



## PRIMARY HEALTH CARE IN JAMMU AND KASHMIR: A CRITICAL ANALYSIS

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### Abstract

The present study is an exploration into the role of Primary Health Centres in providing accessible and cost-effective healthcare in the union territory of Jammu and Kashmir. The study has adopted the qualitative research approach to delve deep into the subject matter using analysis as a tool. The study is review based and makes use of secondary data sources including journals, articles, news articles and government reports. In this context, the findings of the study have revealed that PHC's are playing a pivotal role in providing accessible and affordable healthcare services to people of Jammu and Kashmir. PHC's are being termed as backbone of healthcare sector in the UT of Jammu and Kashmir. However, there are certain intrinsic challenges associated with the PHC's that negatively affect accessibility and affordability of healthcare system in J&K. The challenges include limited 24\*7 services, lack of specialists and technician and limited healthcare infrastructure. These challenges demand the timely intervention to remedy them for garnering the greater efficiency under the ambit of PHC's.

**Keywords:** Accessibility, Efficiency, Healthcare, Primary, Service

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## 1. Introduction

According to *World Health Organization* primary healthcare is a whole of societal approach to health and well being that is centered on the needs and preferences of individuals, families and communities. Primary Health Care services ensure people avail comprehensive care, treatment and palliative care as close as feasible to people's everyday environment. The 2018 *Astana Declaration* has termed Primary Health Care a most effective way to systematically and sustainably solve the emerging health adversaries and challenges. In the developing countries like India, the primary health centres have gained prominence and there is multi tier healthcare stratification that offers a wide range of services to the people at different geographical locations in the real time.

In the above context *Laharia (2020)* has opined that the power of a state depends upon health, happiness and power. Health is most prized possession of a human being. As per the objectives of mankind, good health and long life is considered to be the part and parcel of an economy (*Laharia 2020*). The most significant goal of economic development of any region or state is social welfare and prosperous health. A healthy framework where upon a monetarily reasonable society can be developed as undesirable individuals can barely be expected to make any legitimate commitment. In this manner, wellbeing is considered as profoundly esteemed resource. It is even guaranteed that wellbeing is the main thing that includes throughout everyday life (*Gunn, et.al, 2017*).

Primary health care schemes and programs in this manner assume a critical role in socio economic development of every country. It comprises of a wide range of administrative activities including arrangement of preventive and therapeutic facilities, wellbeing instruction, security of mother and kids, family government assistance, control of natural dangers and transferable maladies. The arrangement of these health care services will improve the physical and mental advancement of the people (*Laharia, 2020*). In this background, the present study will explore the basic framework of the Primary Health Centres (PHC's), their role in providing accessible cum affordable healthcare and the challenges thereby. Moreover, the focus of the study is union territory of Jammu and Kashmir and more specifically the Primary Healthcare Centres of J&K.

## 2. Research Objectives

Primary Healthcare Centres are termed as backbone of healthcare infrastructure in Jammu and Kashmir. They provide quality care health services to people in accessible and affordable mode. In this context, it becomes important to analyze the role of PHCs in delivering healthcare facilities to people and explore the challenges thereby. Accordingly following objectives have been set in:

- a. To study the healthcare sector of Jammu and Kashmir from different perspectives.
- b. To analyze the role of PHCs in providing healthcare facilities to people.
- c. To explore the challenges faced by PHCs in delivering quality healthcare services.

## 3. Research Methodology

The present study is an exploration into the role of PHCs in delivering the healthcare facilities to people of Jammu and Kashmir. The nature of the study is analytical and it adopted the qualitative research approach to garner an exploration into the role of PHCs in delivering healthcare services. The study used the secondary data sources including journals/articles, newspaper articles, government reports and other published content to fulfill the objectives of the study. All the subject matter has been presented under appropriate themes keeping in consideration the synchronization and suitability of content. Moreover, it can be said that the present study is literature review based: however, the statistics inferred from National Health Mission (NHM) Reports, NITI Aayog Reports, and National Family Health Survey (NFHS) Reports cement the framework of theoretical base of the subject matter.

