



HEALTH CARE DELIVERY SYSTEM IN JAMMU AND KASHMIR STATE

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ABSTRACT :

Hospital is an institution where patients are treated with utmost care and with dedication ranging from minor ailments to deadly diseases. There are three kinds of hospitals in our State viz Primary, Secondary and Tertiary Care Hospitals. All the three vary in the delivery of services to the public besides in the availability of quality human resource and adequate infrastructure. Primary Care Hospitals are located in Rural areas, Secondary in Towns and Tertiary Care in twin Capital Cities of Jammu and Kashmir State. Though the foundation of two sanctioned AIIMS Hospitals have been laid in District Pulwama of Kashmir Division and District Samba of Jammu Division respectively but have not been made functional till date. There are a few specialized hospitals also, working round the clock for providing best Health Care Delivery System. Be it Trauma Centers, Rehabilitation Hospitals or Children Hospital. These types of hospitals reduce health care costs as compared to general hospitals. Since hospitals are generally funded by health insurance companies or some direct charitable donations. But the hospitals in Jammu and Kashmir are funded by State Government besides Central Government also plays a pivotal role in the maintenance, up keeping, installation of adequate infrastructure and by providing remuneration or wages for the employed Human Resource. The present study focuses on to the various aspects of Health Care Delivery System prevailing across the length and breadth of Jammu and Kashmir and its proper analysis.

Keywords: *Health Care Delivery System, Jammu and Kashmir State, Specialized Hospitals, Health Care Performance, Primary, Secondary and Tertiary Care Hospitals.*

I. INTRODUCTION:

The objective of this paper is to highlight and bring fore the various dimensions pertaining to health care delivery system in Jammu And Kashmir State. Besides the effectiveness with which health care delivery system should come up with.

Since Jammu and Kashmir is a state located in the northern India mostly in the Himalayan Mountains. It covers a total area of 222, 236 square kilometers. In area, it is the 5th largest state in India. The vast majority of the states territory is mountainous. According the 2011 census, it has the total population of 12,541,302 including both males and females comprising of 22 districts. In this way Jammu and Kashmir is the 19th populous state of India. The population of Jammu and Kashmir continued to increase rapidly from the late 20th into early 21st century, growing by nearly one-fourth between 2001 and 2011. The state is largely rural, nearly three-fourths of its people living in towns and villages, but urbanization has increased. Nearly two-fifths of the urban population resides in Srinagar region. The sex ratio is relatively poor, about 890 females per 1000 males at the 2011 census , lower than it was in the 2001 census (900 males per 1000 females) .



Medical services are usually provided by hospitals and dispensaries owned by the state Government scattered throughout the state, although the accessibility to health care is somewhat lower in Ladakh than in other areas. Influenza, respiratory ailments like asthma and dysentery remain common health problems. However, other ailments like cardiovascular diseases, cancer and tuberculosis have increased in the valley of Kashmir since the late 20th century.

Hospital – an institution of health which provides treatment to the patients having specialized medical and Para - medical staff and good quality based equipments. The best medical institute is that one which is having casualty department (emergency department to tackle all the emergency health issues and take due care of urgent health problems) ranging from fire and accidental victims to the severe problems like heart attack, Brain Hemorrhage etc.

Health Care Delivery System which is currently in place in the Jammu and Kashmir State has not met all the requirements of a common man. It had the responsibility to cater the huge population irrespective of topography, climate, weather conditions etc. So far it has actively played its role in the urban areas to some extent. As regards rural areas of Jammu and Kashmir State a lot needs to be done still. Although it is trying to reach every nook and corner of this hilly State but topography has been a big barrier and a challenge which hampers its activities and makes Health Care Delivery System less effective.

Health Care Delivery System is trying to find new ways to deliver in this topographically tough state and has been struggling for the same. Special mobile units have been employed for the purpose of providing best health care facilities to the general public round the clock. Quality human resource including both Doctors and other paramedical staff has been employed under various state and centrally sponsored schemes with handsome salary packages to serve the people with zest and zeal. Although health care delivery system is struggling yet efforts are there to make it more vibrant and effective and are showing positive signs of progress day by day. In the remote areas of Jammu and Kashmir State, where health care delivery system was a distant dream comes true, due to strenuous efforts of the State Government it has been made possible to provide atleast primary care facilities there. However, Tribal people and other citizens residing there have to travel still long distances by foot to get health care facilities. Mostly they have to face a lot of hurdles and obstructions in achieving these facilities as and when they need them. On the other hand they are economically backward and downtrodden and cannot afford the cost of treatment and travel costs as they mainly rely upon labouring jobs and earn hardly for their livelihood.

