Monitoring and Evaluation of Programme Implementation Plan, 2021-22 Srinagar District, Jammu & Kashmir

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October 12-18,2022

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Srinagar District, Jammu & Kashmir

Executive Summary

As directed by the Ministry of Health and Family Welfare (MoHFW), the Monitoring and Evaluation of the PIP 2022 – 23 of Srinagar District was carried out by the PRC team during October 12 to 18, 2022. DPMU Office, Jawaharlal Nehru Memorial District Hospital, CHC Gausiya, Urban Primary Health Centre Batamaloo and Sub-Centre Mulfaq were visited for the study by PRC team. This report discusses in detail the implementation of PIP in the Srinagar District as observed during the field visit for monitoring. The key observations are given below.

Areas for further Improvement

- Health system of the entire valley is complex. Health infrastructure is very good all visited facilities except CHC Gousia. Basically hospital is set up in the commercial complex of the municipal corporation. There ae shops at ground floor and first floor is given for the hospital. It is not designed as per the requirement of the hospital and building is also too old its need major repairs and renovation. Space is also a constraint for the facility. All the department have accommodated in a congested space. Even though facility is having 3 OTs, but the space provided for OTs is too small. In the Ophthalmic OT 2 persons cannot accommodate at a time. Other OTs are also in very bad shape. This facility is functioning as a CHC. As there is no rural periphery the majority of the population are from the urban areas and hence it has to be redesignated as UPSC. As it is the only CHC/FRU in District Srinagar catering 2.24 lacs population.
- As per the guidelines of engagement of ASHAs in urban area is 1 ASHA for 2500 population or 200 to 500 households in dense urban areas. According to this urban population of Srinagar district is 1216516. So there is requirement of 958 ASHAs. Whereas district has a permission to fill up 60 ASHAs only (See Annexure-1). It is a long pending demand of the district and district authorities are chasing the matter with the respective division and state authority for approval of filling up of ASHAs in the light of guidelines. Here it is strongly recommended that programme division may look into and give the approval as the earliest.
- Most of the NHM Health staff are underpaid, and is having lots of responsibilities, therefore, they leave their jobs. There is a high amount of dissatisfaction among them. Some of them are working since the inception of the NRHM. But still they are working as a contractual staff. Therefore, it is strongly recommended to increase the remuneration of the NHM staff.

Also principal of equal pay for equal work needs to be followed across all the programmes of NHM. If possible at par with regular staff.

- At the beginning of the NRHM there HMIS was only portal where reports need to be enter. Later on due to increase in the programmes in NRHM. Every programme is having its portal and report needs to be done on different portals. But the appointment of the DEO was done when there was one portal and later on there is no increase in DEO's. One DEO has to maintain all the portals. This is somewhat hectic and overburdened. Therefore, it is recommended that either the number of DEOs needs to be increased proportionately or the portal of different division can be made compatible with one single portal.
- UPHC Batamaloo is having very good infrastructure, it is four story building but it is underutilised. Though all the staff and medical officers are available no delivery is being done at the facility.
- There should be rational deployment of the infrastructure and manpower is required.
- Rationalizing salary of management and staff: underpaid staff lacks motivation and inspiration to work industriously thereby affecting the throughput & quality of work because of no growth scope in terms of salary and other incentives.
- In order to segregate the work of Tertiary Care Hospitals which often shadows the achievements of Primary Health Care, a separate block for Tertiary Care may be developed on portals like HMIS etc. to positively influence policy makers in order to have a holistic view of Tertiary as well as Primary Health differently so that comprehensive plans are conceived and implemented accordingly.
- Augmentation of staff at Block/Zone level as all vertical schemes are implemented on Block/Zone level but only 02 BPMU members cater to all needs of the vertical schemes, be it physical and/or financial. In order to boost or improve quality of work with effective and optimized implementation BPMU needs to be upgraded/augmented in terms of staff and logistical support.

Human Resource

- Pertaining to NHM staff there are total 550 posts of different discipline is sanctioned for the district under NHM of which 514 posts are filled and 30 posts are vacant. Though the vacancies are not much. But all the posts should be filled.

1. Overview of District

Srinagar District, an administrative district of Kashmir division. District Srinagar is the capital of Jammu and Kashmir (UT). It is situated in the centre of the Kashmir Valley on the banks of

the Jhelum River and is surrounded by four districts and Ladakh UT. The capital city of Srinagar is located 1585 meters above sea level. The city is famous for its gardens, lakes and houseboats. It is also known for traditional Kashmiri handicrafts and dried fruits. The city is located on both the sides of the Jhelum River, which is called ***Vyath*** in Kashmir. The river passes through the city and meanders through the valley, moving onward and deepening in the Dal Lake. The city is famous for its nine old bridges, connecting the two parts of the city.

Srinagar has a population of 1236829 (Census 2011) peoples, out of which 17313 reside in rural areas and 1219516 in urban areas.

The district has a population density of 625 persons per square kilometre. There are about 79 villages in the Srinagar district. For administrative purposes, the district has been divided into 2 sub-divisions 7 tehsils and 4 Blocks. The tehsils are as follows: - Central Shalteng, Chanapora / Natipora, Eidgah, Khanyar, Pantha chowk, Srinagar North, Srinagar South.

Table 1: District Profile

Indicator	Remarks/ Observation			
1. Total number of Blocks	7			
2. Total number of Villages	79			
3. Total Population (Census 2011)	1236829			
• Rural population	17313			
• Urban population	1219516			
4. Literacy rate	69.41%			
5. Sex Ratio (NHFS-5)	972			
6. Sex ratio at birth	961			
7. Population Density	625 Persons/sq. km			
8. Estimated number of deliveries	20705			
9. Estimated number of C-section	4141 (20% of Estimated Deliveries)			
10. Estimated numbers of live births	20373			
11. Estimated number of eligible couples	218767			
12. Estimated number of leprosy cases	69			
13. Target for public and private sector TB notification for the current year	2090			
14. Estimated number of cataract surgeries to be conducted	Total No of Cataract Surgeries done both Public & pvt. till Sept 1210 (Public) 2161 (PVT)			
15. Mortality Indicators:	**Previous year**		**Current FY**	
	Estimated	**Reported**	**Estimated**	**Reported**
• Maternal Death	Nil	1	Nil	5
• Child Death		Nil		0
• Infant Death				0
• Still birth				0