## 4. Conceptual Background

The term primary health care was first conceptualized by the World Health Organization (WHO) in 1970's to put an eye on the social reasons for unexpected weakness, for example neediness and absence of access. In 1978, World Health Organization (WHO) gave the Alma Ata Declaration (*Cueto, 2004*). It considered essential social insurance as the way to keep up better wellbeing principles for all individuals constantly by the year 2000. The declaration of WHO stated that essential medicinal services are fundamental human services dependent on functional, experimentally and socially adequate strategies and innovation. They call attention to that PHC is the primary contact of people with the nation's wellbeing framework. PHC is additionally viewed

as a base for stretching out consideration to weak and vulnerable communities. Accordingly, it tends to be characterizing as the foundation for national wellbeing. It has been accounted for that the cost-effectiveness of medicinal services would be better by progressing the concentration towards essential social insurance (Reddy, et.al, 2011).

In the Indian context, there is pyramidal health care structure including primary, secondary and tertiary health care services. This 3 tier pyramid explains varying degrees of specialization and technology usage in health care services. Patients who need basic medical support are taken care by Primary health care facilities at community level while as those in need of special treatment and special care are shifted to secondary and tertiary level health care facilities. The cost of services in each tier is different as per the nature of service (Chaterjee, 2017). Primary health care is the first level of contact between citizens and Health establishment. The purpose of primary health care is to serve the community in different forms like

maternal, infant and child care, There are various dimensions of primary health care such as family planning, quality health education, immunization, protection of persons from different endemic diseases, the prime function of primary health care is to treat patients with different diseases, unforeseen injuries.

**5. Healthcare Profile of Jammu and Kashmir**

A healthy population who maintain a balanced nutrition reflects the socio-economic development of a state. Under the shadow of welfare state, the government undertakes bold measures to strengthen the health state of its people. However, certain constrains may limit the effectiveness of healthcare initiatives such as accessibility of healthcare services, geographical constrains, limited private sector/NGO’s etc. In comparison with national level, the erstwhile state of Jammu and Kashmir has performed well, but a lot needs for providing affordable, accessible healthcare to the people (Mir & Bhat, 2018).

**Table 1: Healthcare Profile of Jammu & Kashmir**

Parameter	J&K	India
Total Population (2011 Census)	1.25 Crore	125.76 Crore
Decadal Growth (Census 2001-2011)	23.64%	17.70%
Sex Ratio (Census 2011)	889/1000 Males	943/1000 Males
Male Life Expectancy (2011 Census)	66.5 Years	63.95 Years
Female Life Expectancy (2011 Census)	69.3 Years	67.8 Years
Crude Death Rate (2011 Census)	5.5	7.1
Infant Mortality Rate (2014)	37	39
Total Fertility Rate (NFHS 2019-20)	1.4	2

According to above statistics, the population decadal growth rate is quite higher in case of Jammu and Kashmir as compared to national level. So this could be a positive sign that will positively showcase the healthcare state in the union territory of Jammu and Kashmir. However, the sex ratio of J&K is presenting a sad picture. According to above data the sex ratio is quite progressive at national level as compared to J&K. Therefore, the imbalance in sex ratio would affect the male: female ratio in the UT that does not present the appropriate picture of J&K. In terms of life expectancy, J&K is quite ahead. There may be multitude of reasons that may have favoured

the highest life expectancy in J&K as compared to national level. J&K also leads the score in terms of Infant Mortality Rate while as lags behind in terms of Total Fertility Rate (TFR). Therefore, from the above statistics, it could be inferred that in certain parameters J&K lies in the positive side and performs progressively as compared to national level. However, in certain cases, J&K lags behind national average, that mandates it to demand a timely intervention and a holistic approach of inclusive development. In this background, the need for PHC’s in offering accessible and affordable healthcare is must.

