

**REPORT OF
Common Review Mission**

**Jammu & kashmir
November 2007**

**National Rural Health Mission
(NRHM)**

Government of India

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The Common Review Mission (CRM) under NRHM for the state of Jammu & Kashmir comprised

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The state visits under the CRM started on 15th November 2007 and ended on 19th Nov 2007 during which health facilities in various districts in Jammu and Kashmir divisions were visited. The meeting with the state Health department was convened on 17th Nov 2007. The List of Persons who attended the meeting on 17th November on behalf of the Government of J & K is placed as Annexure 1 to this report

Key findings of the CRM were shared with officials from the state Government during the meeting and a presentation was made by the state about progress of the Mission as well as financial matters. A copy of the presentation made during the meeting is placed as Annexure 2 to this report. The representative from EPOS, which is the technical agency entrusted with preparation of facility surveys and District Health Action Plans also made a presentation on key features of their work.

Background Note on Jammu & Kashmir

This is one of the largest states of the country with the lowest population density. The state covers an area of 2,22,236 sq km¹ with a population of 10.14 million.

¹ This includes 78,114 sq km under occupation of Pakistan, 5,180 sq km handed over by Pakistan to China, and 37,555 sq km under occupation of China

There are 14 districts, 107 blocks and 7537 villages. The State has population density of 100 per sq. km. (as against the national average of 324). The decadal growth rate of the state is 29.43% (against 21.54% for the country) and the population of the state continues to grow at a much faster rate than the national rate.

It occupies the North-West niche of India, bounded on the South by Himachal Pradesh and the Punjab, on the South West and West by Pakistan, on the North by Chinese Turkistan and a little of Russian Turkistan, and on the East by Chinese Tibet.

Geographically, the Jammu and Kashmir state is divided into four zones.

Mountainous and semi- mountainous plain commonly known as Kandi belt

Hills including Siwalik ranges

Mountains of Kashmir valley & Pir Panjal range

Tibetan tract of Ladakh and Kargil.

History

The land of snow clad mountains that shares a common boundary with Afghanistan, China and Pakistan, Jammu and Kashmir is the northernmost state of the Indian Union. Known for its extravagant natural beauty this land formed a major caravan route in the ancient times. Trade relations through these routes between China and Central Asia made it a land in-habited by various religious and cultural groups. Kashyapa is said to have laid the foundation of Kashmir, which was referred to as 'Kashyapamar'. Owing to the several climatic conditions during winter people here lead a nomadic life with their cattles. It was also during the reign of Kashyapa that the various wandering groups led a settled life Buddhism influenced Kashmir during the rule of Ashoka and the present town of Srinagar was founded by him. This place was earlier called 'Srinagari' or Purandhisthan. The Brahmins who inhabited these areas admired and adorned Buddhism too. From the regions of Kashmir Buddhism spread of Ladakh, Tiber,

Central Asia and China. Various traditions co-existed till the advent of the Muslims. The Mughal had a deep influence on this land and introduced various reforms in the revenue industry and other areas that added to the progress of Kashmir. In 1820 Maharaj Gulab Singh got the Jagir of Jammu from Maharaj Ranjit Singh. He is said to have laid the foundation of the Dogra dynasty. In 1846 Kashmir was sold to Maharaj Gulab Singh. Thus the two areas of Kashmir and Jammu were integrated into a single political unit. A few chieftains who formed part of the administration were of the Hunza, Kishtwar, Gilgit Ladakh. During the Dogra dynasty trade improved, along with the preservation and promotion of forestry. Art and crafts also developed through encouragement. After, independence of India in 1947 this region formed a part of the Indian territory and is an integral region that contributed its part to preserve the unity and integrity of India.

HEALTH INDICATORS OF JAMMU & KASHMIR

Comparative figures of major health and demographic indicators are as follows :

Table I: Demographic, Socio-economic and Health profile of Jammu & Kashmir State as compared to India figures

S. No.	Item	J&K	India
1	Total population (Census 2001) (million)	10.14	1028.61
2	Decadal Growth (Census 2001) (%)	29.43	21.54
5	Total Fertility Rate (SRS 2004)	2.4	2.9
6	Infant Mortality Rate (SRS 2006)	49	58
7	Maternal Mortality Ratio (SRS 01 - 2003)	NA	301
8	Sex Ratio (Census 2001)	892	933

Table II: Health Infrastructure of Jammu & Kashmir

Particulars	Required	In position	shortfall
Medical Colleges		4	
District Hospitals		14	
Ayurvedic Dispensaries		265	
Unani Dispensaries		235	
Sub-centre	1666	1888	-
Primary Health Centre	271	374	-
Community Health Centre	67	80	-
MPW (F)/ANM at SHC/PHCs	2262	1588	674
Health Worker (Male) MPW(M) at SHC	1888	377	1511
Health Assistant (Female)/LHV at PHCs	374	62	312
Health Assistant (Male) at PHCs	374	334	40
Doctor at PHCs	374	643	-
Obstetricians & Gynaecologists at CHCs	80	26	54
Physicians at CHCs	80	46	34
Paediatricians at CHCs	80	33	47
Total specialists at CHCs	320	142	178
Radiographers	80	61	19
Pharmacist	454	456	-
Laboratory Technicians	454	395	59
Nurse/Midwife	934	68	866

(Source: RHS Bulletin, March 2006, M/O Health & F.W., GOI)

Financial Releases to Jammu & Kashmir

The financial allocations/ releases under NRHM over the years 2005-06 to 2007-08 are as follows :

Allocation to the State under NRHM (Rs. Lakh)				
Sr. No.	Scheme	Allocation 05-06	Allocation 06-07	Allocation 07-08
1	Direction & Administration	654.36		
2	Maintenance of Urban FW Centres	54		
3	Maintenance of Health Posts	0		
4	Maintenance of Sub-Centres	1666.2		
5	Training of ANM/LHVs	227		
6	Maintenance of HFWTCs	29.92		
7	Training of MPWs (Male)	0		
8	Maintenance of Sterilization Beds	1.2		
9	RCH Flexible Pool	1631		
10	Mission Flexible Pool	1378	8628	
11	IEC	60		
12	Operating Cost of Pulse Polio	262.13		
13	EC assisted SIP Project	0		
Total - Family Welfare		5963.81		
15	National TB Control Programme	184.54		
16	National Leprosy Eradication P	61.16		
17	Integrated Disease Surveillance P	235.5		
18	National Iodine Deficiency DC P	5.75		
19	National Pfor Control of Blindness	85		
20	National Vector Borne DCP	46.91		
Total – Disease Control Programme		618.86		
GRAND TOTAL		6582.67		

