

**IMPLEMENTATION OF JAMMU AND KASHMIR PUBLIC SERVICES
GUARANTEE ACT, 2011 IN HEALTH AND MEDICAL EDUCATION
DEPARTMENT**

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Abstract: Delivery of quality health care services to the eligible citizens within stipulated time period improves the health care delivery and health standards of the citizens. Sometimes it has been noticed that there is delay in providing health services timely to the eligible citizens. Citizens are not satisfied with the delivery of services they received from the government functionaries. The government has taken various initiatives to ensure that the healthcare services should be delivered to all whether poor or rich, urban or poor. Jammu and Kashmir Public Services Guarantee Act 2011 is an important step in the delivery of notified services to the eligible citizens of Jammu and Kashmir within stipulated time period. It has achieved a big success to improve the health standards of the citizens and health care delivery by mentioning a stipulated time frame for particular services. The present research paper is aimed to know about the proper implementation of Jammu and Kashmir Public Services Guarantee Act 2011 in Health and Medical Education Department in Jammu and Kashmir. It has also focused its attention on various constraints and problems in health care delivery in Jammu and Kashmir.

Keywords: Health, Health Care Services, Health Care Delivery, Jammu and Kashmir Public Services Guarantee Act, Services Improvement, Transparency, Accountability, Stipulated Time Frame.

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I. Introduction:

Generally, we all know that health is considered as a precious gift that the nature has given to every human being. If a person is not healthy, he can't think properly and can't take good decisions for life. To remain healthy and receive respectful and dignified treatment and services is the basic need and the fundamental right of every person. Good Health completely protects a person from illness and makes him able to realize his own potential. Health is therefore best understood as an essential base for defining a person's sense of well being. Health is the most important social service sector that promotes the welfare of the society. It finds a predominant place in "Millennium Development Goals of the United Nations". The eight Millennium Development Goals include: to eradicate extreme poverty and hunger; to achieve universal primary education; to promote gender equality and empower women; to reduce child mortality; to improve maternal health; to combat HIV/AIDS¹, malaria, and other diseases; to ensure environmental sustainability; and to develop a global partnership for development. The declaration of Alma Ata defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease and declares health to be fundamental human right. The Constitution of India makes health as the responsibility of state governments, rather than the central federal government. It makes every state responsible for "raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". Basically, healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment.

II. Health Care in Jammu and Kashmir:

The state of Jammu and Kashmir is one of the largest states of Indian Union. It has covered an area of 2,22,236 sq. km. which includes 78,114 sq km under legal occupation of Pakistan, 5,180 sq km handed over by Pakistan to China, and 37,555 sq km under occupation of China. The state has 22 districts, 107 blocks, 6652 villages and a population of 14.32 million which continues to grow at a much faster rate than the national rate. In Jammu and Kashmir, nearly 10.35% of the population came under the Below Poverty Line (BPL) with poor infrastructure and lack of financial resources. Due to this poverty, poor social status, lack of access to social development, people are suffering with numerous health problems in the state.

¹ **HIV/AIDS:** Human Immunodeficiency Virus/Acquired Immuno-Deficiency Syndrome.

In Jammu and Kashmir, majority of the people live in rural and far-flung areas with minimum access to better quality health care services. They have to travel long away in order to access the medical facilities. In rural areas, there is unavailability of proper medical facilities and shortage of doctors as doctors posted in rural areas of Jammu and Kashmir are moved towards the urban areas. Sometimes, the patients left their breaths when they didn't get proper medical treatment. During the past few decades, due to prevalence of diseases of various kinds resulting in morbidity and mortality, it was seen that the health status of the people was so poor. Under such conditions, women and children are the most affected sections of society. There is a need to improve the health status of the people and introduce new practices and procedures to ensure that quality and timely healthcare services should reach to all parts of state without any delay.