• Deaths due to Malaria	Data not provided	0
• Deaths due to sterilization procedure		0

16. Facility Details	**Sanctioned/ Planned**	**Operational**
1. District Hospitals	1	1
2. Sub District Hospital	0	0
3. Community Health Centers (CHC)	1	1
4. Primary Health Centers (PHC)	7	7
5. Sub Centers (SC)	25	25
6. Urban Primary Health Centers (U-PHC)	26	26
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU) **DH-JLNM Hospital**	1	1
9. Nutritional Rehabilitation Centres (NRC) at G. B. Pant hospital	1	1 1
10. District Early intervention Center (DEIC)	1	1
11. First Referral Units (FRU) **CHC-Gousia Hospital**	1	1
12. Blood Bank	1	1
13. Blood Storage Unit (BSU) **CHC-Gousia Hospital**	1	1
14. No. of PHC converted to HWC	43	26
15. No. of U-PHC converted to HWC	26	26
16. Number of Sub Centre converted to HWC	27	23
17. Designated Microscopy Center (DMC)	11	11
18. Tuberculosis Units (TUs)	6	6
19. CBNAAT/TruNat Sites	4	4
20. Drug Resistant TB Centres	1	1
21. Functional Non-Communicable Diseases (NCD) clinic • At DH • At SDH • At CHC	 1 0 1	 1 0 1
22. Institutions providing Comprehensive Abortion Care (CAC) services • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services	Data not provided	 1

Source: DPMU, Srinagar

A. Public Health planning and implementation of National Programmes

District health Action Plan (DHAP)

In preparation District Health Action Plan (PIP) all the facilities are involved in preparation of the DHAP. All the facilities sending their requirements and action plan to the district in for approval. According to the DHAP send by the district, state with some minor changes give their approval. The District has received the first instalment of approved PIP on April 5, 2022. DPMU has provided previous year the details of funds received and utilised on for the various programmes of NHM. Every year there is delay in receiving the PIP funds. Since two years there is no construction going on tin the district under NHM.

Table 2: details about DHAP and status of construction of building in Srinagar district.

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	Yes
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	Yes
3. Date of first release of fund against DHAP	
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	No
• Details of Construction completed but not handed over	No

B. Service Availability

There is 1 District Hospital (DH), 1 CHC, 7 PHCs and 25 SCs and 26 UPHCs are available in the district to cater primary, secondary and tertiary health care services. Of which 7 PHCs; 26 UPC; 23 SCs are converted into HWCs. There is one blood bank available in the district. In the district free drug policy is being implemented under all national programmes and Ayushman Bharat scheme is implemented in entire district all the population is covered under the scheme. In house labs are available in all the facilities of the district for most of the diagnostic tests.

RBSK: There are total 10 Mobile Health Teams (RBSK) are available in the district. Of which 9 teams are having all HR in place. Total 10 vehicles are on the road. According to the DPMU there are 2 teams are working in each block. Average 80 children's are screened by the team every day.

PMSMA: Under the PMSMA programme of Govt. of India, on every 9 th day of month there is special check-up for ANCs at major facilities. All the diagnostics, treatment, drugs and diet facilities are being provided at the identified facilities which include all CHCs, UPHC and DH. The Ultrasound service is available at the District Hospital and CHC.

SNCU: The district is having 10 beds SNCU situated at a women hospital. There are 4 radiant warmers and 2 step down beds are available at JLNM. KMC care is also available. During April 2022 to September 2022, total 180 (145 inborn and 35 out-born) children were admitted in the SNCU in the district. Of total, 152 children are cured and discharged; 20 referred to higher facility; 3 left against medical advice. Five children were admitted due to the defect at birth.

JSY:

During April to September 2022 total 2105 women are given the benefit of JSY. Till the date all payment is made.

Table 3: Number of children admitted in SNCU in Srinagar district.

	Inborn	Out born
• Admission	145	35
• Defects at birth	5	0
• Discharged	119	33
• Referral	19	1
• LAMA	2	1
• Died	0	0

Source: DPMU, Srinagar district

NBCC: All most all the CHC's; PHC's are having NBCC.

Nutrition Rehabilitation Centres (NRC): NRC is available at G. B. Panth hospital. During the period of April to September 97 children are admitted in the NRC.

Table 4: Details about the health service delivery in the district

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	YES
2. Implementation of diagnostic services (if it is free for all) • Number of lab tests notified	YES 17
3. Status of delivery points	
• No. of SCs conducting >3 deliveries/month	0
• No. of 24X7 PHCs conducting > 10 deliveries /month	0
• No. of CHCs conducting > 20 deliveries /month	1
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	1
• No. of DH/ District Women and child hospital conducting C-section	1
• No. of Medical colleges conducting > 50 deliveries per month	3 LD Hospital, SKIMS Bemina & SKIMS Maternity Hospital
• No. of Medical colleges conducting C-section	3
4. Number of institutes with ultrasound facilities (Public+Private)	41
• Of these, how many are registered under PCPNDT act	41
5. Details of PMSMA activities performed	Screening of high risk pregnancies. Counseling Sessions Specialised treatment and care by OBS & GYNAE
6. RBSK	
• Total no. of RBSK teams sanctioned	10
• No. of teams with all HR in-place (full-team)	9
• No. of vehicles (on the road) for RBSK team	10
• No. of Teams per Block	2
• No. of block/s without dedicated teams	1 (Zone Khanyar 2 MOs Male vacant
• Average no of children screened per day per team	80
• Number of children born in delivery points screened for defects at birth	2 (average) LD Hospital 2 Mos Male Vacant
7. Special Newborn Care Units (SNCU)	
• Total number of beds o In radiant warmer o Stepdown care o Kangaroo Mother Care(KMC) unit	10 beds 4 beds 2 beds Available
• Number of non-functional radiant warmer for more than a week	0
• Number of non-functional phototherapy unit for more than a week	0