Releases to J & K under NRHM (in Rs. Lakh)				
S. No	Item Head	2005-06	2006-07	2007-08
Family Welfare Schemes				
1	RCH(Flexipool)	604.5		
2	Routine Immunization	110.29		
3	Pulse Polio Immunization	128.72		
4	NRHM Activities	1867.79		
5	IEC	3.83		
6	Training	70		
7	Others			
Sub-Total		2785.13		
Health Schemes				
8	NIDDCP	0		
9	NVBDCP	0		
10	NBCP	112.48		
11	NLEP	30.81		
12	RNTCP	243		
13	IDSP	13.8		
Sub-Total		400.09		
14	Cash & Kind Grant	3502.61		
Grand Total		6687.83		

Releases under NRHM Flexipool (in Rs. Lakh)				
Sno	Item Head	2005-06	2006-07	2007-08
1	Untied Fund for SC	187.9	*	* During 06-07 part funding was normative and part was on basis of PIP. During 07-08, entire funding was PIP based. Hence no activity wise release figures
2	Selection & Training of ASHA	101.89	*	
3	Upgradation of CHC to IPHS	840	560	
4	ASHA kit	10	*	
5	Drug Supply for CHC/FRU	414	*	
6	Drug Supply under RCH	174	*	
7	Preparation of IDHAP	140	*	
8	AMG to PHC	0	167	
9	Untied funds to PHC	0	83.5	
10	Health Melas	0	48	
Total		1867.79	*	

Analysis of PIP of Jammu & Kashmir for FY 2007-08.

The state was originally allocated and amount of Rs.

During 2006-07, the original allocation of Rs. 13.78 crore under Mission Flexipool for the state was enhanced to Rs. 72.5 cr. The additional funding was to be part of the PM package and was to be released in parts. The first release was to be for 20 crore and balance in later stages.

The state was directed to restrict its allocation for Infrastructure development to less than 33 %.

During FY 2007-08 the allocation of NRHM Flexipool is Rs. ?.

The detailed activity wise analysis of approvals is placed as Annexure 3 to this report. It may be noted that the PIP is for NRHM (including RCH II, NDCPs and NRHM additionalities). Further, the NRHM allocations is in the nature of Flexipool and hence activity wise releases are not intended. However, to give an idea of the progress of the various activities in the state, an activity wise chart has been prepared. This is not from financial perspective but is rather meant to track the physical progress of activities for which funding is intended in the PIP.

Contact details of Officials in in the state

The Contact details of the persons in the state engaged in the Implementation of NRHM are enclosed as Annexure 4 to this report.

Observations of CRM

Overall Observations

The State Government was enthusiastic about the Mission and facilitated the work of the CRM. The Mission acknowledges the logistics support made available by the State.

The following over all observations are noted by the CRM

The State has to be viewed as three distinct entities (Jammu, Kashmir and Laddhak). The distinction is apparent in the public health system also and local sensibilities in all administrative matters are acute.

NRHM has been operationalised in the state and institutional arrangement of the Mission are in place in state HQ and in all 14 (now there are 22 districts in the state) districts of Kashmir and Jammu divisions. However the institutional arrangement are not being regularly utilized for focusing the need of districts and lower levels. The institutional arrangement for orientation and mentoring of of VHSC, RKS etc need strengthening and orientation.

The CRM had a chance to visit several public health facilities (list in Annexure 5). However the state is too large and the ground situation is too complex for generalized conclusions to be drawn from the visit. The members of the Mission operated on the premise that the visits are a learning experience and evidence for change would be built during the visits. The report of the Mission should be viewed in this perspective.

The key features of the Public Health System in the state of J & K are noted (on basis of the visit to selec health facilities and interactions with the state officials) to be as follows :

- Over all, the health system is active and not stoic.
- The Infrastructure is relatively good and well maintained
- There is good availability of equipments and supplies.
- There is very comfortable availability of medical human resources at most places.
- There is reasonable to excess availability of para medical human resources at most places.
- The state has reasonable roads infrastructure in border areas and Public transport available.

However the following features of the health system are a cause of grave concern :

- There is serious lack of service availability commensurate to the investments made. Even in otherwise good health facilities, even basic services are not available.
- Private Practice by Health Department employees is ensuring that the specialists spend only the morning OPDs in public system. As a result, there is no possibility of specialist In patient service in facilities which are otherwise well equipped.²
- Several facilities have more than adequate human resources and equipments but the OPD and IPD load is minimal and this appears to be the fundamental defect in the public system in the state.
- The health staff was noted to be resorting to Unfair, unregulated and undocumented referrals.
- The Labs, OTs, labour rooms, X Ray units are grossly under utilised. The single most important reason for this appears to be the lack of willingness of the health human resources.
- Many health facilities which were visited have been conducting large number of ANC's but are not able to provide commensurate institutional delivery services.
- Basic requirements of patients like toilets, water, food etc are not addressed at all in most health facilities
- There is serious lack of basic hygiene in wards, labour rooms and the OPDs.

The CRM opines that the state needs to address the following immediate concerns :

- Given the adequate availability of critical inputs, (infrastructure, human resources, equipments et al), NRHM can bring about revolutionary changes in public system in the state provided the health functionaries are made more accountable. This effort would cast small budgetary burden per se, but no amount of extra funding support would improve the situation unless this basic reform is carried out immediately.
- Expectation of the public from public system is very low in the state.. In spite of huge infrastructure, human and technical resources the public system is not the place of choice for the citizens. There is a tendency to attribute this to the citizens choice. The fact is that the services were simply not available at several places in spite of all required inputs being available. This must change

² Private practice is permitted for most health system doctors except certain posts like BMO, Dy CMO, CMO, Director etc are not allowed to practice and are entitled for NPA