The overall health scenario in the State is lacking proper management and planning which otherwise would have raised the status of health care delivery system to a greater heights we are yet to see. The day is yet to come when two sanctioned AIIMS will start rendering their valuable and unmatched services to the nation. Till then we have to cry for getting best health care delivery system to mitigate the sufferings and miseries of a common man. Thereby satisfying ourselves with the current one in place.

Since the current health care delivery system in place has tried its best to fill all the voids and gaps by way of good contributions towards the inhabitants of the state and some progress has also been made in this direction, But it has not been able to suffice the health needs of the general public as they are still facing



tremendous hardships and are the worst sufferers of the current health care delivery system in place. The basic genuine concerns of a common man needs to be addressed at an earliest. For this government should ensure that proper compliant mechanism regarding health care delivery system is in place and the grievances made through this platform are redressed within time bound manner.

II. LITERATURE REVIEW:

While the concept of health care delivery system as the preferred strategy to deliver health care to communities, including children, was already being practiced in many settings, including districts in South Africa by the 1930s, it was the Alma Ata meeting in 1978 that first offered the approach a global prominence. The South African government embraced this approach, and it formed the backbone of the first democratically elected government's health policy in 1994. Since then, various additions have been incorporated, including offering health care at no cost, not only for children, but the entire populace. This chapter defines the concept of health care; summarizes the successes and failures of health care delivery in low and middle-income countries, and concludes by describing key elements of quality assurance, as it relates to health care. Now let us first see what is health care? Health care was described in the 1978 Declaration of Alma-Ata as: "essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process." Health care is the first point of contact with the health system and involves the provision of integrated, accessible health care services by a variety of providers in the health sector. It includes care given on first contact and in ambulatory settings. Health care services encompass preventative, promotive, curative, and supportive and rehabilitation services. These services, provided by professionals from different disciplines, attempt to enhance the individual's physical, mental, emotional and spiritual well-being, and address factors that influence their health. The services are usually designed to deliver services in conjunction with community service providers. Health care services encompass the general health of a population. Most poor and middle income nations' disease burdens are managed by primary health care services. Health care constitutes the foundation of the health care delivery system in these countries and is accepted as the best model for delivering basic health care to their populations. Assessing Health Care performance, many factors undermine the quality and efficiency of health care services in developing countries. If patients find public health care clinics poorly staffed, lacking medicines, and poorly organized, they may under utilize health care clinics and go 'up the chain' to a higher level, often to more costly public hospitals, or to the private sector. There are several indicators of poor quality of health care. These include overall management weaknesses, technical incompetence, lack of drugs owing to mismanagement of drug supply, drug leakage or illegal drug selling, poor attitudes and behavior of health staff, low staff motivation and morale, and insufficient supervision. The major



challenge is thus how to approach and improve such a detrimental state of affairs. High morbidity and mortality rates in patients attending Health Care can sometimes be ascribed to poor health worker skills and inappropriate diagnosis and treatment. Medical technology may be incorrectly utilized and funds inappropriately focused onto high-tech equipment to deal with basic health problems. Health care facilities may lack essential drugs on an ongoing basis which proves detrimental to patient's well-being. The performance of health care delivery systems have traditionally been assessed in terms of coverage of services with little attention to the quality of the services provided. The ability to assess the quality of care provided is an essential component of quality assurance and improving quality. Ehiri, et al. argue that inadequacy in the quality of health service delivery at the primary health care level is a product of failures in a range of quality measures - structural problems, process failings and a lack of a protocol for systematic supervision of health workers. The conceptual framework for assessing quality of care developed by Donabedian in 1988 is still a major reference point. Donabedian's conceptual framework consists of three main perspectives:

1. Structure - this involves assessing the adequacy of facilities and equipment, administrative process, quality and quantity of health personnel in terms of their medical training.

2. Process – this includes adherence to good medical care: clinical history, physical examination, diagnostic tests, justifications of diagnosis and therapy, technical competence, evidence of preventative management, co-ordination and continuity of care, acceptability of care to the recipient. At community level, this includes the quality of performance of health personnel with regards to managing acute problems such as acute respiratory infections and diarrhea.