Indicator	Remarks/ Observation	
	Inborn	**Out born**
• Admission	145	35
• Defects at birth	5	0
• Discharged	119	33
• Referral	19	1
• LAMA	2	1
• Died	0	0
8. Newborn Stabilization Unit (NBSU)		
	Inborn	**Out born**
• Admission	30	0
• Discharged	29	0
• Referral	1	0
• LAMA	0	0
• Died	0	0
9. Nutrition Rehabilitation Centers (NRC**) G. B Panth Hospital**		
• Admission o Bilateral pitting oedema o MUAC<115 mm o <'-3SD WFH o with Diarrhea o ARI/ Pneumonia o TB o HIV o Fever o Nutrition related disorder o Others	97 01 18 58 22 23 0 0 66 97	
• Referred by o Frontline worker o Self o Ref from VCDC/ CTC o RBSK o Pediatric ward/ emergency	Pediatric ward/emergency	
• Discharged	97	
• Referral/ Medical transfer	0	
• LAMA	0	
• Died	0	
10. Home Based Newborn Care (HBNC)		
• Status of availability of HBNC kit with ASHAs	247	
• Newborns visited under HBNC	3702	
• Status of availability of drug kit with ASHAs	247	
11. Number of Maternal Death Review conducted • Previous year • Current FY	 1 3	
12. Number of Child Death Review conducted • Previous year	 0	

Indicator	Remarks/ Observation	
• Current FY		
13. Number of blocks covered under Peer Education (PE) programme	NA	
14. No. of villages covered under PE programme	NA	
15. No. of PE selected	NA	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	NA	
17. Weekly Iron Folic Acid Supplementation (WIFS)stock out	0	
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	No Sanctioned MMU	
• No. of trips per MMU per month		
• No. of camps per MMU per month		
• No. of villages covered		
• Average number of OPD per MMU per month		
• Average no. of lab investigations per MMU per month		
• Avg. no. of X-ray investigations per MMU per month		
• Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month		
• Avg. no. of sputum collected for TB detection per MMU per month		
• Average Number of patients referred to higher facilities		
• Payment pending (if any) • If yes, since when and reasons thereof		
19. Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution	2	
• No. of Advanced Life Support (ALS) (on the road) and their distribution	8	
	ALS	**BLS**
o Operational agency (State/ NGO/ PPP)	PPP	State
o If the ambulances are GPS fitted and handled through centralized call centre	8	2
o Average number of calls received per day	1229 (average calls for entire J&K)	
o Average number of trips per ambulance per day	0.73	0.35
o Average km travelled per ambulance per day	39.76	29.09

Indicator	Remarks/ Observation		
○ Key reasons for low utilization (if any)	No information		
• No. of transport vehicle/102 vehicle (on the road)			
○ If the vehicles are GPS fitted and handled through centralized call centre	17		
○ Average number of trips per ambulance per day	0.33		
○ Average km travelled per ambulance per day	30 KM		
○ Key reasons for low utilization (if any)			
20. Universal health screening			
• If conducted, what is the target population	469808		
• Number of Community Based Assessment Checklist (CBAC) forms filled till date	56560 (15-10-2022)		
• No. of patients screened, diagnosed, and treated for: ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer	Screened 36087 35611 35660 17186 16319		
21. If State notified a State Mental Health Authority	YES		
22. If grievance redressal mechanism in place	YES		
• Whether call center and toll-free number available	Yes (JK Medical Helpline 104)		
• Percentage of complains resolved out of the total complains registered in current FY	Out of 374, 287 were closed		
23. If Mera-aaspatal has been implemented	Yes		
24. Payment status:	**No. of beneficiaries**	**Backlog**	**DBT status**
• JSY beneficiaries	2105	0	2105
• ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm	YES		YES
○ B- Incentive under NTEP	0	0	0
○ C- Incentives under NLEP	0	0	0
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	14	0	14
• Patients incentive under NTEP programme	Data not provided		
• Provider's incentive under NTEP programme			
• FP compensation/ incentive	0	0	0

Indicator	Remarks/ Observation
25. Implementation of Integrated Disease Surveillance Programme (IDSP)	Yes
• If Rapid Response Team constituted, what is the composition of the team • No. of outbreaks investigated in previous year and in current FY	No. =6 Composition of the RRT: 1) District Health Officer 2) Physician specialist 3) District Epidemiologist 4) District Microbiologist 5) Health Educator 6) Pediatrician. 1 out breaks in FY -2021 5 outbreaks in FY- 2022
• How is IDSP data utilized	IDSP data is utilised in surveillance and rapid response to prevent or control spread of diseases in the communities.
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	0
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	No data is provided by the DPMU
• Micro plan and macro plan available at district level	
• Annual Blood Examination Rate	
• Reason for increase/ decrease (trend of last 3 years to be seen)	
• LLIN distribution status	
• IRS	
• Anti-larval methods	
• Contingency plan for epidemic preparedness	
• Weekly epidemiological and entomological situations are monitored	
• No. of MDR rounds observed	
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
• Target TB notification achieved	801
• Whether HIV Status of all TB patient is known	If No, no. of TB patients with known HIV status 684
• Eligible TB patients with UDST testing	91%
• Whether drugs for both drug sensitive and drug resistance TB available	Yes
• Patients notification from public sector	No of patients notified: 676 Treatment success rate: 76 No. of MDR TB Patients:10 Treatment initiation among MDR TB patients: 100
• Patients notification from private sector	No of patients notified: 125

Indicator	Remarks/ Observation
	Treatment success rate: 82 No. of MDR TB Patients: 0 Treatment initiation among MDR TB patients: 0
• Beneficiaries paid under Nikshay Poshan Yojana	51% due to non-availability of funds
• Active Case Finding conducted as per planned for the year	Yes
28. Implementation of National Leprosy Eradication Programme (NLEP)	Yes
• No. of new cases detected	Nil
• No. of G2D cases	NA
• MDT available without interruption	
• Reconstructive surgery for G2D cases being conducted	
• MCR footwear and self-care kit available	
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	01
30. Percent of health workers immunized against Hep B	Data Not Provided
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	
34. Number of ASHAs • Required as per population • Selected • No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population • No. of villages/ slum areas with no ASHA	1300
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	247 0 247 0 247 0

Indicator	Remarks/ Observation			
• No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • Any other state specific scheme_____ _____ ___				
36. Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened	80 80 42			
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. account opened	79 79 79			
38. Number of facilities quality certified	Data not provided			
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	**Previous year**		**Current FY**	
	Regular cadre	**NHM**	**Regular cadre**	**NHM**
• Total no. of posts vacant at the beginning of FY	Data not provided			12
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				Under Process
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Yes			

Source: DPMU, Srinagar district

Table 4 depicts the different health services are provided in the district.