III. Major Constraints and Problems in Healthcare Delivery in Jammu and Kashmir:

In Jammu and Kashmir, people are facing various problems and there are various constraints that come in the way of improving the healthcare delivery in the state which are as follows:

- Low density of population;
- Due to difficult terrain in the state, people can't easily access to basic medicines and medical facilities;
- Poor Road Connectivity;
- Limited presence of Private Sector/NGOs;
- Private sector largely owned/operated by in-service doctors/specialists;
- Neglect of Rural areas;
- Lack of financial resources and shortage of qualified medical functionaries;
- Inadequate Health Infrastructure and poor quality of services;
- Bias of the health care delivery and no general awareness about the diseases to the general public;
- Improper implementation of National Health Programs;
- Inadequate number of Community Health Centers and Sub-Centers;
- Health facilities not as per Indian Public Health Standards;
- Improper planning and management;

- Low quality treatment, lack of responsibility, weakening regulation, no transparency and prevalent corrupt practices;
- Patients are moving towards private hospitals because of worse conditions and low quality treatment at public hospitals;
- Spread of infections and diseases by repeated use of surgical equipments and syringes on multiple patients;
- The doctor-patients ratio in Jammu and Kashmir is among the lowest in India.
- Qualified Doctors prefer to provide better treatment to their patients in their personal clinics instead of giving full attention to patients at their duty in public hospital.
- Government Hospitals are filled with the poor and middle class patients who cannot afford comfortable treatment at private hospitals.
- Shortage of critical care ambulances to provide life support system to seriously injured patients;
- Lack of basic life support equipments like oxygen, suction machine, emergency drugs or trained paramedics in 900 ambulances in Jammu and Kashmir;
- The doctor-patients ratio is 1:1880 as against the recommended WHO² ratio of 1:1000.

IV. Improving Health Care Delivery in Jammu and Kashmir:

In order to bring some improvements in the health care delivery and the health status of the people especially those living in rural areas of the country, the Department of Health and Medical Education has provided access to every person for equitable, affordable and quality healthcare facilities without any discrimination in both the urban and rural areas. It has achieved success in reduction of Infant Mortality Rate and Maternal Mortality Rate, population stabilization and gender and demographic balance for achieving certain goals. The Department comes with the mission for empowering the people through effective mechanism of National Rural Health Mission, *Rogi Kalyan Samiti*³, etc., decentralized planning and implementation, strengthening of physical infrastructure and ensuring fully functional facilities at the doorsteps of the people.

² WHO: World Health Organization

³ *Rogi Kalyan Samiti*: *Rogi Kalyan Samiti* (Patient Welfare Committee) / Hospital Management Society is a simple yet effective management structure. This committee, which would be a registered society, acts as a group of trustees for the hospitals to manage the affairs of the hospital.

The Government of India has taken various initiatives in the health sector by providing medical services and facilities to people living in the remotest and smallest towns of the state. The National Health Policy was approved in 1983. It came as a response to the need for an integrated and comprehensive approach towards the future development of medical education, research and health care services. It has provided 'Health for All by the year 2000 AD' through the universal provision of comprehensive primary health care services. The second National Health Policy was formulated by the Government of India in 2002 that recommended maximizing the broad-based availability of health services to the citizens of the country on the basis of realistic expectation of resources and financial constraints. The National Health Policy of India 2015 (Draft) in its situation analysis identifies the issues with respect to quality of health care in the country.

The Government of Jammu and Kashmir has also initiated a number of programs and activities through which health and medical services are delivered to the needy persons and achieve the aims and objectives set under the National Health Policy. These programs include: Diseases Surveillance Program for Communicable Diseases; Drug De-addiction Program; Health Meals; Infrastructure Maintenance; Integrated Disease Surveillance Project (IDSP); National Aids Control Program; National Cancer Control Program; National Health Mission; National Iodine Deficiency Disorder Control Program; National Leprosy Eradication Program (NLEP); National Mental Health Program (NMHP); National Oral Health Program (NOHP); National Program for Control of Blindness (NPCB); National Program for Health Care of the Elderly (NPHCE); National Program for Prevention and Control of Deafness (NPPCD); National Program for Prevention and Control of Fluorosis (NPPCF); National Tobacco Control Program (NTCP); National Vector Borne Disease Control Program (NVBDCP); Poor Patients Financial Support; Pradhan Mantri Swasthya Suraksha Yojana (PMSSY); Pulse Polio Program; Rashtriya Swasthya Bima Yojana; Revised National TB Control Program (RNTCP) and Universal Immunization Program (UIP); *Pradhan Mantri Surakshit Maitritiva Abhiyan*.

