ASSESSING THE PERFORMANCE OF NATIONAL HEALTH MISSION IN JAMMU AND KASHMIR: A STUDY OF BUDGAM DISTRICT

Thesis Submitted for the Award of the Degree of

DOCTOR OF PHILOSOPHY

in

Public Administration

by

Mahmood Ahmad Khan

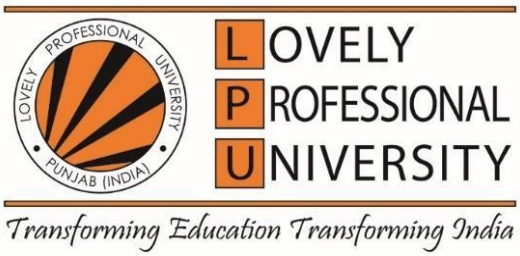
Registration Number: 41900256

Supervised by

Dr. Rajvinder Kaur (27240)

Department of Government and Public Administration (Assistant Professor)

Lovely Professional University, Punjab



LOVELY PROFESSIONAL UNIVERSITY, PUNJAB
2024

DECLARATION

I hereby declare that the Ph.D. Thesis entitled **"Assessing the Performance of National Health Mission in Jammu and Kashmir: A Study of Budgam District"** in Lovely Professional University, Phagwara, Punjab was carried out by me for the degree of Doctor of Philosophy in Public Administration under the guidance and supervision of Dr. Rajvinder Kaur. The interpretations put forth are based on my reading and understanding of the original texts and they are not published anywhere in the form of books, monographs or articles. The other books, articles and websites, which I have made use of are acknowledged at the respective places in the text. For the present thesis which I am submitting to the University, no degree, diploma or distinction has been conferred on me before, either in this or in any other University.

Place: LPU **Research Scholar: Mahmood Ahmad Khan**

Date: 22-05-2024 **Registration No.: 41900256**

CERTIFICATE

This is to certify that the work incorporated in the thesis **"Assessing the Performance of National Health Mission in Jammu and Kashmir: A Study of Budgam District"** submitted by Mahmood Ahmad Khan bearing Registration No.41900256 is an original piece of research work done under my guidance and supervision in partial fulfillment for the award of the degree of Ph.D. in Public Administration to the school of Social Sciences and Humanities, Department of Government and Public Administration. The candidate has fulfilled all the statutory requirements for the submission of this thesis. Such materials as have been obtained from other sources have been duly acknowledged in the thesis.

Place: LPU **Research Supervisor**

Date: 22-05-2024 **Dr. Rajvinder Kaur**

ACKNOWLEDGEMENT

I wish to sincerely thank all those who have contributed in one way or another to this study. Words can only inadequately express my deep gratitude to my supervisor, Dr. Rajvinder Kaur for her meticulous care, kindness and generosity. Her fruitful comments and insightful suggestions have been a crucial formative influence on the present study. She had supported me in every possible way since the beginning of my research. Her critical and careful reading of my writing has saved me from a lot of errors. Without her guidance and encouragement, my research would have never come out in the present form. I have seen in her unpretentious and devoted scholar. Furthermore, it has been a memorable and enjoyable experience for me to work with her. I also express sincere thanks to colleagues from the Department of Public Administration for their encouragement. I wish to express heartfelt love and appreciation to my dear friends, for their constant inspiration and encouragement. Finally, I sincerely acknowledge the courtesy of the authorities of libraries: University's library and the library of Public Administration for their cooperation needed by permitting me access data and relevant materials while carrying out the present research. Last but not least, I would like to thank my family members especially my wife Dr. Gousia Gani and my sister Er. Humaira Khan for their valuable support in completion of this thesis.

Mahmood Ahmad Khan

TABLE OF CONTENTS

List of Tables

List of Diagrams/Charts

ABBREVIATIONS

AB-PMJAY	Aysuhman Bharat Pradhan Mantri Jan Aarogya Yojana
ABY	Ayushman Bharat Yojana
AIDS	Acquired Immune Deficiency Syndrome
AIIMS	All India Institute of Medical Sciences
ALS	Advanced Life Support
ANMs	Auxiliary Nurse Mid-wives
ASCOMS	Acharaya Shri Chandra College of Medical Sciences
ASHA	Accredited Social Health Activist
AYUSH	Ayurved, Yoga, Unani, Siddha and Homoeopathy
BLS	Basic Life Support
BMO	Block Medical Officer
BRICS	Brazil, Russia, India, China and South Africa
CHC	Community Health Centre
CME	Continuous Medical Education
CMO	Chief Medical Officer
CSO	Central Statistical Officer
DH	District Hospital
ECG	Electrocardiogram
EHR	Electronic Health Record

GDP	Gross Domestic Product
GMC	Government Medical College
GoI	Government of India
GoNGOs	Government NGOs
HALE	Health Life Expectancy
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPVT	Help Poor Voluntary Trust
HWC	Health and Wellness Center
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IMHANS	Institute of Mental Health and Neurosciences
IMR	Infant Mortality Rate
IPD	In-Patient Department
IPHS	Indian Public Health Standards
JLNM	Jawahar Lal Nehru Memorial
J&K	Jammu and Kashmir
JSY	Janani Suraksha Yojana
JSSY	Janani Shishu Suraksha Yojana
LCC	Lancet Citizens Commission
MAC	Medical Aid Center

MANAS	Mental Health Assistance and Networking Across States
MAS	Mahila Aarogya Samiti
MDI	Multi-Dimensional Poverty Index
MMR	Maternal Mortality Rate
MoHFW	Ministry of Health and Family Welfare
MRI	Magnetic Resonance Imaging
MSF	Medicins Sans Frontiers
NCD	Non Communicable Disease
NDHM	National Digital Health Mission
NFHS	National Family Health Survey
NGO	Non Governmental Organization
NHM	National Health Mission
NHSRC	National Health Systems Resource Center
NITI Aayog	National Institution for Transforming India
NPCDCS	National Programme for Prevention and Control of Cancer, Cardiovascular diseases and Stroke
NRHM	National Rural Health Mission
NSA	Non-State Actor
NTPHC	New Type Primary Health Center
NTSC	New Type Sub-Center
NUHM	National Urban Health Mission

OPD	Out Patient Department
ORS	Oral Rehydration Solution
PHC	Primary Health Center
PMJAY	Pradhan Mantri Jan Arogya Yojana
PPP	Public Private Partnership
PRI	Panchayati Raj Institutions
PSGA	Public Service Guarantee Act
RAS	Rapid Assessment System
RHS	Rural Health Statistics
RKS	Rogi Kalyan Samiti
RMNCH+A	Reproductive Maternal, Neo-natal, Child and Adolescent Health
SBM	Swach Bharat Mission
SC	Scheduled Caste
SC	Sub-Center
SDGs	Sustainable Development Goals
SHG	Self Help Group
SKIMS	Sher-i-Kashmir Institute of Medical Sciences
SMGS	Shri Maharaja Ghulab Singh
SMHS	Shri Maharaja Hari Singh
SPIP	State Programme Implementation Plan
SRS	Simple Random Sampling Technique

ST	Scheduled Tribes
STD	Sexually Transmitted Diseases
TB	Tuberculosis
TFR	Total Fertility Rate
ToC	Theory of Change
UHC	Universal Health Care
ULB	Urban Local Bodies
UPHC	Urban Primary Health Center
USG	Ultra Sonography
UT	Union Territory
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

ABSTRACT

National Health Mission (NHM) is a flagship programme of Government of India launched in 2013. The programme is aimed at ensuring accessible, affordable and quality healthcare services to rural and urban habitations. NHM focuses on strengthening healthcare infrastructure, including primary health centers, community health centers, and district hospitals. Moreover, it aims to improve the availability of healthcare facilities, equipment (diagnostic facilities), and essential medicines/drugs. The National Health Mission plays a crucial role in transforming the healthcare landscape of India by focusing on equitable access to healthcare, improving health outcomes, and reducing health disparities between different regions and populations. In this regard, the present study analyses the role of NHM in Healthcare service delivery in District Budgam of J&K.

In line with research gap identification, a set of research objectives and research questions have been put in place. The first research objective is 'to assess the impact of National Health Mission on quality of health services in District Budgam'. Second research objective of the study is 'to analyze the role of Non-State Actors in implementation of National Health Mission in District Budgam'. Third research objective is aimed at 'identifying the implementation challenges of National Health Mission in District Budgam'. The fourth objective of the study is 'to suggest measures for effective implementation of National Health Mission in District Budgam'. Considering the nature of research and objectives thereby, it becomes imperative to adopted the appropriate research methodology thereby. The nature of the research is combination of quantitative and qualitative one. Primary data is the mainstay of the study that has been collected from 300 patients and 100 healthcare professionals using a structured questionnaire. Furthermore, data from 20 key respondents collected by means of interview schedule have been analysed under defined thematic framework.

District Budgam is located in the central part of the Kashmir Valley. The district is surrounded by other districts such as Srinagar, Ganderbal, Pulwama, and Baramulla. Agriculture is the primary occupation of the people in Budgam. The district is known for crops such as rice, wheat, maize, vegetables and saffron at minimal scale. Horticulture, including the cultivation of apples and cherries, is also an important economic activity. The healthcare sector in District Budgam plays a crucial role in providing medical services and promoting the well-being of its residents. Budgam district has a network of healthcare

facilities that cater to the medical needs of its population. This includes government-run hospitals; primary health centers (PHCs), Community Healthcare Centres (CHCs) and private healthcare clinics.

According to *National Family Health Survey (NFHS)* results, mother and child health indicators in J&K State improved in (2016-17) and are now equivalent to the state median. The program *National Health Mission (NHM)* has enhanced health services in some far-flung areas and isolated parts of Jammu and Kashmir State by offering supplementary medical and paramedical professionals. According to the NITI Aayog's 2019-2020 Health Index, the union territory of Jammu and Kashmir has witnessed a positive development. In the base year 2018-19, the composite index score of J&K was 37.44 and the rank was 7 among the UTs. The union territory of Jammu and Kashmir lies in the aspirant category. Aspirant category signifies that J&K has followed the positive track to revitalize and restructure the healthcare system.

As per the Jammu & Kashmir State Survey-2007, the health facilities in Budgam district were provided through 141 Sub-Centres, 40 Primary Health Centres and 9 Community Health Centres. The district administration is entrusted with management of district level delivery of public services including health care services through proactive implementation of NHM and allied health care schemes. Budgam District Health Society (2007) report outlined that the mismatch between the demand and supply of health care facilities as well as services have caused threats to the lives of people. There is a crucial need to provide life skills education during the adolescent stage for healthy habits, diet plan and health awareness programs. Health is a state subject and the onus of financing NHM lies with centre as it is a centrally sponsored policy. State has power of implementation of NHM, but the financial constrains have the potentiality to affect the delivery of quality healthcare.

NHM also succeeded in bridging the Rural/Urban and Male/Female healthcare gap in District Budgam. The establishment of 'New Type Primary Healthcare Centers', Net Type Sub-Centres and recruitment of ASHAs have expanded the scope of healthcare operations in rural and urban areas. The digitalization of healthcare services has been completed. Moreover, the '*National Digital Health Mission (NDHM)*' has rapidly developed the digitalization in the realm of healthcare services. Under NDHM, J&K has been ranked at number one. Moreover, the launch of Tele-MANAS (*Mental Health Assistance and Networking Across States*) will transform the mental health services in

J&K and the initiative is people friendly. Overall, digitalization in healthcare has the potential to improve access, quality, efficiency and patient outcomes.

Media is termed as an important institution that plays a critical role in providing the timely knowledge and awareness among the people with regard to the healthcare policies and their benefits. Moreover, media (most importantly social media) actively monitors the healthcare policy implementation and keeps track of policy benefits or challenges faced by people. Non-state actors mostly the community groups deliver the healthcare services to people. The dissemination of these services is voluntary and situational based. During the COVID-19 pandemic the community groups including village committees have played an important role in providing free face masks, sanitizers, oxygen support to patients. The role of NSAs will be diversified in terms of resource mobilization, policy monitoring and evaluation, advocacy and policy formulation and capacity building. Moreover, the engagement of non-state actors in the NHM will add diversity, expertise, and community-driven perspectives to healthcare service delivery.

While healthcare services are crucial for promoting health and well-being, there are several challenges associated with healthcare services accessibility under NHM. These challenges are diversified in nature and healthcare of District Budgam is no exception to it. Geographical barriers, such as living in remote or rural areas, can limit access to healthcare services. In winter season, these areas may face shortage of healthcare facilities, healthcare professionals, and transportation infrastructure, making it difficult for people to reach healthcare providers. Issues pertaining to regular water supply, regular electricity and appropriate heating system are prevalent in certain areas. Furthermore, limited health literacy, including low awareness and understanding of health-related policies and programmes can impede healthcare accessibility.

District Budgam lies at the critical juncture in terms of accommodating nearly 8 lakh population from diverse socio-economic settings. In this context it becomes important that people should be equipped with appropriate choices in availing education, employment and healthcare services. Moreover, the prevalent are issues pertaining to lack of awareness, effective implementation mechanism, lack of all types of medicines and other avenues that affect the basic purpose of NHM demands the positive and timely intervention.

Key Words: *Healthcare, Maternal, Medical, Mission, Service*

Dedicated to:

My beloved parents (Mr. Abdul Hamid Khan & Mrs. Shameema Akhter) who always have been a magnificent source of inspiration for me.

CHAPTER 1

INTRODUCTION

CHAPTER 1
INTRODUCTION

1.1. Introduction

Health and wellness are key concerns in human development, shaping regional and global health policies. The United Nations has given high priority to human well-being in its recent Sustainable Development Goals, urging nations to take swift policy actions to strengthen public health infrastructure and raise community-level health awareness. According to the World Health Organizations (WHOs) report, "The World Health Statistics 2020," life expectancy and health-related Sustainable Development Goals (SDGs) have seen positive progress. However, obesity, hypertension, and diseases affecting school-age children remain major global health challenges. The report highlights an average growth of 8% in Life Expectancy and Healthy Life Expectancy (HALE) from 2000 to 2016.

The rising income has great influence on the life expectancy of people. The effective and timely health policies and reforms are essential to reduce the health issues such as child mortality, malnutrition and infectious diseases. The emergence of ICT (Information and Communication Technology) revolution in 21st century has transformed health care services, diversifying means of diagnosis and treatment as well as enabling healthcare to not only facilitate distant medical consultations but also provide active interaction platforms for medical researchers. But development of optimum health care facilities and enunciation of public health policies at countries' level still holds the key for achieving universal health coverage and goals of United Nations Development Program (UNDP). In this milieu the present chapter will explore the basic framework of research and review of literature. The objectives of the study have been followed by an appropriate research methodology that is suitable for fulfilling the objectives of the study.

1.2. National Health Mission: An Overview

National Health Mission (NHM) is a flagship programme of Government of India launched in 2013. The programme is aimed at ensuring accessible, affordable and quality healthcare services to rural and urban habitations. NHM encompasses two sub missions: National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). The prime objectives of the programme include the following:

- Strengthening Healthcare Systems: NHM focuses on strengthening healthcare infrastructure, including primary health centers, community health centers, and district hospitals. It aims to improve the availability of healthcare facilities, equipment (diagnostic facilities), and essential medicines/drugs.
- Maternal and Child Health: The mission gives significant attention to maternal and child health, with the aim of reduction of maternal and infant mortality rates. It promotes safe motherhood practices, institutional deliveries, immunization, nutrition programs, and the provision of essential healthcare services to children.
- Universal Immunization: NHM focuses on achieving universal immunization coverage for vaccine-preventable diseases. It aims to increase vaccination rates, ensure the availability of vaccines, and strengthen the immunization infrastructure.
- Communicable Disease Control: The mission focuses on the prevention and control of communicable diseases such as tuberculosis, dengue, malaria and HIV/AIDS. It supports surveillance, diagnostic services, treatment, and awareness campaigns to lessen the burden of these diseases.
- Non-Communicable Diseases: NHM also addresses the rising burden of non-communicable diseases like cardiovascular diseases, diabetes and cancer. It promotes preventive measures, early detection, and management of these diseases through awareness programs and access to healthcare services.
- Health Systems Strengthening: The mission aims to strengthen health systems by improving human resources for health, enhancing healthcare management, promoting quality assurance, and implementing health information systems for better planning and monitoring.
- Community Participation: NHM emphasizes community participation and decentralized planning. It involves the active participation of local communities, Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs) in planning, implementation and monitoring of healthcare programs.

The National Health Mission plays a crucial role in transforming the healthcare landscape of India by focusing on equitable access to healthcare, improving health outcomes, and reducing health disparities between different regions and populations. In this regard, the present research study will analyze the role of NHM in Healthcare service delivery in District Budgam of J&K.

1.3. District Budgam: An Overview

Budgam is one of the districts in the union territory of Jammu and Kashmir in India. It is located in the central part of the Kashmir Valley. The district is surrounded by other districts such as Srinagar, Ganderbal, Pulwama, and Baramulla. District Budgam is located at an average elevation of 5,281 feet above sea level. It has a diverse topography that includes mountains, plateaus, and plains. One of the main tributaries of river Jhelum namely Sukhnag flows through the district, providing irrigation to the agricultural lands. The district has a mixed population comprising various ethnic groups, including Kashmiri, Gujjar and others. The majority of the population follows Islam, and the Kashmiri language is widely spoken. Budgam has a rich cultural heritage, with traditional arts, crafts and folk music being an integral part of the local culture *(Census 2011 Report)*.

Agriculture is the primary occupation of the people in Budgam. The district is known for crops such as rice, wheat, maize, vegetables and saffron at minimal scale. Horticulture, including the cultivation of apples and cherries, is also an important economic activity. Handicrafts, particularly carpet weaving and wood carving, are significant sources of income for many people. Budgam district offers scenic beauty and tourist attractions. The picturesque Yusmarg hill station, located in the district, attracts tourists with its meadows, forests, and stunning views of the snow-capped mountains. The district also has historical sites, including ancient temples and shrines. Budgam has several educational institutions, including schools, colleges, and vocational training centers. The district is continuously working towards improving educational facilities and promoting literacy among its residents. Infrastructure development, including road connectivity and healthcare facilities, is a priority for the district administration *(Official Website of District Budgam)*.

The healthcare sector in District Budgam plays a crucial role in providing medical services and promoting the well-being of its residents. Budgam district has a network of healthcare facilities that fulfil the healthcare needs of its population. It includes government-run hospitals; Primary Health Centers (PHCs), Community Healthcare Centers (CHCs) and Private Healthcare Clinics. The district hospital in Budgam town is a major healthcare institution providing comprehensive healthcare services to the people. To revitalize the healthcare sector in District Budgam, the set of policy measures were put in place in line with national/state level healthcare framework. In this context, the study is an exploration into the role of NHM in furnishing quality care, accessible, affordable and universal healthcare

facilities to the people of District Budgam. Moreover, the role of Non-State Actors (NSAs) in monitoring and evaluation of NHM has been analyzed thoroughly.

1.4. Theoretical Framework of National Health Mission

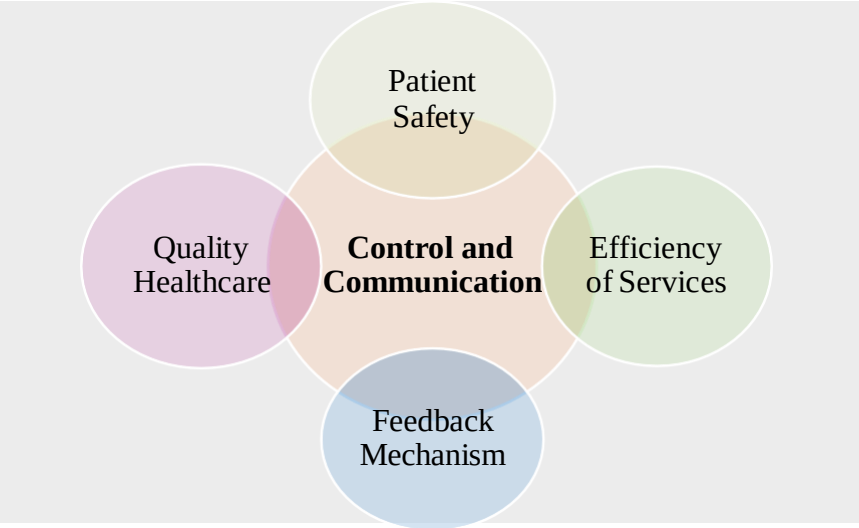
India, a nation with a formidable population of 1.34 billion, also harbours a significant proportion of socially and economically underprivileged individuals. As per the Global Multidimensional Poverty Index, nearly 228 million people in India are grappling with poverty, representing around 16.4% of the total population, who face multidimensional poverty at some stage in their lives (MDI, 2022). The plight of poverty deprives individuals of access to fundamental necessities like education, adequate nutrition, and essential healthcare services. To address the healthcare aspect, the Indian government has implemented a series of policies aimed at bolstering the healthcare infrastructure and ensuring that quality healthcare facilities are accessible to all citizens.

In the given context, the National Health Mission (NHM) is a significant initiative introduced by the Government of India in 2013. The primary objective of NHM is to ensure universal access to equitable, affordable, and high-quality healthcare services that are accountable and responsive to the needs of public. Effectively implementing this program is of utmost importance, and it requires active involvement from all stakeholders, including administrators, paramedics, and doctors, fostering a participative approach. With this in mind, the current research aims to assess the performance of the National Health Mission in the Budgam district of Jammu and Kashmir. Numerous concepts warrant thorough exploration to gain a comprehensive understanding of the subject matter. Additionally, the provided theoretical framework will underpin the positive orientation of the research endeavour.

According to the *System Theory*, patient safety and quality of health care services is an emerging and attributed property associated with the established health structure based on systematic appreciation of the system as a whole. The foundation of the theory is laid under the two pair of concepts (i) emergence and hierarchy and (ii) control and communication. According to the second pair of concepts, the open and dynamic complex system such as healthcare is viewed as a suite of interrelated subsystems that are kept in state of equilibrium by feedback mechanism and control. The theory primarily focuses upon the quality and efficiency of services offered under a particular departmental shadow. Chuang & Inder (2009) have used ‘Systems Theory’ to build the healthcare hierarchy consists of interacted

systems linked with control and communication at different levels. In the line lies the '*Alma Ata Declaration 1978'* that has mandated the countries across the globe to develop strategies, policies and plans for the establishment of health services at primary level as a vital component of comprehensive national health system.

Diagram/Image 1.1: Components of System Theory



System theory in healthcare refers to the application of the principles of systems thinking and analysis to understand and improve the functioning of healthcare systems. It views healthcare organizations and processes as complex systems composed of interconnected and interdependent components. The key concepts of system theory in healthcare include:

- Systems Thinking: Systems thinking emphasizes understanding the interactions, relationships, and dynamics within a healthcare system as a whole, rather than focusing solely on individual components or events. It involves analysing how different elements within the system affect each other and the overall system's behavior.
- Interconnectedness: System theory recognizes that healthcare systems are composed of multiple interconnected parts, such as healthcare providers, patients, technologies, policies, and processes. Changes in one part of the system can have ripple effects on other parts and the system as a whole.
- Feedback Loops: Feedback loops are important components of systems. They involve the continuous flow of information and feedback within the system. Feedback can be

positive, amplifying a particular behavior or outcome, or negative, providing corrective measures to maintain system stability.

- Emergence: System theory acknowledges that healthcare systems exhibit emergent properties, which are properties that arise from the interactions and relationships among the system's components. These emergent properties may not be predictable or observable by examining individual components alone.
- System Dynamics: System dynamics focuses on understanding the behavior of healthcare systems over time. It involves modelling and simulation techniques to analyze how various factors and interventions can influence the system's performance and outcomes.

Applications of system theory in healthcare include:

- Quality Improvement: System theory provides a framework for identifying and addressing issues related to quality improvement within healthcare systems. It helps in understanding how changes in processes, resources, or policies can impact overall quality of care.
- Patient Safety: By considering the interconnectedness of healthcare processes and components, system theory can help identify and prevent errors and adverse events. It facilitates the implementation of strategies and interventions to enhance patient safety.
- Healthcare Delivery and Organization: System theory can inform the design and management of healthcare delivery systems, including the allocation of resources, coordination of care, and optimization of workflow and processes.
- Policy Development: System theory can aid in the development and evaluation of healthcare policies. It provides insights into how different policies can influence the overall functioning and outcomes of healthcare systems.

