.18	1190.3	

## 24. FACILITY-WISE BRIEF

### 24.1 District Hospital Kulgam

District Hospital Kulgam is situated at the centre of the town and is housed in a new specious building. The 1st referral point for DH is a multi-specialty (PGIMS Kulgam) which is at a distance of 3 kms. It has a bed capacity of 150 beds but few blocks of the hospital are still under construction. Almost all the necessary services which include general medicine, O&G, paediatric`, surgery, anaesthesiology, ophthalmology, dental, imaging services, DEIC, SNCU, labour room complex, ICU, dialysis unit, NCD, mental health and emergency care are available at the hospital. Blood Bank is established and fully functional. The hospital doesn't provide any teleconsultation services to the patients. The accommodation for medical and para medical staff is still under construction. The hospital is getting 24X7 electricity and water supply.

The DH is still working with a required staff as the additional staff as per the IPHS standards for the district hospital has been appointed. A large chunk of NHM staff has made their presence felt as various sections of hospital are being helped out by this staff. Most of the

specialised services are not provided at the DH as there are no sanctioned positions in Dermatology, Cardiology, ENT, Pathology, and Radiology. Such state of affair has badly affected the health care delivery system in DH. Two doctors were found trained for EmoC and LSAS at the DH.

Under NHM, the DH has a functional District Early Intervention Centre (DEIC) SNCU NCD Clinic, a mental Health unit under National Mental Health Programme. Very few positions in these units are vacant which include one position of paediatrician in SNCU. The DH has also established one Dialysis Centre run on internal arrangement without dialysis technicians. NHM staff is being used in the DH as per the requirement of the hospital and not used only for those schemes for which it has been engaged. It was found that some NHM staff is playing a vital role in the smooth functioning of the DH. Overall, a total of about 85 medical and para medical staff under NHM is working at this facility.

All the necessary equipment is available in the DH. All the sections of the hospital were found well equipped but is running without CT-Scan and MRI facility Thyroid profile is not being done in the hospital and imaging service (USG) is done during the day time only as the hospital don't have any radiologist. Besides, Jan Aushadhi, hospital has a huge drug store and remains open for the services from 10-4 pm only.

DH has initiated Kayakalp and has received 70.8 points as a result of internal assessment. But no initiative has been taken regarding NQAS and LaQshya. A good number of 889 new borne have been immunized for the birth dose during the last three months. Cleanliness of the facility was found satisfactory at all levels in the hospital. Citizen's charter, timings of the facility and list of services available are displayed properly.

### **Key Challenge**

1. The infrastructure for the DH is yet incomplete as most of the blocks especially Maternity hospital are still under construction thus have space problem for smooth running of various services at the facility.
2. Space is a measure issue at DH. Due to space constrain they have to manage and arrange this to provide better services.

### **24.2 Community Health Centre (CHC)**

Community Health center DH Pora is situated at the middle of the district Kulgam and is housed in an old building. It is a dedicated FRU and its next referral point is DH Kulgam which is at a distance of 15 kms. The functional inpatient bed capacity of the CHC is 10 beds with no separate beds for males and females. As per IPHS standards all the necessary services which include general surgery, ENT, Orthopaedics, Radiology, Dermatology and imaging services (USG) are not available at the CHC. Blood Storage Facility is not available at the CHC. Besides, NHM staff under various schemes, CHC DH Pora has a staff strength of 34 medical and para medicals and around 36 percent positions of various categories were found vacant.

Under NHM, the CHC DH Pora has established one NCD Clinic without permissible staff in position. Similarly, 2 FMPHWs for NBSU are also working in the CHC. Besides these, the

CHC has also all other permissible positions which include, 1 position of MOs, 2 Lab Technicians, 2 X-Ray Technicians ,2 OT Technicians and 2 staff nurses are also in place.

All the necessary equipment for Labs, was found available in the CHC. None of the essential equipment was found non-functional or had any shortage. Thyroid profile is and imaging service (USG) is not done in the hospital. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at CHC. The CHC has no mechanism in place for online consultation for patients.

CHC has not initiated Kayakalp, NQAS and LAQSHA . NCD clinic is functional at CHC and out of 338 screened 82 have been confirmed for hypertension and out of 2793 screened 115 have been confirmed for Diabetes during last 6 months at the NCD clinic.