Almost all national programmes are being implemented in the district. NCD programme is being implemented in the district. Deliveries are not conducted at any sub centre of the district. Similarly, there is not a single 24*7 PHC where deliveries are being conducted. Under

Universal screening the target of the district was 469808, of which 56560 CBAC form are filled. SNCU, NRC RBSK programmes are doing well in the district.

D. **Implementation of CPHC**

Table 5: Status of CPHC in the district as on 30 November 2021.

Indicator	Planned	Completed
1. Number of individuals enumerated	Data not provided	63307
2. Number of CBAC forms filled		32506
3. Number of HWCs started NCD screening:		
a. SHC- HWC	23	23
b. PHC- HWC	43	26
c. UPHC – HWC	26	26
4. Number of individuals screened for:	Data not provided	
a. Hypertension		29171
b. Diabetes		27292
c. Oral Cancer		25309
d. Breast Cancer		13525
e. Cervical Cancer		12135
5. Number of HWCs providing Teleconsultation services	Data not provided	1836
6. Number of HWCs organizing wellness activities		4152

Source: DPMU, Srinagar district

Government of India, Ministry of Health and Family Welfare under the **Ayushman Bharat Comprehensive Primary Healthcare** (CPHC) program is undertaking a population-based NCD (non-communicable diseases) program is being implemented in the district. Total 63307 individuals are enumerated during the period and about 32506 CBAC forms are filled **(table 9)**. Total number of 21PHCs; 1 UPHC and 40 SHCs are functioning as HWCs. 22 facilities are providing teleconsultation and organising wellness activities. During April to September 2022, total 107432 patients were screened under NCD at different facilities of the district. Hypertension 29171, for Diabetes 27292, for Oral Cancer 25309, for Breast Cancer 13525, and 12135 for Cervical Cancer.

C. Status of HRH

PRC team does not received information of the regular staff of the in the district.

Table No 11 showing the status of NHM staff of the district. There are total 550 posts of different discipline is sanctioned for the district under NHM of which 514 posts are filled and 30 posts are vacant.

Table 6: Status of Manpower of District Srinagar as on OCTOBER 2022

Category	Total	
	Permissible	**In Position**
Gynaecologist	0	0
Anaesthetist	5	5
Child Specialist	1	1
Other Specialists	4	4
Total Specialists	10	10
MBBS Doctors	9	9
ISM Doctors	21	21
ISM Dawasaz	14	12
Staff Nurse	27	26
Lab. Tech.	6	6
O.T. Tech.	2	2
X-ray Tech.	2	2
FMPHW(ANM)	63	59
MMPHW	2	2
Dialysis Tech	2	2
Total	**158**	**151**
DPMU		
DPM	1	1
DAM	1	1
DMEO	1	1
RMNCH+A District Consultant	1	1
DEO for DPMU	1	1
DEO for Immunization	1	1
BAM	5	5
BMEO	5	5
DEO for BPMU	5	5
Adolescent Health Counsellor 2 per DH / CHCs (One Male and One Female)	1	1
IYCF Counsellor /Nutrition Councillor at NRC	1	1
DEO for HMIS/SNCU/ARSH at DH	1	1
Accounts Manager at District Hospital	1	1
Sister Tutors	0	0
PHNs	0	0
Total	**25**	**25**
NUHM		
GOVT Medical College	28	21
District Health Society, Srinagar	243	228
DNB		
Staff Nurse	42	39

RBSK		
Pediatrician	1	1
MO, MBBS	1	1
MO Dental	1	1
MO AYUSH	20	18
Staff Nurse	1	0
Audiologist / Speech Therapist	1	1
Psychologist	1	1
Physiotherapist	1	1
Lab. Technician	1	1
Dental Technician	1	1
Early interventionist cum special educator	1	0
Ophthalmic Assistants	1	1
Pharmacists	10	10
ANMs	10	10
DEIC Manager	1	1
DEO	1	1
Social Worker	1	1
Total	**54**	**50**
Grand Total	**550**	**514**

Source: DPMU, Srinagar district

F. State of Fund Utilization

Table 7: Status of budget released, budget utilised by programme heads under NHM as on 30 September, 2022.

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool	Data not Provided		
• Maternal Health		73.22	
• Child Health		5.04	
• RBSK		42.33	
• Family Planning		3.66	
• RKSK/ Adolescent health		0.15	
• PC-PNDT		0	
• Immunization		23.37	
• Untied Fund		69.08	
• Comprehensive Primary Healthcare (CPHC)	0		
• Blood Services and Disorders	Data not Provided	0	
• Infrastructure		0	
• ASHAs			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• HR		1117.70	
• Programme Management		97.40	
• MMU	Data not Provided		
• Referral Transport (JSSK)		9.80	
• Procurement		127.93	
• Quality Assurance (KAYALAP)		4.95	
• PPP		0	
• NIDDCP		0.10	
2. NUHM	816.43	775.32	94.96
3. Communicable Diseases Pool	Data not Provided		
• Integrated Disease Surveillance Programme (IDSP)	36.45	25.91	71.08
• National Vector Borne Disease Control Programme (NVBDCP)	Data not Provided		
• National Leprosy Eradication Programme (NLEP)	4.14	1.86	44.92
• National TB Elimination Programme (NTEP)	0.00	0.00	00
4. Non-Communicable Diseases Pool	Data not Provided		
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	108.68	33.42	30.75
• National Mental Health Program (NMHP)	24.36	4.68	19.21
• National Programme for Health Care for the Elderly (NPHCE)	3.50	0.75	21.42
• National Tobacco Control Programme (NTCP)	3.90	1.05	26.92
• National Programme for Prevention and Control of Diabetes,	20.50	20.50	100

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme	Data not Provided		
• National Program for Climate Change and Human Health (NPCCHH)	1.00	0.00	00
• National Oral health programme (NOHP)	12.78	7.78	60.78
• National Programme on palliative care (NPPC)	0.00	0.00	00
• National Programme for Prevention and Control of Fluorosis (NPPCF)	0.00	0.00	00
• National Rabies Control Programme (NRCP)	0.70	0.70	100
• National Programme for Prevention and Control of Deafness (NPPCD)	10.38	0.00	00
• National programme for Prevention and Management of Burn & Injuries	0.00	0.00	00
• Programme for Prevention and Control of Leptospirosis (PPCL)	0.00	0.00	00

As per the guidelines of the MoHFW Central Nodal Account is introduced through the country. As this is a transit period, moving from previous system to CAN. As per the previous practice entire funds are being transfer to the district as per the sanctioned PIP. From the state NHM partial funds are being transferred to the district. There are inadequate funds are being realised. DPMU reported that they have not received salaries for last two months.