Therefore, it can be inferred that system theory in healthcare provides a holistic approach to understanding and improving healthcare systems, taking into account their complexity, interdependencies, and dynamic nature. It promotes a systems-level perspective to enhance efficiency, effectiveness, and patient-centeredness within healthcare organizations and the broader healthcare system.

Moreover, the *Theory of Change (ToC)* approach is one of the methodologies adopted by *Lancet Citizens Commission (LCC)* to set up a roadmap for *Universal Healthcare (UHC)* in India. LCC's cross sectoral ambitious endeavour '*Reimagining India's Healthcare System*'

aims to fulfil the unmet need for quality and affordable healthcare. The core vision of the commission is to bring a structural change not only guided by policymakers and public health experts, but by active engagement with diverse stakeholders including citizens of the country. The ToC approach identifies the target/goals and brings into play the role of all the stakeholders for identifying the casual pathways to reach the goal. Therefore, ToC adopts the 'participatory approach' to concur on the impact and final outcomes that result from casual pathways *(Chaudhuri et al., 2022)*. In the above background, the present study will analyze the role of National Health Mission in delivering accessible, quality and affordable healthcare services in the Budgam district of Jammu and Kashmir.

1.5. Concepts of the Research

Considering the magnitude of subject matter, there are diverse set of concepts that need an exploration. The appropriate exploration and analysis of these concepts helps in understanding the subject matter. The prior details of the concepts make it easier for the reader to comprehend and analyze the subject matter in the given context. Accordingly, following concepts and their explanation has been presented:

- **Administration:** According to *Collins Dictionary,* "Administration is the range of activities connected with organizing and supervising the way that an organization or institution functions". In the present research work, administration will primarily include the bureaucratic set-up including officials of Jammu & Kashmir Directorate of National Health Mission, doctors and paramedics who are primarily engaged in policy implementation and supervision process.

- **Disease:** A disease is an unusual condition that negatively affects the normal body functioning of a living creature. Or sometimes a disease is a medical condition that is corresponded with specific signs and symptoms. In the present study, the disease will include all those abnormalities that are associated with a human being (female/male). The abnormal functioning may be manifested in physical or mental appearances including communicable or non-communicable diseases.

- **Communicable Disease:** A communicable disease also termed as infectious disease or transmissible disease is one that transforms from one person to another by means of a pathogen. The means may be food, water, air, direct physical contact and others.

The prominent diseases that are communicable in nature include HIV/AIDS, Hepatitis B, COVID-19, Chicken pox etc.

- **Non-Communicable Disease:** Non-Communicable disease is ones that do not transform from one person to another person, but typically causes by means of unhealthy behaviors. The prominent examples include cancer, diabetes, cardio-vascular disease or others. This kind of diseases does not pose any threat to the lives of other people in the social setting.

- **Health:** According to *World Health Organization (WHO),* "Health is a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity". The health of people is fundamental to the attainment of peace and security. A good health has inherent benefits in terms of longer life, economic terms and social well-being at large.

- **Mortality Rate:** Mortality rate is the estimate of number of deaths in a particular population. Mortality is usually indicated in units of deaths per 1000 individuals per year. There are varieties of reasons that determine the mortality rate in a particular time frame. Mortality rate is dependent on number of persons suffering from communicable or non-communicable diseases, accidents, deaths during pregnancy, natural deaths or any other reason.

- **Nutrition:** Nutrition is the process of intake of food and converting it into energy and other essential nutrients required for life. This mechanism uses food to support life; and failure to obtain sufficient nutrients causes mal-nutrition. In this regard, the research will explore the measures undertaken to improve the nutritional aspects of people under the shadow of National Health Mission.

- **National Health Mission (NHM):** NHM is the centrally sponsored scheme launched in 2013 that envisions to achieve universal access to equitable, affordable and quality healthcare services that are accountable and responsive to the needs of people. Under NHM, financial and technical support is being bestowed by centre to states/UT to strengthen their healthcare system.

- **Policy:** A policy is the deliberate system of guidelines for taking decisions and achieving rational outcomes. A policy primarily intends to implement the procedures or protocols that are being adopted the governance mechanism of the country/state.

The policies have diversified arena that include education, employment, health and others. In this research, the policy measures will include only those who are relevant to health scenario of Jammu and Kashmir.

- **Primary Health Center (PHC):** PHC is the fundamental structural and functional unit of public health services in India. PHCs were primarily set up with the objective to provide accessible and affordable healthcare to the people. In Indian context, PHCs are state owned rural cum urban healthcare facilities that offer basic healthcare facilities to people. In this regard, the research will make reference to PHCs which are present in Union Territory (UT) of Jammu and Kashmir and more particularly in the Budgam district.
- **Universal Healthcare (UHC):** UHC is a healthcare system in which all the residents of a country have access to healthcare. According to *WHO*, "Universal Health Coverage means all people have access to wide range of quality health services when and where they need them." UHC covers essential services including, health promotion and prevention of diseases, rehabilitation and palliative care. In this regard, UHC will be discussed under the ambit of NHM.

1.6. Review of Literature

Review of literature is the vital task that a researcher is supposed to undertake for in-depth exploration of the concerned subject matter. Review of literature strengths the basic framework of a research that explores the diversity of subject matter. The diversification of subject matters is helpful to craft and analyze the data in the given context from the diverse perspectives. In this background, the present research work has undertaken a systematic review of literature for garnering the in-depth analysis of *National Health Mission* and the related subject matter. Accordingly, following review of literature has been undertaken under appropriate themes:

Global Healthcare Perspective

Lew et al. (1992) have provided an overview of U.S. health care system and the recent policy reforms. According to the official data, USA invests more in healthcare sector than does any other nation. The financing to meet the healthcare expenditure is primarily given by federal, state and local government. Moreover, private insurance and individual payments also forms

the considerable part of healthcare expenditure. In the recent times, the health costs are rapidly rising that adds financial burden upon the people. To overcome the rising health care costs, the governments at federal, state level and local level undertook various strategies. Primarily, *Medicare* is the uniform national health insurance programme for disabled and aged population. Secondly, *Medicaid* is the health insurance programme for certain groups of poor population.

Grosios, K. et al. (2010) have described healthcare system of UK as the largest one in the world. In its 2010 white paper titled '*Equity and Excellence: Liberating the NHS*' the government has defined an inclusive strategy for creating a more responsive and patient centred National Health Service (NHS). Like other countries, UK national health system is predictive, preventive and personalized in nature where diseases diagnosis and preventive treatment is being provided to people. Patient oriented treatment lies at the centre of UKs healthcare system. More importantly, the personalized medicine and integration of technology in diagnostic services for maximum benefit of patients is central to the healthcare policy of UK. However, UK is no exception to failures in healthcare, where the chronic diseases such as cancer and neurological disorders are prevalent. The changing lifestyle and negative environment have fundamentally altered the healthcare scenario in downward trend.

Waring, J. et al. (2015) have stated that safety and quality of patient care is not a new phenomenon, but date back to the era of Hippocrates. The current healthcare policy momentum is relatively new experience and it was not until 1990s that clinical risk and patient safety were seriously recognized as service level problems. After the era of 2000s, the patient safety and quality healthcare became a global priority. To overcome the issues pertaining to quality healthcare, efforts to improve quality and safety of patient have been undertaken. There emerges a consensus that to improve the theoretical, methodological and empirical foundations in healthcare, it becomes important to adopt the more inclusive and multidisciplinary approach. Moreover, the safety has still remained a key service problem and the progress is not ideal that demands the timely and positive interventions and improvements.

Weel, C. V. et al. (2016) have termed Primary healthcare as essential for securing population health. Primary healthcare is integral to universal health coverage and is a key to secure access to quality care. Considering the case of Nepal, it is a middle income country where significant disparities in health, education and wealth are prevalent. Despite facing multitude

of challenges, the country is focusing on equity and inclusive healthcare by spending 1.8% of GDP on health. In comparison, India being the second most populated nation, the healthcare system is integrated with private and public stakeholders. More than 78% of care is being provided by private sector and public sector investment lies approximately 1% of GDP. Moreover, the out of pocket expenditure is significantly increasing.

According to *Anderlini, D. (2018),* the health care system of United State is sick. The high cost of health care affects the people and nation at large. Moreover, the persistent issues led to poor outcomes impacts the patients. Healthcare is a multi-factorial service that can be improved through global approach. Secondly, the political institutions need to rationalize the healthcare budget for larger population. New models of health care are being tested for inclusive and affordable healthcare including *'Thailand Universal Coverage Health Insurance'* and *'Meikirch Model'* in Switzerland where *biological given potential* (BGP) and *personally acquired potential* (PAP) are being taken into account. Moreover, many factors need to be addressed including, education, role of family doctor and translation of discoveries into clinical practices.

Maphumulo, W. T. & Bhengu, B. R. (2019) have stated that there is overwhelming evidence that healthcare system of South Africa is heavily compromised by various challenges. The quality care that is integral to human development includes timely care, improvement in efficiency and lover costs. The decline in quality healthcare has potentiality to lose the trust on healthcare system of South Africa. Quality healthcare delivery is a constitutional obligation in South Africa. For providing quality healthcare, various developments and programmes have been introduced so that inclusive and universal access to healthcare could be achieved. Despite such measures, there are still many changes in health policy and legislation for ensuring compliance in delivery of quality healthcare. The health outcome reports in South Africa have outlined that there is complete failure of public sector healthcare system that is worse than other low income countries. Although being a democratic country, little attempts have been made to re-allocate resources from private to public healthcare sector that led to the delay in implementation of National Health Insurance (NHI) policy.

Reibling, N. et al. (2019) have stated that healthcare system has become more complex in the last three decades. In this background, the evolution of healthcare typologies becomes inherent where the similarities and differences between different countries are being taken into consideration. The key aspects for comparison include how countries fund their healthcare, organize their healthcare and provide healthcare services to people. Quoting

previous studies, the researchers have outlined that there exist international variations and importance of primary care to achieve health policy goals. The comparison has defined that Regulation oriented public system shows similarities with the Universal coverage controlled access type and the Controlled access type.

Allen, S. (2020) presented the report on "*2020 Global Health Care Outlook: Laying Foundation for Future*" in Deloitte Insights. She examined that the global population was recorded 7.7 Billion in 2019 and expected to reach up to 8.5 Billion by the year 2030. Naturally, it would be more challenging to meet the health requirements in future. The governments are expected to design and develop future-oriented, proactive public health systems with higher spending on public health than today. The developing economies are likely to get stressed due to surge in demand for public as well as private health facilities. It would become difficult to fulfil the demand at eleventh hour. The consistent efforts, data-driven approach and special task groups can provide the inputs required to achieve the self-sustainable goals.

She conducted an exclusive survey for 20+ countries representing developed, developing and underdeveloped economies with the help of government agencies and its own research teams. The major findings of the survey have revealed that Global population to reach 8.5 Billion by 2030, while as Global healthcare spending lowered down from 5.2% to 3.2% in 2019. The increasing health needs and shrinking public health expenditure would create more challenges in developing and underdeveloped countries. Furthermore, the unhealthy behaviors, Lifestyle factors, Smoking, poor diet, hypertension, obesity, and no physical exercises are the major reasons for deaths. And chronic disease, lung cancers, diabetes, strokes and respiratory infections are found in majority.

Allen, S. (2021) presented another report on "*2021 Global Health Care Outlook: Accelerating Industry Change*" in Deloitte Insights. The major findings of the study are presented below:

- There is enormous stress on Global Health Care Sector's workforce infrastructure and supply chain due to COVID-19 Pandemic.
- COVID-19 Pandemic is exposing the social inequalities in Health Care.
- Utilization of remote staff and Digital transformation took place under the ambit of Health sector.

Schwarz, et al. (2020) attempted a study to highlight the significance of primary care 2030 to achieve universal health care. This study emphasized the importance of augmenting global primary health care to attain the ultimate objectives of Universal Health Policy. The study embraced the views of global stakeholders by considering important themes such as, private sector engagement, utilizing technology and innovative financing structures to promote global primary health. The study concluded that, there is need of disruption in primary healthcare centers universally to achieve global health by 2030.

Healthcare Scenario of India

India being the home to second largest population after China has adopted the welfare model to provide socio-economic services to people more particularly to the vulnerable population. Moreover, focus was also laid upon the healthcare that primarily aimed at providing cost-effective and accessible healthcare services in all the geographical locations of the country. To restructure the healthcare sector, policy initiatives including NHM have been undertaken to garner greater efficiency in the service delivery of healthcare facilities. In this context, it becomes imperative to undertake the in-depth review to garner greater insights into the subject matter.

Singh, Z. (2013) in his work titled "*Universal Health Coverage for India by 2022: A Utopia or Reality*" has termed Universal Health Coverage (UHC) as an obligation upon the state. According to 65th World Health Assembly in Geneva, UHC is imperative for all the countries. However, in this regard, India faces multitude of challenges to achieve UHC by 2022. Issues such as disease prevalence, fragmented health care delivery system, inadequate finances, lack of skilled human resource and lack of inter-sectoral coordination have expanded the gap in the achievement of UHC by 2022.

Marten, et al. (2014) in his work has presented an exploration into the role of talent and technology in bridging the gap to improve the health system in India. They also pointed out concept of Universal Health Coverage to establish optimum basic health care services. The findings of the study have unveiled that to achieve a UHC, there is need to restructure the health infrastructure and human resource on modern lines. Inclusion of skilled and professional workforce and integration of health care sector with digital infrastructure will add efficiency in health sector that will help in achieving the UHC at the earliest.

Choudary,M. &Mohanty, R. K. (2018) in their working paper titled "*Utilization, Fund Flows and Public Financial Management under the National Health Mission*" presented critical views about the performance of National Health Mission. The provision for funding is found to be the major obstacle in implementing the NHM in several states. Only 55% of total funding was utilized during 2015 to 2017. The consistent delay in fund transfers and administrative complexities have restricted the scope of succeeding NHM. Maharashtra, Odisha and Bihar are found to be the major victims in this regard. Several months are wasted to transfer the funds for health schemes from central government to states to district-blocks and villages in rural India. In addition, the public spending is less in developing countries than the developed economies in the world.

The Govt. of India and Ministry of Health and Family Welfare (2019) published a report sharing the public health review. Government had launched National Health Policy in 2017. To achieve the Millennial Goals, Sustainable Development Goals (SDGs) "Ayushman Bharat Programme" was launched in India in 2018. The quality healthcare and comprehensive approach to improve the health standards and well-being is the prime objective of Ayushman Bharat. Pradhan Mantri Jan Arogya Yojana provides insurance covers to more than 107.4 Million Indians belonging to poor as well as vulnerable families. All such initiatives are covered under National Health Mission. The public health services are extended and expanded to the sub-centers and private hospitals.

Patra, S. et al. (2013) have conducted a study on "*An Evaluation of the National Rural Health Mission (NRHM) in Odisha*". The study finds that NHM was launched in the year 2005 with the primary objective to bridge the gap in the health infrastructure. The researchers have suggested that although NRHM is working very well in the study areas; however, more funds are needed for the successful implementation of the program. The Rogi kalyan Samiti (RKS) and Janani Suraksha Yojana (JSY) are also smoothly operating in the study areas. The study found that paucity of the funds is the main hurdle in the successful operation of the Program. Furthermore, *Public-Private Partnership* should be adopted to bridge the existing gap in the health sector.

Ali, et al. (2019) undertook an exploratory research where he analyzed the relationships among the variety of variables. The study found that there is a close relationship between the physical and mental status of pregnant women before-during-after delivery. The various schemes are merged under NHM. However, lack of awareness, communication, coordination

and delay in funds restricts the scope. They suggested that the central and state government should work more effectively with strong sense of responsibility. Accordingly, policy measures under the ambit of NHM should be communicated to the public at large.

Krishnan, S. G. and Immanuel (2017) presented a review article on "*Progress of health care in rural India: a critical review of National Rural Health Mission*". They demonstrated that the National Rural Health Mission has a long way to uplift the livelihoods of rural poor and downtrodden communities. Though started in 2005, certain challenges still exist on the grounds of execution. The infrastructure, institutional architecture, capacity building and the delivery of quality services to achieve the universal health coverage are essential elements for NHRM (Srivastava, 2007). The mission has also empowered AYUSH (Ayurveda, Yoga, Unani, Siddha as well as Homeopathy) systems in India. The public-private partnership models would serve the need of providing qualitative and affordable health services to Indians.

Angell, et al. (2019) studied various schemes of National Health Care in India such as Ayushman Bharat Yojna to achieve universal health standards in India. The study made a bold attempt to explore the challenges in implementing health promotion measures in rural regions of India. The study analyzed health services, number of communities covered and extent of access to these services to know the actual benefits of these programs. The findings of the study have disclosed that there are various resource constraints in various regions which affect the access of health protection. This study proposed an improved framework of quality, control and stewardship for better management and implementation of Ayushman Bharat Yojna.

Balarajan, et al. (2011) studied the challenges faced by the most disadvantaged members of the India like; Scheduled Castes, Scheduled tribes, Slums etc. He argued that despite the improving conditions of health care in India, inequalities still exist here. The quality life can be raised and better health facilities can be provided with the help and coordination of Accredited Social Health Activists (ASHA) workers. The Study argued that reduction in poverty, pure water and sanitation would help to ensure equitable health for the people.

*Duggal, R. (2009)*in his paper titled **"***Sinking flagships and health budgets in India*" concluded that the centre's endeavour to increase spending on general health by hiking allocations to its NRHM program has fizzled on the grounds that the states have reacted by

lowering the expenditure. Rather than decentralizing expenditure on health, the center has taken responsibility for a bigger portion of assets for the area, which have not been satisfactorily used even for the priority programs.

Banerji, D. (2005) conducted a study on "*Politics of Rural Health in India*". The researcher has stated that NRHM has adopted a simplistic approach to a highly complex problem and provides little scientific evidence based on health systems research to substantiate its recommendations. Furthermore, setting up NRHM is a political attempt of central government to promise a better healthcare to the Indian populace. The initiative is based on questionable premises and it adopts a simplistic approach to a highly complex problem. The government at central level needs to adopt a consciousness mechanism for effective and inclusive health in the rural areas.

Bajpai, N and Dholokia, R. (2011) has conducted the study on "*Improving the performance of Accredited Social Health Activists in India*". The findings of the study have revealed that there is no proper accountability of ASHAs and no supervision is there. ASHAs do not undergo any formal review process in any state. No proper records are preserved of their performance. To bring the efficiency and accountability in health sector, there exists a timely intervention by government to maintain the data repository of ASHAs and equip them with modern skills and training for creating a sustainable healthcare infrastructure at the grass-root level.

Healthcare Scenario of Jammu and Kashmir

Dolma, et al., (2015) presented a paper entitled "*Assessment of Janani Suraksha Yojna under National Rural Health Mission in Kashmir Valley*". The findings of the study have revealed that women as the source of great human potential and their contribution in the socio-economic development of Indian economy. It is observed that around 20% maternal deaths are recorded in India every year. The poverty, insufficient health centers, and ineffective health systems are the prime responsible factors behind the maternal deaths. The Government of India sponsors "Janani Suraksha Yojana" schemes 100% and implements it in all the states and union territories. The micro birth planning, referral transport, early registrations, family planning and health counselling are the key components of Janani Suraksha Yojana. The scheme is well integrated with the National Rural Health Mission.

Naseer-ud-din and Qadri, M. H. (2020) performed a cross sectional study which is based on mixed methodology. They emphasized that despite the mother-child health care is global and national challenge and a top priority for which various initiatives are taken like National Health Mission, the optimum quality services have not been achieved. The study found that there is a gap, imbalance, inaccessibility and exclusion in health services quality and delivery. There is a dire need of service infusion policy interventions and strategies to deliver quality health services. A notable initiative taken by the Jammu and Kashmir Government is the launching of the health program named "MAA TUJHE SALAAM". It was launched in the year 2011. The program is unique since it intends to provide free hospital services particularly for women and children belonging up to the age 5 years. The facilities are made available in all the government hospital of Jammu and Kashmir for the target beneficiaries of women and children. In addition, few public private partnership schemes are also introduced from time to time by the government for the Below Poverty Line individuals. The cash transfer provisions are allowed wherein the government facilities are not accessible. The age restrictions are removed after getting good response from the citizens. The government seeks help from the medical colleges, private hospitals and other stakeholders to design and develop all-inclusive and effective health policies. However, it has a lot of scope of improvement for better results (GoI-Ministry of Health & Family Welfare, 2019).

According to *J&K State Health Survey (2007)*, the health facilities were provided through 134 sub-centers, 45 primary health centers and 9 CHC in Budgam district in 2007 to 6.8 Lac populations. The insufficient number of institutions can not serve the increasing demand and population size of the district. It increases the stress on the existing local resources.

District Health Society Budgam (2007) in their report have articulated the following findings pertaining to healthcare sector of District Budgam:

- Infrastructure such as building / hospitals, skilled health professionals has remained a big concern for the District Health System in Budgam district.
- Both quality and quantity have to be improved to the great extent.
- Various diseases such as Malaria, Blindness, Leprosy, Vector Born and Iodine Deficiency are monitored and controlled as per the guidelines from National Disease Control Programme.
- Around 677 Lac rupees were reserved in the Five Year Plan Budget (2007-2012).

Moreover, *District Health Society Budgam (2018)* in its report has further presented the state of healthcare sector in District Budgam. The key observations from the report state that NHM policy framework aims at:

- Reducing the Maternal Mortality Ratio (MMR) in the country from 407 to 100 per 1,00,000 live births.
- Reducing Infant Mortality Rate (IMR) from 60 to 30 per 1,000 live births.
- Total Fertility Rate (TFR) from 3.0 to 2.1 within the 6-year span of the Mission (2006-07 to 2011-12).

Role of Non-State Actors in Healthcare Sector

In a majority of low and middle income countries, the governments are primarily responsible to provide healthcare to their citizens. But government is not only the sole provider of healthcare services. Outside the government, there are other non-state actors who contribute to the strengthening of healthcare systems. These non-state actors include commercial companies, charitable trusts and more importantly the NGOs. In this context, the present section will analyze the role of non-state actors in providing the healthcare services to people under the National Health Mission in India and more particularly in Jammu & Kashmir.

Suri, A. (2003) has delved into the evolution of NGOs in Jammu and Kashmir. During 1970's or 80's there was hardly any concept known as NGO in Kashmir; every household was known as NGO as they were bound together by '*Kashmiriyat*'. The period after 1989 turmoil witnessed the watershed movement for NGOs in Kashmir. During this period, the prime objective of these NGOs was to restore peace and normalcy. More importantly these NGOs were mostly sponsored by government, therefore known as GONGOs (Government NGOs). With the passage of time, the spurt of NGOs led their expansion into other domains including establishing orphanage homes, self-help groups (SHGs), employment generation, rural care, environmental protection and medical care. Moreover, the scope of operations of NGOs was limited within the boundaries of Srinagar, and *Medicins Sans Frontiers (MSF)* is the only international NGO to start a psychological programme in Kashmir.

According to *Nimai & Kumar (2016)*, there are about 3 million NGOs registered in India with rural-urban distribution of nearly 60:40. NGOs are playing a lead role to establish the healthcare institutions and fulfil the health demands. Moreover, they also work in specific

areas including alcoholism and upliftment of vulnerable communities. Expenditure for rehabilitative care and ancillary services are not significant concerns for NGOs, but curative care is also being provided at moderate level that constitutes the second highest level of expenditure in most states. In curative care expenditure of NGOs, outpatient care constitutes the highest share of around 41% followed by hospital inpatient care of 36%.

Azmat, H. (2019) has presented an exploration into the role of '*NGOs keeping healthcare, education on track in Kashmir*'. The author has documented the role of NGOs in Kashmir in providing the healthcare services to people at large. Quoting an NGO namely *'Athrout'*, they play a lead role to ensure quality cum accessible healthcare to downtrodden. The dialysis centre of the NGO treats 20 patients every day in two shifts. Moreover, the disruption caused by abrogation of Article 370 adds extra burden upon them, but despite such challenges they were successful in managing the huge influx of patients. In the similar fashion *'Help Poor Voluntary Trust (HPVT)'* plays a pivotal role to provide healthcare services to people. Since August 5, 2019 decision HPVT has come to the rescue of hundreds of poor patients by delivering the basic healthcare services.