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

### **Key Challenge**

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

### **Achievements**

CHC have Tele Radiography service which is free for all which is the best achievement of the facility.

### **24.3 PHC Manzgam**

PHC Manzgam is the 24x7 PHC-HWC which was converted into a HWC in 2019. It is situated at a distance of 10 kms from block headquarter and is easily accessible by a macadamized road. It is functioning in a single-story government building along-with a new block. The PHC caters approximately a population of 8231 persons. There are 6 SCs and 5 villages in the PHC area. There are also 8 ASHAs working under the PHC. The institution has a bed capacity of 6 beds with no separate wards for male and female patients. The institution is having no staff quarter for its medical officer and other para-medical staff. Back up for electric supply is available at the facility in the form of one inverter presently.

The PHC has sanctioned strength of 3 MOs but out of these, only one MBBS MO is in position besides, one MO from NHM side. PHC has one Ayush doctor also. Most of the sanctioned positions under NHM are filled-in.

Services like as ANC/PNC, child immunization, general medicine, minor surgeries, teleconsultation, normal delivery and abortion services are provided by the PHC on regular basis.

Drugs for NCDs are also available at the PHC but multi-drug therapy for NCDs was found missing at the health facility. Supply of drugs was reported to be sufficient in PHC. Essential drug list is displayed in the Pharmacy. Management of the inventory of drugs is manual. The list of essential drugs is displayed in the PHC. However, all the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at PHC. Family planning items like OCPs and EC pills are also available at PHC. But the IUDs are also available at PHC. PHC is having the 2 Staff nurses and 2 FMPHWs are trained in IUD insertion as reported by MO.

Though the facility is a designated delivery point on 24X7 basis has conducted 5 normal deliveries during the last month. PHC Manzgam has trained staff (MO/SN/ANM) in the labour room. The NBCC has been established at PHC Manzgam. All the babies delivered at PHC are examined and weighted at NBCC.

Cleanliness of the facility particularly wards is not satisfactory. Colour coded waste bins (blue and yellow) are available in the PHC for waste segregation.

### **Key Challenge**

1. Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services on 24X7 basis.
2. The X-ray machine at the facility is very old and after repeated requests the same has not yet been replaced by a digital machine as the quality and performance of the existing machine is very poor.
3. The only ambulance at the health facility is insufficient and thus need a new ambulance for any emergency purposes.

### **24.4 Sub Centre Gogalpora**

This SC is located in a new building. This SC is within main habitation, 5 Kms away from block and 2 Kms way from linked PHC. The SC caters to one village with a catchment population of around 2526. The SC is housed in a new building, with 2 rooms and one wash room. One room is being utilized for OPD services and other room for routine immunization. OPD room is being used as a drug store also. It is in bad physical condition and is not connected with registered electricity connection. The centre has 24x7 water facility from last two months. SC Cogalpora has a sanctioned strength of 1 ANM, besides, and 1 position of Pharmacist from the regular side and both of them are in place. From NHM side, the centre has 1 MLHP/CHO 1 FMPW sanctioned and both are in place.

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

Screening camps are conducted by the centre and under this programme, individuals were screened as hypertensive. Out of these, 8 cases were diagnosed for hypertension, 5 were diagnosed with diabetes. Overall, a total of 8 patients are on anti-hypertension drugs and 10 patients were on anti-diabetic treatment at this HWC. On an average about 10 patients of HTN/DM were taking medicines from SC per month.

The general cleanliness of the SC was satisfactory. The SC have a proper mechanism for management of bio-medical waste as deep burial pit for waste management is available. Complaint/suggestion box was also found to be available in the SC. SC has received any kind of funds during 2022. ASHAs reported that they have been trained in HBNC and they have received HBNC kits. All medicines for ASHA kits are available to ASHAs (except paracetamol). ASHAs are getting assured remuneration and incentives well in time.