G. Status of trainings

List of training (to be filled as per ROP approval)	Planned	Completed
1. NSSK	1	1
2. IMNCI	1	1
3. SBA (Not approved in the last F.Y)	0	
F.Y 2022-23		
4. NSSK	1	0
5. IMNCI	1	0

Service Availability at the Public facilities

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, NHM programmes etc. The monitoring team visited the following health facilities comprising on Sub centre, one PHC, one CHC and District Hospital of the district.

1. Service Delivery: Sub Centre: Mulfaq

The PRC team visited the sub centre Mulfaq on October 18,2022. The SC is well accessible by the road. The facility is in a government building and condition of the building is good. This facility is not converted into HWC. Branding of the facility is done. The facility is providing OPD, ANC and PNC care, RI, Family Planning services, HBNC and all national programmes are being implemented in the periphery villages. Population covered by the facility half of it resides in the municipal council and half of the population is residing in rural area.

- Facility is having 24*7 running water, no provision for geriatric and disabled patients, clean toilet is available in the facility. No delivery room at the facility.
- The drinking water facility is available.
- There is no waiting area for OPD patients, restroom for ASHAs is available.
- Power back up is available at the facility.
- Essential drug list is available in the facility. There is always shortage of medicines for hyper tension and diabetes.
- The facility is available all basic instruments i.e. B.P. instrument, thermometer, DDK and blood urine testing kits. All essential drugs are being supplied to the facility. The facility is having a vaccine hub cutter. ANM is well aware about vaccine schedule and open vial policy. Facility is having micro plan for immunisation.
- Line listing of high-risk women is available, overall all records are maintained well at the facility.
- No maternal and child death reported during previous and current year.
- Electronic tablets are given to the ANM. CHO's are not provided with the tablets. They are using the tablets of the ANMs.
- ASHAs are not provided smart phones.
- Staff is not trained for insertion of IUCD is available at the facility.
- According to the survey of SC there are 1817 persons are there in the village of SC. ASHAs have filled CBAC forms, of them 1317 are having score below 4 and 500 are having score above 4.
- The below table shows the number of cases screened and confirmed cases of different type of NCDs in the periphery.

Table 8: Screened and confirmed cases of NCDs under NCD programme in the district during reference period.

NCDs	Screened	Confirmed
Hypertension	255	11
Diabetes	255	2
Oral Cancer	255	0
Breast Cancer	170	0
Cervical Cancer	170	0

Source: Sub Centre-Mulfaq, Srinagar district

- It can be seen that from the table, total 425persons were screened for hypertension, Diabetes and Oral cancer during the reference period. Of the total, 11 cases were found positive for Hypertension, and 2 cases for Diabetes. No patient of oral, breast and cervical cancer. Patients are getting medicine for Hypertension and diabetes from the facility.
- Facility is having 1587 population more than 30 years of age. Total 372 CBAC forms ae filled in last six months. Of which 177 is having score more than 4 and 195 are having less than 4. During last six months 11 are advice for lifestyle changes, 34 and 13 are on medication of the hypertension and diabetes respectively.
- Tele consultation service is available at the facility. But many time doctors are not available at the hub.
- Wellness activities are being performed.
- Reporting in S form under IDSP is done at the facility.
- ASHAs are being supplies drug kits and instruments. All required medicine is available with ASHAs. There is no time lag in the payment of ASHA incentive.
- During the reference period 6 VHND has conducted by the ANM and ASHAs.
- VHSNCs are conducted in the periphery.
- The facility has received funds during the year 2022 till the date of visit.
- Ambulances services are not available at the facility.
- No records are kept at the facility for TB and Leprosy cases.

Table 9: Available Human Resource at facility as on 31 August 2021.

Human Resource	Sanctioned	Filled	Vacant
ANM/ MPW Female	1	0	1
Contractual			
CHO	1	1	0
ANM	2	2	0
ASHA	4	2	0

Source: Sub Centre-Nuagada, Srinagar district

Pertaining to regular HR, facility has sanctioned posts of ANM and vacant. Under NHM 1 CHO, 2 ANM and 4 ASHAs are working in the facility.

During the visit to the facility, the PRC team felt the following are the challenges of the facility and the root cause of the problems.

- Shortage of medicine of hypertension and diabetes.
- SPACE for wellness activity is not available.
- Patients waiting area is not sufficient.
- Tele consultation facility is available but specialists are not available at hub.

2. Urban Primary Health Centre: Batamaloo

Facility is in Batamaloo block it is 5 kilometres away from CHC Gousia. Is covering population of 44000. It is a 6 beds health facility which is easily accessible from the nearest road. It is functioning in a government building, it is newly constructed and in very good condition. This facility is having four floors. The electricity with power back up is available. 24*7 running water supply and clean Toilets facility are available in the facility. There are separate wards for male and female. Bio Medical waste management is out sourced. There is no geriatric and disability friendly ramps available. Rest room for ASHAs is available in the facility. Tele Medicine consultation facility is available at the UPHC. The timing of the facility is 10.00 am to 4 pm. 24 hours for emergency services. Facility is converted in HWC. Branding is completed. NCD clinic is functional at the UPHC. Services such as OPD, IPD, X-ray, USG, Dental, immunization, Ortho services are provided at the facility. During Covid 19 the facility was converted into dedicated Covid hospital. Though the facility is having very good infrastructure, it is underutilised. Being all the staff and medical officers no delivery is being done at the facility.

Table 10: status of HR in the UPHC-Batamaloo.

Name of the Post	Sanctioned	In place	Vacant
Medical officer	5	5	0
Pharmacist	3	3	0
Health Educator	1	1	0
BHW	1	1	0
MMPHW	1	1	0
DRIVER	1	1	0
Other Staff	2	2	0
Total	**14**	**14**	**0**
NHM Staff			
Medical officer Part time	1	1	0
BAM &BM & EO	2	2	0
Ophthalmic tech.	1	1	0
Dental tech.	1	1	0
FMPHW	1	1	0
Pharmacist	1	1	0
Lab tech.	2	2	0
Staff Nurse	2	2	0
Other staff	11	11	0
Total	**22**	**22**	**00**

Source: UPHC- Batamaloo

In UPHC there is total no of 36 sanctioned for the facility. Of which 14 are regular and 22 are contractual under NHM. All of them are filled.