- Personnel posted must respond to the terms of service.
- The Service provider has to be resident at the health facility and has to provide services for the prescribed duty hours. For this, housing needs to be addressed.
- The Asst Surgeons (General Duty doctors) are expected to be graduates. The state is employing a very large number of Asst Surgeons with Post Graduate qualifications. This should be remedied immediately and the surplus specialists located at places where services are not available.
- The Doctors should be made accountable for the serious lack of services being available at public health facilities. If a surgeon and an anesthetist are posted and available at a facility, then regular surgeries should be conducted at the facility. Similarly If a gynecologist and anesthetist are available then the centre must provide EmOC including LSCS services.
- The service entitlements of users from the facility be clearly mentioned and compliance ensured. If the facility has a General doctor and a labour room then normal deliveries should be conducted at the place. If X ray, orthopedic surgeon & anesthetist are available at a centre they should undertake ortho surgeries. It was notices at several places that inspite of fully equipped and manned facilities services were not available to the community. There is irrational resorting to referrals which has to be stopped and accountability ensured.
- Supply of consumables to various facilities should match the utilization. The State Directorate must prevent Irrational supply which is not related to the human resource profile or the patient load at the health facility.
- The activities relating to Bio Medical Waste Management, compliance to radiation regulations etc need substantial support.
- The BMOs and CMOs should regularly visit the facilities & document their tour reports and track the improvement.
- The availability of transport and telecom to all levels in the health system should be improved.
- Scattered ,ad hoc, unplanned upgradation of health facilities should be reexamined. Several health facilities in the state are always in a stage of some or the other upgradation. It needs to be ensured that the upgradation activity does not compromise availability of service at the present.

- The Facility surveys of various facilities have been undertaken by EPOS and are almost complete. The state may take necessary steps to verify and finalise them.
- None of the IDHAP are ready in the state. 11 plans were reported to be in final stages. This activity should be accelerated.
- The RKS have not been operationalised in the CHCs and DH. At the PHCs the RKS have been registered and are utilizing the funds made available to them.

Report of visits to Health Facilities

Medical Aid Centre³ – Jhajjar Kotli (Block Dhansal , District Jammu, Jammu Division)

Location

I visited this facility at about 11 am on 15th Nov 2007 along with Dr Pathania and Dr Shah. It is located about 30 km from Jammu on the National Highway, a short walk from the road. The approach road is broken and no vehicle can come to the centre..

Infrastructure

The MAC is located in a Government owned building, has a residential quarter for the MPW (F) and is well maintained.

There is a MPW (F) who is married in this area and has been posted a few months back. There is a MPW (M) also ⁴. She can conduct deliveries .She is joint account holder for untied funds although the money is still lying unutilized. The **full Sub Centre kit was not available** and the range of medicines available was very poor.

At the time of the visit there was an ASHA from one of the villages. She has recd one week training and said that she got some books. She however **did not get any TADA for the training**. The VHSC has been constituted and is meeting soon. The **funds for VHSC have not yet been released**.

The local political leader also came in and owned up the cleaning and upgradation being undertaken in the MAC. Since the VHSC has been recently set up the funding has not yet been released.

PHC Tikri (Block Tikari, District Udhampur, Jammu Division)

Location

³ The Medical Aid Centre (MAC) is of the level of a Sub health Centre and maintenance grant has been approved under NRHM PIP for FY 2007-08.

⁴ J & K does not have ANMs. The person at SHC is MPW (F) and MPW (M). Similarly there are no Staff nurses at PHC/CHC. Apparently no such posts are sanctioned. The corresponding cadre is Junior Staff Nurse. In the state the GDMO is called Asst Surgeon. A specialist B Grade is a post graduate who is not in specialist cadre.

I visited this facility at about 1 pm on 15th Nov 2007 along with Dr Shah and Dr Pathania. It is located about 46 km from Jammu on the National Highway. Good road right upto the facility.

Infrastructure

The facility has huge infrastructure which is reasonably well maintained. There are residential quarters for the doctors. IEC messages are painted all around. There is no OT and the **labour room is not very clean**. It has a good baby corner with an enclosure⁵.

Human Resources

The Medical personnel available at the facility are :

Asst Surgeon
Dental surgeon and technician
No gynecologist

The Para Medical personnel available at the facility are :

Two X Rays technicians
Three Pharmacists
2 Lab Technicians
One Ophthalmic Asst.

Three MPW (F) do all the work.

Service delivery

There are 20 to 30 OPD cases every day. Average 3 to 4 in patients . The dental unit does all range of dental services including RCT. Dental X Rays are also done. About 10 dental cases are seen every day.

About 15 to 20 X Rays are done per month, usually chest and RTA etc.

There have 75 ANCs here since April 2007 but only 7 deliveries.

Others

The RKS is meeting regularly. The minutes are well maintained and a copy is placed as Annexure 6 to this report . Books of accounts were seen.

⁵ In the state Rs. 25,000 were released to the health facilities to construct enclosed baby corners. They were however not constructed at most places.

Most of the work at this facility is done by the MPW (F). Ads for recruiting all categories of contractual staff have been issued and several applications recd. In fact more applicants are there than the advertised posts. Apparently local facility level recruitment can be done here.

**SHC Jakhani
(Block Chenani, District Udhampur, Jammu Division)**

Location

I visited this facility at about 3 pm on 15th Nov 2007 along with Dr Pathania and Dr Shah. It is located about 67 km from Jammu on the National Highway. Good road right upto the facility. However the walkway is very narrow with **steep gradient and almost inaccessible**. No pregnant women or patient or any vehicle can come to the door step. There is no marker so it is difficult to locate the SHC.

The **building is rented and very filthy maintenance**. The MPW (F) is not resident here. This SHC covers four villages. She was not very aware of ASHA role. The MPW(Male) is also posted but he is not regular and sits in his brother's chemist shop somewhere. There are very few OPD cases. The registers are maintained but very poor content and columns are filled up randomly. No useful data is extractable. This is **really not a very useful SHC**.

**Sher e Kashmir Hospital Batot (CHC)
(Block Ramban, District Doda, Jammu Division)**

Location

I visited this facility at about 5 pm on 15th Nov 2007 along with Dr Pathania and Dr Shah. It is located about 125 km from Jammu on the National Highway. Good road right upto the facility. The closest PHC is at Assar (20 km) or Ramban CHC (30 km). The Ramban CHC is stated to be declared and functional as FRU with full complement of specialists.

Infrastructure

The facility has huge infrastructure, reasonably well maintained and well lit. The OT roof is however too low and the over head light is too big. **There is no way this OT can be used for any procedure**. Presently two doctors stay at the flats within the premises.

Human Resources

The Medical personnel available at the facility are :

Four Asst Surgeons (GDMOs)
Anesthetist
Orthopedic surgeon
Dental Surgeon
General Surgeon (on maternity leave)

The Para Medical personnel available at the facility are :

Jr Nurses two
Two X Ray technicians
Lab Technician
Three Pharmacists

Services

13 OPD cases are listed in the register for the day of visit. 10 to 15 dental X Rays done daily as per the register. **Approx 30 ANC's are done here every month but fewer than 10 deliveries per month. LSCS is not done here. (even though there is an anesthetist available).**

The OT does only minor surgeries and **absolutely no orthopedic cases are done even though there is an orthopedic surgeon and an anesthetist available.** They only do first aid and then refer the cases. This is highly undesirable.