3. Outcome- considers whether a change in a person's current and future health status can be attributed to health care received. Measuring of infant mortality and maternal mortality or quality of health are other means of reflecting the impact of the health system on community health.

In 1995, the World Bank attempted to operationalise Donabedian's concept in developing countries. Indicators that have been frequently used to assess the quality of health care in developing countries are structural aspects of the health care infrastructure and improved availability and access to drugs. Technical quality is assessed by evaluating the health workers performance skills and ability to correctly diagnose and treat illnesses. Donabedian argues that the interpersonal process is a vehicle by which technical care is implemented and on which its success depends and therefore, interpersonal quality of service provision is an essential part of the process of health care provision. Almost no attention has been focused on the importance of attitudes and behaviour of health professionals in the provision of health care in developing countries. There is a recognizable inability of consumers to assess the technical quality of services and their acceptance of quality of care is based on service availability, waiting times, provider's attitudes and costs of care rather than medical competence.

However the problem is that the introduction of free health care for all at clinics led to congestion in clinics and a reduction in consultation time. Clinic health workers felt pressurized into shortening the consultation time and as a result found their jobs frustrating and tiring. Wilkinson investigated the impact of user fees policy changes on clinic attendance patterns in rural South Africa. Attendance at curative services increased but declined for preventative services. This was worrisome because "if vaccine coverage is low due to poor attendance,



outbreaks of vaccine preventable diseases may occur.” The major issues of local health care facilities are accessibility and the patient’s perceptions of the quality of these services.

III. RESULTS :

Although much efforts have been made to cover every nook and corner of the state by providing best health care delivery system by way of upgrading the existing one as it has not met the higher level expectations resulting in hue and cry from almost half of the population of Jammu and Kashmir State in the absence of even basic essential medical facilities. Government approach has been irresponsible one as it has not done much to provide basic facilities to a common man. Most of the hospitals owned by Government especially lack quality human resource, adequate infrastructure, essential equipments and one more important thing that is solid waste disposal management mechanism. Women’s health has not received much attention. Mental health is the most neglected area. Emergency care including trauma are restricted to city tertiary care hospitals only. State and Central Government Schemes like NHM are highly discouraging and lack proper implementation. Drug misuse (self medication) is on rise. Family welfare schemes lack credibility and are not serving upto the mark. Health promotion and prevention of diseases have not received the desired inputs in the state. Mostly infectious diseases, water borne diseases and communicable diseases are prevailing due to poor hygienic conditions. On the other hand, non-communicable diseases including diabetes, iodine-deficiency diseases etc are common. Health Care Delivery System has mostly remained in dormancy in Jammu and Kashmir State. If not checked at an earliest can prove fatal and it would be too late to come back and restore it in its original shape. All the concerned especially State Government should pay due attention towards this serious issue.

IV. CONCLUSION :

To conclude we may say that there should be proper health care delivery system in place to tackle any eventuality. All the hurdles / obstructions should be removed on fast track basis. Be it because of the absence of proper road connectivity, lack of adequate health infrastructure and qualified human resource, lack of proper disposal mechanism and inadequate essential medical equipments. We should immediately enforce best health care delivery system in all parts of Jammu and Kashmir State which has been deprived of even all the basic facilities in some areas. Health care delivery system needs radical changes to make it comprehensive, effective, accessible, affordable, based on principles of equality and equity. Poor people living below subsidized level should be given health facilities free of cost in every part of the State. They are the worst sufferers across the state and are paid less attention. District hospitals atleast need to be upgraded to Tertiary level and new medical departments like CVTS, cardiology, Nephrology, Neurology etc should be introduced which is the need of the hour. Dialysis facilities should be provided through secondary care hospitals. Due attention should be paid towards establishment of adequate infrastructure. To avoid maternal and child mortality, Separate Maternity and Children hospital should be opened at Secondary level in all the 22 Districts of Jammu and Kashmir State. This will also help in decreasing overall patient inflow (presently considered as a burden) towards tertiary care hospitals located in twin capital cities of the Jammu and Kashmir State. Accountability,



transparency and bottom up planning will go a long way to improve the functioning of all the hospitals in the Jammu and Kashmir State.

Last but not least, This is the moral responsibility of the Government to ensure that all the facilities especially basic facilities are provided at grass root level across all the villages of the J & K State so that a proper mechanism for the effective delivery of health services remain intact / in place for a healthy and prosperous Jammu and Kashmir.

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