**Table 2: Healthcare Institutions Profile of J&K**

	DHs	CHCs	PHCs	NTPHC	MAC	SC	New SCs	Total
<b>Kashmir</b>	10	40	214	104	93	855	358	1674
<b>Jammu</b>	10	37	169	118	133	959	430	1856
<b>Total</b>	<b>20</b>	<b>77</b>	<b>383</b>	<b>222</b>	<b>226</b>	<b>1814</b>	<b>788</b>	<b>3530</b>

Source: NHM

Jammu & Kashmir. The statistics have revealed that each district has one District Hospital (DH). Moreover the Community Health Centres (CHCs), Primary Health Centres (PHCs), New Type Primary Health Centres (NTPHC), Medical AID Centres (MAC), Sub Centres (SC) New Sub Centres (New SCs) are scattered across all the geographical locations in J&K. according to

NHM, there are a total of 20 DH's, 77 CHCs, 383 PHCs, 222 NTPHCs, 226 MACs, 1814 SCs, 788 New SCs. Therefore a total of 3530 primary cum secondary healthcare institutions exist in J&K. These institutions provide quality based basic healthcare services to people in cost effective and accessible mode.

## 6. Healthcare State of Jammu and Kashmir

**Table 3: Health Index of Jammu and Kashmir**

	Rank at UT Level	6
<b>Over All Health Index of J&amp;K in Reference Year (2019-20)</b>	Health Index Score	47
	State Category	Aspirant Category
	Incremental Performance	Positive Category
	Immunization	100%

**Source:** NITI Aayog 2020 Report

While analyzing the set of parameters, NITI Aayog in its report has set two timelines: *Base Year* as 2018-19 and *Reference Year* as 2019-20. The timelines were set to compare the present status (Reference Year) of healthcare and the rate of change in comparison to previous year (Base Year). According to the report, the rank of J&K in 2019-20 survey was 6 among all the Union Territories, while the first position was occupied by Daman-Diu & Dadra-Nagar Haveli (DD & DH). Moreover, the score was 47 which is quite minimal as compared to DD&DH, Delhi and Chandigarh. J&K lies in the list of '*Aspirant States*' who aspire to become the quality providers of healthcare, while as other UTs fall in the category of '*Front-Runners*' who have taken a lead to revitalize and modernize their state of healthcare. However in '*Incremental Performance*' J&K lies in the category of '*Positive*' states who are undertaking bold measures to modernize their healthcare facilities. In this context, the case of '*Immunization*' in J&K is appreciating as the UT has witnessed 100% immunization during the 2019-20 survey. According to *Angell et al. (2019)*, there are structural deficiencies in Indian healthcare system that affects the delivery of healthcare facilities. In this context, there is need of an improved framework for better management and implementation of healthcare policies in India.

## 7. Primary Healthcare Sector of J&K

Primary health care is the first level of contact between citizens and Health establishment. The purpose of primary health care is to serve the community in different forms like maternal, infant and child care, There are various dimensions of primary health care such as family

planning, quality health education, immunization, protection of persons from different endemic diseases, the prime function of primary health care is to treat patients with different diseases, unforeseen injuries. Primary health care is provided through different networks in the form of primary health centers and different sub centers present in the vicinity in urban areas health care facilities are provided by Health posts and Family welfare centers. In Rural areas staff of sub center consist of one auxiliary midwife nurse & multipurpose Health worker, probably they will serve the population of 3000 in tribal & hilly areas and 5000 in plains. In primary health centers there is also one Medical officer who is supported by paramedical staff in the form of lab technicians, lab attendants, nursing staff, orderly's etc. which serve the community population comprising of 2000 persons in backward hilly and tribal areas and population of 30000 in plains. Under the domain of each primary Health centers there are 6 sub centers that will guide and supervise them. According to NHM, there are 169 PHCs in Jammu region and 214 PHCs in Kashmir region.