The lab only does routine tests and reagents are not in regular and sufficient supply. In November the lab has done 24 Routine Urine and blood tests. Sputum microscopy is also done about 8 to 10 cases a month. **Not well utilised.**

At the time of visit there were two admitted cases. Cases are admitted for observation and in **almost all cases are discharged in the evening.** On 14th November 8 cases were admitted and discharged. On 13th no cases and on 12th two cases were admitted and discharged. The monthly report says 103 In patients admitted during October 2007. There **were really Observation cases.** For the scale of the health facility this is clearly a waste of precious resources.

Others

The doctors feel that because of low population density and difficult terrain, people prefer home deliveries attended by the TBAs.

There is a RKS here but it is not functional. **No untied funds, AMG or RKS funds have been recd.**

CHC Chennai
(Block Chenani, District Udhampur, Jammu Division)

Location

I visited this facility at about 8 pm on 15th Nov 2007 along with Dr Pathania and Dr Shah. It is located about 80 km from Jammu on the National Highway. Good road right upto the facility.

Infrastructure

Huge infrastructure, The CHC is proposed to be shifted to a new location for which land has been taken and proposal is in final stages. Hence no upgradation is being undertaken here. **As such the infrastructure is fairly OK and there is really no case for shifting.**

Residence of BMO is here. Fairly good Labour Room.

Human Resources

The Medical personnel available at the facility are :

Gynecologist

Anesthetist

Surgeon

Physician

Dental Surgeon

Ophthalmic Asst.

Asst Surgeons (GDMOs) Six. One of them is trained in radiology and does Ultra Sound

The Para Medical personnel available at the facility are :

Junior Staff Nurses (five), X Ray Technician, LT, Pharmacist

Services

A paramedic registers the cases after collecting Rs. 2 charges and refers the patients to the desired specialist. Average over 100 cases OPD daily. No In Patient cases.

The RKS is not functional as there has been no fund release ⁶.

The RCH OPD is separate and received average 15 cases daily except the days when the gynec goes on tour for camps. 5 to 7 deliveries are conducted every month. **No LSCS are done here even through all required manpower is in position..**

There is a Hospital development Committee⁷ which gets part of the registration funds and uses them for upgradation of the hospital.

Vijay Pur Accident Hospital (PHC)⁸ (Block Ramgarh, District Jammu, Jammu Division)

Location

I visited this facility at about 11am on 16th Nov 2007 along with Dr Pathania and Dr Shahid Moghal, CMO Jammu. It is located about 30 km from Jammu on the National Highway. Good road right upto the facility. Next closest facility is CHC at Ramgarh which is about nine Km away.

Human Resources

The Medical personnel available at the facility are :

Physician
Surgeon
Gynecologist
Anesthetist
Pediatrician
Orthopedician
Ophthalmologist
ENT Surgeon
Dental Surgeon
DGO (2)
Asst Surgeons (GDMOS) five

The Para Medical personnel available at the facility are :

⁶ Untied funds, AMG or RKS funds have not been recd at any CHC. This funding has only been done at PHCs in the state.

⁷ In Kashmir, 50% of user/registration charges are sent into state treasury and balance in the account of the Hospital Development Committee. In jammu division the entire amount goes to the state treasury. ?

⁸ In view of heavy accidents on the National Highway, Accident Hospitals were proposed to be set up along the Highway. From Lakhapur (border of Punjab & J & K) to Jammu two such hospitals were proposed. The pre existing PHC at Vijaypur was accordingly upgraded into a accident hospital.

One X Ray technician and one X Ray assistant
Nurses two
Lab Technician (two)
Pharmacist (Four)
Junior Theatre Asst (One)

Services

OPD records are kept for each speciality separately. Total attendance not clear but the hospital appears to receive good load of OPD cases. There are 8 in Patient beds but patients are only admitted for day care and observation only.

Labour Room is in very bad condition with a poor overhead light only two of whose bulbs work (out of four). **Average one delivery per day.** 50 to 60 ANC's take place every month

No OT available and no ECG machine. The full compliment of Specialits is really only seeing some OPD cases. Very few accident cases are received at this facility.

JSY benefit has been given in this facility to five cases (@ Rs. 1000 per case). The JSY accounting is not clear and transparent. The data sheets are stated to be based on JSY cards and report of other institutions. The arrangement is however not transparent. For last few months funds for JSY are not available.

Dental OPD gets about 30 cases daily. RCT is done but dentures are not made⁹.

The Lab only does routine cases and that too rarely. The lab register is not upto date. Daily one or two sputum are also checked. There are 19 cases under DOTS.

The **issue of consumables and drugs to this facility appears irrational.** Items which can't be used here are still sent by the State directorate. **Large amount of baby face masks to be used in OTs were lying in the store. This is clearly a waste** because such a large number can't be used at any facility in the jurisdiction. Last year also ECG rolls and jelly was sent here and it was then transferred CHC Ramgarh.

⁹ Dental care is available in most public health facilities in the state. Most dental procedures are done. However dentures are not made anywhere. In private dental facilities, dentures are made through a referral linkage. But in public system the patient is expected to visit the dental college. In public facilities, measurements can be taken and dentures can be obtained from dental college through a referral linkage.

SHS Karalia
(Block Ramgarh, District Jammu, Jammu Division)

Location

I visited this facility at about 1 pm on 16th Nov 2007 along with Dr Pathania and Dr Shahid Moghal, CMO Jammu. It is located about 40 km from Jammu off the National Highway about 5 km to the inside of the highway. Good road right upto the facility.

The SHC is in Government building and has large open space with it which is boundry walled. Good civil construction. **ANM is not resident, does not have BP instrument, weighing machine or thermometer. Only few basic medicines are available with her. The SHC has no water supply.**

The **ANM has utilised Rs. 10,000 untied money** for upkeep of civil construction as per guidance of the BMO. However **the most critical and basic requirements have not been attended to.** A good bathroom has been constructed but there is no water source.

CHC Ramgarh
(Block Ramgarh, District Ramgarh, Jammu Division)

Location

I visited this facility at about 2 pm on 16th Nov 2007 along with Dr Pathania and Dr Shahid Moghal, CMO Jammu. It is located about 37 km from Jammu about 7 km inside off the National Highway. Good road right upto the facility. This place is identified for upgradation to IPHS.