- Computers are available in the facility, but internet connectivity is the problem. All ANMs are being given electronic tablets. ASHAs are not provided with smart phones.
- Kayakalp is initiated and facility score is 80%.
- NQAS is not initiated in the facility.
- Essential drug list is available and displayed in the facility. Total 104 drugs are in the list. Metformin, Amlodipine are the drugs available for Hypertension and Diabetic patents. There is sufficient supply of Gloves and essential consumables.
- There is no shortage of any medicine in last six months.
- All the essential equipment is available at UPHC. Diagnostic tests are available in house in the facility. Blood sugar, HB, VDRL, HIV, HBSAG, RDK, NIKSHAY tests are being conducted at the facility.
- X-Ray facility is not available in the PHC.
- During April to Sept. 204 cases registered and payment made to 98 cases.
- All diagnostics and health care services free of cost services to all JSSK beneficiaries.

- No shortage of any instrument and equipment in the facility.
- No maternal and child death reported in previous and current year.
- Vaccine hub cutter is available in the facility.
- Family planning services are available in the facility. Distribution of CC and OP is done no sterilisation of male and female is performed at the facility. Staff is trained for insertion of PPIUCD/IUCD. Usually on duty MO, nurse's and ASHAs counsels to the women for family planning services.
- No awareness about FPLMIS is there in the facility.
- Adolescent friendly clinic is not available at the facility.
- P and L form under IDSP is filled by the facility.
- LLIN is distributed in the villages of PHC periphery. There is no malaria case was detected since 2 years.
- Facility is not as a Designated Microscopy Centre. Every third Sunday of the month TB screening is done at the facility. 41 percent of patients are tested through CBNAAT/TruNat for drug resistance.
- TB treatment cards for both drug resistance and drug sensitive is available at the facility. TB register is available. All TB patients are tested for HIV and Diabetes Mellitus.
- Data entry in different portal is being done at block level. This is the practice of the state.
- RKS meetings were taken place.
- UPHC is having ambulance service with its own ambulance.
- During 2021-22 Rs. 100,000/- received and Rs. 100,000/- is utilised.
- During the reference period, 51 cases referred in from SC and 8 cases referred out to higher facility.

1. Community Health Centre Gousia.

Gousia Community Health Centre is in Khanyar Block and is located about 2.5 km from the district hospital. It is 30 bedded hospital functioning in government commercial building in main market area. The Facility is well accessible from the main road and strategically located in main city area. Basically hospital is set up in the commercial complex of the municipal corporation. There ae shops at ground floor and first floor is given for the hospital. It is not designed as per the requirement of the hospital and building is also too old its need major repairs and renovation. Space is also a constraint for the facility. All the department have accommodated in a congested space. Even facility is having 3 OTs, but the space provided for OTs is too small. In the Ophthalmic OT 2 persons cannot accommodate at a time. Other OTs

are also in very bad shape. The Facility timing is from 10 am to 4 pm. Electricity is available with power back up is available. Running water is available for 24*7. Clean Toilets facility are available in the facility. No separate wards for male and female. Drinking water facility is available in hospital. Very limited area for OPD there is no sitting arrangement, registration room is outside, regarding the Bio Medical Waste management is out sourced. There is no geriatric and disability friendly ramps in the facility. CHC is providing the C-section Delivery, Normal delivery, Ortho surgery, ANC services, major and minor surgeries, ENT services, X-ray and USG services provided to needy people, there is a heavy work load in the facility.

- NBSU facility is available in the facility with 3 warmers and 1 phototherapy unit. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. Tele medicine service is not available.
- Three Operation theatre is available but space is not adequate.
- BSU is available in the facility.
- In respect to the IT, sufficient computers are available in the facility.
- KAYA KALP is initiate. Current facility score is 74. NQAS is not initiated in the facility.
- Computerised medicine inventory system is in place. For procurement of medicine JKMSCL is available. EDL is available and displayed in the OPD. In-house Lab services are available.
- X-Ray machine is available in the facility. Two USG machines are there one is dedicated to ANC services. Under AUSHYAMAN BHARAT services are free for all beneficiaries.
- There is no shortage of any major instrument in the facility.
- Sufficient supply of testing and rapid diagnostic tests is available.
- All diagnostics tests are available in house.
- Labour room is available, but the space is not adequate as per the norms.
- JSSK is implemented and all the services are free of cost to ANCs.
- PMSMA is observed on every 9th day of the month.
- Line listing of the high risk pregnancies is available.
- Respectful maternity care is being followed.
- Facility is having registers for birth and death.
- No maternal and child deaths are reported during previous and current year.
- Vaccine hub cutter is available in the facility.
- During last three months 58 newborn given birth doses in the facility.
- Family planning services are available at the facility. But no FPLMS is being filled. As the user id and pass word provide recently.

- No pendency regarding payment of JSY.
- NCD clinic is available daily in the facility. During last six months 3368 patients screened for of Hypertension and 532 ae confirmed, in case of Diabetes 2738 patients screened and 382 confirmed. Zero patients were screened for Oral, Breast and Cervical cancer.
- P, S and L form is being filled under IDSP.
- Facility is designated as Designated Microscopy Centre. Average 7.74 percent of OPD patients are tested for TB. All of them are tested through CBNATT/ TruNat for drug resistance. There is a mechanism for percent patients are tested for CBNATT/TruNat for drug resistance. Anti TB drugs are available in the facility. During last six months 100% of patients are initiated DBT under NIKSAY portal.
- Last RKS meeting held in September 2022.
- CHC is having own ambulance for patients service.
- During last month 13 patients are referred to the higher facility.
- In respect to the HR total 76 positions are sanctioned and 61 are filled.