After the implementation of national programs, the state of Jammu and Kashmir has shown some improvements in health sector as the state has best parameters to cure health from various diseases. Technology has a vital role to play in the healthcare delivery of Jammu and Kashmir. According to Health Index, Jammu and Kashmir is ranked as second among the most improved states in terms of annual incremental progress in Index scores from base to reference year. It has shown the maximum gains in the improvement of health outcomes (26 to 20 per 1000

live births), U5MR (35 to 28 per 1000 live births), full immunization coverage (90 to 100 percent), institutional deliveries and people living with HIV (PLHIV) on Anti-Retroviral Therapy (ART) (89 to 96 percent) (**NITI Aayog⁴ Report 2018**). Jammu and Kashmir has ranked 1st number in the country for the reduction of Infant Mortality Rate by eight points from 34 to 26 in a single year which is highest among all other states. Total Fertility Rate (TFR) has also come down from 1.7 to 1.6 in 2016-17. Early Neonatal Mortality Rate has dipped from 22 in 2014 to 18 in 2015. Neonatal Mortality Rate has declined from 26 in 2014 to 20 in 2015. Under-Five Mortality Rate is reduced from 35 to 28. The Crude Birth Rate (CBR) is 17.6 which is lower than the national average death rate of 7.1.

Table No 1: Health Infrastructure in Jammu and Kashmir:

S.No	Name of the District	Sub-Centres	PHCs	CHCs	District Hospital
1	Anantnag	136	59	6	1
2	Bandipore	75	27	4	0
3	Baramulla	191	84	6	1
4	Budgam	141	71	9	1
5	Doda	142	13	2	1
6	Ganderbal	51	33	2	0
7	Jammu	222	34	7	1
8	Kargil	171	26	4	1
9	Kathua	193	24	5	1
10	Kishtwar	76	8	1	1
11	Kulgam	117	44	3	1
12	Kupwara	238	65	7	1
13	Leh	127	28	2	1
14	Poonch	139	17	3	1
15	Pulwana	96	47	3	1
16	Rajouri	210	22	7	1
17	Ramban	78	11	1	1

⁴ **NITI Aayog**: National Institution for Transforming India also called NITI Aayog

18	Reasi	104	13	2	1
19	Samba	88	11	1	1
20	Shopian	53	16	3	0
21	Srinagar	68	57	1	1
22	Udhampur	141	21	2	1
	Total	2857	731	81	19

Source: Directorate of Health Services, J&K

The health facilities in Jammu and Kashmir include 731 Public Health Centers (PHCs), 2861 Sub-Centers (SCs), 81 Community Health Centers (CHCs) and 19 District Hospitals (DHs) with maximum health centers in Kashmir Division. There are a total number of 3278 health institutions in Jammu and Kashmir including 1632 in Jammu Division and 1646 in Kashmir Division. The state has also been making efforts to expand the existing health facilities in terms of quality, quantity, distribution and integration to serve the socially and economically disadvantaged people. A hierarchical system of health unit, i.e., Sub-Centers, Primary Health Centers (PHCs) and Community Health Centers (CHCs) has been designed to provide various kinds of services. The Public Health Centers are expected to play a pivotal role in the total health care system of Jammu and Kashmir. Sub-Centers are manned by trained health workers and auxiliary nurse midwives, with each centre covering up to 5000 people. Primary Health Centers act as the first point of contact between village communities and a medical officer, are supposed to have a doctor supported by 14 paramedics and other staff. Community Health Centers are meant to have four medical specialists (a Surgeon, Physician, Gynecologist, and Pediatrician) supported by twenty-one paramedic and other staff as well as 30 beds and facilities such as an operating theatre and radiology room.