Infrastructure

Huge building, with good civil construction and maintainence. The OT is large and clean but **it does not have any barrier area so it really can not be maintained aseptic.**

There is a fixed X ray machine (5-6 case on alternate days, register was not updated) a portable X Ray machine which is not used and a dental X Ray machines which is rarely used. **Poor utilisation of expensive equipments. No protection from radiation leakage.**

There is an ECG machine also which is occasionally used.

Human Resources

The Medical personnel available at the facility are :

Physician
Surgeon
Gynecologist
Pediatrician
Anesthetist
Dental Surgeon
Ophthalmologist
Asst Surgeons (GDMOs) seven
Radiologist on visit twice a week.

The Para Medical personnel available at the facility are :

Junior Staff Nurses (five), Lab Tech, X Ray Tech, Ultrasound technician, Theatre Asst.

Services

OT has specific dates for various activities (Monday Gynec surgery, Wed General Surgery, Friday Eye surgery). On alternate days the OT technician prepares the OT. **On many days camps are organized so the OT is busy.**

NSV – 5 cases since April, Lap Tubectomy 64 cases since April 2007.

General Anesthesia is done here but only minor surgeries are done because there is no blood bank till Jammu. There is no person here for cross matching so there is no preparedness for blood loss. Cases like injuries, cysts, lipomans, cellulites, hernia, piles, fistula breast clumps etc are done. No abdominal surgeries.

No LSCS is done here even though all human resources and equipments are available.

In patients are usually the observation cases or surgery cases. The In patient register does not bear the date of discharge. The In Patient wards are not well maintained. Patients usually leave in the evening. Also there is no availability of food in the place so how will the patient survive the night.

The Lab only does basic routine tests. Three cases at the time of visit, five Malaria slides.

RKS was registered in May 2007 but there is no funding yet. No untied funds, AMG etc.

The JSY accounting is not clear and transparent. The data sheets are stated to be based on JSY cards and report of other institutions. The arrangement is however not transparent. For last few months funds for JSY are not available.

**PHC Anandpur
(Block Ramgarh, District Jammu, Jammu Division)**

Location

I visited this facility at about 4 pm on 16th Nov 2007 along with Dr Pathania and Dr Jaffar Ali Chib, BMO Ramgarh. It is located about 46 km from Jammu, close to the border and 6 km from CHC Ramgarh. Good road right upto the facility. Next closest PHC is 8 km away.

The MO is not resident.

At present 4 to 5 cases OPD daily. In heavy season it goes up to 30 to 40 cases. Others.

No Labour Room available. MO clarifies that almost all deliveries in this area are at some institution (Ramgarh or Jammu). Rare cases deliver at home.

This PHC covers 7 SHCs. There are ASHAs in all surrounding villages. JSY cards are maintained here and payments are made on basis of the discharge slip of the institution where the delivery took place. The MO feels that only the better off are taking benefit of the JSY and poor are really not getting covered. For last few months funds for JSY are not available.

The RKS is registered and has done good work to utilise the untied funds recd by the facility. Repair work has been done, water line has been put.

A semi qualified practitioner close by clarified that he is the only medical help in of hours since the PHC is closed. Also the public does not get most medicines at the PHC so they come to him for help.

**District Hospital Samba
(Block Samba, District Samba, Jammu Division)**

Location

Samba is a new District in the state. I visited this facility at about 5 pm on 16th Nov 2007 along with Dr Pathania. It is located about 40 km from Jammu right on the National Highway. Good road right upto the facility.

Infrastructure

This has recently been upgraded to DH status and was originally a Block hospital (CHC). Samba is a new distt and the DHS is not yet registered.

The facility has recd attention from various programmes in the past and funds for upgradation have been regularly recd. The OT is in good condition and clean. **The labourt Room is however totally neglected and not maintained.** A new LR is under constructioun but as on date the service is very poor.

The wards are kept in very dirty condition, poor light, no toilet at all for the patients or relatives. There is no nurses station next to the ward. IP stay in these circumstances would only be duress stay and not recovery stay.

The facility is clearly in a transition condition. But it appears that the transition has been continuing for several years and no real services are really being provided under the pretext that upgradation is going on. **A time bound plan for completing the upgradation and a short term plan for providing the services until the needs to be drawn up.**

Human Resources

There is **exceptionally good manpower at the facility but poor supplies** (because the supply unit at Jammy treats it as a block hospital and not as a DH)¹⁰ . There is a CMO, BMO and a Medical Supdt at this place. The Medical personnel available at the facility are :

Three Physicians
Two MS Surgery
Two MD Gynecs
Two DGO Gynecs
Pediatician
Anesthetist
Orthopedic surgeon
MD Pathologist
MD Radiologist
Two dental Surgeons

¹⁰ This was true of most facilities. Too many chemist shops and investigation centres share boundry wall with public facilities where same services and medicines are supposed to be available.

The Para Medical personnel available at the facility are :
Junior Staff Nurses (four), OT Technician (One), OT Nurse (One), Pharmacist (Five), X Ray technician (two), Lab technician (One plus two assts), drivers (two)

Services

OT days are divided amongst specialities. (Monday, Thursday General Surgery, Tuesday Lap Tubectomy, Wed Ortho, Fri Eye and ENT)

There were two eye surgeries today. The place does abdominal surgeries also. 3 to 4 surgeries are performed every due day. Blood matching is done as and when needed,

No LSCS is done here.

Average one normal delivery every day

Others

Untied funds, AMG etc have not been recd for this facility. However, the BMO has recd Untied funds for the four PHCs which are in jurisdiction of this facility and the same have been sent to the respective facility.

Missionary Hospital (Block Samba, District Samba, Jammu Division)

Location

I visited this facility at about 7 pm on 16th Nov 2007 along with Dr Pathania. It is located about 40 km from Jammu right on the National Highway.

This is run by a Missionary Organisation and is located about two km from the Samba DH. It is extremely clean and well kept. There is a pediatrician, resident Gynecologist and a surgeon and anesthetist comes twice a week. Average 80 to 90 OPD cases every day. Average 30 to 40 normal deliveries every month but no LSCS. They do have an OT but not many regular surgeries. The X ray, lab, Ultrasound is regularly used.

CHC Katra (Block ? , District ? , Jammu Division)

Location

This facility is located in the holy town of Katra about 45 km from Jammu. I visited this facility at about 8 am on 18th Nov 2007 along with Dr Baishya.