Health care services in Jammu & Kashmir aim to promote basic health infrastructure by developing optimum community health facilities for primary tier health services, district level medical institutions to cater secondary medical facilities and tertiary care establishments for advanced treatment, medical education and research; apart from ensuring universal health coverage through adaption of regional and national level flagship health schemes. The primary health centers in Jammu and Kashmir have increased significantly due to proactive government intervention, infant

mortality rate reduced in 2018 from 34 to 26 which is much higher as compared to other states/UTs. However due to increased water pollution, air pollution, inadequate sanitation facilities and having more than 10.34% population still below poverty line causing issues of malnutrition and stunt growth among children; public health constantly pose immense challenges. Moreover, J&K with unique geographical location, specific topography, hilly terrains and rapid climatic transitions; has challenges of its own in delivering proper public services including primary health care. As such J&K administration has been proactively implementing several programs at regional level as well as facilitate adaption of GOI sanctioned nationwide flagship health care schemes like NHM, Ayushman Bharat and others.

### 8. Role of Primary Healthcare Centres

According to *Sathyananda et al. (2021)*, Primary Health Centers form the foundation of Indian public health system. In these PHC's doctors lie at the centre and undertake multitude of roles including a medico, supervisor and an administrator. These excessive roles to doctors add strain to their proficiency and competency. *Rao (2019)* termed PHC's as first point of contact between village community and medical officer. PHC's offer basic healthcare services to the people in real time in cost-effective and accessible approach. *Jayanthi et al. (2015)* in their work

have stated that preference for private and public health care centers is decreasing as the staff of primary health care centers is friendly and courageous which helps in creating an effective communication between patient and attendant. In this context, *Davey et al. (2015)* in their study have focused upon PHC's of Uttar Pradesh and concluded that doctors and medical staff in primary health care centers are more efficient as compared to private health care centers.

*Bodha (2017)*, terms PHC's as state owned with special focus on infant immunization programmes, epidemic programmes, pregnancy and birth control programmes. The findings of the study have revealed that mostly PHC's offer good quality services to people as compared to district hospital or state level hospitals. In this context *Mir & Bhat (2018)* have stated that Healthcare services are important not for human resource development, but also for cementing the faith of public in the governance institutions. Affordable and accessible healthcare is integral to the public policy at large. The primary thrust of healthcare governance is to deliver the affordable healthcare services, promote the healthcare services at primary, secondary and tertiary level. *Zarger and Lala (2019)* have stressed upon affordability and staff quality as major parameters of improved health care programs. *Samreen et al. (2018)* have furthermore discovered that Primary Health Centers offer 24\*7 services at minimal scale.

### 9. NITI Aayog 2020 Report: A Evaluation of J&K Primary Healthcare Centres

**Table 4: State of PHCs of Jammu & Kashmir**

Parameters of PHCs	Base Year (2018-19)	Reference Year (2019-20)
Shortfall of Staff at PHCs, UPHCs, CHCs, UCHCs	65.3%	65.3%
Shortfall of Medical Officer in PHCs or UPHCs	0%	0%
PHCs With Kayokalp Score	0.98%	2.17%
PHCs Functional as HWCs	4.37%	9.88%
PHCs With Accreditation Certificates	0%	0%

The key findings of the study have revealed the sad stage of healthcare of Jammu and Kashmir. J&K is among the UTs that underperform in different set of parameters. According to the above data, there is no shortfall of 'Medical Officers' in PHCs, UPHCs, CHCs and UCHCs: While as there is shortfall of 65.3% of staff (Paramedic Staff). This shortfall may act as a catalyst to negatively affect the efficiency of healthcare delivery mechanism in J&K. Moreover in the base year (2018-19), there were 0.98% of PHCs whose *Kayokalp* Score was greater than 70%: But the figure has witnessed a positive trend upto 2.17% in reference year (2019-20). While comparing the figure with other states, DD&DH has performed well among all the union territories. Nearly 36.16% of PHCs in DD&DH in 2018-19 had *Kayokalp* score >70%: while as the score has increased to 53.85% in 2019-20 survey. In the base year (2018-19) only 4.37% of PHCs in J&K were functional as HWCs which has increased to 9.80% in reference year (2019- 20). In this category, Chandigarh has performed well among all the union territories where 50% of PHCs were functional as

HWCs. In the case of accreditation certification, there is no union territory having PHCs with accreditation certificates.