Table 11: Regular and NHM Staff at Community Health Centre Gousia

Name of the Post	Sanctioned	In place	Vacant
Medical Officer (FRU)	2	1	1
Medical Officer(AYUSH)	1	1	0
Medical Officer(NCD)	1	1	0
Lab. Tech. NHM(FRU)	2	2	0
OT NHM (FRU)	2	2	0
X-Ray Tech. (FRU)	2	2	0
Counselor(NCD)	1	1	0
BPMU(NHM)	2	2	0
FMPHW(SBU)	2	2	0
DEO(Outsource)	1	1	0
Consultant (Surgeon)	1	1	0
Consultant(physician)	1	0	1
Consultant(Aesthetes)	1	1	0
Consultant(Gyean)	1	1	0
Consultant(Pead.)	1	1	0
Consultant(ortho)	1	0	1
Medical officer	8	8	0
Dental Surgeon	3	3	0
CHO	1	1	0
Health Educator	1	1	0
Sr, Asst.	1	1	0
Jr. Asst.	1	0	1
Head Lab. Tech.	1	1	0
Sup. Lab. Tech.	1	1	0
Sr. Lab Tech.	1	0	1
Jr. Lab Tech	1	1	0

Sup. ortho	1	1	0
Sr, Ortho Tech	1	1	0
Sup. Dental. tech	1	1	0
Sr. dental tech	1	1	0
Sup. X-ray Tech	1	1	0
Sr. X-ray tech	1	1	0
Sup. Theater Tech.	1	1	0
Head Pharmacist	1	0	1
Sup. Pharmacist	1	1	0
Staff Nurse	6	3	3
Physiotherapist	1	1	0
FMPHW	1	0	1
Jr. Electrician	1	0	1
Cuaffer/driver	2	1	1
Senior Driver	1	1	0
Junior Driver	2	2	0
Nursing orderly	5	4	1
Dhobi	1	0	1
Ward boy	2	1	1
Gardner	1	1	0
Safaiwalla	3	3	0
Total	**76**	**61**	**15**

Source: CHC Gousia

PRC team Observation:

- CHC has no Ideal Structure for a hospital building.
- CHC is facing the Shortage of Paramedical staff and class IV worker.
- CHC is working in government Commercial building, space is very congested.
- CHC has a very heavy workload. Last year 200,000 OPD was done.
- This district is very sensitive many VIP visits are there. Every time medical staff needs to be deployed for VIP duties. In such situation staff from regular duties needs to be pulled out. This is hampering regular work. There should be provision of dedicated health Staff for VIP duties.
- CHC has three OTs s but they are not as per Specification and space is very congested.
- This facility needs to upgrade.

4 District Hospital: Jawaharlal Nehru Memorial Hospital, Srinagar

District Hospital situated at district headquarters Srinagar. It is 200 bedded hospitals, of which 13 beds for ICU. It is located in government building, building is in good condition. But as the many specialised services are being provided at the facility under DNB programme they require more space to for smooth functioning. There is provision for geriatric and disable patients. Electricity is available with power back of generator for entire hospital. 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to Labour room and are clean. Drinking water is available in the facility. It is well accessible from main road. Waste management is outsourced to a private agency. OPD timings of the facility is 10 AM to 4 PM.

Pertaining to the HR at JLNM hospital 247 posts are sanctioned of different discipline, of which 156 are filled and 91 are vacant. Total percentage of vacancy is 36 at the facility is huge. About 44 percent non gazetted posts are vacant. Regarding NHM 101 posts are sanctioned and 94 are filled. Just 7 posts are vacant. Vacancy of the regular staff is matter of concern at the facility.

Table 12: Status of Human Resource (Regular) in the JLNM Hospital, Srinagar

Name of the Post	Sanctioned	In place	Vacant
Medical Supernatant	1	1	0
Dy. Medical Supernatant	1	1	0
Sr, Consultant physician	1	1	0
Consultant physician	3	2	1
Consultant Pediatrician	2	2	0
Consultant Ophthalmologists	1	1	0
Sr. Consultant gynecologist	1	1	0
Consultant gynecologist	2	2	0
Consultant orthopedic	1	1	0
Consultant ENT	1	1	0
Sr. Consultant Surgeon	1	1	0
Consultant Surgeon	3	3	0
Dental Surgeon	5	4	1
Radiologist	1	1	0
Medical officer	23	23	0
Total Gazetted officer	54	52	2
Total Non-Gazetted Staff	186	98	88
I SM Medical officer	3	3	0
Total Staff	**247**	**156**	**91**

Name of the Post	Sanctioned	In place	Vacant
Child Specialist SNCU	1	1	0
MBBS Doctors SNCU	4	4	0
ENT specialists	1	1	0
Staff Nurse	5	5	0
Lab. Technician	1	1	0
ARSH Counselor	1	1	0
ARSH DEO	1	1	0
Accounts Manager	1	1	0
Staff Nurse JLNM	5	5	0
FMPHW working staff Nurse	5	5	0
DEIC Manager	1	1	0
Staff Nurse RBSK	1	0	1
Physiotherapist RBSK	1	1	0
Speech Therapist	1	1	0
Audiologist RBSK	1	1	0
Child Phycologist RBSK	1	1	0
Lab Tech RBSK	1	1	0
MBBS Doctor RBSK	1	1	0
Ophthalmic Assistant RBSK	1	1	0
Social Worker RBSK	1	1	0
Dental Surgeon RBSK	1	1	0
Dental Tech RBSK	1	1	0
DEO RBSK	1	1	0
Child Specialists RBSK	1	1	0
Infant Young Child Feeding (IYCF)	1	1	0
Ophthalmic Assistant (COB)	1	1	
Dental Doctor (Oral Health)	1	0	1
Dental Technician	1	0	1
Hygienist	1	1	0
Opt holmic Specialists	2	2	0
Staff Nurses (DNB)	42	39	3
Dialysis Technician	2	2	0
Staff Nurses (Dialysis)	4	4	0
General physician	1	1	0
Physiotherapist	1	1	0
Lab Technician	1	1	0
Counsellor	1	1	0
DEO	1	0	1
Staff Nurse	2	2	0
Total	**101**	**94**	**7**

Source: JLNM

- Following services are available at the facility OPD, IPD, Dialysis, CCU, Medicine, OBG, Paediatric, General Surgery, Anaesthesiology, Ophthalmic, Dental, Imaging services (X-ray,

USG), NRC, DEIC, SNCU, Labour Room Complex, ICU, Dialysis, Burn Unit, NCD, TB, Telemedicine, Pathology, ICTC, BB, Emergency, Immunisation, Minor Surgeries, MTP, Family Planning, RKSK. All sanctioned specialist is available at the facility 24*7. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. E-Sanjeevani services are available.