Infrastructure

Reasonably clean CHC. A **brand new Maternity centre** has been constructed with donated funds. **It is however not operational.** Over all the building is well kept.

Human Resources

The medical human resources posted at the facility are

Physician
Gynecologist
Anesthetist
Surgeon
Pediatrician
Orthopedic surgeon
Dental Surgeon

There are eight Asst Surgeons (one is PG anesthesia, another is PG Ortho, another is PG Pharmacology, another has 3 month course in Radiology)

The paramedical human resources available include :

Ophthalmic Technician
7 nurses
4 pharmacists
2 Lab Technicians
2 X Ray technicians
One dental asst

Services

The OPD register is torn and not updated. Few patients seen. Since the visit was on Sunday, the OPD was closed.

The OT has less than one case per day. Only minor surgeries are done. The OT register which is in use was opened in 2002. During 2002 there were 77 surgeries. During 2003 there were 91 cases and so on. The OT is not a functional operating centre.

**CHC Akhnoor
(Block ?, District ?, Jammu Division)**

Location

The Akhnoor CHC is located at the Tehsil HQ and covers population of about 3 lakh. It is located at the Pakistan Border. The tehsil HQ has lot of economic activity with several private doctors.

I visited this facility along with Dr Baishya on 19th Nov 2007 at 9 am. The BMO was on leave and the doctor in charge in his absence was also away from the facility at the time of the visit. Hence the accounting records could not be seen.

All specialties are available at the CHC and there is lot of patient load. Details could not be taken on record but the following overall observations were noted :

- The Labour Room (which happened to be extremely dirty) is located within the Gynec OPD and there is **no semblance of privacy for the patients.**
- The **X Ray unit is located right next to the labour room within the Gynec OPD. This defies all norms of radiation precautions.** The Gynecologist indicated that she has requested for shifting of the LR but no action has been taken.
- The Gynecologist in the OPD was examining a patient in front of several other women who were awaiting their turn (several men were also present as attendants). **The complete lack of privacy was almost embarrassing.**
- **A new LR block is lying unutilized** (as it has not been inaugurated) and its building is getting damaged because of seepage of water from overhead tank.
- The **New LR has been constructed with no toilet for the women** who are to deliver. The toilet is said to be located at a different corner of the block. Such construction should not have been approved.
- There were **huge in patient wards at the facility but not a single in patient** was admitted.
- The Surgeon at the facility does regular surgeries and indicated that he admits several in patients.

OBSERVATIONS BY DR A C BAISHYA

Overall impression

- The overall implementation of NRHM has started in the state with limited success and institutional arrangement of the Mission are in place in the state HQ and in all 14 districts of Kashmir and Jammu divisions. However institutional arrangement are not being regularly utilized for focusing the need of the districts and at state level .Lower level institutional arrangement of VHSC, RKS needs strengthening and orientation.
- Review of service delivery improvement, input link to out put of institutions, fund flow mechanism, information flow and management need immediate attention in all districts.
- Monitoring and periodic supportive supervision at each level need to be institutionalized in all districts.
- Due to geo-cultural differences of the two divisions, implementation status of health services have its own differences . Regular and periodic common review on implementation status of health programmes including NRHM to be initiated.

The findings of field visit are summarized as follows:

(i) Assessment of the case load being handled by the Public System at all levels-

- Mixed reports of case load could be seen in all the districts visited.
- **Inpatient load in CHC/SDH/PHC does not justify the input of infrastructures and manpower** . In Kokernag SDH of Anantanag district all beds were lying empty on day of visit.
- Focus of NRHM investment to improve service delivery in health intuitions and patient care could be seen only in one institution out of 8 institutions visited.

(ii) Preparedness of health facilities for inpatient care and the utilization of beds for such care-

- In Tanmarg SDH, Baramula district good infrastructure created, manpower availability seems in excess than of patient load and only 4 out of 30 beds were occupied during the day of visit . Specialists manpower are being

underutilized/not utilized in all facilities up to optimum of patient care. Orthopedic surgeon available in SDH, no surgery performed in the facility till date though two anesthetist exist in the same institution.

- Emergency handling including Emergency **LSCS not performed in all SDH/CHC visited though these are having O&G specialist and anesthetist**. During six month 14 LSCS and last month (October) only one LSCS recorded in Tanmarg SDH. Blood storage facilities in all SDH were not ready.
- Most of the staff available during visit of the team were for day care services. Quarters are not available for emergency staff and this area is totally unattended by administration.

(iii) Quality of services provided for institutional deliveries-

- The CRM observed **very poor condition of labour rooms, lack of privacy** to the women delivered (refer photo of Magam , Kokernag and Akhnoor SDH) and inadequate new born care in most of facilities. Out of 8 facilities (5 SDH and 3 PHCs) only two facilities (SDH) had new born care equipment in the facilities .
- Institutional delivery care in few PHCs were without privacy, proper labour table, water supply etc. Many LR are without proper light.
- In one PHC (24X7)(Achabol) had 4 MO , however quality of care and service provision were quite poor.
- In Akhnoor SDH, labour room, X-ray room and O&G out door had common waiting place and registration of X-ray was in front of labour room, which was exposing the inside of the room. Privacy of room was totally neglected and infection control of labour room was ignored.
- Improvement of institutional deliveries could be recorded in all health institutions after implementation of JSY. However setback of not paying JSY fund to beneficiaries since April,07 in all facilities has resulted inconvenience to institutions to keep up the performances.

(iv) Systems in place for immunization and visible changes at the field level-

- System of routine immunization at facilities on fixed date and out reach in villages could be recorded during visit. Improvement of immunization coverage in districts recorded . Increase of coverage and usage of AD syringes could be seen in facilities.
- At village level /SC level regular sessions are being held as per record, however monitoring of the session sites by respective PHC MO was not felt.
- System of disposal of Waste generated from immunization, hub cutter etc totally nil in few institutions visited.

(v) Diagnostic facilities at health facilities and their effectiveness-

- Diagnostic facilities of X-ray, ultrasound, ECG, laboratory were available in all SDH and one PHC. Utilisation of facilities could be seen. However quality of services was poor. In all SDH X-ray room had open glass window, which is against safety norms of X-ray unit. Radiographers were without Docemeter and lead shield in few institution. In Kokernag SDH , X-ray and ECG were in same room with open window.
- Although Laboratory services are available, the range and quality is poor in all facilities of visit. (achabol PHC, Kokernag SDH)
- Phulwama SDH had all diagnostic facilities being utilized, user charges collected against services, and maintenance of quality diagnostic service. However all ultrasound machines were in use against mandatory warning of PNDDT Act. Displaying of sex determination not done could be seen in any facility visited.