Singh, S. (2022) conducted the study on "The situation of women healthcare in Jammu and Kashmir". The author observed that there is gross inequality in terms healthcare accessibility and the women's healthcare is still in question as they have been the victims of discrimination against varied developmental adaptations. Women face issues pertaining to anaemia, malnutrition, lack of knowledge about WASH, maternal health and child mortality. In context to Jammu and Kashmir, there is shortage of medical fraternity that in turn affects the healthcare delivery service in the region in the downward trend. Certain areas including lack of appropriate doctor-patient ratio, revitalizing CHCs and training to ASHAs should be addressed properly. In this background, author suggested that NGOs should be mobilized for improving the awareness about prevalent issues in the realm of health sector.

NHSRC (2021) has compiled a report titled "Public-Private Partnerships in Health Care under the National Health Mission in India: A Review". The key findings of the report have suggested that some areas in PPP mode should be strengthened. More importantly at the primary level managing of PHCs or Health & wellness centers by non-profit entities should continue to exist. In the case of PPP, government outsources the agency in most cases an NGO who manages the day to day service provisioning. NHSRC attributes prime role of

NGOs in NRHM and termed as critical one for the success of the National Rural Health Mission.

1.7. Identification of Research Gap

After extensive literature review of available research studies, it reflects that most of the studies have focused on importance of health and economic prosperity at global and national levels. However, only few studies have analyzed the role and performance of regional health institutions and implementation challenges in effective adoption of health policies in India. It is pertinent to mention those peoples' aspirations and needs vary across different regions due to distinct socio-cultural norms and level of economic development. As such, the global and national health policies need to be tailored so as to fulfil these aspirations. While as National Health Mission of India is in progress for years now, but very limited research has been conducted to evaluate its effectiveness vis-a-vis improvement in Public Health Services in Jammu and Kashmir. Accordingly following research gaps have been explored from the review of literature:

- There is no/limited number of studies that exclusively present an exploration into the impact of NHM in the health scenario of Jammu and Kashmir and more particularly in district Budgam.
- Secondly, there is no study that analyzes the role of Non-State Actors in the realm of health sector in the Budgam district of J&K.
- There is no study that presents an exploration into the challenges faced by medico and administration in the implementation of NHM in Budgam district.
- Lastly, there are no relevant studies that offer good enough number of suggestions for revamping and streamlining the healthcare scenario of Budgam district under the ambit of NHM.

1.8. Objectives of the Study

Research Objectives are specific and measurable goals that researchers aim to achieve in their study. They outline the study's purpose and approach, providing a clear direction for the research. By using SMART criteria (Specific, Measurable, Achievable, Relevant, Time-bound), researchers ensure clarity and attainability of their objectives, leading to successful

outcomes. In this background, the present study has set in tune multiple research objectives that are in line with the research gap identified from the literature review. Considering the diversity and orientation of subject matter, the present research study primarily aims to fulfil the following objectives:

- to assess the impact of National Health Mission on quality of health services in District Budgam;
- to analyze the role of Non-State Actors in implementation of National Health Mission in District Budgam;
- to identify the implementation challenges of National Health Mission in District Budgam; and
- to suggest measures for effective implementation of National Health Mission in District Budgam.

1.9. Research Questions

In line with the research objectives, research questions have been framed that a researcher is supposed to answer by means of primary and secondary data sources. Research questions are an integral part of research that defines the ultimate enquiry into the research area in a systematic manner. In this regard, following research questions have been set that will be answered at the end of this research:

- What are the circumstances that led to the development of National Health Mission?
- What is the role of Non-state actors in the health scenario in the UT of Jammu and Kashmir?
- What is the scope of National Health Mission as implemented in Jammu and Kashmir?
- What are the key implementation challenges of National Health Mission in District Budgam?
- What is the impact of National Health Mission on quality of health care services in District Budgam?
- What could be done for garnering greater efficiency in the health and nutrition scenario under the ambit of NHM in J&K?

1.10. Research Methodology

Introduction: Considering the nature of research and diversity in subject matter, it becomes important to adopt the appropriate research methodology and research techniques to fulfil the objectives of study. In this background, the present study had adopted both qualitative and quantitative techniques to garner an exploration into the subject matter. The nature of the study is descriptive, explorative, and analytical and follows the mixed method to analyze the collected data of the study.

Universe, Sample Size and Sampling technique: The universe of the study is Budgam district of Jammu and Kashmir. However, it is not possible to collect data from every healthcare institution of district; therefore District Hospital Budgam, three Community Healthcare Centers including CHC Chadoora, CHC Khansahib and CHC Beerwah and five Primary Healthcare Centers including: PHC Khag, PHC Hanjoora, PHC Rathson, PHC Soibugh and PHC Hardponzo have been selected for data collection. The sample was selected based on *Simple Random Sampling Technique (SRS)* and sample selection was made on the basis of Medico-patient proportionality in these health facilities. The prime reason for selecting District Budgam for sampling area is that no study has been undertaken to gauge and analyze the impact of NHM in Budgam district. Furthermore, Budgam district lies in the centre of urban area such as Srinagar and other rural areas of Pulwama and Baramulla districts. Moreover, the researcher belongs to Budgam district; thus issues pertaining to data collection could be minimized. Therefore, it would be quite interesting to analyze the impact of NHM from habitation perspective.

Sample size: Budgam district is the universe of the present study. The total sample selected for the study is 420 (In the view of *Krejcie & Morgan 1970:* if the population is approximately 10,00,000, the sample size should not be less than 384). For the purpose of the quantitative data, 400 respondents are selected based on convenience of researcher, where 100 belong to medical fraternity- doctors, paramedics and administrative wing (cleaners, gate-keepers and others) and 300 respondents include patients and the attendants. For the purpose of the qualitative data, 20 key respondents were selected for interview and discussion purpose. The sample size was distributed keeping in mind the geographical vastness, scattered pattern of population and rural-urban habitation. District Hospital Budgam was selected to analyze the role of NHM in quality health services at urban level and 3 CHCs were selected to discern the impact of NHM in the health services in semi-urban areas. All these three CHCs were selected from three geographical regions of district Budgam viz.

Khansahib, Beerwah and Chadoora. While as PHCs were selected to analyze the impact of healthcare measures and non-state actors in rural areas under the ambit of NHM. Therefore, the proportionality of sample size was selected keeping in view the proportionality of *Rural: Semi-Urban: Urban* Population. The breakdown of sample is presented below:

Table 1.1: Sample Size Break-up

Health Facility	Medical Staff	Patients	Total
District Hospital Budgam	20	50	70
CHC Chadoora	10	35	45
CHC Khan-Sahab	10	35	45
CHC Beerwah	10	30	40
PHC Khag	10	30	40
PHC Hanjoora	10	30	40
PHC Rathson	10	30	40
PHC Soibugh	10	30	40
PHC Hardponzu	10	30	40
Total	**100**	**300**	**400**

Out of Total 400 respondents (quantitative sample only), 100 have been selected from medical fraternity including doctors, paramedical staff, administrative officials and others of the health department from district Budgam. Other 300 respondents constitute the patients who were accompanied by attendants. From District Hospital Budgam 70 respondents were selected including 20 medical staff. In the similar fashion, 45 respondents from 2 CHCs and 40 from 1 CHC including 10 healthcare officials from each CHC. From each PHC 40 respondents were selected including 10 from healthcare fraternity. Thus, the proportionality of sample size is 25:75 (i.e. 25% medical fraternity and 75% patients cum attendants). Moreover, inclusivity of sample was maintained keeping in view the gender and age category of respondents. Also, all the respondents are above 18 years irrespective of gender, religion, habitation and occupation. The key respondents include Officials of Mission Directorate NHM, Chief Medical Officer Budgam (CMO) Block Medical Officers (BMOs), District Program Manager (DPM), Block Program Managers (BPM), Media Personnel, Better Life Society Soibugh and Markazi Bait-ul-Mal Daharmunah.

Types of Data: In the present research work, mix of primary as well as secondary data sources has been used to fulfil the objectives of the study. Primary data sources include data

collection from field, health department reports including NHM directorate office and Chief Medical Officer (CMO) Budgam. The secondary data has been collected from journals, newspapers, books and other published material. An extensive literature survey has been qualitatively explained by collecting secondary data. Primary data has been collected from 420 respondents including 20 key respondents having expertise in healthcare policy implementation, monitoring and other engagement.

Data Collection Tools: The primary data of the study was collected by means of quantitative and qualitative techniques. In the quantitative technique questionnaires were administered to 400 respondents including 100 medical professionals. Two separate questionnaires were prepared for medical fraternity and patients having different pattern of close ended questions. While as data from qualitative technique from 20 key respondents was collected by means of structured interview schedule. The interview schedule was designed in the diversified approach with open ended questions. Furthermore, a detailed discussion was held with key respondents with respect to the issues cum challenges associated with the quality health services under the ambit of NHM. Therefore, the data was analyzed from both quantitative and qualitative point of view. Quantitative data analysis had been undertaken under the realm of statistical methods such as frequency distribution, coding, tabulation, bar graph, pie chart etc. so as to reach to a significant conclusion depending upon accuracy, validity and size of data. While as qualitative data was analyzed under the appropriate themes that also frame the answers to the underlined questions in the chapter 1. The conclusions derived from primary cum secondary data analysis are purely based on the data analysis of the subject matter. No personal opinions and biased judgments were put in place.

Data Analysis and Data Presentation: The data based on primary and secondary sources has been analyzed and presented under appropriate themes and tabulations. In addition, the primary data collected by means of questionnaire has been presented in visualized form in the form of tables and charts that makes it easier for the reader to attain an insight into the data. The data collected by means of interview from key respondents has been presented under suitable headings accordingly. The secondary data based on statistics has been presented under appropriate themes for deriving the precise inferences from the subject matter. The primary data was analyzed manually using simple percentile method.

Chapterization: Considering the magnitude of the research and diversity of subject matter, the study has been divided into six chapters. All the chapters are in synchronization with one

another and there is interrelationship between the chapters. Accordingly, the six chapters are presented as under:

- Chapter 1 is titled as "**Introduction**" where basic aspects of the research including theoretical perspective, extensive review of literature and research gap followed by research objectives, research questions and research methodology
- Chapter 2 is titled as **"Health Sector of Jammu and Kashmir: Issues and Challenges**". In this chapter an extensive exploration into the health sector of J&K has been presented followed by challenges.
- Chapter 3 is titled as "**National Health Mission: Implementation and Challenges in Jammu and Kashmir**". In this chapter a detailed analysis of NHM has been undertaken including need, implementation and challenges associated with NHM in J&K.
- Chapter 4 is titled as **"Role of Non-State Actors in Healthcare Sector of Jammu and Kashmir"**. In this chapter role of non-state actors including media, NGO's and other stakeholders has been presented.
- Chapter 5 is titled as **"Analysis of National Health Mission in District Budgam of Jammu and Kashmir"**. In this chapter, the primary data analysis from medical fraternity and respondents (patients/attendants) has been presented and analyzed under appropriate themes.
- Chapter 6 is titled as "**Findings, Conclusion and Suggestions**". In this chapter, the findings of the study have been summarized followed by suggestions and limitations of the study.

1.11. Scope of the Research Study

The scope of present research study lies in analysing implementation challenges and impact of National Health Policies in providing optimum public health services through assessment of National Health Mission in District Budgam of Jammu and Kashmir. Along with it, an analysis of implementation challenges, role of non-state actors and impact on quality of health care services have been discussed. The study makes use of holistic approach to provide valuable inputs about its effectiveness and provide suggestions for augmentation of public health facilities apart from providing new insights of knowledge about Health Planning, Welfare Administration and Public Policy facilitating quality research publications and increasing knowledge base of Public Administration discipline. The research study will

also enable comparative studies in health administration and public policy by facilitating new insights into regional disparities in adoption of National Health Mission. The significance of the proposed study also lies in the fact that despite technological advancement in 21st century, humanity is still faced with emerging health concerns like COVID-19 pandemic which has led to growing global concern about renewed research to augment Public Health Care facilities.

1.12. Conclusion

Public Health is recognized as an important agenda of the governments of respective country including India. The United Nations Organizations have prepared the Framework for Sustainable Development. There are 17 Sustainable Development Goals (SDGs) shortlisted and to be achieved together and "*Good Health and Well Being*" is one of them. India has already responded and taken steps in the form of launching ambitious flagship program of "National Health Mission." Though objective sounds good, the overall efficiency and effectiveness can be much better. It's not only the government responsible for the current progress. All the stakeholders such as institutions (schools, medical colleges), research and development departments, national/state laboratories, associations of doctors and nurses, ASHA workers, Panchayat Raj institutions, Non-State Actors and local communities should join the hands voluntarily and whole-heartedly to free the citizens from various diseases for healthy society.

The World Health Organization published its World Health Statistics to 2020. The report reveals that in 2020, which is first year of COVID-19 Pandemic, there were 4.5 million excess deaths. The statistics reveal that pandemic has affected the health systems worldwide leading to the curtailing of access to vital services in health system. These disturbances are likely to set back the worldwide progress of both life expectancy and health life expectancy made in the first two decades of the century. The global life expectancy at birth had a great increase from 66.8 years in 2000 to 73.3 years in 2019 and similarly healthy life expectancy at birth had increase of 58.3 years in 2000 to 63.7 years in 2019 and this was definitely due to maternal and child health care gains, success in improving the communicable disease programs such as Tuberculosis, HIV and malaria. But the 2020 data reveals that the service disruptions due to COVID-19 pandemic resulted in the increase of deaths due to Tuberculosis and malaria between 2019 and 2020.

CHAPTER 2

HEALTH SECTOR OF JAMMU AND KASHMIR: ISSUES AND CHALLENGES

CHAPTER 2

HEALTH SECTOR OF JAMMU AND KASHMIR: ISSUES AND CHALLENGES

2.1. Introduction

Previous chapter has presented an exploration into basic framework of research in context to present study. A brief account of review of literature has been presented and the gaps have been explored thereby. In view of research gap identification, the objectives of study followed by research questions have been cemented. To fulfil the stated set of objectives appropriate research methodology has been adopted in this research. The key outcomes of the previous chapter have outlined that healthcare services are integral to the human development. Access to quality healthcare plays an important role in quality life including better life expectancy, mortality rates and management of diseases. To bring greater efficiency and universality, it is important to include all the stakeholders into the realm of healthcare service delivery. In this background, the present chapter will explore the healthcare sector of Jammu and Kashmir and the challenges thereby will be analyzed.

Kashmir is known as a heaven on earth is the home to one of the world's oldest cultures with a rich cultural and historical legacy. Kashmir has always been a remarkable mixing bowl of ethnicities and ideologies. The Sufi and Rishi religious orders greatly influenced the Kashmiri ethos. Jammu & Kashmir is the northern part having amazing beauty and located at an elevation of 1800 meters above sea level. It has four seasons, spring, summer, autumn, and winter having diverse set of recreational and tourist attractions. Jammu and Kashmir is divided into two regions: Jammu region and Kashmir region; each having 10 districts. Both the regions are rich in religious contexts, natural landscapes, and cultural diversity. Considering the case of Kashmir Valley, it is encircled by densely wooded hills, streams, lakes, and farmland. Jammu is known for its highlands and the magnificent hillside shrine of Mata Vaishno Devi. Both the administrative regions are self-sufficient in terms economy and the occupation and population varies from region to region.

According to census 2011, Jammu and Kashmir is the home to 1.25 crore population distributed across urban and rural areas. Government has adopted the inclusive approach to offer socio-economic services to all people irrespective of terrain and location. In the similar fashion, to bring uniformity and inclusivity in healthcare sector, Government has established a

well-structured healthcare infrastructure. In this context, the present chapter will explore the healthcare sector of Jammu and Kashmir. Keeping in view the magnitude of research, the subject matter will be presented under themes keeping in mind the coherency and synchronization of content.

2.2. Understanding Healthcare

Healthcare, sometimes known as health coverage, is the process of improving people's health through the prevention, diagnosis, treatment, amelioration, or treatment of disease, sickness, trauma, and other mental and physical disabilities. In other words, healthcare refers to the prevention, diagnosis, treatment and management of illness or disease to maintain the wellbeing of individual populations. Healthcare services are being provided by different healthcare facilities that range from primary care to tertiary one. The prime objective of the healthcare is to ensure optimal physical, mental and social wellbeing of people and communities thereby. Health professionals and allied health institutions are entrusted to provide healthcare to the people at large. Healthcare includes surgery, medicine, childbirth, counseling, ophthalmology, hearing, psychotherapy, physiotherapy, athletic training, and other health sciences. It covers work in primary care, secondary care, and tertiary care, as well as public health. Physical health leads to a balanced mind, which is vital for a nation's growth and development *(IMS Health Institute, 2012).*

Economically powerful nations have emphasized upon the establishment and maintenance of a competent and effective healthcare sector. Healthcare for their subjects is as important to their development as other sections of their business. There are several healthcare elements; Pollution-free air habitat, contamination-free drinkable water, cleanliness, and drainage systems, sustainably generated food ingredients, and so on are among them. A hospital is a healthcare facility that offers patients with skilled medical nursing staff and medical equipment. The highest form of the institution is one that has an emergency department to handle immediate health complications varying from burns and suffered severe injuries to severe ailments such as heart attacks. Hospitals are typically supported by the government, health organizations (for-profit or nonprofit), medical insurance organizations, or organizations, including individual humanitarian contributions. A hospital is a healthcare facility that offers patients with skilled medical nursing staff and medical equipment. Moreover, the role of government in providing affordable healthcare to public is integral to the development of robust healthcare system in the country *(Kasthuri, A., 2018).*

Table 2.1: Healthcare Expenditure to GDP in the Year 2021

Country	Healthcare Expenditure to GDP in 2021
USA	17.8%
Germany	12.8%
France	12.4%
UK	11.9%
Switzerland	11.8%
Canada	11.7%
Japan	11.1%
Australia	10.6%
Norway	10.1%
South Africa	9.1%
Israel	8.1%
China	5.3%
Turkey	4.6%
India	3%

Source: World Bank 2022

The phrase "Health is wealth" has been around for a very long time. We have been hearing "Gareebi-Hatao" slogans for many years, but there is no slogan like "Beemari-Hatao." India's failing healthcare system was made public by COVID. India spends the least on healthcare, with just 3% of GDP, compared to the USA's 17% and France's, and Germany's approximately 14%, and even BRICS countries' significantly higher percentages *(World Bank, 2022)*. Only 8.5 beds, 8 doctors for every 10,000 people, and a severe lack of even life-saving oxygen tell volumes about the appalling state of healthcare in India. Providing healthcare for 1.4 billion individuals is challenging**.** Although Kashmir has a modest advantage over Jammu in this regard due to SKIMS, a separate Bones and Joint Hospital, and a Maternity Hospital, it is no better than the rest of India. However, Kashmir's health services were significantly hampered by the 2014 floods. The government may claim that there are 7 new medical colleges, 2 AIIMS, 2 State Cancer Institutes, 2 Bone and Joint hospitals, and more than 300 health infrastructure projects in the works, but the fact that Jammu Division

only has one 22-year-old 1.5 Tesla MRI machine, speaks volumes about the state of the region's healthcare system. The reality of healthcare is months of waiting times for minor procedures, a severe lack of specialists, an overworked GMC Jammu, and one principal overseeing too many hospitals *(Bashir, R., 2023)*.

Ayushman Bharat Pradhan Mantri Jan Arogaya Yojna (AB- PMJAY), which was started in 2017 and promises to leave no one behind, demonstrates that the Government of India is cognizant of the situation. A thorough, need-based healthcare system has been attempted with this. The intention was to expand access to healthcare beyond just public hospitals to private ones as well. It is extremely encouraging that the neediest people receive free, quick medical care in both private and government hospitals. One simply must enter with an Ayushman Bharat card. The fact that 4 districts in Jammu and Kashmir have 100% coverage of the people and another 4 have 98 percent coverage under Ayushman Bharat is certainly a success. Since this service has been brought under *Public Services Guarantee Act* (PSGA), genuine attempts are being made in the other 12 districts to serve the entire population. Jammu and Kashmir is ranked sixth overall in NITI Ayog's Health Index list of major UTs. The implementation of e-SAHAJ, SEHAT, Tele-MANHAS, and other initiatives has given the UT healthcare system new life. The healthcare network, particularly those in rural areas, has a considerable amount of room for development. Only patients admitted to government hospitals are eligible for free radio diagnosis services; all other services, including those provided to Ayushman Card members in OPD, are payable separately. Ayushman Bharat does not cover standard OPD services *(Bashir, R., 2023)*.

2.3. Healthcare Sector in Jammu &Kashmir

Healthcare services in the UT of Jammu and Kashmir are crucial for developing human resources as well as rebuilding public confidence in governmental institutions. The primary focus of these services is the provision of primary, secondary, and tertiary-level preventative, promotional, and rehabilitative healthcare services. The outdated healthcare system that was left over from the time of independence has undergone significant modifications to create the UT's advanced network of healthcare delivery system. At first, it appeared that the UT's population had a terrible state of health as a result of the development of multiple diseases that caused mortality and morbidity. Particularly concerning women and children, this was true. Lack of funding, a shortage of technical manpower, and poor health facilities were the main obstacles to improve the health status of the public. Therefore, in the

year 1983, the Indian government announced the *National Health Policy* to revitalize the overall healthcare sector and realizes the goals of "*Health for All" (Mir & Bhat, 2018).*

In response to central government, the State government has initiated some programs and projects so that health and medical services could reach to the underprivileged and progressively accomplish the goals and objectives established by the national health policy. As a result, there was some improvement in the population's health. In terms of delivering health and medical services to the people the Jammu and Kashmir UT administration has done quite well, however, the level remains below satisfactory. The availability of hospitals, dispensaries, and doctors can be used to assess the state's success in developing its health infrastructure. In 2010–11, there were 3,972 health institutions, including 115 District/Sub District Hospitals, 259 Allopathic, 457 Unani and 11 TB Centers, 412 Public Health Centers, 460 Medical AIDS and Mobile Units, 2081 Family Planning Centers and Sub-Centers, and 55 Leprosy Sub-Centers and Leprosy Control Units.

The State's Health Sector in Jammu and Kashmir is a public-private partnership between the state government and private businesses. The state government manages the health-care delivery mechanism in J&K. Due to economic, meteorological, cultural, state policy decisions, and political leanings in terms of objectives of different provinces, there are significant local variations in the distribution of health and healthcare services. Complementary to the government-organized healthcare system, there are several private enterprises serving the people's needs in the state. Health and disease levels vary regionally and across time. In the early modern era, there is a universal acceptance of the need to understand the spatial dimensions of human health. Health is a fundamental human right that is essential to the idea of quality of life. Healthcare is a system of services that ought to provide all healthcare and service providers needed to help and sustain people's health. The participation of healthcare institutions in healthcare arena can be assessed by the number of doctors, paramedics, technical facilities, supply of beds, equipment, and so on.

In the above context, the Union Territory of Jammu and Kashmir has made significant advancements in the health sector over the years, with stronger parameters than the equivalent state median on a variety of fronts, even as the patient load on health institutions has increased dramatically. According to health department data repository, Jammu & Kashmir has reduced the Child Mortality Rate (IMR) by eight points in a single year, from 34 to 26, the highest among all states, and the Total Fertility Rate (TFR) has also reduced from 1.7 to

1.6 in 2016-17. According to *National Family Health Survey (NFHS)* results, mother and child health indicators in J&K State improved in (2016-17) and are now equivalent to the state median. The program *National Health Mission (NHM)* has enhanced health services in some far-flung areas and isolated parts of Jammu and Kashmir State by offering supplementary medical and paramedical professionals. The total number of both private and public hospitals in the state of Jammu and Kashmir is 5,534. Hospital bed capacity has increased to 9,339 due to the addition of fresh infrastructure building and expanded housing over or next to current facilities. Furthermore, the patient burden on public health institutions has considerably improved over time. However, the doctor-patient ratio in J&K State is 1:1658 against the World Health Organization's (WHO's) recommended norm of 1:1000. Healthcare facilities include three Medical College Hospitals (two in Jammu and one in Srinagar) and one government hospital in each of the UT's districts. There are some private medical colleges, nursing homes and medical centers in the private sector that serves patients with small diseases at a high cost. Patients with chronic and dangerous diseases are more likely to receive treatment at public hospitals, especially those affiliated with medical schools, as they are well-equipped and have skilled medical experts with competence in their disciplines in hand to treat patients.