#### **24.5 Community**

During our interaction with the community, it was found that HWC provides health care services for minor ailments only. They mentioned that HWC has essential drugs and diagnostics as per the protocol and the services are provided to the locals on daily basis. They were of the view that an ambulance needs to be placed at the disposal of SC for emergency referral services. Overall, the community was found satisfied with the services being provided by the PHC and SC for ANC, PNC, Contraceptive services, AH counselling, nutrition counselling for every individual. They also reported that most of the time people have to purchase medicines from their own pockets.

#### **Key challenge**

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

#### **25. RECOMMENDATIONS AND ACTION POINTS**

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

1. Human resource is amongst the basic pillars to run any programme and its rational use makes success stories. Though, Kulgam district has some shortage of human resource from the regular but the human resource provided under different schemes of NHM to the district has been a milestone in itself but still there is need of Specialists at CHC level. The judicious use of this human resource can prove more effective. There is a need for audit and rationalization of human resource (both from the regular as well as NHM side) on the basis of workload and work done by different health facilities. This can also as CHC has only two MOs(MBBS) in position. There is an urgent need to appoint a Surgeon specialist, Cardiologist, Dermatologist and ENT specialists at DH and CHC level to provide best possible services to the people. Radiologist is needed for performing USGs and other radiology related investigations as the district does not have a radiologist.

2. Availability of infrastructure is also an important component of service delivery and in this regard, the district has received very good support from the NHM as well as from other agencies and the district has been able to upgrade their health infrastructure as per IPHS standards but there are still some gaps which needs to bridge on priority basis. Among these, there is a need to complete the under construction building of Maternity hospital at DH and main building at CHC which is running without an operation theatre so that C-section can be performed at CHC level to minimise the work load on DH.
3. Another issue which needs to be addressed at the earliest is the non-availability of some equipment at various health facilities and in this regard, DH needs CT scan, MRI and CHC needs MRI these facilities will help in providing better services. Similarly, at PHC level (especially those which have been converted into HWCs), old type X-ray machines should be replaced by the digital machines and few old type analysers can also be replaced by new multi-tasking analysers for better efficacy and output. Further, it is also suggested to provide Elisa reader (Thyroid Analyser) to DH and CHC as almost all the pregnant women under JSSK need to go for thyroid profile and in the absence of such facility at these health facilities, these women have to get it done outside and thus put more burden on their pockets.
4. The district is without a MMU and as such it is suggested to provide a MMU to the district to net-in the hard-to-reach areas for various facilities through MMU.
5. Free drug policy at ground level, needs to be implemented in a better way so that the population can get benefited. There is also a need to provide sufficient and multi-salt drugs to the HWCs for NCDs as they have become the primary source for providing drugs to such patients at the grass root level. Prescription audit is not taking place in the district at any health facility therefore, there is a need for audit of diagnostic tests or drugs prescribed by the doctors at all the higher health facilities.
6. Though JSSK for pregnant women is in vogue but it was found that pregnant women get some food, drugs, referral transport and partly to-and-fro transportation. It was also observed that the monitoring mechanism for its implementation is poor.
7. The records pertaining to tests conducted in different labs, Breast feed within one hour, Weight at birth, transport facility (from home and back, referral), diet given during stay at the health facility, medicines being provided under JSSK need to be kept in proper shape and ready for any public scrutiny.
8. The institution of ASHA has proved to be an asset to the RCH as it has proved a vital role in immunization, ANC, PNC, institutional deliveries, and other related issues of RCH. Since these ASHAs are not highly qualified but still they have been performing better but need continuous monitoring and supportive supervision. It is therefore, suggested to make these coordinators and facilitators answerable to a core group at the district level for better results in terms of regular orientation/trainings of ASHAs.
9. Though District Level Quality Assurance Committee (DQAC) is functional in the district but there is a need to use its expertise in a much efficient way so that various level health



facilities can get accredited/certified for Kayakalp, NQAS, and other national level accreditations more in near future as till date the visited DH, CHC, PHC have not been awarded in NQAS orLaQshyain the district but DH has scored 70.8 points in Kayakalp in the internal assessment.

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

## PHOTO GALLERY



Screening of Diabetes Patients at DH



Space constrains at CHC DH Pora in Labour room.



SNCU at DH with limited space



Lab Section At DH



Shortage of Space at DH for USG



Congestion due to lack of space in Labour room and Wards At DH.



Golden Card Registration Counter at DH.