- There are 5 OTs available in the facility (General Surgery; Orthopaedic; Obstetrics; Gynaecology; Ophthalmic and ENT OT is available at the facility. All are well equipped and functioning well.
- Blood bank is available in the facility. Blood issued free of cost for BPL, Senior Citizen, National Programme and JSSK beneficiaries. On the day of visit 26 blood bags are available in the facility and 56 blood transfusion done in last one month.
- BIO medical waste management is outsourced.
- Facility is having sufficient number of computers and accessories with internet facility.
- KAYAKALP initiated and score of the facility is 90 percent. So far no award received.
- NQAS is not initiated in the facility.
- Labour room and OT both are certified under LAQSHAY. But branding is not done at both the places. Score of the facility is more than 90%.
- EDL is available. Total 544 drugs are listed in the list. It is displayed in the public domain. Computerised medicine procurement is done through JKMSCL software in the district. No shortage of the medicine and consumables on the day of the visit.
- X-Ray and USG services are available in the facility. They are free of cost for all. CT-Scan is not available in the facility.
- Imaging services are available in the facility. Services are free for all JSSK beneficiaries and Golden Card holder of AYUSHMAN BHARAT.
- Diagnostic facility is available in house. In house laboratory is available. Last month 6170 lab tests are being done at the facility. There is sufficient supply of testing and Rapid Diagnostic Kits.
- PM National Dialysis programme is being implemented in the facility. Services are free for Golden Card holder of AYUSHMAN BHARAT. During April to September, 30 (1117 sessions) patients provided dialysis. During previous year 16 patients (1068 sessions) provided the services.
- CT Scan, MRI, Dexa Scan, Memograpy, CPAP, OCT instruments are required for the investigation at the facility.

- Deliveries being done at the facility. During last month 12 normal and 99 C-Section deliveries are conducted at the facility. Labour room is well maintained and having new born care corner with radiant warmer and ambu bag.
- JSY, JSSK and PMSMA are provided at the facility. Line listing of high risk regencies is available.
- No maternal death reported in previous year. There is 1 maternal death reported in current year.
- No child death is reported in previous and current year.
- Comprehensive Abortion Care services are available.
- Vaccine Hub cutter is available and Nurses and ANM are well aware about open vial policy.
- All new born are being given "0" dose. During last three months 411doses are administered. All mothers of new born and counselled for breast feeding within one hour.
- Staff of DEIC is appointed and fully functional
- In case of family planning programme. It is being done at the facility. Usually RMNCH counsellor and O & G specialists counsel women for family planning. Concern staff is trained in insertion of IUCD.
- Adolescent Friendly Health Clinics are available in the facility. RMNCH counsellor give counselling to the adolescent.
- NCD clinic is available daily in the facility. During last six months 16075 patients screened for Hypertension and 2603 ae confirmed, in case of Diabetes 16075 patients screened and 825 confirmed, patients screened for Oral cancer 16075, for Breast cancer 7984 and for Cervical cancer 7984. No single patient has confirmed for cancer.
- Designated Microscopy Centre is there in the facility. Average samples testing is done. Anti TB drugs are available in the facility and there are some patients under medication. All TB patients being tested for Diabetes Mellitus and HIV. DBT payment under Nikshay Poshan Yojna is given patients. TB treatment card for both drug sensitive and drug resistance is there. Yearly community surveillance is being carried. TB notification, treatment card for both sensitive and drug resistance is there. Register for TB notification, malaria is available.
- Data entry is updated on portals i.e. HMIS, RCH, IHIP.
- Facility is having own ambulance for patient's service.
- RKS meetings are being done regularly as per the norms.
- 15 cases are referred in from various facilities of the district and 24 cases are referred out to higher facility from in the month of August 2022.

H. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring of the PIP 2022-23 of the Srinagar District monitoring was carried out by the PRC team during October 12-18,2022. DPM, JLNM Hospital, Community Health Centre Gousia, UPHC-Batamaloo and Sub Centre Mulfaq were visited for monitoring by the PRC team. During the field visit the PRC team was accompanied by DPM. Based on the discussion with the concerned officials and monitoring/observations of the health facilities the following recommendation have been made by the PRC monitoring team:

1. Looking at the vacancies at all levels in regular staff. It is recommended that while filling of regular posts NHM staff should be given preference wherever possible. Rather, they should have to be made permanent if the cadre is same.
2. Training of the health personnel is a very important component of quality of care, but in the visited health facility health personal had insufficient training on various program of NHM;
3. Most of the NHM Health staff are underpaid, and is having lots of responsibilities, therefore, they leave their jobs. There is a high amount of dissatisfaction among them. Some of them are working since the inception of the NRHM. But still they are working as a contractual staff. Therefore, it is strongly recommended to increase the remuneration of the NHM staff. Also principal of equal pay for equal work needs to be followed across all the programmes of NHM. If possible at par with regular staff.
4. As per the guidelines of engagement of ASHAs in urban area is 1 ASHA for 2500 population or 200 to 500 households in dense urban areas. According to this urban population of Srinagar district is 1216516. So there is requirement of 958 ASHAs. Whereas district has a permission to fill up 60 ASHAs only (See Annexure-1). It is a long pending demand of the district and district authorities are chasing the matter with the respective division and state authority for approval of filling up of ASHAs in the light of guidelines. Here it is strongly recommended that programme division may look into and give the approval as the earliest.
5. At the beginning of the NRHM there HMIS was only portal where reports need to be enter. Later on due to increase in the programmes in NRHM. Every programme is having its portal and report needs to be done on different portals. But the appointment of the DEO was done when there was one portal and later on there is no increase in DEO's. One DEO has to maintain all the portals. This is somewhat hectic and overburdened. Therefore, it is recommended that either the number of DEOs needs to be increased proportionately or the portal of different division can be made compatible with one single portal.

6. This district is very sensitive many VIP visits are there. Every time medical staff needs to be deployed for VIP duties. In such situation staff from regular duties needs to be pulled out. This is hampering regular work. There should be provision of dedicated health Staff for VIP duties.

J. Glimpses of the Srinagar district PIP monitoring visit, 12-18 October 2022

Visit to JLNM Hospital along with DPM, Dy. MS and BAM, Srinagar

PRC Team with JNLM Staff, Srinagar

PRC Team interacting with women in PNC ward at JLNM, Srinagar

CHC Gousia looking into the records, Srinagar

Visit to HWC Mulfaq, Srinagar

Dr. Akram Khan, PRC Pune

R. S. Pol, PRC Pune