Table 2.2: UTs Overall Performance: Composite Index Score and Rank

UT	Base Year Rank (2018-19)/Composite Index	Reference Year Rank (2019-20)/ Composite Index	Change: +/-
Chandigarh	1 (73.38)	2 (62.53)	-10.85
Dadra and Nagar Haveli& Daman & Diu	2 (69.72)	1 (66.19)	-3.53
Puducherry	3 (49.26)	4 (50.83)	+1.57
Andaman &Nicobar	4 (44.59)	7 (44.74)	+0.15
Lakshadweep	5 (44.16)	3 (51.88)	+7.72
Delhi	6 (40.17)	5 (49.85)	+9.68
Jammu &Kashmir	7 (37.44)	6 (47.00)	+9.56

Source: *NITI Aayog, Health Index, Report IV (2019-20)*

According to the NITI Aayog's 2019-2020 Health Index, the union territory of Jammu and Kashmir has witnessed a positive development. In the base year 2018-19, the composite index score of J&K was 37.44 and the rank was 7 among the above stated UTs. However, the reference year 2019-20 has witnessed a remarkable change in composite index and rank of J&K among all the UTs. According to the score, the composite index score for J&K in 2019-2020 was 47 and the rank was 6 among all the UTs. Therefore, there is a positive change in terms of composite index and a change of +9.56 composite score was recorded. J&K and Delhi were the only two UTs who have witnessed the positive change in composite index above 9 from base year (2018-19) to reference year (2019-20). Therefore, it can be inferred from above statistics that Jammu and Kashmir is performing well in health parameters and is taking a lead to garner greater efficiency in the cost-effective and accessible healthcare delivery services. More among the categorization of 'Least Performers' and 'Aspirants', Delhi, J&K and Lakshadweep fall in the category of 'Aspirant' UTs. While as none of the UT has made it to the category of 'Achievers' *(NITI Aayog, 2019-20 Health Index)*.

2.4. Hierarchical Healthcare sector in Jammu and Kashmir

The union territory of Jammu and Kashmir is inhabited with diverse set of populations in the scattered pattern. Majority of the populations are living in rural areas surrounded by green lush meadows, snowcapped mountains and fresh water streams. The welfare model adopted by the government primarily aims to provide basic services including healthcare to the people. The healthcare services provided to people should be cost-effective and accessible in real time. Considering the spatial pattern of J&K populace, the government has adopted the hierarchal system of administering the healthcare services to the people. Accordingly, a three tier healthcare approach has been adopted where the categorization of health centers/facilities was undertaken on the basis of services availability subjected to infrastructure and geographical factors: The three tier system of healthcare infrastructure is stated below:

- Primary Healthcare sector
- Secondary Healthcare sector
- Tertiary Healthcare sector

Primary Healthcare: It refers to the first point of contact between people and their families with the healthcare system. In accordance with the *Alma Atta Declaration of 1978*, there are certain basic healthcare facilities that have been kept under the shadow of primary healthcare.

These basic healthcare services include family planning, prevention of endemic diseases, immunization, treatment of common diseases or injuries, the provision of essential facilities, health education, the provision of food and nutrition. The other basic services include care for mothers and children. In the Indian context, primary healthcare is delivered through a network of Primary Health Centers and Sub-Centers in rural regions, and Health Posts and Family Welfare Centers in urban areas *(Bodha, I., 2017)*.

The Sub-Center, which has one Auxiliary Nurse Midwife and one Multipurpose Health Worker, provides services to 3,000 people in mountainous and tribal areas and 5,000 people in the plains. Every 20,000 people in mountainous, tribal, and underdeveloped areas as well as every 30,000 people in the plains are served by the Primary Health Center (PHC), which is staffed by medical officers and other paramedical professionals. Each PHC is responsible for six Sub-centers. According to NHM statistics, there are a total of 214 PHCs in Kashmir region and 169 PHCs in Jammu region. Moreover, there are 855 Sub-centers in Kashmir region and 959 Sub-centers in Jammu region. These PHCs and Sub-centers have been entrusted with the responsibility to provide basic healthcare services to people at large. In J&K these PHCs and Sub-centers have presence in every remote location irrespective of geographical terrain and other challenges.

Secondary Healthcare: It refers to second tier of healthcare where the patients from primary healthcare are referred for specific treatment. In this healthcare system, the facilities are quite advanced in terms specialization and infrastructure. There is wide array of medical specialists as compared to primary healthcare and the diagnostic facilities are quite impressive as compared to first tier healthcare. In the Indian context, DHs (District Hospitals) and CHCs (Community Health Centers) follow under the ambit of secondary healthcare. In the UT of Jammu and Kashmir, there are 20 District Hospitals: i.e. each district has one district level hospital that acts as an apex healthcare unit at district level. Furthermore, there are 77 Community Healthcare Centers across J&K that are spread across different locations in J&K. These CHCs have primarily presence at sub-district or block level.

Tertiary Healthcare: It refers to the third tier of health system where the specialized consultative care is provided mostly on referral from primary and secondary level healthcare. There is huge scope for multitude of services including advanced diagnostic facilities, specialized ICUs (Intensive Care Units) and specialized and experience medical specialists. In context to India, the tertiary healthcare is being provided by medical colleges and advanced

medical research institutes. Below is the list of some prominent tertiary healthcare institutions in J&K:

- Sher-i-Kashmir Institute of Medical Sciences, Soura, Srinagar: This is the most premier medical institution in J&K. It provides the advanced treatment in serious medical conditions including cancer, TB and other diseases. The medical institute holds the prominence position for being the advance medical treatment center in J&K.
- Chest and Infectious Diseases Hospital, Srinagar provides 24x7 healthcare services related to chest and infectious diseases. During the COVID-19 pandemic, this hospital served as the nodal agency to take care of COVID infected patients.
- Child Care Hospital, Bemina Srinagar: Specialization in Child care and child related ailments are being provided in 24x7 modes. This hospital works as an apex resort to child related diseases and most experience child specialists are working round the clock.
- Bone and Joint Hospital, Barzulla Srinagar: This hospital provides the advanced treatment in bone related defects. This is the premier institution to provide orthopedic services to the people.
- There are seven Government Medical Colleges (GMCs) in J&K namely: GMC Srinagar, GMC Jammu, GMC Anantnag, GMC Baramulla, GMC Doda, GMC Kathua and GMC Rajouri.
- Sri Mahraja Hari Singh (SMHS): is a tertiary care hospital that offers advance medicaltreatment and emergency medical services to patients. SMHS lies at the center at providing critical care services to people of Kashmir region.
- Sri Maharaja Gulab Singh (SMGS) Hospital: In the year 1940, Maharaja Hari Singh established this hospital to supply acceptable and superior medical assistance to the population of Jammu. SMGS offer critical care services on the lines of SMHS and caters the need of population of Jammu region.
- Acharya Shri Chander College of Medical Sciences and Hospital (ASCOMS), Jammu is a private medical college founded in the year 1996. ASCOMAS College andTraining Hospital is positioned about 8 kilometers from the center of Jammu City on abeautiful hill slope above the Tawi River.
- Two newly under construction All India Institute of Medical Science (AIIMS) at Awantipora and Samba at the cost of Rs. 2,000 crore each. There medical

institutions are aimed to expanding the accessibility of healthcare basket to people and bring theefficiency and uniformity in providing healthcare services.

Table 2.3: Healthcare Institutional Mechanism in Kashmir

S.No.	Name of District	DHs	CHCs	PHCs	NTPHC	MAC	SC	New SCs	Total
1	Anantnag	1	5	26	14	9	114	36	205
2	Bandipora	1	3	8	5	3	42	36	98
3	Baramulla	1	6	33	21	12	125	82	280
4	Budgam	1	9	40	10	4	110	45	219
5	Ganderbal	1	1	15	4	1	42	21	85
6	Kulgam	1	3	19	9	9	82	42	165
7	Kupwara	1	7	33	6	42	154	63	306
8	Pulwama	1	3	20	16	4	85	18	147
9	Shopian	1	2	6	9	7	40	15	94
10	Srinagar	1	1	14	15	2	61	0	115
Total		**10**	**40**	**214**	**104**	**93**	**855**	**358**	**1674**

Source: JK-NHM Official Website (Year 2023)

To streamline the healthcare operations in the erstwhile state of Jammu and Kashmir, the government has taken a lead to establish out or ordinary healthcare facilities in J&K. Moreover, to focus upon universality and accessibility of healthcare in J&K, healthcare institutions have been established at every nook of region. Focus has been laid upon village level, block level and district level. At the grassroots level, Sub-centers and Primary healthcare centers have been established. In the recent times, the technologically laden and modernized New Type PHCs (NTPHC) and New Type Sub Centers (NTSC) have been established. In every district of Kashmir region, one district hospital has been established at district level supported by Community Healthcare Centers (CHCs), Primary Healthcare Centers (PHCs) and Sub-Centers (SCs). In this regard, a total of ten district hospitals, 40

CHCs, 214 PHCs, 104 NTPHCs, 93 Medical Aid Centers (MACs), 855 SCs and 358 NTSC exist in Kashmir region. The diverse set of healthcare facilities has been established considering the population, geography and healthcare demands in the region. Moreover, according to NHM, the larger set of healthcare institutions is the positive intervention to bring universal and accessible healthcare facilities to people.

Table 2.4: Healthcare Institutional Mechanism in Jammu

S.No.	Name of District	DHs	CHCs	PHCs	NTPHC	MAC	SC	New SCs	Total
1	Doda	1	3	13	20	30	75	69	211
2	Jammu	1	8	33	12	10	193	29	286
3	Kathua	1	5	24	11	12	136	54	243
4	Kishtwar	1	1	7	9	18	39	36	111
5	Poonch	1	3	17	15	10	102	37	185
6	Rajouri	1	7	22	15	11	140	70	266
7	Ramban	1	3	9	10	15	39	39	116
8	Reasi	1	2	12	10	9	64	39	137
9	Samba	1	3	11	2	3	74	13	107
10	Udhampur	1	2	21	14	15	97	44	194
Total		**10**	**37**	**169**	**118**	**133**	**959**	**430**	**1856**

Source: JK-NHM Official Website (Year 2023)

National Health Mission envisions ensuring equitable, quality and affordable healthcare. The healthcare envisioned under NHM should be accountable and responsive to the people's needs. Therefore, to bring uniformity in healthcare facilities between the Jammu region and Kashmir region, inclusive healthcare approach has been established. Both the regions host diverse set of healthcare institutions that cater the needs of people on cost effective and real time mode. In line with healthcare facilities in Kashmir region, the healthcare institutions in Jammu region are quite similar. Jammu region hosts ten districts where medical facilities have been made available to people in every nook of the region.

Primarily in every district, there is a district hospital followed by other healthcare facilities for medical treatment. According to the statistics of NHM, there is a total of 1856 healthcare institutions/facilities in Kashmir region. At the primary level, there are 959 Sub centers and 430 New Type SCs. While as there are 37 CHCs, 169 PHCs and 118 New Type PHCs. In addition, there are 133 Medical Aid Centers that cater the basic healthcare needs of public.

Table 2.5: Healthcare Institutions in J&K

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

Source: JK-NHM Official Website (Year 2023)

National Health Mission has outlined that there are diverse healthcare facilities in J&K that provide cost-effective and accessible healthcare services to people. Other than tertiary healthcare facilities, there are other healthcare facilities/institutions that cater the diverse healthcare needs of people. The services provided under these medical facilities have been presented below:

- Sub-Center and New Type Sub-Center: There are 1,814 SCs and 788 NTSCs in J&K. These sub-centers provide preventive, promotive and few curative healthcare services to public. They lie at the grass-root level and play a pivotal role in immunization and other basic healthcare services.
- Medical Aid Centers: Also known as '*First Aid Centers*' are being established at critical junctures including educational institutions, tourist spots, sports facilities and other avenues. There are 226 MACs in J&K that provide basic medical services to people based in those avenues.
- PHC & NTPHC: PHCs are first point of medical contact in case of any medical emergency. There are 383 PHCs and 222 NTPHCs that provide basic medical servicesincluding maternal and preventive care.
- Community Healthcare Centers: CHCs are advanced medical facilities than PHCs. There are 77 CHCs in J&K who provide better and extensive medical services.

- District Hospital: It is termed as the last resort for preventive and curative healthcare. There are total 20 DHs in J&K that provide extensive healthcare facilities including child and maternity, emergency and other specialized diagnostic facilities.

2.5. Health Index Report of NITI Aayog (2019-20): An Analysis of J&K

Table 2.6: Analysis of Health Index Report of J&K(NITI Aayog:2019-20)

Component	Value	Comments
Composite Index	47	Aspirant State Category
Immunization Coverage	100% in BY and 100% in RY	Performed Well
Institutional Deliveries	90.14% in BY & 86.48% in RY	Decline in Institutional Deliveries
TB Treatment Success Rate	77.70% in BY & 83.81% in RY	Increase in Treatment of TB
Average Occupancy CMOs	13.94 Months in BY & 15.05 Months in RY	Increase on Occupancy means better Governance
Shortfall of Nurses at PHCs/CHCs Etc.	65.03% in BY & 65.03% in RY	There is no change in Nursing Staff
Shortfall of Specialist	22.58% in BY & 33.41% in RY	Increase in Shortfall of Healthcare Specialists
DH with Kayakalp Score of >70%	20.00% in BY & 25.00% in RY	Meagre Increase in DHs with Kayakalp Score
PHCs with Kayakalp Score of >70%	0.98% in BY & 2.17% in RY	Meagre Increase in PHCs with Kayakalp Score
Level of Death Registration	59.90% BY & 66.70% in RY	Increase in Death Registration

Source: NITI Aayog (2019-20 Report)

National Institution for Transforming India (NITI) Aayog serves as the apex policy think tank of India tasked with catalysing the economic development and fostering the cooperative federalism in India. NITI Aayog replaced erstwhile Planning Commission in the year 2015 for creating an inclusive development in line with the Sustainable Development Goals (SDGs) and promote competitive and cooperation between the states. In the realm of healthcare, NITI Aayog publishes annual report on status of healthcare across states and UTs of India since the year 2017. The '*State Health Index*' published by NITI Aayog is an annual tool to evaluate the performance of states and UTs. The index is the composite index based on 24 health indicators grouped under three domains: Health Outcomes, Governance and Information and Key Inputs/Processes. In this regard, the present section has presented an exploration and analysis of Health Index Report of J&K (NITI Aayog: 2019-20). The key findings related to UT of Jammu and Kashmir have been presented under appropriate themes as presented below:

- Aspirant Category UT: The UT of Jammu and Kashmir lies in the aspirant category. Aspirant category signifies that J&K has followed the positive track to revitalize and restructure the healthcare system.
- Immunization Status: Immunization is the process of giving a vaccine to a person to protect them against disease. In the case of immunization coverage, J&K occupies the central stage as there is 100% immunization coverage in the Reference Year (2019). Moreover, the status of immunization in Jammu and Kashmir in the Base Year (2018-19) was also attributed as 100%.
- Institutional Deliveries: Institutional delivery means giving birth to children in a medical institution under the supervision or competent and qualified medical personnel. In the year 2018-19, the percentage of institutional deliveries in J&K was 90.14%: while as the same has declined to 86.48% in the year 2019-20. Therefore, there is decline in institutional births in J&K that demands the timely intervention.
- TB Treatment: Tuberculosis (TB) is an infectious disease which affects the lungs and is caused by bacteria. The diseases spreads through air, therefore it needs timely treatment for prevention of spread. According to the NITI Aayog report, the TB treatment rate in Base Year (2018-19) was 77.70% and it improved to 83.81% in Reference Year (2019-20). Therefore, the rate in treating TB patients has improved significantly in J&K and it leads among UTs to successfully treat the TB patients.

- Average Occupancy CMOs: To streamline the operations of healthcare institutions/facilities, it becomes important to put in place an appropriate governance mechanism. Chief Medical Officer (CMO) is the highest medical official in a district who supervises and monitors the healthcare facilities in J&K. The average occupancy of CMOs in Jammu and Kashmir in base year (2018-19) was 13.94 months and same has improved to 15.05 months in reference year (2019-20).
- Shortfall of Nurses at PHCs/CHCs Etc.: Nursing staff holds the prominent position in administering and treating the patients. According to NITI Aayog index report; there is shortfall of 65.03% of nursing staff in PHCs, CHCs and other healthcare facilities. There is no change in bridging the human resources gaps in the base year (2018) and the reference year (2019-20).
- Shortfall of Specialist: The NITI Aayog Human Index report 2019-20 has outlined that shortfall of specialist has increased from 22.58% in base year (2018-19) to 33.41% in reference year (2019-20). Therefore, it would be quite appropriate to say that dearth of specialists adds hardships to the patients.
- District Hospitals with Kayakalp Score of >70%: Kayakalp score is an initiative of MoHFW under Swachh Bharat Mission (SBM) to promote cleanliness and improve the quality of healthcare facilities in India. Healthcare facilities with score above 70% are eligible to receive the award. In this regard, the data has outlined that only 25% of District Hospitals in J&K have Kayakalp score above >70% in reference year (2019-20). However, the figure is somewhat appreciable as Kayakalp score above >70% in base year (2018-19) was 20% only. Therefore, District Hospitals are taking lead to improve their hygienic profile.
- PHCs with Kayakalp Score of >70%: Of all the PHCs, only 2.17% of PHCs have Kayakalp Score of >70% in reference year (2019-20) which is quite nominal increase from 0.98% base year (2018-19). Therefore, it can be inferred that PHCs are lagging behind in terms of cleanness and hygiene.
- Level of Death Registration: The record of deaths and births hold greater importance for the policy makers. In this context, it becomes important that all the births and deaths should be recorded. In this context, the index has outlined that there is meager increase in registration of deaths in J&K. In the reference year (2019-20) only 66.70% of deaths have been registered: while as the base year has registered 59.90% of deaths. Therefore, there is an increase in registration of deaths from base year to reference

year. Moreover, the ground level staff should play a role to record the deaths in real time.

2.6. Issues & Challenges in J&K Healthcare

The unique features and a strategic location of Jammu and Kashmir encompass the speedy developmental needs of people in an integrated approach. Resonate policy and good governance can lead the union territory to a faster developmental path. Jammu and Kashmir government has adopted the inclusive governance approach in socio-economic developmental avenues in the state. In terms of healthcare, there is multitude of policy measures that have been undertaken to improve the healthcare scenario. Furthermore, to bring the gaps in healthcare, the infrastructure has been revitalized and accessibility and affordability has been given primary. Despite a pool of policy measures and revitalized healthcare infrastructure, there are many challenges associated with the healthcare sector of Jammu and Kashmir. These challenges are presented as under:

- According to NITI Aayog's 2019-20 Health Index, none of UTs makes it to the category of achievers. The core areas where J&K and other UTs need to focus upon includes ANC registrations, TB treatment, quality accreditation of health facilities and certification of district hospitals and CHCs under *LaQshya*.
- The Government run hospitals in Jammu and Kashmir are struggling to maintain their standards in offering health services. These hospitals witness's poor conditions in terms of infrastructure including beds, hygiene and negligent behavior of medical fraternity *(Bodha, 2017).*
- According to *Tabish*, the healthcare sector of J&K is overloaded as 91% of patient load lies on public sector as compared to 48% at national level. There is dearth of appropriate number of PHCs, CHCs and other institutions. Therefore, the over crowdedness in medical institutions limits the scope for quality and hygienic healthcare facilities in J&K *(Tabish, 2018)*.
- Low population density, difficult terrain (issues of accessibility), limited footprints of private sector and NGOs have further limited the scope of healthcare operations in J&K. Moreover, the sad political sphere of J&K has further affected the healthcare facilities in J&K *(Tabish, 2018).*
- The issues pertaining to limited hospital infrastructure, including the buildings, rooms, technology, and newest biomedical equipment (such as CT scanners,

ultrasound devices, X-ray machines, Auto-Analyzers, etc.) are looming in sad stage. Also, the issue of skilled and experienced labour shortage needs to be addressed. The shortage of appropriate manpower limits the accessibility of affordable healthcare facilities *(Tabish, 2018)*.

- Moreover, the minimal hygienic focus in District Hospitals, PHCs and other healthcare facilities present the sad stage of J&K healthcare. According to NITI Aayog's 2019-20 health Index only 25% of District Hospitals and meager 2% of PHC have been accorded Kayakalp certification.
- The healthcare state of J&K is poor in terms of accessibility to marginalized communities. In terms of geographical remoteness, the tribal communities found it difficult to access the healthcare facility. The healthcare facilities in these tribal areas are insufficient and inaccessible: thus issues of inequality persist. Thus to fulfill the healthcare demands of the marginal communities' development of physical health infrastructure if paramount *(Kaur et al., 2023)*.
- The COVID-19 pandemic has exposed the sad state of healthcare of Jammu and Kashmir. The response to pandemic was slow or off-track to deal with the rising COVID-19 cases. The major challenges that hinder the smooth conduct and treatment of COVID-19 include non-availability of appropriate testing facilities. Therefore, it would not be feasible to provide preventive care to patients/people and fulfill the pledge of Sustainable Development Goals (SDGs) without robust and modernized diagnostic facilities *(Rising Kashmir: Online 18th July 2020)*.
- Women in healthcare are still subjected to discrimination and still in question. The low Doctor-Patient ratio has contributed to the poor health outcomes of women in J&K. The shortage of specialists in CHCs and other healthcare facilities adds burden upon tertiary care institutions including *Lal Ded Maternity Hospital*. This burden of tertiary care hospitals becomes a potential factor to compromise the quality of treatment and healthcare services *(Singh, S., 2022)*.
- Furthermore, lack of doctor patient ratio, issues pertaining to ASHAs, societal stigma further add hardships to the healthcare issues of women patients. Therefore, these challenges need to be worked out so that uniformity and accessibility could be maintained in delivering quality based healthcare services *(Singh, S., 2022)*.

2.7. Conclusion

Jammu and Kashmir has taken a lead to revitalize the healthcare scenario in the state. There are various stratums of healthcare where the government has invested and focused upon. These tier system healthcare institutions have been established keeping in focus the affordability and accessibility variables of common people and vulnerable population at large. However, there are certain inherent loopholes that limit that the scope of affordable and cost effective healthcare in J&K. Therefore, to improve the healthcare scenario in J&K, a programme for the development of scientific human resources must be given great attention. While recruiting technicians, nurses, and other staff, qualifications and experience must be taken into account. Patients should be cared for by nurses and paramedics who are suitably qualified, not by untrained individuals. Moreover, the issues pertaining to shortage of skilled manpower should be addressed. Medical facilities should be provided in district and Sub-District hospitals under the shadow of 24x7 delivery mechanisms. Functional Emergency Departments (Casualty wards) should be set up at all the district hospitals. A sound policy framework and good governance approach should be adopted for garnering greater efficiency in the healthcare sector.

CHAPTER 3

NATIONAL HEALTH MISSION: IMPLEMENTATION AND CHALLENGES IN JAMMU AND KASHMIR

CHAPTER 3

NATIONAL HEALTH MISSION: IMPLEMENTATION AND CHALLENGES IN JAMMU AND KASHMIR

3.1. Introduction

Previous chapter has presented an exploration into the basic healthcare sector of Jammu and Kashmir. Considering the geographical extent and public need, the government has adopted an inclusive healthcare approach where the basic healthcare services are being provided to people. The hierarchal system of healthcare has revolutionized the healthcare sector in J&K as accessibility and affordability were given primacy during the framework. Moreover, at the upper rung of the healthcare sector lied the specialized and modernized healthcare institutions like SKIMS, AIIMS, GMCs and other healthcare institutions. These institutions have taken a lead to improve the healthcare sector in J&K. However, despite a wide array of healthcare facilities, J&K is still struggling to meet the healthcare demands due to certain inherent challenges. Therefore, to reframe and restructure the healthcare sector of J&K, the state government in line with central framework has adopted National Health Mission.

National Health Mission is the premier health initiative launched in the year 2013 that primarily aims to provide access to better healthcare to the people. NHM subsumes two missions under its shadow: National Rural Health Mission (launched in 2005) and National Urban Health Mission (launched in 2013). Considering the percentile of vulnerable population in India, they are being unable to avail the desired treatment that further worsens their health. In this background National Health Mission guarantees that everyone receives high-quality medical care. NHM envisions achieving the universal access to equitable, affordable and quality healthcare services that are responsive to people's needs. In this background, the present chapter will explore the framework of National Health Mission. Moreover, the impact of NHM and its role in providing affordable healthcare services will be explored in context to J&K. Also the challenges associated NHM implementation will be explored and analyzed thereby. All the subject matter pertaining to NHM and other facets has been presented under suitable and appropriate themes keeping in view the chronology and synchronization of subject matter.