(vi) Manpower position in health facilities-

- Specialist manpower in SDH were in excess in Tanmarg, Phulwama and in Gandhi Nagar hospital (5 O&G specialist for 50-60 deliveries a month) . Orthopedic surgeon, anesthetist etc seen extra in many facilities visited and mismatch of service output.
- Most of specialist services were during day time, depriving community of emergency services in remote /periphery areas away from state HQ.
- Positioning of six pharmacist in SDH (all SDH visited had 5-6 pharmacist) is also not as per their service requirement.
- In Achabol PHC (Anantanag district) 4 doctors having only 27 OPD/2 IPD daily , 8 deliveries monthly (Achabol 24X7) reflects waste of human resources. Out of 4 doctors, Doctors quarter are appointed from NRHM.
- Sagam PHC of Anantanag district had two doctors, having daily OPD of 6-10 patients.
- As the facility is one room PHC, service delivery, examination room etc , records were missing. Doctors also unhappy of non availability of drugs etc.
- In all facilities visited quarters for staff were not available, or inadequate. To deliver continuous care at these institutions, staying must be compulsory providing residential quarters to emergency staff. Otherwise positioning only day care manpower shall not ensure quality care in the institutions.
- Specialist manpower deployment/ rationalization is priority action for state authority to ensure service delivery in periphery.

(vii) Utilization of Rogi Kalyan Samiti and untied funds at various levels of the system-

- Hospital Development Board exist in health institutions earlier to NRHM for development of institutions. User charges were being collected and sharing of 50% of collection to Revenue Dept. through treasury deposit was in practice.
- Under NRHM RKS are being registered, user charges are being deposited to RKS and untied funds are being received by health institutions.
- However, utilization of user charges were not transparent
- And officials could not explain operational procedures in detail. Official procedures of approval from district CMO/Director of Health Services hampers utilization of user fees by the institution at their own. Orientation of field officials on RKS procedures were inadequate and untied fund utilization were not satisfactory.
- Releases of untied fund from district to all institution were not smooth. Few facilities were yet to receive untied fund during visit. SC untied fund, PHC untied fund utilization not seen in districts. PHC MO were not aware of guidelines of untied funds.

(viii) Involvement of Panchayati Raj Institutions in the functioning of health system-

In J&K PRI system not exists. However involvement of community members ensured .

(ix) Process of preparation of District Health Action Plans and quality of District Health Mission meetings-

- District Health Mission meeting in visited districts were held. Rather these meeting were District society meeting as minutes are available for society meeting only.
- Agenda of meeting includes activities of NRHM, however systemic review of performance of health system to achieve the goals of Maternal mortality, infant mortality, population stabilization, IPHS, financial management, management issues, HIMS issues were not in place.
- Regarding District Action Plan preparation, state had contracted the entire process of DAP. Till date, the DAP –of 2007-08 under preparation and finalization stage. However approval procedures of DAP after due consultation in District Health Society meeting and final approval of District Health Mission yet to happen.
- Decentralized, participatory planning process involving all stake holders from Village to district level could not be seen/recorded for DAP preparation in any district. This exercise seems to be contracted out and stand alone activity of outside agency. Involvement of officials during analysis, prioritization, objective setting, selecting appropriate strategies as per local need to achieve NRHM Goals were nil in all districts.

(x) Systems of financial management-

- Financial management system in the state under NRHM from State level society to facility level in new since april,2007 after induction of Programme Management units at state and district level. Fund flow from state to district level in happening ,however orientation of officials, PMU staff not clear at this point. Induction training of Financial management was not done for account managers , tally system not operational.
- Fund flow to peripheral institution like untied fund, RKS funds are not timely in few districts and Financial Manual procedures are not followed .
- Utilisation of fund as per guidelines, JSY funds utilization are poor and financial management monitoring at facility level not available at this point of time. District account managers are compiling utilisation based on SOE ,not based on cash book and book of accounts.
- Audit of 2006-07 yet to be submitted by the state. Accounting procedures at district and facility level not transparent and as per manual of GOI. PHC accounts are not verified by district account officials. District accounts are not verified in place by state account manager.
- Fund flow for JSY at facility level, payment to ASHAs are needing urgent attention of strict financial management to minimize false payment of huge pending cases in all districts.

(xi) HMIS and its effectiveness-

- HMIS are being collected by facilities and submitted to district/state. However analysis/review of information collected at facility and district level is not happening regularly to capture the changes of service delivery institution wise and further action to be taken accordingly. Only one facility (Phulwama SDH) could show changes during years on HMIS.
- HMIS of institution level at SAGAM PHC could not be located. Monitoring of HMIS by PHC MO totally missing.

(xii) Rationale use of manpower at various levels to ensure appropriate skill mix for better outcomes-

- Rational use of MO at PHC, pharmacist at SDH/PHC as per need of facility should be started immediately to ensure availability of qualified manpower in all peripheral health institutions.
- Service mix(skill mix) at SDH to give all services including emergency operations need urgent action at district/state level. Blood storage facility lack in all facilities.
- Orientation/ training of staff for service mix to be initiated.

(xiii) Thrust on difficult areas and vulnerable social groups-

Special action on out reach sites are being organized through RCH camps/sessions.

(xiv) Assessment of performance of Accredited Social Health Activists, ANMs, Lab Technicians, Medical Doctors etc-

- Selection of ASHA in the state has been completed and training of ASHA (1st module 0 being completed in all districts. In few district 2nd module training is on.
- During field visit at Kashmir division, Anantanag district under Shalnard sub-centre ASHA Mrs. Nargis Tasleem was interviewed. She was knowledgeable had idea of her activities and heling community in organization of health activities under the sub-centre. He has accompanied pregnant ladies to PHCs for institutional deliveries and so far 10 deliveries she has accompanied .However , her payment is due till date and as per her statement health officials of PHC were not co operative to ASHAs.
- During visit of Tanmarg SDH, three ASHAs were interviewed and found quite knowledgeable about NRHM and their responsibilities. However same issue of non payment against their activities were recorded.
- Assessment of individual works of ANM, Lab tech, medical doctors against their task are not being done regularly in health system. Against the manpower input, out of the institutions are not being recorded in any institution.