V. Jammu and Kashmir Public Services Guarantee Act, 2011:

The Jammu and Kashmir Public Services Guarantee Act, 2011 provides for delivery of public services by the designated officers to the eligible persons of the state in a time bound and hassle free manner. It has been passed by the State Legislature on 9th April 2011 during the budget session and come into effect from 10th August, 2011 in the state. It is also helpful in curbing corruption by empowering people of the state in enforcing their right to secure different public services in a time bound and hassle free manner. The designated officers are now under statutory

obligation to provide notified services to the public within stipulated time period. The Act provides for: Authorization by Designated officer for receiving the application and issuing the acknowledgement to the applicant; Compulsory display of all relevant information related to the notified services on the notice board of the office in Urdu and in English; No application fee or fee for filing Appeal or Revision; Public holidays are not included in the stipulated time limit; Each district has a Nodal Officer; Six-monthly review of the services notified under the Act. Any service can be included or excluded; Check list of documents to be attached with the application for seeking services; Regular review of existing services for improving their delivery and reducing their time lines; Impose a fine of 250/- for each day of such delay or 5000/- in case of non-providing of service or delay in providing service and 2000/- in case of deficiency in service; Establishment of the Public Service Management Cell in the General Administration Department headed by an officer of the level of Additional Secretary/Deputy Secretary.

Jammu and Kashmir Public Services Guarantee Act, 2011 has completed seven years of implementation in Jammu and Kashmir. It has been universalized and is operational in all the districts of Jammu and Kashmir. It plays an important role in delivering the notified services timely to the citizens and strengthened transparency, accountability, timely delivery of these notified services and redress of their grievances which are the main components of good governance. At present, there are fourteen Departments and ninety-five services have been covered under the Act.

Table No 2: Departments covered under Jammu and Kashmir Public Services Guarantee Act, 2011

S No	Name of the Department	Number of Notified Services
1	Health and Medical Education Department	7
2	Power Development Department	12
3	Public Health Engineering, Irrigation and Flood Control Department	2
4	Revenue Department	20
5	Transport Department	5
6	Housing and Urban Development Department	10

7	Industries and Commerce Department	3
8	Labour and Employment Department	2
9	Public Works Department	2
10	Home Department	10
11	Consumer Affairs and Public Distribution Department	4
12	Forest Department	1
13	Finance Department	8
14	Horticulture Department	9
Total		95

Source: jammukashmir.nic.in

VI. Implementation of Jammu and Kashmir Public Services Guarantee Act, 2011 in Health and Medical Education Department:

The Jammu and Kashmir Public Services Guarantee Act, 2011 was introduced in Jammu and Kashmir on August 2011 but in Health and Medical Education Department, it was implemented in December 2012 with the inclusion of four notified services i.e. Disability Certificate, Medical Fitness Certificate, Medical Illness Certificate and Post Mortem Report. In September 2013, three more notified services were included under the Act i.e. License for Retail, License for Wholesale and License for Manufacture. At present the Department has covered seven notified services under the Act. These are:

Table No 3: Total number of notified services delivered by Health and Medical Education Department in J&K:

S No	Name of the Service	Designated officer (the officer who will provide the service)	Stipulated time period for providing the service	First Appellate Authority	Second Appellate Authority
1	Disability Certificate	Chief Medical Officer	One month from the date of application.	Director Health Services	Administrative Secretary to Government, Health & Medical Education Department
2	Medical Illness Certificate	Chief Medical Officer /Medical Supdt/Block Medical Officer	Within one week after completion of treatment/one day after	Director Health Services	Administrative Secretary to Government, Health & Medical