### 10. Challenges Associated with PHC's of Jammu & Kashmir

Around 80 percent of health care services in Jammu and Kashmir are being offered by public sectors through various primary and secondary healthcare units. There is huge patient load in government health care centers in state due to the lack of secondary health care units which diminishes the quality and access to services (Bodha, 2018). The primary health care centers in the state are functioning in various rented buildings with lack of staff and infrastructure. According to Indian public health standards (IPHS) Jammu and Kashmir requires 69 community health centers along with 222 primary health care centers and various sub centers in districts of the state.

According to Sathyananda *et al.* (2021) excessive roles to doctors add strain to their proficiency and competency. Considering the proportionality of Population and PHC's, India needs additional PHC's as there is deficiency of 3800 PHC's at present (Rao, 2019). In context to J&K Samreen *et al.* (2018) have furthermore discovered that Primary Health Centers offer 24\*7 services at minimal scale. Mir & Bhat (2018) in their research have stated that the doctor patient ratio as envisioned by WHO is 1:1000, while as the same is 1:1800 in Jammu and Kashmir. Therefore the doctor patient ratio in J&K is not satisfactory as envisioned by World Health Organization. Hassan and Khan (2016) have stated that there is lack of fundamental human resource, particularly Medical official (MBBS) and lab specialists limits the scope of accessible and cost-effective healthcare services under the shadow of PHC's. According to Jan *et al.* (2015) PHCs are not providing appropriate services to people at every domain as there is excessive number of PHCs in north Kashmir that compromises their quality. In this context, a substantial plan assistance is required that will help in upgrading the facilities of existing PHCs to IPHS norms.

According to District Health Society Report (2008), there are certain basic infrastructural gaps in primary level healthcare centres of District Budgam. Out of 134 sub centres in 2008, 103 were running on rented buildings having issues pertaining to regular electric supply, hygienic washrooms and clean drinking water facility. The dearth of basic healthcare infrastructure in sub centres adversely impacts upon the utilization of services from these sub centres. In the similar time period, out of 45 PHCs, 12 PHCs were operated in rented buildings with limited water and electricity supply. Only 41% of PHCs had availability of water supply and 63% of PHCs had electricity. However, in the recent years; bold measures were undertaken to improve the basic healthcare infrastructure of PHCs under the shadow of National Health Mission. Therefore, it can be inferred that PHCs in district Budgam are plagued with multitude of challenges that affect their operations. As a result, there is a long way to go streamline and revitalize the facilities and healthcare infrastructure of PHCs in district Budgam.

### 11. Conclusion and Way Forward

Primary Healthcare centres in Jammu and Kashmir are the prime healthcare institutions that provide basic healthcare services to people. They are essentially government funded health institutions that ensure to deliver the healthcare services that are centered on people's needs. PHCs ensure to deliver equitable and affordable healthcare services to people in real time. The intrinsic challenges associated with services under the shadow of PHC's affect the efficiency of healthcare services. In this context, Schwarz, *et. al* (2020) have stated that there is a need of revitalizing the primary health care centres globally to achieve global health by 2030. Vlassoff *et al.* (2010) further observed that there is need to re-evaluate primary healthcare sector with increasing ageing population in the region. In addition, the people's participation is integral to the primary health policy care re-evaluation. In this milieu, Kumar *et al.* (2009) has maintained that services under the ambit of PHC's should be managed at the district level by an independent institution to promote accountability.

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