

From the desk of Health Minister

State of Jammu and Kashmir is making continuous endeavour to provide preventive, promotive and curative health care services through a network of Government Health Care Institutions, which are accessible, affordable and acceptable to all the citizens. Health is the most important social service sector having direct correlation with the welfare of the society. Because of this reason, it finds predominant place in “Millennium Development Goals of the UN”. The department of Health which is a priority sector for the Government has made remarkable progress in last few years but there is still lot to be done to reach the pinnacle.



Although, state has its specific constraints like low density of population, difficult terrain-problem of accessibility, poor road connectivity, limited presence of private sector / NGOs and private sector largely owned / operated by in service doctors / specialists. Still the health indicators of the state have improved and are even better than the national ones now. This has been possible only because of the constant efforts and the commitment of the Government to improve this sector. A substantial network of health institutions has been developed over the years. At present, we have more than 3400 health institutions, over 5800 doctors and 11840 beds, 22 district hospitals, 85 SDH / CHCs, 375 PHC, 238 allopathic dispensaries and 2293 Sub-Centres / Medical Aid Centres. This is in addition to one Ayurvedic hospital and 417 dispensaries which come under the ISM department. The health services are being provided free or at a very low / negligible user charges and more than 90% IPD patients are treated in Govt. Institutions. The district and sub-district hospitals are providing specialized services while only complicated cases requiring tertiary level care are referred to Govt. Medical Colleges.

Over a period of last one year, lot of effort has been made to strengthen the existing peripheral institutions in terms of infrastructure, machinery / equipments and manpower etc. to reduce the un-necessary referrals. Efforts have been made to make the functioning of health institutions 24x7. In the first instance, 375 PHCs have been strengthened to make them 24x7. Similarly, 85 CHC/SDH have been strengthened to the level of first referral units. The District hospitals are being provided with machinery / equipments and specialised manpower so that the services are improved and brought at par with the tertiary care institutions of the State.

There has been a rapid increase in the demand for upgradation of services because most of the institutions are overburdened on one hand and on the other hand the burden of communicable, life style diseases and age related problems is also increasing. Shortage of manpower, especially doctors and nurses and dearth of building infrastructure and equipment in some institutions are the impediments in providing proper health care. Lot of effort has been made in the last one year to upgrade the healthcare services to make them accessible, affordable, client centered, building a high performing staff, secure adequate budget and spend it wisely by doing more with less and provide strong leadership to navigate the changes in the health sector. As a result of which, the workload in the department has started growing and in the last one year, there has been a remarkable progress, not only in OPD and IPD but also in the institutional deliveries and major surgeries. The improvement in the infrastructure and manpower in the peripheral institutions has restored the faith of the public in such institutions resulting in decrease in the referrals.

Human Resource Development:

In order to overcome the shortage of manpower and to provide better working environment, the Government has taken up some new initiatives which include:-

- i.** Improvement in the service conditions of specialists / MBBS doctors: The specialists and MBBS doctors are designated as B-grade / A-grade specialists and Assistant Surgeons respectively. It has been proposed to change their designation from B-Grade to Consultant and their subsequent promotions to Sr. Consultant and Chief Consultant and similarly Assistant Surgeons will be re-designated as Medical Officers, Sr. Medical Officers with their time bound promotions. The proposal is lying in the Finance Department and will be cleared very soon. The avenues for functional promotion of B-grade to A-grade, creation of some posts in higher grades and quicker time bound promotions to specialist doctors are also under consideration of Finance department. The recruitment rules are also being amended to provide better promotion avenues to the specialist doctors by relaxing the experience for different posts. The amendment of recruitment rules for the Director Health Services is also under debate to give space to meritorious, outstanding and suitable candidates for the highest post.
- ii.** For improving the availability of human resources in the Health Department, the vacant posts of doctors, specialists and paramedics are being filled. The issue of stay order by the Hon'ble High Court, which was holding up the selection is also being followed. Additional doctors / paramedics under NRHM have also been recruited to improve their availability. The remuneration of contractual doctors under NRHM has also been enhanced from Rs. 8000/- to Rs. 16,000/- per month and for paramedics to Rs. 9000/- per month.
- iii.** The deputation / leave / training reserve is 10% of the total cadre strength of 2063 posts of Assistant Surgeons, which is very less as compared to the number of doctors who are doing PG (255), Registrarship / Demonstrator / Tutors (308), deputed for training within / outside the state and on deputation to other departments. It has been proposed to increase the total reserve to 35% which will provide 564 posts of Assistant Surgeons without any financial implications.
- iv.** To improve the availability of the doctors in the remote and difficult areas, department has proposed the following steps:
 - a. Reserve 10% of the PG seats for the doctors who serve in rural areas.
 - b. The adhoc and contractual service also to be counted for the reservation.
 - c. Special monetary incentives have also been approved as Rs. 8000/- and Rs. 4000/- for doctors serving in areas notified as category A (very difficult) and category B (difficult) respectively. This incentive is an additional lumpsum allowance payable over and above the existing pay / salary to all doctors (Allopathic / ISM). Similarly, special incentive for paramedics.
 - d. The doctors who were selected under RBA / ALC categories, their time bound promotions have been linked to the service in their respective areas. They will have to serve minimum of 7 years in their native places.
 - e. and finally to further improve the availability of doctors in rural areas additional marks in PG entrance examination for the serving doctors have also been proposed. Additional weightage of two marks for each completed year of service in notified rural areas subjected to a maximum of 10 marks will be given.