3.2. National Health Mission: A Policy Perspective

India, the world's second most populous nation, has adopted a 'Welfare Model' ingrained in its constitution. This model mandates the formulation of public policies by both central and regional governments for the overall well-being of the people. With a population of 1.38 billion, India faces the significant task of caring for the health of its citizens. To capitalize on the 'demographic dividend', given its relatively high percentage of young population compared to other countries, many economists and international entities advocate for ndia to leverage this advantage *(Ali et al., 2019)*. In the healthcare realm, the Indian Government has taken several steps to plan and implement public health and safety policies tailored to the diverse needs arising from varied lifestyles, climatic conditions, work cultures, and other factors. One of the flagship programs is the "National Health Mission," comprising two Sub-Missions: The National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The NRHM, launched on April 12, 2005, aims to address the health concerns of India's rural population, with initial focus on 18 states identified with weak public health indicators. The NUHM, approved by the Union Cabinet on May 1, 2013, operates as a Sub-Mission under the overarching National Health Mission *(Nirala, 2014)*.

The NHM centers on Strengthening of Health System, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A), and both Communicable and Non-Communicable Diseases. The mission strives for universal access to equitable, affordable, accountable, responsive, and quality healthcare services, encompassing preventive and curative measures. Under the shadow of NHM, there are two vital components that define the outreach and scope of NHM. All the services under the ambit of NHM shall be provided under these components. These components include:

- National Rural Health Mission
- National Urban Health Mission

National Rural Health Mission: National Rural Health Mission (NRHM) was launched by Government of India 12th April, 2005. NRHM primarily aims to provide accessible, affordable and quality healthcare services to rural population. The prime target of the scheme is vulnerable population. The core of NRHM is the health delivery system that works as an independent institution, should be community owned and decentralized in working approach. The basic objective includes:

- Reduction of Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR)
- Ensuring population stabilization and TFR
- Prevention and control of communicable and non-communicable diseases
- Upgradation of AYUSH (Ayurvedic Yoga Unani Siddhi and Homoeopathic)

The set of objectives have expanded the scope of NHM in rural areas. To bridge the gap in healthcare and to fulfil the above stated objectives of NRHM, various measures have been undertaken. These policy measures include and their impact is presented below:

- Engagement of ASHAs (Accredited Social Health Activists): They have acted as a linkage between health system and targeted population. Nearly 8.84 lakh ASHA's have been contributed in this mission *(MoHFW, Annual Report 2014-15)*.
- Rogi Kalyan Samiti (Patient Welfare Committee)/Hospital Management Society: It is the Government recognized society that serves as a board of trustees for the hospitals. The money and various forms of financial support for these communities that engage in patient welfare activities are handled by a single fund *(ibid)*.
- Janani Shishu Suraksha Karyakram (JSSK): This programme was launched by the government to support universal healthcare. It offers free to and fro transportation, free medications, free diagnostic facilities, free blood, and free meals to pregnant women who visit public health facilities for childbirth and sick new-borns *(ibid)*.
- The United Grants to Sub-Centers: NRHM has boosted the self-confidence of Auxiliary Nurse Midwives (ANMs), who are now fully prepared with tools like stethoscopes, weighing scales, and blood pressure monitors. These ANM's are capable of providing appropriate prenatal care and other medical services *(ibid)*.
- Health Care Service Delivery: NRHM has radically transformed the healthcare infrastructure in India. NRHM has made an effort to fill the human resource gaps as approximately 1.7 lakh individuals, including 2025 specialists, 8,871 doctors, 76,643 ANMs, 41,609 staff nurses, etc. have been engaged. Furthermore, the government offers free ambulance services throughout the whole nation, all of which are accessible within 30 minutes of a call to a toll-free number. A total 12,000 basic and emergency patient transport vehicles have been provided *(ibid)*.

National Urban Health Mission: After the launch of NRHM, the discussion was initiated to bringing uniformity in rural and urban healthcare. In this context, Agarwal & Sangar have conceptualized the idea for National Urban Health Mission *(Agarwal & Sangar, 2005)*.

National Urban Health Mission (NUHM) launched in 2013 is the sub-mission of NHM that is primarily aimed to meet healthcare needs of urban population by focusing on urban poor or vulnerable. NUHM provides essential primary healthcare services to urban population thereby reducing out of pocket expenditure. The funding pattern of the scheme is proportional where 75% of funding is given by centre and 25% by state government. While as for hilly states, the funding is in 90:10 proportions. The mission covers all the state capitals, district headquarters, cities and towns having population more than 50,000. The vulnerable sections including street vendors, slum areas and other marginal groups are prime concern for the scheme. There are many objectives of NUHM that have been put in place.

- The availability of resources for tackling urban health issues, particularly among the vulnerable *(Official website of NHM)*.
- To create a healthcare system based on the city's unique healthcare requirements. With the help of this system, vulnerable and underprivileged urban residents would receive care that satisfies their varied medical and health demands *(ibid)*.
- Collaboration with the community for carrying out more dynamic planning and tracking of health oriented activities *(ibid)*.
- Urban population growth and health risks are inversely correlated. It is necessary to implement a method involving many institutions and management systems to address these issues *(ibid)*.
- Framework for collaboration with NGOs, health service providers (both for profit and non-profit), and other stakeholders *(ibid)*.

The stated objectives have significantly expanded the scope for NUHM in India. The working area and the number of services under it are quite high. Therefore, there is need for bold policies for fulfilling the objectives of NUHM. In this regard, the policies are quite similar to NRHM but some added components have shaped it thoroughly. The conception of Urban Primary Health Center (UPHC) has been crafted to act as a nodal point for delivery of healthcare services in urban areas. Moreover, the Mahila Arogya Samiti (MAS) overlooked by NUHM has been crafted for people belonging to slums in urban areas. MAS help to improve health needs by establishing community framework for planning, execution and monitoring of activities that help the target population.

3.3. Objectives of NHM: A Critical Exploration

National Health Mission is the larger policy framework that primarily focuses upon providing the accessible and affordable healthcare to people. The quality healthcare has been given primacy in line with the internationally recognized standards. Keeping in view the nature and scope of NHM, there are certain predefined objectives where NHM has to focus upon. In this background, the stated objectives will be verified in tune with recent data/statistics of different ministries and departments of Government of India.

- Reduction of MMR to 1/1000 live births: India had successfully improved its MMR-number of deaths per 1,00,000 live births to 97 deaths in 2018-20 from 103 deaths in 2017-19 (NFHS-5, 2021).
- Reduction of IMR to 25/1000 live births: India has significantly reduced the IMR from 40.7 per 1000 live births in 2015-16 to 28 in the year 2020. The improvement in IMR could be attributed to the rational governance approach and facilitative mechanism.
- Reduction of TFR to 2.1: TFR of 2.1 is termed as an index of stable population. In the Indian context, the TFR in 2015-16 was 2.2 that significantly reduced to 2.0 in 2019-21. Therefore, it can be inferred the TFR 2.0 is not a good sign as it affects the population dynamics and other factors.
- Prevention and reduction of anaemia in women aged 15-49 years: NFHS-5 (2021) has mentioned that average anaemia in women aged 15-49 was 53.1% in 2015-16 and the same witnessed a significant increase to 57.0% in 2019-21. Therefore, a high concentration of anaemia is dangerous to humans as it amplifies the heart rate and increases the chances of heart attack.
- Prevention and reduction of mortality & morbidity from communicable, non-communicable; injuries and emerging diseases: In this background, variety of initiatives at national and local level has been undertaken. The prime example is the COVID-19 free dosage by Government of India to people.
- Reduction of household out-of-pocket expenditure on total health care expenditure: According to NFHS-5 (2020-21) Report, 28.7% of households in India in 2015-16 had a usual member covered under any health insurance, while as the number is 41.00% in 2019-21-time period. Therefore, the out of pocked expenditure could be minimized and additional financial burden on people could be minimized. Therefore, the said objective of NHM has taken a lead and the signs of progress are quite impressive.

- Reduction of annual incidence and mortality from Tuberculosis by half: According to WHO India is among the eight nations that in combination constitute the 2/3rd of TB cases across the globe. The 2021 WHO statistics revealed that 25, 90, 000 cases of TB are prevalent in India.
- Reduce prevalence of Leprosy to <1/10,000 population and incidence to zero in all districts: At present, the prevalence of leprosy rate is 0.4% per 10, 000 people in India.
- Annual Malaria Incidence to be <1/1000: In India, there are approximately 45,000 known cases of malaria. India has achieved a reduction of 83.34% in malaria morbidity and 92% in malaria mortality between 2000 and 2019. During the same time period, there is decrease in malaria cases by 50-70%.
- Kala-azar elimination by 2015, <1 case per 10000 populations in all blocks: Kala-azar cases in India fell to 834 cases in 2022 from 44,533 cases in 2007. There is a reduction of 98.7% of Kala-azar cases in India *(Down to Earth: Online 06 January 2023)*.

3.4. Status of National Health Mission in Jammu & Kashmir

The context, communication and coordination provisions are quite different in Jammu and Kashmir than any other region in India. Due to adverse climatic conditions, political turmoil, limited access to education, unemployment and other factors, J&K is faced with multiple challenges in public service delivery including development of proper health care facilities. The healthcare services in J&K are being uplifted through development of public health institutions, capacity building of health workers, ensuring health awareness through community health centers and by adaption of regional and national level flagship health schemes. Jammu and Kashmir has remained proactive in responding the initiatives taken under the National Health Mission focusing on achievement of targets of its two Sub-Missions, National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM).

J&K administration has been partly successful at strengthening healthcare facilities, promote reproductive health, ensure optimum maternal & neonatal care, facilitate child and adolescent health, curb spread of Communicable diseases and reduce incidence of non-communicable diseases, thereby ensure universal access to equitable, affordable, accountable, responsive and quality healthcare services; which helped Jammu and Kashmir to record better at health parameters as compared to other UTs /states of India. However, the success of NHM

in Jammu and Kashmir is diminished due to varying performance levels of the mission across various districts because of various reasons including climatic variations and connectivity issues. As such increased focus and proactive government intervention is needed for removing bottlenecks in successful implementation of NHM in poor performing districts. As such the present study intends to examine and evaluate the performance of National Health Mission (NHM) in District Budgam of Jammu and Kashmir.

In addition, few public private partnership schemes are also introduced from time to time by the government for the Below Poverty Line individuals. The cash transfer provisions are allowed wherein the government facilities are not accessible. The age restrictions are removed after getting good response from the citizens. The government seeks help from the medical colleges, private hospitals and other stakeholders to design and develop all-inclusive and effective health policies. However, it has a lot of scope of improvement for better results. Moreover, the changes that have positively encountered in the healthcare infrastructure of J&K are presented below:

Table 3.1: Number of Healthcare Facilities in J&K

2005			**2019**		
SC	PHC	CHC	SC/HWC	PHC	CHC
1879	334	70	3035	622	84

Source: Rural Health Statistics Report (2018-19)

Rural Health Statistics is the healthcare report of National Health Mission that outlines the status and change in healthcare infrastructure at national level and in other states. The report presents an exploration into the healthcare state of each region and focuses upon the comparative analysis that defines the change in relation to the previous report. The Rural Health Report 2018-19 has termed 2005 as base year and 2019 as reference year for measuring the change in healthcare facilities across states. In context to Jammu and Kashmir, the report has outlined that number of SCs have witnessed and increase from 1879 to 3035 from 2005-2019. While as share of PHCs also witnessed an increase from 334 in 2005 to 622 in 2019 and CHCs share increase from 70 in 2005 to 84 in 2019. Therefore, it can be inferred from the data that there is substantial increase in the healthcare facilities in J&K; however, there is a long way to achieve the inclusiveness in healthcare of J&K.

3.5. Status of National Health Mission in District Budgam

Jammu and Kashmir administration has adopted decentralized planning approach for implementing state and central government health care schemes including flagship program NHM across various districts including district Budgam. The district Budgam spreads over an area of 1,361 Sq km with 7,53,745 population, comprises of 9 tehsils, 281 panchayats, 504 revenue villages and 17 blocks *(Census, 2011).* As per the Jammu & Kashmir State Survey-2007, the health facilities in Budgam district were provided through 141 Sub-Centers, 40 Primary Health Centers and 9 Community Health Centers. The district administration is entrusted with management of district level delivery of public services including health care services through proactive implementation of NHM and allied health care schemes. The District Health Action Plan is in place aiming to reduce the Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR) and Total Fertility Rate (TFR) apart from ensuring quality health care services and promotes health awareness through community participation and involvement of Non-State Actors like NGOs, Civil Society Organizations etc.

However, the preliminary data from secondary sources suggest inadequacy of health infrastructure, deficient manpower, lack of avenues for capacity building of health professionals and high prevalence of anaemia cases among pregnant women; which diminish the success of NHM in Budgam District. Also literacy rate of the district is only 40% which is attributed as the prime cause behind low awareness and acceptance level of healthcare policies and programs in the district (Govt. of J&K, State Health Report, 2015). Budgam District Health Society (2007) found that the mismatch between the demand and supply of health care facilities as well as services have caused threats to the lives of people. There is a crucial need to provide life skills education during the adolescent stage for healthy habits, diet plan and health awareness programs. The emergency healthcare units are less in number considering the availability, accessibility and quality of experts in the district. In addition, the basic infrastructure has been remained as a big concern for the District Health System of District Budgam. Majority of health sub-centers are run purely on rental basis without having provision for rest rooms for staff, electricity, water supply etc. *(District Budgam Health Society, 2007).*

According to Rural Health Statistics (2018-19) report, following health institutions are available in district Budgam:

- Sub-Centers: There are 151 Sub-Centers in district Budgam of 31st March, 2019.

- Primary Health Centers: 49 PHCs (However, according to NHM Official Data, there is a notable change in the number of healthcare facilities as of March, 2023).
- Community Health Centers: 9 CHCs in the district.
- Health and Wellness Centers (HWC): 1 HWC-SC and 1 HWC-PHC.
- Moreover, there is no sub-divisional hospital and District hospital occupies the central stage for catering the needs of people.

However, in the recent times, the healthcare facilities in District Budgam have witnessed a fundamental transformation under NHM. Under NHM the structure, functions and number of healthcare facilities have changed rapidly keeping in view the accessibility and quality of healthcare as discussed in chapter 2. Keeping into consideration the diverse healthcare needs of people, the government of Jammu and Kashmir has initiated the process of implementation of Hospital Management Information System known as JK e-Sahaj (Electronic System for Automation of Hospital Administration) in different healthcare facilities of J&K. Under the initiative, healthcare facilities including Tertiary care, District Hospitals, CHCs, PHCs and New Type PHCs have been covered. Primarily 585 facilities have been covered and e-Sahaj has been integrated into Rapid Assessment System (RAS) and 104 comprehensive call centers for outbound calling. The Recently published rankings under e-Sahaj have presented a sad stage of District Hospital Budgam. According to the report, DH Budgam lies under the below 5 categories who do not perform well. In the similar context CHC Pakherpora from District Budgam also occupied the position of bottom 5 CHCs. The rankings were assigned on the basis of registration uploaded on e-Sahaj portal from last 7 days on real time basis. Therefore, registration and information dissemination is the greatest challenge in the healthcare scenario of District Budgam *(JK-NHM 2023 e-Sahaj Report)*.

3.6. Importance of National Health Mission

The *Alma-Ata Declaration of 1978* has mandated the countries across the globe to develop strategies, policies and plans for the establishment of health services at primary level as a vital component of comprehensive national health system. Accordingly, the respective governments have taken a lead to establish basic healthcare infrastructure. In the Indian context, the healthcare sector has faced a structural negligence as witnesses from 1999 Gross Domestic Product *(GDP)* statistics. During 1999, only 1% of GDP was spent on health sector. Furthermore, there existed a strong urban bias as majority of the healthcare infrastructure and services were available in urban areas *(Hussain, Z., 2011)*. With the launch of NRHM and subsequently NHM, the healthcare sector in India has radically transformed.

The mission has been partly successful in improving the basic health indices. "The National Health Profile-2019" by Central Bureau of Health Intelligence reflects that the burden of communicable diseases has dropped from 61% to 33% during the period 1990 to 2016, whereas non-communicable diseases have increased from 48% to 75% along with infectious diseases surging from 14% to 43% in various states of India. The sex ratio has also increased from 933 in 2001 to 943 in 2011 while as birth rate has reduced from 25.8 in 2000 to 20.2 in the year 2017. Similarly, the death rate also dropped from 8.5 to 6.3 from 2000 to 2017. In case of natural growth, decline has been observed from 17.3 to 14 for the same period. It is a good sign that birth rate, mortality rate as well as natural growth rate have witnessed a declined trend year on year basis.

The findings mandate urgency of revival of public health policies and proactive implementation of National Health Mission across India in collaboration with regional governments. It is the combined responsibility of both the center as well as regional governments to plan and implement the National Health Mission successfully in both urban and rural areas ensuring active participation of health care professionals, ASHA workers and community at large; emphasizing achievement of targets for various schemes subsumed under NHM like Janani Suraksha Yojana, Janani Shishu Suraksha Karyakarm, programs for Reproductive, Maternal, New-borns, Child and Adolescent Health Services. In this context, it becomes important to analyze the role of NHM in revitalizing the healthcare scenario of J&K.

Table 3.2: Healthcare Institutions in India as of 31-03-2020

Healthcare Institutions	**As of 31-03-2020**
Sub-Centers	1,57,921
Primary Health Centers (PHCs)	30,813
Community Health Centers (CHCs)	5,649
Sub-district hospitals (SDHs)	1,193
District hospitals (DHs)	810

Source: Rural Health Statistics Report of NHM 2020

According to official estimates of National Health Mission, there are 1,57,921 Sub Centers in India and 30,813 PHCs. While as there are 5,649 CHCs, 1,193 SDHs and 810 District Hospitals in the country. Under NHM, states are being supported financially to

strengthen the public health system including up gradation of existing and construction of new infrastructure. The NHM guidelines have outlined that focus states can spend 33% and other states can spend 25% of funds on infrastructure. Moreover, to bring universality, accessibility and inclusiveness in healthcare facilities norms have been laid for establishing the healthcare facilities in the country. The said norms are aimed at providing accessible and real time healthcare services to people without congesting the health facility to minimize the burden on staff. The said norms are presented below:

- Sub-Center: One Sub-Center should be established for 5,000 people in general areas and one SC for 3,000 people in geographically difficult or tribal areas.
- Primary Health Center: One PHC should be established for 30,000 people in general areas and one PHC should be established for 20,000 people in tribal/geographically difficult terrain areas.
- Community Health Center: Under NHM one CHC should be established for 1, 20,000 people in general populated areas and one CHC for 80,000 people in tribal/hilly areas.

In context to J&K, the *Rural Health Statistics (RHS) 2018-19* has outlined that there is substantial increase in the Sub-Centers and PHCs in Jammu and Kashmir. A total of 1,146 SCs and 288 PHCs have been added to the healthcare basket of J&K from 2005 to 2018-19. The detailed change in human resources associated with healthcare infrastructure of J&K is presented in below table:

Table 3.3: Status of Human Resource in Rural Health Sector of J&K (2005 to 2019)

	2005		**2019**	
Health Workers in PHCs	In Position	Shortfall	In Position	Shortfall
	1588	625	4908	*
Doctors at PHCs	643	*	919	*
Nursing Staff at PHCs & CHCs in Rural Areas	68	756	1513	*

Source: Rural Health Statistics Report (2018-19)

The report has further outlined that the critical gaps in terms of human resource shortage at PHCs and CHCs in rural areas has been taken care of. In the year 2005, there was

shortage of 625 Health workers in PHCs that has been filled in 2019. Moreover, there is no shortage of doctors in PHCs and the shortfall in nursing staff has been filled properly. In 2005, there was shortfall of 756 nursing staff in rural PHCs/CHCs while as the gap has been filled till 2019. Therefore, the issues pertaining to shortage of human resources are being taken care of; but the operationalization of Sub-Centers in rented buildings needs to be focused upon.

India lies among the countries with lowest public budget on healthcare that stands less than 1% of GDP. The historical lack of emphasis on healthcare is greatly captured in *K. Sujatha Rao's* book *'Do We Care? - India's Health System'*. The manifestations of poor healthcare reflected in the poor healthcare service delivery that restricted the access to universal healthcare. However, the policies such as NRHM have fundamentally transformed the national health system. In a major transformation since 2004, 40% of Inpatient Care and most of deliveries are being conducting in government run hospitals *(Vivek, 2019)*. To revitalize and streamline the healthcare scenario of Jammu and Kashmir, various key initiatives have been undertaken in line with NHM framework. In the Op-Ed, *Rabiya Bashir* has outlined following key initiatives undertaken in 2022 for improving the healthcare infrastructure and increase accessibility to quality healthcare services in the region *(Bashir, R. 2023)*:

- In the year 2022, the decision pertaining to setting up of five trauma hospitals, establishment of super-specialty hospital and upgradation of existing facilities. The existing tertiary care health facilities are overcrowded that adds hardships to the people.
- The shifting of GB Panth hospital to newly established 500 bedded children hospital located in Bemina, Srinagar. Initially the decision was taken in 2013 for establishing 200 bedded facilities; but considering the patient influx in GB Panth hospital, the decision of extending 200 proposed facilities to 500 bedded children hospital was undertaken.
- To bring revolution in medical field using digitalization, the Department of Surgery, GMC Srinagar virtually trained surgeons for conducting Robotic assisted surgeries in the Kashmir region. The initiative is primarily aimed at equip the medical fraternity with modernized techniques for taking smooth conduct of medical surgeries.

- Moreover, mock drills are being conducted by the healthcare institutions to check their preparedness to deal with any medical situation. The prime reason for conducting such drives is the sudden outbreak of COVID-19 pandemic. During the drills, the check is maintained upon availability of oxygen generation plants, availability of machinery, medical equipment's, drugs, diagnostics and other logistics.
- Tele-MANAS (Tele Mental Health Assistance and Networking Across States) is a helpline number aimed at providing quality mental healthcare for all. To bring the relief to mental health issues, Tele-MANAS cell (24x7 helpline number) has been put in place (Contact Number 14416). The facility was established at Institute of Mental Health and Neurosciences (IMHANS) Srinagar. Launched in November 2022, it has established a three tier system including mental health counsellors, clinical psychologists and psychiatrists for providing mental health counselling to patients. Since its inception, the initiative has been proved productive as more than 10,000 calls have been received with regard to mental healthcare. Mostly, the patients' calls are related to stress, drug addiction, anxiety and suicidal tendencies. Issues pertaining to healthcare have negative societal implications, therefore Tele-MANAS will be remarkable to provide 24x7, accessible and real time consultation without revealing the patient's identity. In this context, the secretary Health Kashmir has envisioned that they are hopeful to integrate Tele-MANAS with e-Sehaj where doctor can prescribe the medicine *(Rising Kashmir: Online 26 April 2023)*.