(xv) System of disease surveillance and reporting-

IDSP has been started in the state and in Kashmir division two districts are being under IDSP already. Nodal officer of IDSP briefed the activities performed already. Reporting of IDSP in the selected districts started.

(xvi) The preventive and public health measures for vector control and efforts at inter-sectoral convergence-

Inter sectoral convergence under NRHM yet to happen in the state. However in Kashmir division vector control programme not exist as per geographic location.

(xvii) Effectiveness of the disease control programmes-

RNTCP has performed well in the Kashmir and Jammu division. Laboratory services at PHC were integrated and the technician performed for routine and TB examination.

Case detection and cure rate were satisfactory in visited districts. Monitoring of RNTCP was quite well.

(xviii) Performance of Maternal Health, Child Health and Family Planning Activities seen in terms of availability of quality of services at various levels-

- Regarding availability of quality services for maternal, child and family planning services, except two facilities out of 8 visited had no quality service available at periphery. Compromise of quality could be seen many facilities. Professional standard, technical specification of maternal, child health were seen compromised in PHC level and 3 SDH out of 5 SDH visited. Family planning performances were low in comparison to previous year and NSV was quite poor. Tubectomy is the only performed permanent method. Long acting IUD (10 yrs) not started yet in the state and Emergency contraceptive also not found in PHC/SDH level.
- Quality of institutional birth, through SBA training yet to start in the state. Drugs like Misprostol was not available under health drug store which is one of essential drug of maternal care at institution..

(xix) Performance of Mobile Medical Units/ systems of ambulances-

Mobile Medical Unit under NRHM yet to be procured by the state. However, ambulance service is available in each health institution visited and are being utilized by public.

However, ambulances may be reviewed in terms of quality of vehicles.

(xx) Progress of infrastructure development and systems for improvement of civil works-

- Infrastructure development in health sector is going on at various level in the state under different programme (NRHM ,ISP of planning commission) and execution of these projects are in different stages.
- However, proper institutional development plan reflecting the facility survey gap could not be seen in any institution of visits where works were in progress or being completed.
- At Phulwama SDH, under NRHM Blood storage has been completed with few additional facilities having one two storied building isolated from the existing infrastructures. Now hospital need expansion for patient care which is pending.
- At Akhnoor SDH, maternity block having labour room, new born care and wards are being completed and waiting for inauguration. However the upcoming facilities are have no connection with existing infrastructure, OT

etc. In the mean time the existing facility need immediate renovation, and this is pending.

- Three different agency J&KPCC, R&B division and one another are in job of civil work of health institution.
- Facility survey of institutions, critical gap, institutional plan are not available with health officials regarding infrastructure development.

(xxi) Systems of procurement and logistics for equipments and drugs and its effectiveness-

- Procurement of drugs and equipment system of the state need improvement. In the facilities we visited, essential drugs were not available, equipment of new born corner were available only in two facilities out of 8 visited. Drug storage and distribution system were seen from best to worst in institutions. Photo of Phulwama and Magam SDH annexed.
- Storage of drugs at facility of SDH/PHC were available. However at Phulwama it used Bin card, Racks displaying proper inventory. In Magam drugs were stored in a broken almirah at toilet.
- Availability of drugs at PHC level was not monitored by districts regularly.
- Within the health institution complex, Fair price (without tax) drug stores were leased to public and it was utilized optimally. However no drugs under RCH/NRHM were available at facilities depriving poor people from benefit of NRHM.

(xxii) Assessment of non-governmental partnerships for public health goals-

Partnership with NGO for public health goals was not seen in any district we visited.

(xxiii) Preparation for meeting manpower needs specially with regard to nursing and para-medical staff-

- Manpower need in context of NRHM , and planning for future gap are not in place at present. However state is ready for recruitment of additional manpower under SC (ANM) and already recruited MO and GNM under 24X7 scheme of NRHM.
- Para medical staff particularly of pharmacist could be seen in excess in all health institution we visited. However, additional GNM as per IPHS were not found in SDH.

(xxiv) Functioning of ANM Training Schools and other Nursing Institutions-

(xxv) Assessment of programme management structure at district and state level-

- Programme management structure at state (SPMU) and at district level DPMU are in place since April,2007.In few district quite use full analysis of available information cpould be seen as work of DPMU. However their induction training, reorientation are yet to institutionalized.
- Visit of SPMU to DPMU and institutions to build system of programme and financial management yet to happen in districts. PMU staff are not making visit to institutions to learn the system of existing health institutions so to strengthen the existing system.
- Financial management , HIMS, planning exercise need immediate action at state level/district level.

Annexure 1

List of Persons who attended the meeting with CRM on 17th November on behalf of the Government of J & K is as follows :

Annexure 2

Presentation made by the State Government before the CRM on 17th November 2007

Annexure 3

Activity wise analysis of approvals granted against PIP of the state for FY 07-08

Annexure 4

Contact details of persons in the state engaged in Implementation of NRHM

Contact Details

The important persons in the state who are engaged in the implementation of NRHM include

Persons engaged in Implementation of NRHM				
Name	Position	Address	Telephone	email
	Minister			
	Secretary HFW			
	Mission Director			
	Director Health S various division			
	Others			
Nodal Officers				
	NRHM			
	RCH II			
	NVBDCP			
	RNTCP			

	NLEP			
	NIDDCP			
	NBCP			
	IDSP			
	JSY			
	Immunisation			
	NACO			

Annexure 5

List of health facilities visited during the CRM

15th November 2007

- Medical Aid Centre – Jhajjar Kotli (Block Dhansel , Distt ?, Jammu)
- PHC Tikri (Block Tikri, District Udhampur, Jammu Division)
- SHC Jakhani (Block Chenani, District Udhampur, Jammu Division)
- SKH Batot (CHC) (Block Ramban, District Doda, Jammu Division)
- CHC Chennai (Block Chenani, District Udhampur, Jammu Division)

16th November 2007

- Vijay Pur Accident Hospital (CHC) (Block Ramgarh, Distt Jammu, Jammu)
- SHS Karalia (Block Ramhgarh, District Jammu, Jammu Division)
- CHC Ramgarh (Block Ramgarh, District Ramgarh, Jammu Division)
- PHC Anandpur (Block Ramgarh, District Jammu, Jammu Division)
- District Hospital Samba (Block Samba, District Samba, Jammu Division)
- Missionary Hospital (Block Samba, District Samba, Jammu Division)

18th November 2007

- CHC Katra

19th November 2007

- CHC Akhnoor