			examination.		Education Department
3	Medical Fitness Certificate	Chief Medical Officer /Medical Supdt/Block Medical Officer	One day after examination.	Director Health Services	Administrative Secretary to Government, Health & Medical Education Department
4	Post Mortem Report	Chief Medical Officer /Medical Supdt./Block Medical Officer/Doctor/ Board conducting Post Mortem	a) Preliminary report within one week of Post Mortem. b)Final report within one week after receiving specialized investigation report/Viscera report	Director Health Services	Administrative Secretary to Government, Health & Medical Education Department
5	License to sell, stock or exhibit (or offer) for sale, or distribute drugs by retails (Allopathic /Homeopathic drugs) on various forms	Assistant Controller Drugs of the concerned District	1 Month	Deputy Controller Drugs and Food Control Organization of the respective Division	Controller, Drugs and Food Control Organization J&K, Jammu/Srinagar
6	License to sell, stock or exhibit (or offer) for sale, or distribute drugs by wholesale (Allopathic/Homeopathic Drugs and drugs) on various forms	Deputy Controller Drugs and Food Control Organization of the respective Division	1 Month	Controller, Drugs and Food Control Organization J&K, Jammu/Srinagar	Administrative Secretary to Government, Health & Medical Education Department
7	License to manufacture for sale or for distribution of drugs/cosmetics/ Ayurvedic (including Siddha or Unani drugs) on various forms	Controller, Drugs and Food Control Organization J&K, Jammu/Srinagar	1 Month	Divisional Commissioner, Jammu/Kashmir	Administrative Secretary to Government, Health & Medical Education Department

Source: jkgad.nic.in

The Disability Certificate and Medical Fitness Certificate are issued by the Chief Medical Officers in each district of the Jammu and Kashmir. The Chief Medical officers work under the direct administrative control of Director Health Services Jammu. Medical Illness Certificate and Post Mortem Report are delivered by various Public Health Centers and Community Health Centers in Jammu and Kashmir. The other three notified services i.e. License for Retail, License for Wholesale and License for Manufacture are delivered by the Drugs and Food Control Organization in Jammu and Kashmir.

VII. Changes after the Implementation of Jammu and Kashmir Public Services Guarantee Act, 2011:

The following points have described some changes that came after the implementation of the Act in Health and Medical Education Department:

Before the implementation of the Act:

- Delays in service delivery;
- Citizens have to wait for months and years to access a particular service;
- There was no Board of Doctors to deliver the Certificates to the eligible citizens;
- Corrupt practices were there;
- Lack of Manpower;
- Lack of Infrastructure;
- Lack of Transparency and Accountability;
- Non-Issuance of Acknowledgement Slips to the applicants;
- No stipulated time frame for the delivery of services;
- No display of information on the Notice Boards regarding the services;

After the implementation of the Act:

- Improvement in the delivery of health services;
- Quick and prompt delivery of notified services;
- Services are notified and guaranteed;
- Conduct of Board of doctors to deliver the Certificates to the eligible citizens;

- Fix a stipulated time period to deliver a particular service;
- Issuance of Acknowledgement Slips to the applicants;
- Display of Information on the Notice Boards regarding the services;
- Exemption of Fee for the notified services;
- Applicants can appeal against the Designated Officers for delay in notified services;
- There is Penalty for the Officials for delay or non providing the notified services;
- There is Payment of Compensation for the applicants;
- Proper Grievances Redressal Mechanism to resolve the grievances of the citizens.
- Administration becomes transparent and accountable;
- Helpful in reducing Corruption;

VIII. Conclusion:

To conclude, Jammu and Kashmir Public Services Guarantee Act, 2011 has brought certain changes and improvements in the delivery of notified services to the eligible persons. It has successfully implemented in Health and Medical Education Department. It has improved the health care delivery system by providing services to the citizens within stipulated time period. Citizens are accessing the notified services within stipulated time period. But still there are some problems which are faced by the officials and beneficiaries of the notified services in Health and Medical Education Department. There is lack of manpower, lack of required resources and infrastructure, services are not digitalized, lack of motivation, unawareness about the Act among the public. For resolving these problems, the government should take necessary steps for fulfilling the needs and requirements of the Department. Programs should be organized to create awareness among the rural people about the Act so that they can become fully aware about their rights and government services and get benefits from them. The administration should be more accountable, responsible, and transparent and client oriented to the needs of the citizens.

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