According to Rajesh Kumar, National Health Mission has made significant impact upon the healthcare system of India. After the launch of mission, the budget allocations for healthcare have improved tremendously and the number of ANMs has doubled. The inception of ASHAs and rise in institutional deliveries has increased significantly. In this context *Kumar, R. (2021)* has outlined the impact of NHM from 2005-06 to 2015-16:

- Institutional deliveries have increased from 38.7% in 2005-06 to 78.9% in 2015-16.
- Immunization coverage significantly improved from 43.5% to 62%.
- Oral Rehydration Solution (ORS) usage in child diarrhoea has improved from 26% to 51%.
- Infant Mortality Rate has reduced from 58 in 2005-06 to33 in 2015-17 live births.
- MMR also declined from 254 in 2005 to 122/1,00,000 live births in 2015-17

3.7. Issues and Challenges with NHM

National Health Mission is the futurist healthcare measure aimed at providing inclusive healthcare and bridging the critical infrastructure gaps. The initiative has succeeded in improving the healthcare in India and most importantly in Jammu and Kashmir. However, some inherent challenges have affected the scope of NHM in the downward approach. The key challenges that affect the fulfilment of NHM objectives are presented below:

- NRHM lies at the central stage to bring universalization and inclusion in healthcare services across India. It is an innovative and comprehensive strategy to decentralize the services under the unified framework. However, there are concerns pertaining to accessibility and affordability of healthcare services under NRHM. To overcome these challenges, it becomes important that focus should be laid upon strengthening the Primary Healthcare System in both rural and urban areas *(Sharma, A. K., 2014)*.
- NRHM being the subset of NHM has reinvented the healthcare sector in Jammu and Kashmir. However, the low confidence and discipline of employees is the greatest challenge. Moreover, a little focus upon the modernized infrastructure has been attributed *(Wani, 2017)*.
- With the dawn of NRHM medical staff has been overburdened and there is huge workload upon them. Despite the increasing workload upon healthcare officials, no additional incentive has been given to them *(Wani, 2017)*.
- The NHM in its official website has outlined following issues with respect to healthcare in India: There is shortfall of 24% (46,140) Sub -Centers in India, Shortfall of 29% (9,231) PHCs and 38% (3,002) CHCs across the country (*Rural Health Statistics, 2018-19*).
- Health is a state subject and the onus of financing NHM lies with centre as it is a centrally sponsored policy. State has power of implementation of NHM, but the financial constrains have the potentiality to affect the delivery of quality healthcare *(Wani, M. H., 2017)*.
- National Health Mission has positively altered the healthcare scenario in the Country. However, the issues pertaining to 'Out of Pocket Expenditure' are still looming around. The vital healthcare statistics has stated that out of pocket expenditure continues to be moderately high i.e. 69.3% of the total expenditure on health *(Kumar, R., 2021)*.

- There is a non-uniformity in disbursal of funds and implementation of NHM across states. The states in which there is weak health system (high focus states), the absorption of funds for strengthening health system is relatively low. The deficiencies pertaining to physical inputs (lack of human resources) and capacity still persist. Moreover, public financial management issues including rigid financial strategy and delay in public funds affect the NHM *(Choudhary & Mohanty2020).*

3.8. Conclusion

Health is termed as the greatest asset to the human existence. The famous saying '*Health is Wealth*' is quite appreciable in the modern times. The most important thing in the world is health, and everyone has the right to receive the greatest medical care for the sake of their loved ones. The National Health Mission is the programme or mission that allows us to offer the greatest services to unprivileged and underprivileged individuals. This Program may serve as a link between subpar and top-notch medical facilities. It is undeniable that the poor continue to experience severe dissatisfaction with healthcare services and are denied access to basic medical facilities, which has an impact on the people's general health. Under the shadow of NHM, the provisions for best healthcare services have been made available to people.

Furthermore, it is evident that NHM is a greatest and landmark flagship programme of Government of India. Various policy measures/schemes under the shadow of NHM have been successful in decreasing MMR, IMR, and TFR and made the Indian healthcare delivery system accessible, affordable and providing high-quality healthcare services to the rural and urban population of India, especially the vulnerable groups. Also, the NRHM played a crucial role in the creation of new and upgraded health sector infrastructure. On the other hand, there is no doubt that NRHM concentrated on the infrastructural development, the human resources and the service area. Quality aspects, however, had not gotten enough consideration. The Indian public health system is still plagued by insufficient funding, subpar performance management, and weak accountability procedures.

CHAPTER 4

ROLE OF NON-STATE ACTORS IN HEALTHCARE SECTOR OF JAMMU AND KASHMIR

CHAPTER 4

ROLE OF NON-STATE ACTORS IN HEALTHCARE SECTOR OF JAMMU AND KASHMIR

4.1. Introduction

In this chapter an exploration into the role of non-state actors into the healthcare scenario of Jammu and Kashmir has been explored. The primary focus of the chapter is to garner insights into the role of media, civil society groups and Non-Governmental Organizations (NGOs) into the healthcare sector of J&K. More specifically the role attributed to non-state actors under the framework of National Health Mission of J&K has been explored. Moreover, the challenges associated with the NGOs that affect their normal functioning has also been analysed thoroughly. In this context, it becomes imperative to first discuss the nature and working model of non-state actors in the generalized approach followed by goal oriented approach under NHM.

4.2. Understanding Non-State Actors

Non-State Actors (NSAs) are organizations and individuals that are not affiliated with any sovereign government institution, but exercise significant political influence on socio-economic state of affairs. NSAs primarily include corporations, non-governmental organizations (NGOs), private financial institutions and other groups. In other words, NSAs are influential organizations having potential to support the actions of state actors, but are not allied to state. According to *Pearlman & Cunningham (2011)*, "non-state actors are organized political actor not directly connected to state but pursuing aims that affect vital state interests." However, these NSAs could be either organizations or could be influential individuals with social, economic or political capability to influence at regional or national or international level. More importantly, they are not part of any state institutions that makes it possible to work individually for them and allow them to influence the actions of state.

Non-state actors have presence in diverse socio-economic and political avenues. In the international level, NSAs play a lead role in maintaining peace, support humanitarian aid and rehabilitation and work for disarmament. From the socio-economic perspective non-state actors including NGOs play a pivotal role in providing quality education, better healthcare facilities and livelihood opportunities to the vulnerable communities. In context to India, there

are various non-state actors that undertook measures in the realm of healthcare sector for providing affordable and accessible healthcare to the people. These NSAs mostly include NGOs and in some cases media that disseminates the information to public on important health issues. Therefore, it becomes important to understand the basic legal framework of NGOs in India and their functionality avenues in healthcare.

4.3. Non-Governmental Organizations (NGOs) in India

NGOs are known by different nomenclatures across the globe like, third sector organizations, voluntary organizations, charitable organizations and others. In the Indian context, NGOs are termed as non-profit institutions and are officially defined as "organizations that are not for profit and by law do not distribute any surplus they may generate to those who control them." They are institutionally separated from government and are working on independent principle. According to Government of India's National Accounts Division of Central Statistics Office, nearly 3 million NGOs are registered in India with rural urban distribution of 60:40. These NGOs play their part in education, health, poverty alleviation, disaster and relief. It is in this background; the sociological studies have termed NGOs as most important institutions for social integration and are integral part of a democratic society *(Nimai & Kumar, 2016)*.

The importance of NGOs is well defined in the political economics literature. Sociological theories termed NGOs as important institutions that improve the social integration and are integral to democratic set-up. The prime focus of NGOs is mainly in education and health sector. In this regard, World Health Organization has acknowledged the growing competency and role of NGOs in healthcare requirements. The decentralized framework adopted by governance institutions across the globe has opened multitude of opportunities for participation of NGOs in providing healthcare facilities. In the high income and advanced countries, NGOs orientation is towards clinical research, healthcare advocacy and lobbying. While as scenario is quite reversal in low income countries where NGOs focus lies in providing healthcare services, awareness generation and organizing prevention campaigns/seminars *(Azenha, 2011)*.

In the Indian context, NGOs work under two broad legal frameworks:

- Public Goods Provision: Societies Registration Act, Public/private Trust Act andSection 25 of Company Act.

- Religious Purpose: Endowment Acts, Wakf Acts, Charitable and Religious Trust Acts.

A large set of NGOs in India fall under the Societies Registration Act and Trusts Act. Furthermore, there are many informal unions and associations at grassroots level who work without registration and are referred as NGOs. The heterogeneity of NGOs is not new to India, but has footprints in the ancient era too. Moreover, the role of non-state actors was explicitly stated at the policy level in seventh plan. The National Accounts Division of Central Statistics Office (CSO-NSD) has followed international classification to classify the NGOs in India. Accordingly, NGOs in India are categorized on the basis of activity they undertook *(Nimai & Kumar, 2016)*.

i. Culture and recreation
ii. Education and research
iii. Environment
iv. Social services
v. Healthcare
vi. Development and housing
vii. Law/advocacy and politics
viii. Philanthropic intermediaries and voluntarism promotion
ix. International activities
x. Business and professional associations
xi. Religious
xii. Not elsewhere classified category

4.4. NGOs in the Socio-Economic Development of J&K: An Exploration

Before the UT of Jammu and Kashmir underwent into the turmoil, the concept of NGOs was missing. Kashmir is a pluralistic state that hones the diversity of cultures in terms of religion, language, ethnicity and others. Kashmir stands on the ideals of *'Kashmiriyat'* that that defines the hospitality and brotherhood of the people. In this social setting there never felt a need for voluntary organization that will come to the rescue of people. Before the 1990 era, every Kashmiri household was known as NGO as they play a lead role to bridge the socio-economic gaps and maintain harmony. However, the year 1989 is the watershed movement in the history of Jammu and Kashmir as need was felt upon the role of NGOs. The militancy has gained momentum and there were large scale causalities of civilians. The normal life of people was disrupted and Kashmir was adversely affected. In this scenario, there felt the need for such institutions that could take care of orphans, unemployment, psychological issues and others thereby *(Suri, 2003)*.

With violence keeping pace, the NGOs have started their operations to meet the societal needs. However, the increased violence has negatively affected the functions of these NGOs as it was difficult for them to undertake their operations in the circumstances. The government's orientation to root out the militancy has kept minimal focus upon the establishment of NGOs. Moreover, the political scenario witnessed a positive shift with the mid 1990's election. In this case government felt the need for conducting free and fair elections and attributed the role to democratic institutions such as media and NGOs for projecting democratic image at international platforms. During 1996-97, NGOs in Kashmir have witnessed a dramatic shift. Many of these NGOs were working under the shadow of government and were aimed at restoring peace and normalcy in the state. Citing the role of government in NGOs, they came to be known as GONGOs (Governmental NGOs).

In recent times, the number of NGOs is appreciable one and their role is encouraging. The number of NGOs in J&K has witnessed manifold increase and the concept of 'Civil Society' has gained momentum that set the tune for NGOs. The growth, presence and role of NGOs in different societal domains are crucial one as governments play in these arenas is quite minimal. The current state of NGOs has stated that they play their role in orphanage, self-help groups, rural development, widow care, employment generation, environment, awareness and medical care *(Fazili, 2003)*. In the early 2000's, there was imbalance in terms of NGOs outreach in rural and urban areas. NGOs working in orphanage were good in their reputation as civilian killings were increasing and more and numbers of children were becoming orphans. Orphanages such as J&K Yateem Foundation, Yateem Khanah and J&K Yateem Trust have played a lead role *(Suri, 2003)*.

During the initial 20 years of Kashmir conflict, the rise and presence of large number of NGOs have primarily focused upon peace. In this context, they have undertaken various activities including organizing seminars and discussions. With the passage of time, they have focused upon education, employment, health, rehabilitation and other aspects. *Khanday (2015)* in his research work has stated that civil society groups and NGOs being neutral in character have the inherent potential to smoothen the peace and building confidence among the people of Kashmir valley. Their prime role in peace building and rehabilitation are the significant arenas they have undertaken. Citing the works of *Sri (2013)* and others, Khanday has presented the role of NGOs in following activities:

- NGOs play a role in peace building in Jammu and Kashmir

- They play a role in women empowerment. ATHWASS initiative by WISCOMP (Women in Security, Conflict Management and Peace) is the example for ensuring the future of women in creating Self Help Groups (SHGs).
- NGOs play their role in education and tourism sector *(Khanday, 2015)*.

4.5. Role of NGOs in NHM Implementation: Policy Outlook

According to Ministry of Health and Family Welfare (MOHFW), the vision of NHM is to "attain the universal access to equitable, affordable and quality health care services that are accountable and responsive to the needs of public and address the wider social determinants of health". Furthermore, NHM is aimed at securing the core values which are as follows:

- Safeguarding the health condition of poor and vulnerable communities.
- Strengthen the public health care delivery system.
- Provide the universal and equitable access to quality healthcare.
- Trust Building between people and providers of healthcare services.
- Active community engagement for the attainment of highest possible healthcare.
- Bringing accountability and transparency in the health care mechanism.
- Improve efficiency for optimizing use of available resources.

Considering the wider scope of NHM, the MOHFW in its *NHM Policy Framework (2012-17)* has attributed a role to non-state actors for achieving the universal and affordable health care. At the first instance private sector has the potential to bridge the critical gaps in the healthcare. In this regard, Indian Public Health Standards (IPHS) should be adopted by private players while delivering the healthcare services. Secondly, role of NGOs will be considered to support the technical capacity and supplement efforts of government in capacity building and support for community processes including ASHA programme. Moreover, NGOs should also encourage wide public participation in '*Rogi Kalyan Samiti*' and district/city planning. Furthermore, NGOs will be supported and assisted to mobilize additional technical capacity from national canvas.

Thirdly, community based monitoring mechanism should be put in place and same should be scaled up in the defined time frame. Community engagement in health planning and facilitation of the health care delivery services should be a priority; moreover, trust and support mechanism should be developed. Community engagement in monitoring of

'*Health Management Information System (HMIS)*' measuring availability of drugs and monitoring the implementation of Janani Shishu Suraksha Karyakaram (JSSK) are important avenues under NHM.

Fourthly, NGOs involvement in NHM will be in states and centre will play the facilitator role. NGOs engagement will include the following core areas of NHM:

- Monitoring the implementation of Pre-Conception, Prenatal Diagnostic Techniques.
- Assessing the health impact of development programs.
- Monitor the food and drug adulteration.
- Ensuring the effective implementation of Infant Milk Substitutes Act.
- Promotion of rational drug usage among public and professionals *(Nirala, 2014)*.

4.6. Role of NGOs in Healthcare Sector of J&K

Non-Governmental Organizations (NGOs) are non-profit entities primarily aimed at playing a significant role in the healthcare development. There are multiple of roles attributed to NGOs in the realm of healthcare sectors. Primarily, NGOs are tasked to work in remote and underserved areas, where access to healthcare services may be limited. They establish healthcare facilities, mobile clinics, and outreach programs to ensure that individuals in remote and marginalized communities can access essential healthcare services, including primary healthcare, maternal and child health services, and preventive care. Secondly, NGOs should play a role in the development of healthcare infrastructure and equip the healthcare facilities them with necessary medical equipment and supplies, and strengthen the capacity of local healthcare systems.

Moreover, under NHM framework, NGOs should conduct health education and awareness programs to promote health literacy among communities in all habitations. They should organize workshops, training sessions, and awareness campaigns on various health topics, including hygiene practices, nutrition, family planning, and disease prevention. Their role in capacity building and training is integral for the holistic development of healthcare institutions. They should focus on providing healthcare services to vulnerable populations and address their unique health needs and challenges faced by them by offering specialized healthcare services, mental health support, and rehabilitation programs. Lastly, their role in healthcare emergency could not be ruled out.

In the above context, exploration and analysing the role of NGOs in providing healthcare facilities to people of Kashmir region becomes important. However, due to limited literature availability, their role could not be explored in-depth. The previous studies have outlined that, after the repeal of special status of J&K, the healthcare state of J&K has witnessed a downward trend. Affordable healthcare provided under *Ayushman Bhart Scheme* came to standstill due to internet disruption. Patients were unable to avail any healthcare facility. In such circumstances, NGOs including *Athrout* have played a role in treating the patients at dialysis centre. *Athrout* is a local NGO with 04 ambulances and 35 volunteers working for providing healthcare facilities to downtrodden. The NGO also distributes monthly cash to widows and medicines to sick *(Azmat, H., 2019)*.

In addition, *Help Poor Voluntary Trust (HPVT)* being a NGO provides medicines to patients and other services at free of cost. There are a total of 100 volunteers working under HPVT from diverse backgrounds including government employees, doctors, teacher and lawyers. HPVT has presence in SMHS, SKIMS, Bone and Joint Hospital Barzulla, Super Speciality Hospital Srinagar and JLNM Hospital Rainawari. It also offers free services to people such as trolleys, wheelchairs, nebulizers, patient guidance and assistance *(Azmat, H., 2019)*.Although NGOs have minimal presence in J&K healthcare sector, they play an important role in promoting menstrual health education and providing sanitary products to rural women. *Uttam Neha* in her research has explored that there are five NGOs in J&K emphasizing menstrual awareness and tackle the challenges thereby. Their participation in this regard promotes the right to health, dignity and gender equality *(Uttam, N., 2023)*.

Therefore, it can be inferred that NGOs play a minimal role in complementing the efforts of the government and formal healthcare systems in Kashmir region. Their grassroots presence, community-focused approach, and flexibility will enable them to address local healthcare needs and contribute to improving healthcare access, quality, and equity in the region.

4.7. Role of Media in Healthcare Sector of J&K

Media is an important institution that offers it services in all socio-economic and political avenues. Media plays a role in education, employment avenues, political aspects and healthcare. Moreover, media plays a significant role in shaping public perception, disseminating information, and influencing attitudes and behaviors. In the context of

healthcare, the media has the potential to impact public health outcomes in several ways. The role of media in healthcare is presented below:

- Health Education and Awareness: The media serves as a platform for health education and awareness campaigns. It can disseminate accurate and timely information about health conditions, preventive measures, treatment options, and healthy lifestyle choices. The media plays a crucial role in raising awareness about emerging health issues, promoting vaccination campaigns, and educating the public about various health topics *(Jahangir, N., 2023)*.
- Exposing Blind Spots: Media plays a pivotal role in setting the system on defined track and it explores the lacunas in a system. In this context, public terms media as a *savior* as it explores the critical gaps in government hospitals, doctors and infrastructure thereby. In his write up *Nazir Jahangir* has termed doctors as miracles, but they usually treat their patient as ATM for minting money. In certain avenues, media plays a role to expose those blind spots *(Jahangir, N., 2023)*.
- Behavioral Development: Media platforms, such as television, radio, print, and online media, can be used to promote positive health behaviors and encourage behavioral change. Media is an important institution in any health situation. Media sets the ground and acts as a source for correcting the information and advocates for the correct health behaviors. Media is the vital link between the public and healthcare workers and it educates both on healthcare information *(Azhar, S., 2022)*.
- Risk Communication during Public Health Emergencies: During public health emergencies, such as COVID-19 pandemic media played a critical role in risk communication. It helps disseminate correct and exact information about the nature of the emergency, preventive measures, available resources, and emergency response strategies. The media aids in countering misinformation and rumors, ensuring that the public receives reliable and up-to-date information *(Kashmir Observer, 2020)*.

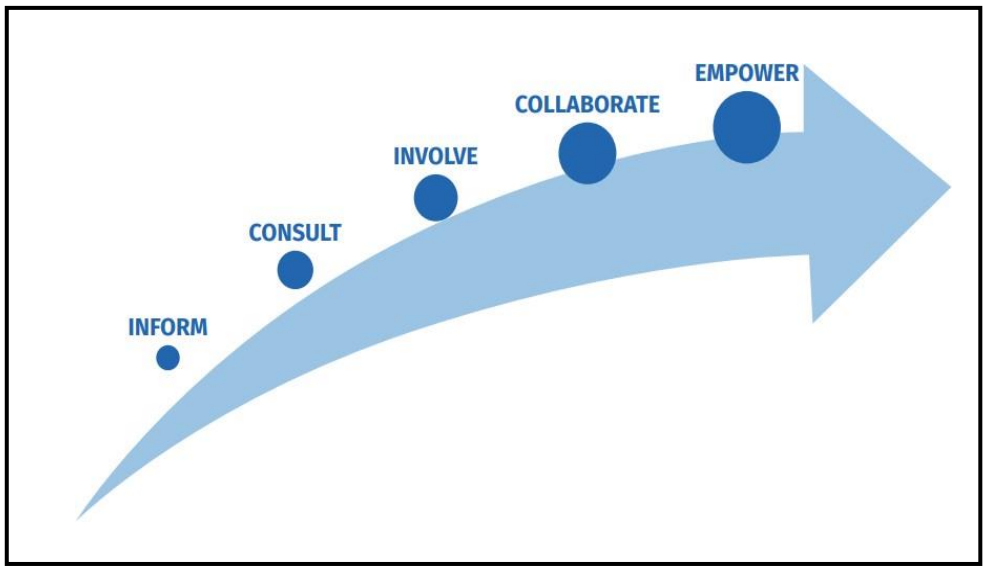
Although, media remains at the critical juncture of healthcare of Jammu and Kashmir, there are other roles that can be attributed to media. Primarily media by means of '*Investigative Journalism*' can act watchdog and hold healthcare stakeholders, including healthcare providers, policymakers, and institutions, accountable for their actions and decisions. Media has the potentiality to influence the public perception towards the positive orientation and bridge the gap in research and public. The role of media in socio-economic development gives it an added advantage to become vocal for healthcare policy reforms. Moreover, it is

important for the media to maintain accuracy, balance, and ethical reporting practices when covering healthcare issues. Ensuring reliable sources, avoiding sensationalism, and presenting a comprehensive view of health-related topics can contribute to informed public discourse and improved health outcomes. Collaboration between healthcare professionals, researchers, and the media can help ensure accurate and responsible reporting that benefits public health.

4.8. Role of Community Groups in Healthcare

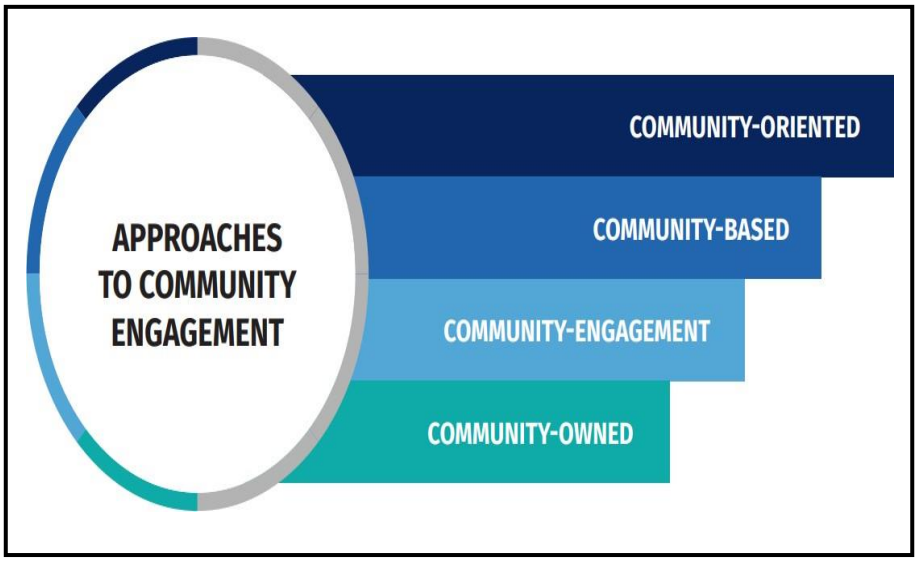
A community organization is an organization aimed at making desired ends or improvements to the social wellbeing of the society. In other words, community group is the collection of individuals residing in the common geographical area who come together to promote the common good for the larger benefit of public/society at large. According to *World Health Organization (WHO),* "community engagement is a process of developing relations that enable stakeholders to work to address health oriented issues and promote wellbeing to achieve the positive health impact". The community engagement in healthcare should take place by various means including informing, consultation, involvement, collaboration and empowerment. Such an engagement will be helpful to develop the inclusive approach of healthcare. Moreover, the community engagement in healthcare should be a priority for policy makers for garnering greater efficiency in universalization of healthcare *(WHO, 2020)*.

Figure 4.1: Role of Community in Healthcare



Source: ***World Health Organisation (2020)***

Figure 4.2: Role of Approaches to Community Engagement



Source: ***World Health Organisation (2020)***

World Health Organisation has further outlined that there are four approaches to community engagement in the healthcare. Primarily, the healthcare facilities should be '*community oriented*' where the policies should benefit the people at large. In this approach, the behavioral, cultural and social conditions including vaccination, awareness and gender inclusion would be focused upon. Secondly, the '*community based*' approach will focus on health system determinants including access to healthcare, information upon communicable and non-communicable diseases and mental health services. Also the development of personal skills and strengthening community engagement lies in the centre of this approach. Thirdly, '*community engagement*' will focus upon pre requisites' for health including lack of housing, lack of water, sanitation and food security. Lastly, the '*community owned*' approach focuses upon health system determinants including access to primary healthcare services, programmes and information related to communicable and non-communicable diseases. Therefore, it can be inferred that community engagement lies at the centre of providing healthcare services in an inclusive approach *(WHO, 2020)*.