Infrastructure Development:

In spite of massive health infrastructure development in the state, there are 19% CHCs and 59% PHCs which are still housed in rented building or have insufficient accommodation. Similarly 47% CHCs and 54% PHCs are without staff quarters. The average radial distance between the institutions is 2-3 times the national average. Accordingly, a project report on Health infrastructure development plan at a cost of Rs. 1051.57 crores was submitted to Ministry of Health & Family Welfare for seeking external assistance. Subsequently, it was revised to 2627.00 crores and included in Prime Minister's Reconstruction Plan approved for state. The Ministry of Health, Govt. of India and also the Planning Commission has cleared the project and forwarded the same to the department of Economic Affairs, Ministry of Finance, Govt. of India.

The process of setting up of Unani and Ayurvedic Colleges at Srinagar and Jammu respectively has also started. The identification of land, formulation of project report, etc. is under progress. Substantial efforts and investments have been made by the Government for Health Care Infrastructure development and offices are also being created in the new districts. Accordingly, a comprehensive proposal was formulated for the creation of posts for these institutions which was discussed in the Planning and Development Department and finally is under consideration in the Finance Department. In the first phase, bare minimum requirement was worked out and the posts were sanctioned accordingly. Similarly, the sanctioning of posts for the other district Offices like Dy. CMO, DTO, ADMO (ISM) in newly created districts is also under consideration.

Capacity Building:

- i. The department is continuously focusing on the capacity building of doctors and other paramedic staff, lot of efforts have been made to train the manpower in IMNCI, EMOC, Anaesthesia skills, Laparoscopic sterilization, MTP, alternative methodology in IUCD, ARSH, etc. The Regional Institute of Health and Family Welfare (RIHFW) at Dobhiwan (Srinagar) and Nagrota (Jammu) are being strengthened by repair and renovation. Similarly, many ANMT schools are also being upgraded. The training cells in Gynaecology and Paediatric department of Govt. Medical College Jammu and Srinagar are also being strengthened to improve the training facilities.
- ii. For strengthening the mental health services, Ministry of Health & Family Welfare, Govt. of India is providing grant in aid upto 30 crores for developing centre of Excellence in Mental health for existing institutions. To overcome the shortage of psychiatrists, the State has trained 33 Medical Officers through NIMHANS Bangalore, who have been posted at District hospitals to operate OPDs for Psychiatric patients. Some more doctors are being deputed for short term and long term courses at various institutes of repute.
- iii. Similarly, to develop the administrative skills in the doctors working on the administrative posts, training programmes in hospital administration at Divisional level have been started. 18 doctors from the state have been deputed to National Institute of Health & Family Welfare Delhi for one year training programme in Health Management. After completion of this training, the doctors will be able scientifically to manage the institutions and provide leadership.

Emergency Management Response System (EMRS):

The department is also working on establishment of “Emergency Management Response System” in J&K which will comprise of ambulances which will be GPS enabled and fully equipped to deal with all kind of emergencies. In the first phase, the cities of Jammu and Srinagar will be covered along the National Highway, where such ambulances will be stationed at every 30 kilometers. As there is limitation of accessibility and poor road connectivity in the State, the proposal of having air ambulance is also under active consideration. This year 125 ambulances have been purchased and put in place to improve the referral system in the health institutions.

State Drug Policy:

Health and Medical Education Department has initiated the process for formulation of State Drug Policy and finalization of essential drug list. The draft drug policy has been notified in the Press, media for the information of the general public and for inviting the suggestions. The same shall be shortly submitted to the State Cabinet for seeking approval for its adoption in the State. To streamline the procurement process in a short term measure, the department has formulated a proposal for establishment of separate Directorate of Procurement and Supplies and as a long term measure, a dedicated procurement Corporation will be setup on the TNMC model.