The community groups in Kashmir region have presence in every village/area that plays various roles in education, employment and healthcare. In the realm of NHM framework, the decentralized and participative healthcare is focused upon. NHM seeks to empower the community by placing the healthcare in their hands and determine the ways for their healthcare improvement. Moreover, state is focused upon to provide the enabling environment by integrating all the stakeholders in healthcare policy implementation and

monitoring. In the realm of healthcare, following attributions have been attributed to community under NHM:

- Community based organizations should be constituted under various schemes for active engagement in policy monitoring and implementation.
- ASHAs should play a role in community mobilization and sensitization on various issues in healthcare.
- Community groups and leaders should be mobilized for creating awareness with regard to TB.
- Community groups should be mobilized for seeking solution of cleanness quarterly.
- Need to develop support to community base surveillance and promotion of health education and coordination.
- Need to integrate NGOs and voluntary groups for providing the conducive environment for quality and affordable healthcare.
- During the healthcare emergencies, community engagement is vital for transport emergencies and other medical purposes.

Community groups play a crucial role in healthcare by mobilizing resources, advocating for health issues, promoting health education, and facilitating community participation. Community groups are familiar with the state of healthcare in their villages/areas, so utilizing their services will bring greater efficiency in healthcare. Community groups can organize health education campaigns and initiatives to raise awareness about preventive measures, healthy behaviors, and disease management. They can raise their collective voice to address healthcare disparities, access to quality care, and other health-related issues. Community groups can mobilize resources to support healthcare initiatives within their communities. Community groups can facilitate health screening programs to identify health issues at an early stage. They have the potential to influence health policies at the local, regional, or national level. Community groups often train and deploy community health workers and volunteers who can provide basic healthcare services, health counselling, and health promotion activities within their communities. Lastly, community groups can contribute to research efforts by participating in studies, surveys, and data collection initiatives *(Horowitz & Lawlor, 2008)*.

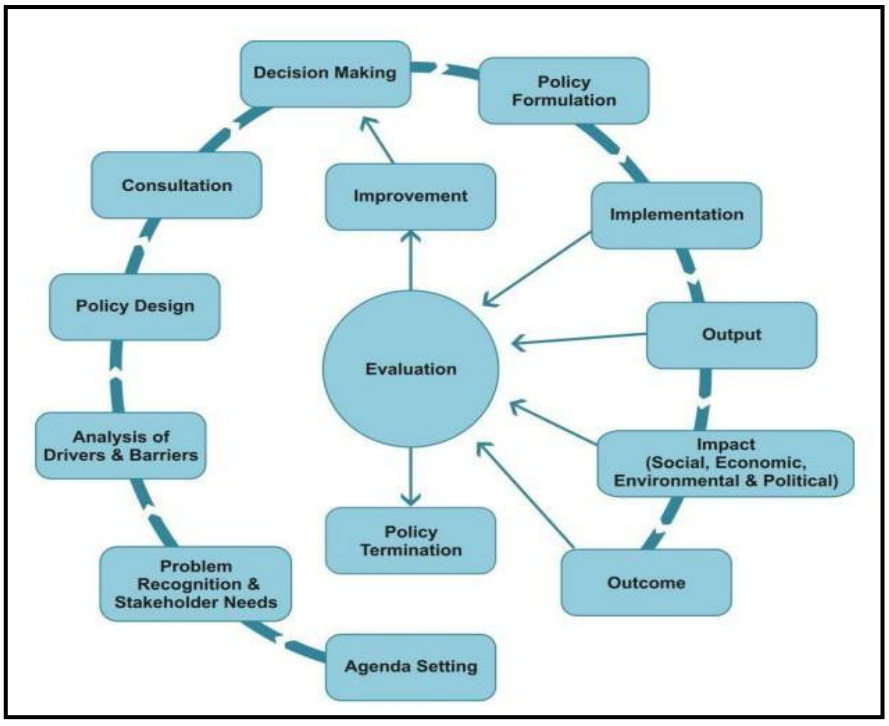
The decentralization of healthcare is termed as vital aspect in the realm of healthcare of J&K. The decentralization could be achieved through community based interventions by following bottom-up approach. The active community engagement in psychological aspects is

fruitful in tackling the persistent healthcare issues in J&K. A study from Ganderbal district of J&K has outlined that community based awareness and mental health interventions with the integration of *Pirs* has proved an invaluable asset *(Iyer, P., 2019)*. To bring efficiency in healthcare, there is need for community participation supported by active engagement of people in design, delivery, monitoring and evaluation of healthcare policies/programmes *(Itoo, T., 2020)*.

4.9. Importance of Non-State Actors

Non state actors have presence in all socio-economic development avenues. They play a vital role in the education, employment and healthcare sector by contributing to the overall well-being and development. Sustainable Development Goals (SDGs) provide a guiding framework to policy makers to adopt the appropriate and suitable mechanism towards moving into sustainable development pathways. The SDG framework provides an opportunity to align and track the development of country with sustainable development. However, aligning national interests with global goals requires knowledge, capacity and institutional mechanism. More importantly, the implementation is not the greatest challenge, but the monitoring is. Therefore, for smooth execution and planning of policy measures and to create a link between goals and targets; the role of non-state actors is crucial*(Bhamra et al., 2015)*.

Figure 4.3: Role of Non-State Actors



Source: ***Bhamra et al., 2015***

Non-state actors remain an integral part of policy process. Non-state actors are vital in monitoring and evaluation of policy. Their engagement improves the accountability and transparency in the system and increase the participation of people. Moreover, they provide feedback that is crucial to address inter-linkages among SDG goals and targets. They generate awareness by disseminating relevant information and communicate the response of public to government and vice versa *(Bhamra et al., 2015)*.

India being the largest populated nation is also the home to marginalized populations. There is huge disparity among various strata of society. Government ensures social wellbeing through various policies and programmes, but that is not enough for a populated country like India. Herein the role of every citizen and more specifically NGOs came into picture as they have better connection with communities in grass-root level. NGOs play a role in creating awareness about health issues and create resources for rehabilitation of marginalized people. NGOs provide correct information on government healthcare schemes including *Pradhan Mantri Jan Arogya Yojna (PMJAY)* and provide better healthcare services to poor at minimum cost. Therefore, NGOs help in accessibility and universalization of healthcare *(Soparkar, S., 2022).Bhamra et al. (2015)* have stated that the role of non-state actors is important from the given functional perspectives.

- Non-state actors including NGOs and other community groups are important to redress the grass-root level issues and they present their health oriented services to the unprivileged ones. Therefore, they play a role in bridging the gap in delivery and accessibility of essential healthcare services.
- Non-state actors play a role in actively engaging the local communities in decision making, healthcare planning and policy implementation. Active engagement of people helps in understanding and analyzing the sensitive healthcare issues.
- Non-state actors supplement the efforts of government in providing quality healthcare services. NSAs also work in collaboration with government institutions and other institution to leverage their expertise for improving the healthcare and other societal avenues.
- NGOs and other societal organizations play an essential role in advocating healthcare policies and programs and their improvement thereby. They are also vocal about healthcare issues, awareness and influence policy decisions. Therefore, they shape healthcare agenda and positively impact the healthcare

delivery.

- Community groups are actively engaged in inclusive healthcare interventions and they lie at the centre of any healthcare crisis. They address the persistent healthcare challenges and quickly respond to the emerging health needs and crisis.
- Media is an important pillar that plays a key role to disseminate the timely information to public in real time. Media occupies the central stage among all non-state actors in terms of keeping strict vigil upon the policy implementation. With the help of digital revolution, the scope of media operation has expanded significantly.
- Non-state actors, including NGOs and professional associations, contribute to the capacity building and training of healthcare medicos and paramedic staff. They organize workshops, seminars, and skill development programs to improve the knowledge and competencies of healthcare workers. By improving the skills of the healthcare workforce, non-state actors contribute to the overall quality of healthcare services in Jammu and Kashmir.

Therefore, it can be inferred from the above discussion that, the active involvement of non-state actors including NGOs, media and community groups in the healthcare sector of Jammu and Kashmir is crucial for improving access, quality, and equity in healthcare delivery. Their unique strengths, community engagement, and innovative approaches make them valuable partners in addressing healthcare challenges and promoting the well-being of the population.

4.10. Conclusion

Non-state actors play an important role in healthcare that contributes to inclusivity, accessibility and cost effectiveness to the healthcare services. Although National Health Mission has attributed a larger role to NSAs including NGOs, community groups, media and other stakeholders. In this context, the review has outlined that Non-Governmental Organizations (NGOs) in India are spread across rural and urban habitations primarily aimed at dispensing curative, protective and rehabilitative healthcare services through their institutions or health camps. These NGOs undertook various healthcare activities on voluntary basis but work under the designated set of legal frameworks as mandated by the government. They generate revenue through voluntary donations from organizations or individuals that

facilitate the goals to deliver the quality services to the targeted population. Majority of the NGOs are working in preventive care through their outreach programs. Rehabilitative care and ancillary services like diagnostics facilities (tests etc.) are limited under the purview of NGOs.

Other than NGOs, there are community groups that occupy the central position in delivering the quality care health services. World Health Organization has attributed central stage to the community groups for bringing inclusivity in healthcare services. In context to Jammu and Kashmir, the review has outlined that NGOs and community groups have minimal presence in J&K. However, the role of two could not be negated during the pandemic crisis. Community groups and members have taken initiatives to positively affect the psychological issues of youth in J&K. Lastly, media is considered as the prime institution that keeps a strong vigil upon the actions of state. Media does not play a direct role in policy formulation, but has a role in policy implementation and monitoring in the indirect approach. Media largely highlight the issues pertaining to healthcare that becomes the central stage for debates and policy makers.

CHAPTER 5

ANALYSIS OF NATIONAL HEALTH MISSION IN DISTRICT BUDGAM OF JAMMU AND KASHMIR

CHAPTER 5

ANALYSIS OF NATIONAL HEALTH MISSION IN DISTRICT BUDGAM OF JAMMU AND KASHMIR

5.1. Introduction

Previous chapter has presented an exploration into the healthcare state of Jammu and Kashmir and more importantly the role of non-state actors has been analysed into the systematic approach. The key findings of the study have revealed that healthcare state of J&K has witnessed a positive change with the implementation of National Health Mission. More importantly, the accessibility and affordability aspects of healthcare have radically transformed under the shadow of NHM. The key components of healthcare including free medication, diagnostic facilities, transportation facilities and other avenues has transformed in positive orientation. To streamline the healthcare sectors, the healthcare framework has attributed a role to non-state actors including private players, NGOs, community groups and other institutions. However, there is limited literature available that define the role of non-state actors into the monitoring and implementation of NHM in the union territory of Jammu and Kashmir. Therefore, it becomes essential to analyze and explore the role of non-state actors and to gauge the performance of NHM for streamlining the healthcare scenario of District Budgam in particular using primary data sources. In this background, the present chapter analyses the perception of respondents with regard to the healthcare sector of District Budgam and most importantly the National Health Mission. The present chapter has been divided into three parts as presented below:

- Part Ideals with the analysis of primary data collected from 300 respondents including patients/attendants.
- Part II deals with the analysis of primary data collected from 100 respondents including doctors, nurses, administrative officials and others.
- Part III deals with the qualitative data analysis collected from 20 key respondents including officials of health department, media and community groups.

All the data has been presented under the appropriate themes in tabular and chart forms keeps in view the coherency of research objectives. Moreover, the findings have relevance to District Budgam in particular and J&K in general.

Part I

Perception of Patients/Attendants Regarding NHM and Healthcare in District Budgam

The enactment of policies for people is meaningless without analysing their impact at the ground level. Considering the nature of the study, this chapter has presented an analysis and exploration into the healthcare of District Budgam. More importantly, this section offers an analysis of National Health Mission and role of non-state actors into the healthcare scenario of District Budgam from the patient/attendant perspective. All the subject matter has been presented under appropriate themes keeping in view the coherency and synchronization of research objectives.

Table 5.1: Healthcare Institutions in District Budgam

Healthcare Institutions	Frequency (Source: NHM 2023)
District Hospital	01
Community Health Centers	09
Primary Healthcare Centers	40

To improve the accessibility of healthcare services in District Budgam, the healthcare institutions have been established in every nook of the district. Moreover, to bring the inclusivity in healthcare, the healthcare institutions have been established at every stratum of district. In this background, the above data outlines that there is one District Hospital, 09 CHCs and 40 PHCs which play a role in providing healthcare facilities to people. Furthermore, these healthcare institutions are entrusted with responsibility to provide quality care medical services in real time and cost effective mode. In this context, the subsequent section will provide an exploration and analysis into the role of these healthcare institutions in providing quality healthcare services under the larger framework of National Health Mission. However, it is quite impractical for a researcher to analyze every medical facility in the district; therefore, only few medical facilities have been selected for data collection purpose. These facilities are presented below:

- District Hospital Budgam
- Three Community Healthcare Centers including CHC Chadoora, CHC Khansahib and CHC Beerwah.

- Five Primary Healthcare Centers including: PHC Khag, PHC Hanjoora, PHC Rathson, PHC Soibugh and PHC Hardponzo.

The prime reason for selecting these healthcare facilities includes familiarity of researcher, cost-effectiveness of researcher and keeping into consideration the rural and urban population inclusivity. A total of 300 respondents (only patients/attendants) were selected for sampling purpose. From District Hospital Budgam 50 respondents, from three CHCs 100 respondents and from five PHCs 150 respondents were selected. Moreover, the data analysis presented in the Part-I is exclusively related to the perception of patients/attendants with respect to the healthcare facilities in District Budgam under NHM.

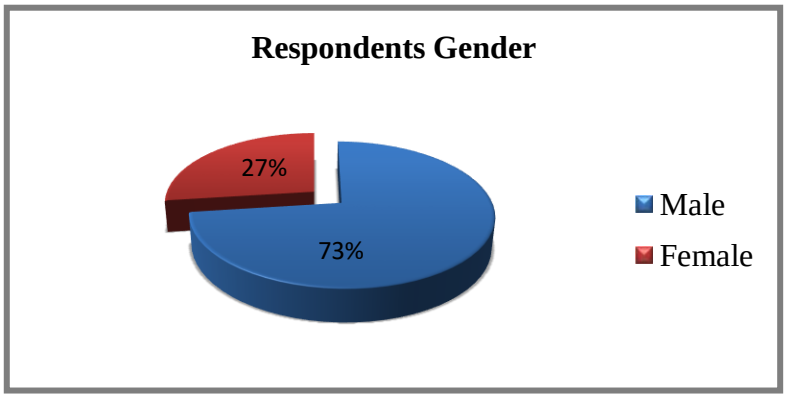
5.2. Socio-Economic Profile of Respondents

A socio-economic profile refers to the description or analysis of characteristics and status of a group of individuals or a population in terms of their social and economic attributes. The socio-economic attributes of respondents of the present study includes their educational level, housing station, age, gender and other relevant indicators. The socio-economic profile of respondents in a study is an appropriate measure to analyze the data from diverse perspectives.

Table 5.2.1: Gender wise classification of the Respondents

S. No.	Gender	Frequency	Percentage
1	Male	218	73%
2	Female	82	27%
Total		**300**	**100%**

Chart 5.2.1: Gender wise classification of the Respondents *(n=300)*

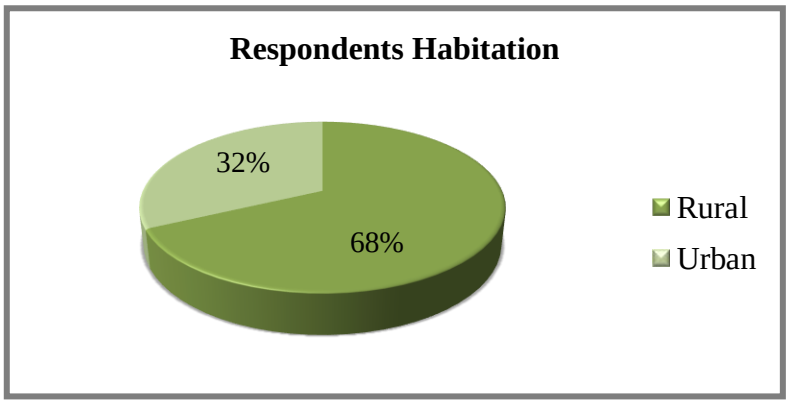


In the present study, inclusivity in terms of gender sampling has been maintained. The gender inclusivity helps to analyze the variations in responses among the male and female populations. In this regard, the present study has collected responses from 218 (73%) males and 82 (27%) females. The female responses are quite low in number as compared to male responses due to the conservative nature and negligent attitude of certain female respondents. Therefore, it would be quite interesting to analyze the data from gender perspective in the subsequent sections.

Table 5.2.2: Respondents Habitation

S. No.	Respondents Habitation	Frequency	Percentage
1	Rural	204	68%
2	Urban	96	32%
Total		**300**	**100%**

Chart 5.2.2: Respondents Habitation *(n=300)*



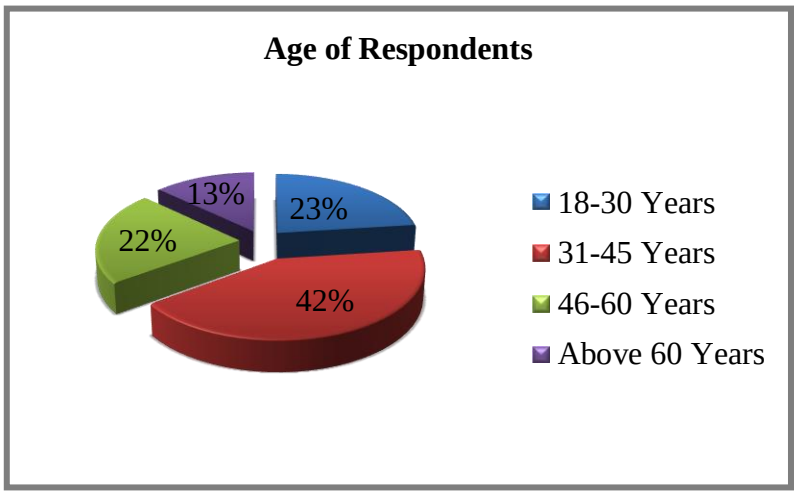
Habitation is the place of living that provides the appropriate conditions for survival. In the realm of humans, the habitation means the place where an individual life in with other members of the society. Accordingly, the human habitations are categorized into broad categories rural and urban. In this context, the present study has maintained sampling inclusivity in terms of habitation. According to the above data, 204 (68%) of respondents belong to rural areas and 96 (32%) of respondents belong to urban areas. Primary the equal ratio for rural urban healthcare facilities was maintained, but the data signifies that people from rural areas not only visit their nearby PHC or CHC; but they also visit District Hospital

Budgam for advanced treatment. Therefore, it can be inferred that influx of rural people into the urban healthcare facilities signifies that out of ordinary treatment and all the medical facilities are not available in rural healthcare facilities.

Table 5.2.3: Age of Respondents

S. No.	Age of Respondents	Frequency	Percentage
1	18-30 Years	68	23%
2	31-45 Years	127	42%
3	46-60 Years	66	22%
4	Above 60 Years	39	13%
Total		**300**	**100%**

Chart 5.2.3: Age of Respondents *(n=300)*



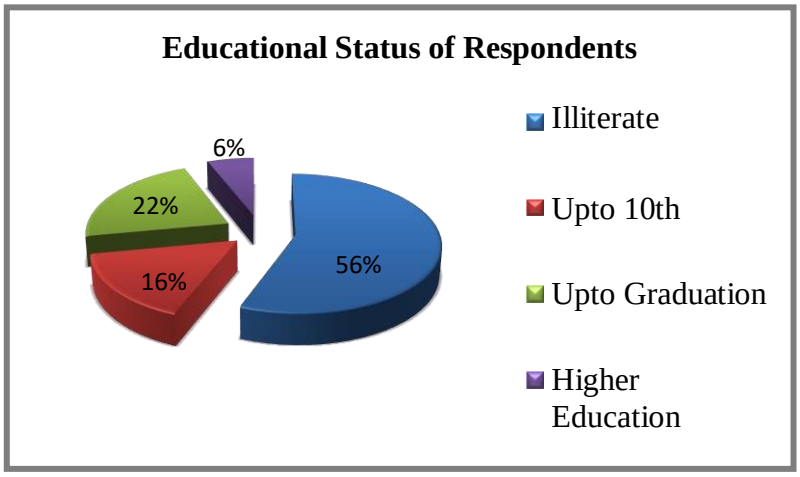
In the present study, an attempt was made to record the age of respondents for analysing their health state. According to the above data 68 (23%) of respondents belong to 18-30 years of age group and 127 (42%) of respondents belong to 31-45 years' age group. While as 66 (22%) of respondents belong to 46-60 years' age group and 39 (13%) of respondents lie above 60 years. Therefore, it can be inferred that majority of the patients lie between 18-45 years of age and they mostly constitute the females. The female influx under the 18-45 years of age is greater due to maternity issues. While as the adult male patient

influx and child patient influx is quite minimal. In the case of childcare, people prefer to consult private doctors or visit the children hospital Bemina, Srinagar for advanced treatment.

Table 5.2.4: Educational Status of Respondents

S. No.	Educational Status of Respondents	Frequency	Percentage
1	Illiterate	168	56%
2	Up to 10th	48	16%
3	Up to Graduation	66	22%
4	Higher Education	18	06%
Total		**300**	**100%**

Chart 5.2.4: Educational Status of Respondents *(n=300)*



Education is the important aspect that signifies the socio-economic outlook and behaviour of an individual. In this context, it becomes important to analyze the data from educational perspective. According to the above data 168 (56%) of respondents are illiterate and 48 (16%) of respondents have studied up-to 10th class. While as 66 (22%) of respondents are Graduates and only 18 (06%) of respondents have higher qualifications. Considering the perception of respondents with respect to NHM and healthcare; mostly people with good academic qualifications have sound understanding of NHM and Non-State Actor's role in healthcare scenario of District Budgam. In this background, it would be quite interesting to know the variations of opinions among the respondents based on education.

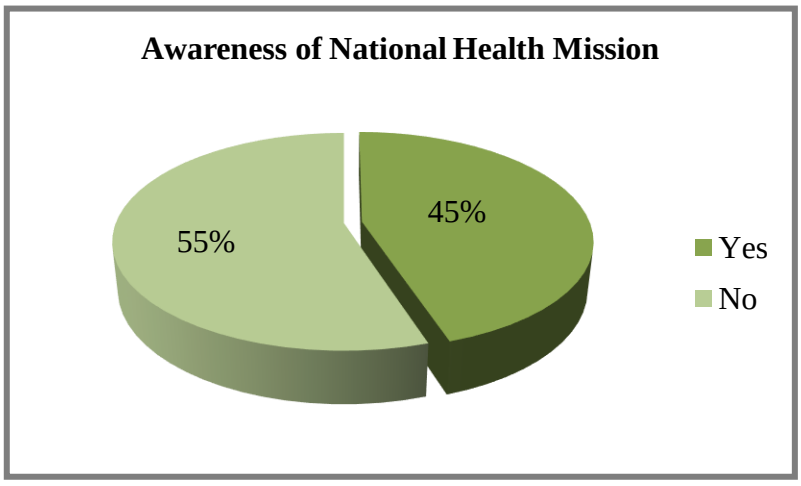
5.3. National Health Mission and Healthcare Service Delivery

In this section, an attempt has been made to analyse the perception of respondents with respect to their familiarity with National Health Mission. Moreover, it is important to analyze the respondents' perception with regard to the medium that plays an educative role to inform the people on various policy measures. The section also outlines the various healthcare benefits availed by people under the framework of NHM under the appropriate themes.