Accountability and transparency:

To enhance the accountability and transparency in the department, professional audit has been introduced where the work done by the various health care institutions vis-à-vis availability of the manpower and other resources is being monitored and evaluated by a high level committee. Monthly review meetings are also being conducted at Divisional as well as District levels regularly to evaluate the work done as well as performance of the institutions and national programmes. The Sectoral Officers are being provided technical guidance in solving their problems in order to enhance their effectiveness and efficacy.

HIMS system has also been launched in the department for close monitoring of work done. It is a powerful tool for analyzing the data about the work done, etc. giving the analysis about the performance (District / Block / Institution wise). In our state, the Officers upto block levels are also sending reports through this system. The referral audit is also being conducted to discourage the unnecessary referral to the tertiary care institutions. Similarly, equipment audit is also being conducted to identify the under utilized / non-functional equipments and to take remedial actions accordingly.

The system of performance based awards for good work by the specialists, doctors and other staff members is also being evolved. In order to bring transparency and accountability in working of the various institutions, the Incharges of the Institutions have been directed to display the list of facilities available in their institutions including funds with Rogi Kalyan Samitis / Hospital Development Committee. They have also been directed to publish their audited accounts in the local newspaper.

Just a click away:

Recently, a website www.jkhealth.org has also been launched which contains detailed information about the Health Department including the online service bio-data of the doctors,

details of the health infrastructure and manpower in the state. The work done reports of all the health care institutions have also been uploaded in order to conduct online evaluation of such institutions. The doctors can be searched by entering name, place of posting, Date of Birth, Date of Retirement and stay at particular place, which will help in evolving transparent transfer policy.

NRHM:

The National Rural Health Mission which started in December, 2005 with the basic objective to carry out architectural corrections in the basic health care delivery system and improve the quality of life of the people especially poor, was a very slow beginning in the State. Janani Suraksha Yojana which was stopped earlier was restarted in the State in 2009 and has started showing good results. Functioning of VHS committees, ASHA workers, baby care corners, awareness camps, training of various categories of Staff, utilization of the funds etc. have also started improving and showing results. The health care institutions have been provided flexibility of operation by setting up the hospital development committees / RKS with provision of Retention of user fee, untied funds, corpus funds and annual maintenance grant.

New Initiatives under consideration:

Some other initiatives are also being taken for the progress and development of the department like:

- Health Insurance for BPL and others;
- PPP – Different initiatives including putting of complete block or district health services on PPP mode in some of the districts;
- Accreditation of selected hospitals through Quality Council of India;
- Revamping of Nursing Act;
- Separate Design and Engineering wing for Health Department to facilitate the Health Infrastructure Development.
- Preparation of Master Plan for every hospital and then phasing out the construction as per the actual requirement.
- Opening of a state level training institute including department of Hospital Administration.
- Computerization of the health institutions. (Outdoor and Indoor Registrations in the district hospitals in phase 1 has already started).
- Establishing Biometric Attendance System in the hospitals
- Promoting the manufacturing of herbal medicines.
- Setting up of Food Safety Organization
- Setup of new buildings Swasthya Bhawan which will have provision for offices of Health Minister, Directorate of Health, ISM, Controller of Drugs and Food , etc. for better coordination and benefit of general public .

There is lot of scope for improvement in health sector, for which I need active support of all the hon'ble Ministers, legislators and above all the administrative machinery needs to be geared up to meet challenges involved in planning and execution of various programmes in this sector.

The present document, as the name suggests reviews the performance of health department, J&K for last on year i.e January to December 2009 which has also been compared to corresponding period of year 2008. The document will not only provide district-wise / institutions wise workdone, manpower, implementation of various National programmes but will help us to plan the services as per actual requirement in the State. This document has been divided into various chapters including information about Director Health Services, Jammu, Director Health Services Kashmir, Family Welfare and NRHM, Indian System of Medicine Department, State AIDS Prevention and Control Society, etc. The data has been compiled by team of dedicated officers in very short period of time for seeking the opinion of my Cabinet colleagues, Legislatures and other senior officers of the state machinery. I hope the document will be used in right perspective by all and positive feed back will be given to us, as to help us in improving the health sector of state in coming years.

(Sham Lal Sharma)

*From the Desk of Minister of State,
(Health & Medical Education)*

Jammu and Kashmir State in its endeavour to strive for good health to all, has succeeded to a great extent by improving the health care scenario. While comparing the indicators with national average, it can be inferred that state has done exceptionally well but still there is a lot to be done to provide the health services which can be compared with other well performing states. Though there has been a steady increase in health care infrastructure in shape of buildings, machinery and equipment etc., but the topographical constraints came in way of full implementation of the health related programmes. There has been a tremendous growth in infrastructure through externally aided Indian Population Project in early nineties, followed by RCH & NRHM. In absolute terms, there has been substantial increase in number of health institutions over the first plan by 30 times, bed strength has risen by 128 times and doctors / vaids / hakims by 30 times. These figures are though far from adequate by any acceptable standards, yet seem to be much better than many states.

However, in view of low density of population, difficult terrain, poor road connectivity, militancy and limited presence of private sector, etc. in some districts of the state; accessibility to health care institutions is still a problem. Over the last one year, tremendous efforts have been put to strengthened the peripheral institutions so as to reduce unnecessary referrals to tertiary care institutions. Strengthening the 85 CHC / SDH as First referral units, making 375 PHC as 24x7 institutions and equipping the district hospitals in terms of machinery, equipment and specialized manpower will definitely restore the faith of common man in such institutions and help in reducing work load in Associated hospitals of Medical Colleges of the State. Various steps taken by the department to enhance accountability and transparency including professional audit, referral audit, equipment audit, monthly review meetings at Divisional level, giving technical guidance to sectorial officers in solving their administrative problems etc. have already started showing positive results. The work load in the peripheral health institutions have increased which is being monitored and evaluated through the recently launched HIMS system.

In order to strengthen the public health care delivery system by community ownership of the health facilities, NRHM was launched in the year 2005-06 with J&K state as one of the high focus states. The mission is also focusing its attention towards nutrition, sanitation, hygiene and safe drinking water etc. which are important determinants of good health. After initial hiccups, the NRHM in state has started showing results and functioning of RKS / VHS committee, ASHA workers, baby care corners, awareness camps, training of staff, utilization of funds etc. have improved.

The Government is committed to improve the service conditions of doctors and the paramedical staff for which several steps have been taken for improving their availability in rural areas special monetary incentives have been approved for areas notified as “difficult” and “very difficult”. The doctors who have been selected the RBA/ ALC categories, their time bound promotions have also been linked to the service in their native places. Several other initiatives have also been taken as regard to capacity building of doctors and paramedics, formulation of state drug policy, establishment of emergency management response system, revamping of nursing Act and so on.

The present document is a sincere effort to paint true picture of the department for all concerned. The compiled data will definitely help us in future planning of the health service in the state. I convey my appreciation to all involved in getting this document published.

(Javed Ahmed Dar)

*From the Desk of Principal Secretary,
(Health & Medical Education)*

In India, since early 1990's considerable work has been undertaken related to sector reforms, which has involved various government, international, multilateral agencies and other stake holders. Infact, innovative experiments are also being done across the states with varying degree of success.

Moreover, annually 22 lac infants and children dies from preventable illnesses, one lac mothers dies during child birth, 5 lac people die of tuberculosis, diarrhea and malaria continue to be killers, whereas, more than 5 million people are suffering from HIV/AIDS. Health policy in India has shifted its focus from being comprehensive universal health care system to a selective and targeted programmes based health care policy, with the public domain being confined to family planning, immunization, selected diseases surveillance and medical education and research. The time has come for a paradigm shift from policy based entitlement for health care to a right based entitlement.

The State of Jammu and Kashmir has passed through various socio political disturbances and an era of strike and turmoil has slowed the pace of the progress. Despite the constraints, it has created a niche in health sector due to the constant endeavours of medical professionals and commitment of the government, however, much need to be done to provide good quality health care.

Over the last few years, lot of efforts have been made to upgrade the health care institutions so as to provide basic health facilities at the door steps of the people. Health Department has shown remarkable expansion in terms of health infrastructure, manpower etc. The services are being provided free or at low/negligible fee. The referral system is being improved on one hand and on the other hand, referral audit is also being done to check the unnecessary referrals. There is considerable scope to improve the public health system in J&K and some initiatives taken by the government will go a long way in improving the health care delivery system in the State, like efforts to improve the availability of human resources, increase in investment under State Plan and NRHM for infrastructure, equipment and drugs, upgradation of Govt. Medical College Jammu / Srinagar to AIIMS level and providing flexibility in operation of health institutions by setting up Hospital Development Committees / Rogi Kalayan Samities with provision of retention of user fee, untied funds, corpus funds and annual maintenance grant for upkeep and upgrading of these institutions.

The Policy innovations such as public private partnership would be yet another instrument for accelerating and improving the public health delivery system, which would help in utilizing untapped resources and strength of the public sector. The constitution of Task Force on health sector reforms in J&K under the chairmanship of Hon'ble Chief Minister is yet another mile stone which shows the commitment of the government to improve the health sector.

The present document has been prepared after putting lot of efforts. The compiled information in different chapters will be a roadmap for future planning and evaluation of health facilities. I congratulate the team for their hard work and dedication in bringing out this document.

(R.K. Jerath)

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