Table 5.3.1: Awareness of National Health Mission

S. No.	Awareness of National Health Mission	Frequency	Percentage
1	Yes	Rural: 78	45%
		Urban: 57	
2	No	Rural: 126	55%
		Urban: 39	
Total		**300**	**100%**

Chart 5.3.1: Awareness of National Health Mission *(n=300)*



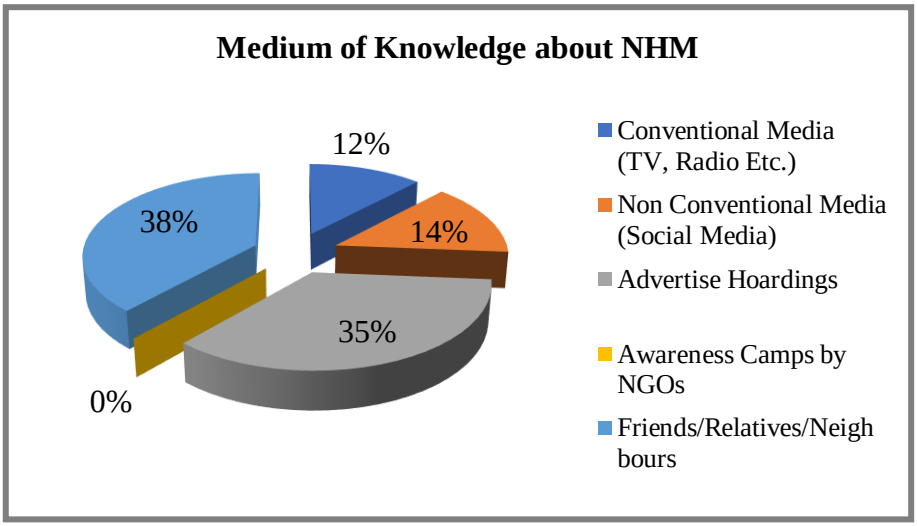
The Government of India enacted National Health Mission in 2015 for strengthening the healthcare structure across India. Under the policy, the focus was laid upon delivering the accessible, affordable and quality based healthcare to public. However, the effectiveness of the policy lies with the fact whether public avails the services under NHM or not. And to what extent, the people are familiar with the policy. In this context, the query was outstretched

before the respondents whether they know what NHM is. In this regard, the data figures out that only 135 (45%) of respondents are familiar with NHM and 165 (55%) of respondents do not know about NHM. However, people avail services provided under NHM, but their basic understanding about the framework of NHM is quite minimal.

Table 5.3.2: Medium of Knowledge about NHM

S. No.	Medium of Knowledge about NHM	Frequency	Percentage
1	Conventional Media (TV, Radio Etc.)	16	12%
2	Non-Conventional Media (Social Media)	19	14%
3	Advertise Hoardings	48	35%
4	Awareness Camps by NGOs	00	0%
5	Friends/Relatives/Neighbours	52	38%
Total		**135**	**100%**

Chart 5.3.2: Medium of Knowledge about NHM *(n=135)*



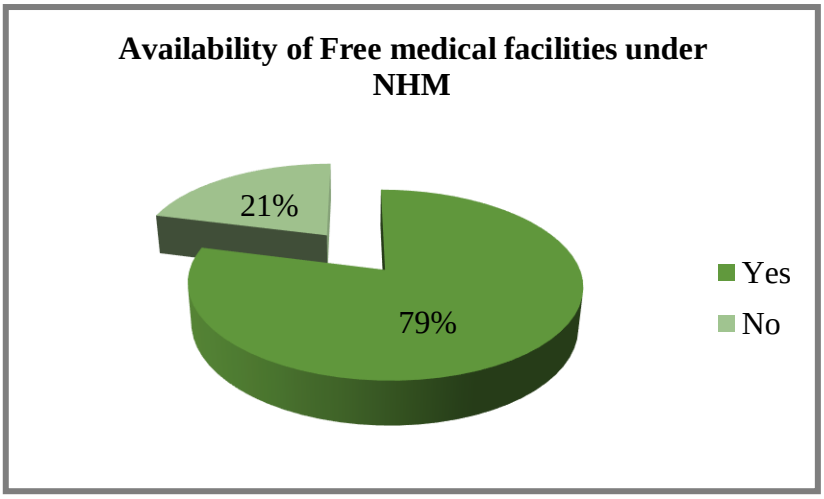
The history has witnessed that an individual will be groomed socially by means of different institutions. These institutions have a direct or indirect role to educate people on different socio-economic avenues. Considering the respondent's familiarity with the services provided under NHM, only of 135 respondents are familiar with NHM. According to above

data, 16 (12%) of respondents became familiar with NHM under the programmes of conventional media and 19 (14%) of respondents have gained familiarity of NHM from non-conventional media including social media. While as 48 (35%) respondents gained insights into NHM from advertisement hoardings and 52 (38%) respondents came to know about NHM by means of relatives/friends. Therefore, different institutional mechanisms play a role to disseminate the relevant knowledge to people for garnering greater healthcare benefits under NHM.

Table 5.3.3: Availability of Free medical facilities under NHM

S. No.	Availability of Free medical facilities under NHM	Frequency	Percentage
1	Yes	107	79%
2	No	28	21%
Total		**135**	**100%**

Chart 5.3.3: Availability of Free medical facilities under NHM *(n=135)*



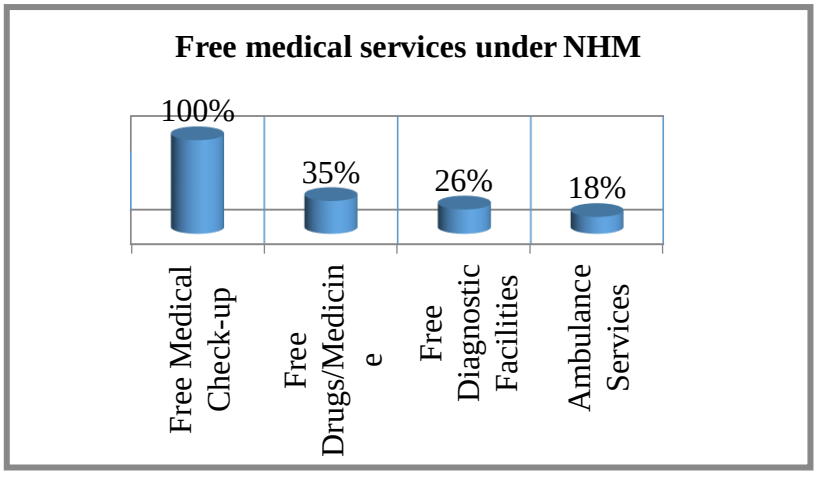
To overcome the issues pertaining to poor healthcare infrastructure, the NHM is supposed to play a role to radically transform the healthcare. However, the effectiveness of NHM lies with the fact whether people are availing quality healthcare services under NHM or not. In this background, the data has revealed that out of 135 respondents who are familiar with NHM, only 107 (79%) are availing healthcare facilities under NHM and 28 (21%) do not

avail any facility under NHM. Despite the known fact that people are familiar with NHM, they could no avail the policy benefits at larger scale. The availing of health facility under NHM lies with the patient. There could be various issues/challenges that limit the people from availing healthcare facilities under NHM. In this milieu, the untimely and heavily documented disbursement of maternal and childcare benefits, non-availability of all types of facilities may limit the scope of NHM among the common people. However, the onus on availing the healthcare facility lies with the patient, but the issues from supply side could not be negated.

Table 5.3.4: Free medical services under NHM

S. No.	Free medical services under NHM	Frequency	Percentage
1	Free Medical Check-up	107	100%
2	Free Drugs/Medicine	37	35%
3	Free Diagnostic Facilities	28	26%
4	Ambulance Services	19	18%

Chart 5.3.4: Free medical services under NHM



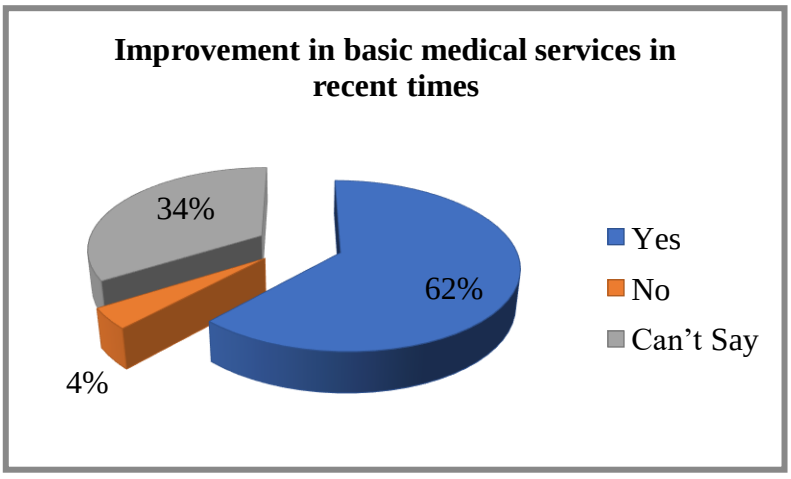
There are multitudes of quality healthcare services that are provided to public under the shadow of NHM. The nature and the utility of services depend upon the prominence of healthcare institution and the demand from public. In this context, the data has revealed that out of 135 respondents, only 107 respondent's avail quality healthcare facilities under NHM.

The prominent services availed by public include 107 (100%) free medical check-up and 37 (35%) free drugs/medicines. While as 28 (26%) people avail free diagnostic facilities and only 19 (18%) people avail ambulance services. In most of the cases the all types of medicines are not available to patients under NHM, thus adds financial burden upon them. Moreover, people avail ambulance services not in all circumstances but in rear cases. Limited diagnostic facilities and lack of qualified workforce limits the scope of diagnostic facilities under NHM.

Table 5.3.5: Improvement in basic medical services in recent times

S. No.	Improvement in basic medical services in recent times	Frequency	Percentage
1	Yes	84	62%
2	No	05	04%
3	Can't Say	46	34%
Total		**135**	**100%**

Chart 5.3.5: Improvement in basic medical services in recent times *(n=135)*



NHM is primarily aimed at transforming the healthcare scenario in terms of basic medical facility and basic infrastructure. Revitalizing the basic medical services helps to supplement the basic medical facilities basket for larger benefit of the society. In this milieu, 135 people familiar with NHM were enquired upon where 84 (62%) of respondents have

agreed that basic medical facilities have revitalized under NHM. While as 05 (04%) of respondents have negated the notion that NHM revitalized the basic medical facilities and 46 (34%) of respondents have shown neutral stance on the given fact. Therefore, it can be inferred that NHM has taken a lead to revitalize the basic medical services for garnering greater efficiency in terms of accessibility and affordability of healthcare facilities.

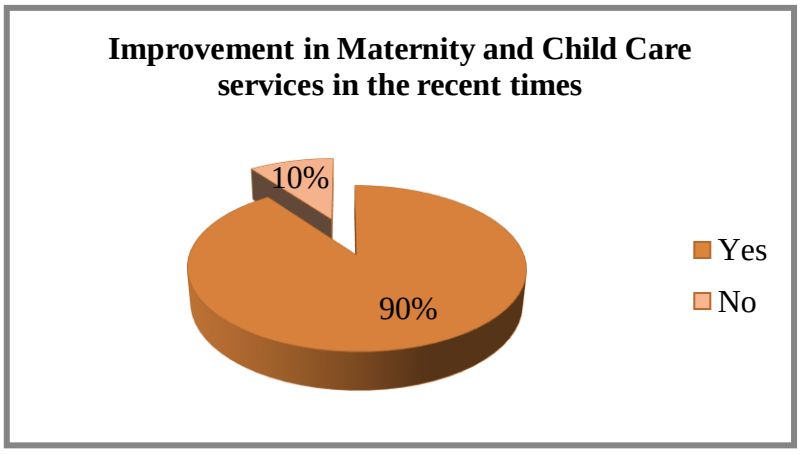
5.4. Accessibility of Healthcare Services

Accessibility is defined as 'the quality of being able to reach or easy to approach'. In this context, the present section has explored the accessibility of quality based healthcare to people based on perception of patients/attendants.

Table 5.4.1: Improvement in Maternity and Child Care services in the recent times

S. No.	Improvement in Maternity and Child Care services in the recent times	Frequency	Percentage
1	Yes	186: Rural	90%
		84: Urban	
2	No	18: Rural	10%
		12: Rural	
Total		**300**	**100%**

Chart 5.4.1: Improvement in Maternity and Child Care services *(n=300)*

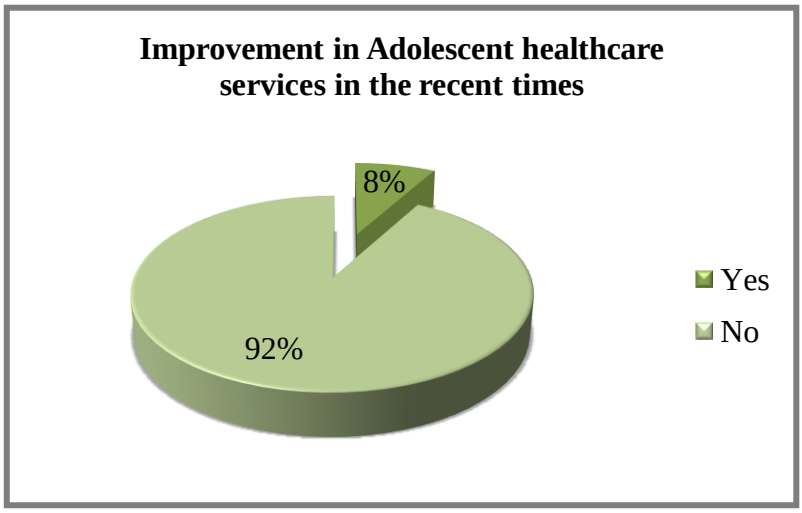


The health issues are persisting in diverse forms ranging from maternal healthcare to adolescent care. In this context, it becomes important that government makes appropriate measures to provide healthcare facilities in every aspect. According to the above data, a total of 270 (90%) of respondents agree that Maternity and Child Care services have improved in the recent times and only 30 (10%) of respondents have negated the same notion. Therefore, it can be inferred that Maternity and Child Care services have improved and the reason could be timely intervention from government and role of different policy measures. The improvement in maternal healthcare offers people to avail services in nearby medical facilities; thus reduces their out of pocket expenditure and financial burdens. However, people seem less inclined towards availing the child care facilities.

Table 5.4.2: Improvement in Adolescent healthcare services in the recent times

S. No.	Improvement in Adolescent healthcare services in the recent times	Frequency	Percentage
1	Yes	17(Urban) & 7(Rural)	8%
2	No	79 (Urban) & 197 (Rural)	92%
Total		**300**	**100%**

Chart 5.4.2: Improvement in Adolescent healthcare services *(n=300)*

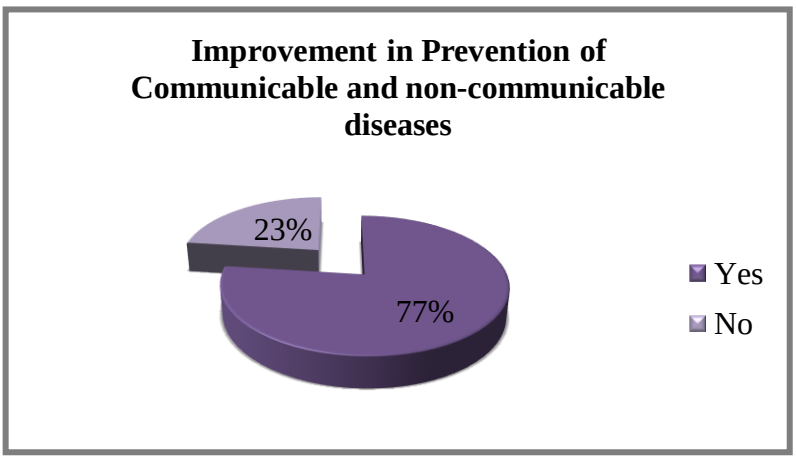


The presence of adolescent healthcare in PHCs, CHCs and other healthcare institutions is the appropriate measure to overcome the persist issues. Adolescent health encompasses multiple domains including social, physical, emotional and intellectual. In this context, the question was raised before the respondents whether adolescent healthcare services have improved or not. To this 24 (08%) of respondents agree and 276 (92%) disagree that Adolescent healthcare services have improved in the recent times. Moreover, it can be inferred that limited knowledge about adolescent healthcare policies limit their scope. However, the societal attitudes and privacy of patients could not be ruled out to be the major reason for negative responses.

Table 5.4.3: Improvement in Prevention of Communicable and non-communicable diseases

S. No.	Improvement in Prevention of Communicable and non-communicable diseases	Frequency	Percentage
1	Yes	230	77%
2	No	70	23%
Total		**300**	**100%**

Chart 5.4.3: Improvement in Prevention of Communicable and non-communicable diseases *(n=300)*



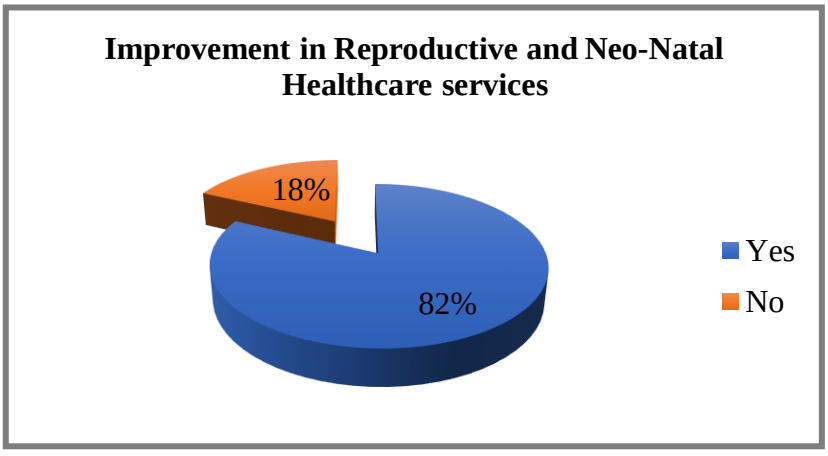
Since the historical times, the communicable and non-communicable diseases have stagnated the human growth to the larger extent. The prevalence of communicable diseases

and lack of appropriate medicines was the greatest challenge to the medical fraternity. To counter these issues Government at subsequent levels have undertaken various measures. In this regard the respondents were questioned whether prevention of communicable and non-communicable diseases took place in the recent times. To this, 230 (77%) of respondents agree and 70 (23%) respondents disagree with the fact that prevention of communicable and non-communicable diseases took place in recent times. Moreover, people with higher education and urban habitation have termed COVID-19 pandemic as the greatest blind spot in the history of communicable diseases. Initiatives undertaken to prevent disease spread were successful in tackling non-communicable diseases, but existence of COVID-19 has exposed the reality.

Table 5.4.4: Improvement in Reproductive and Neo-Natal Healthcare services

S. No.	Improvement in Reproductive and Neo-Natal Healthcare services	Frequency	Percentage
1	Yes	246	82%
2	No	54	18%
Total		**300**	**100%**

Chart 5.4.4: Improvement in Reproductive and Neo-Natal Healthcare services *(n=300)*



Neonatal care is the type of care a baby born premature or sick receives in a neonatal unit. The hospital has specialized units to cater the needs for premature born babies. While as reproductive care is a state of complete physical, mental and social wellbeing. The issues pertaining to menstruation, fertility, contraception, pregnancy, Sexually Transmitted Diseases

(STDs) are integral to reproductive healthcare. In this regard, 246 (82%) of respondents agree and 54 (18%) of respondents disagree with the fact that Reproductive and Neonatal Healthcare services have improved in recent times. People availing medical facilities from PHCs and CHCs has limited experiences in terms of Neonatal care while as there is uniformity in the reproductive care. Moreover, the women patients are availing reproductive healthcare facilities at larger scale since the fertilization up to their delivery in both rural and urban areas.

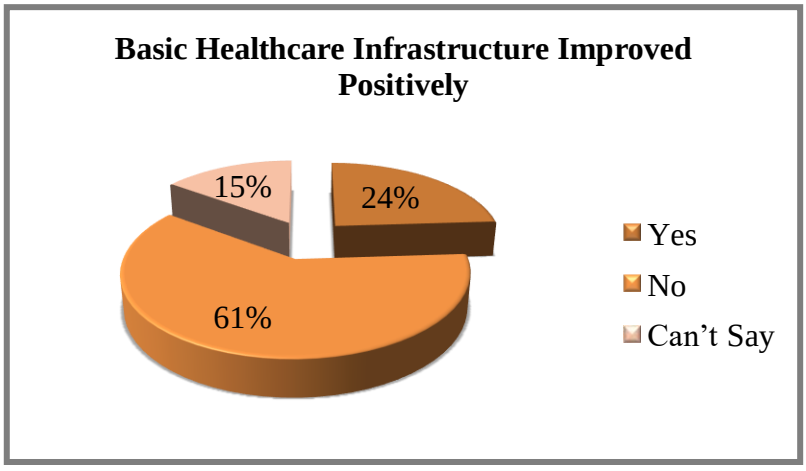
5.5. Basic Healthcare Infrastructure under NHM

Infrastructure is the key pillar supporting the fundamental development of healthcare institutions. Viable the basic healthcare infrastructure, greater is the efficiency in delivering the healthcare facilities. In this context, the present section has presented and analysis of basic infrastructural availability in the PHCs, CHCs and District Hospital Budgam.

Table 5.5.1: Basic Healthcare Infrastructure Improved Positively

S. No.	Basic Healthcare Infrastructure Improved Positively	Frequency	Percentage
1	Yes	72	24%
2	No	182	61%
3	Can't Say	46	15%
Total		**300**	**100%**

Chart 5.5.1: Basic Healthcare Infrastructure Improved Positively *(n=300)*

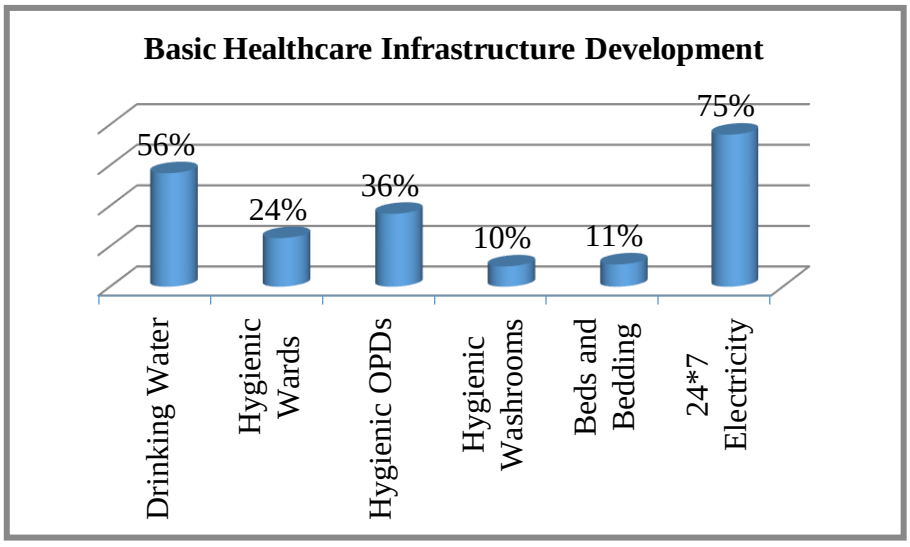


Infrastructure is integral for transforming the healthcare scenario across the different hierarchies of healthcare institutions. Moreover, the basic infrastructure forms the cornerstone of any medical facility. In this milieu, the query was raised before the respondents whether the basic infrastructure has witnessed a positive change in contemporary era or not. To this 72 (24%) of respondents agree, 182 (61%) of respondents disagree and 46 (15%) or respondents have shown neutral stand on the fact that basic infrastructure has witnessed a positive change in contemporary era. Therefore, it can be inferred from the data that respondents face issues pertaining to infrastructural viability. These issues could be the potential factors that are responsible for negative notion on the above question.

Table 5.5.2: Basic Healthcare Infrastructure Development

S. No.	Basic Healthcare Infrastructure Development	Frequency	Percentage
1	Drinking Water	40	56%
2	Hygienic Wards	17	24%
3	Hygienic OPDs	26	36%
4	Hygienic Washrooms	07	10%
5	Beds and Bedding	08	11%
6	24x7 Electricity	54	75%

Chart 5.5.2: Basic Healthcare Infrastructure Development



There are multitudes of avenues that have been developed in the realm of healthcare. The basic healthcare infrastructure has witnessed a positive change under the ambit of various policy measures. In this context, out of 72 respondents who agree that basic healthcare infrastructure has improved in recent times; 40 (56%) have stated that drinking water facilities have improved and 17 (24%) have stated that Hygienic wards have been constructed/maintained. While as 26 (36%) of respondents agree that Hygienic OPDs have been maintained and only 07 (10%) agree that Hygienic washrooms have been constructed. Moreover 08 (11%) agree that hygienic beds and bedding has been put in place and 54 (75%) have stated that 24x7 electricity has been made accessible. Therefore, it can be inferred from the data that healthcare institutions in District Budgam are struggling to revitalize their basic infrastructure and there exists gross inequality in terms of basic infrastructural availability in the rural and urban healthcare facilities.

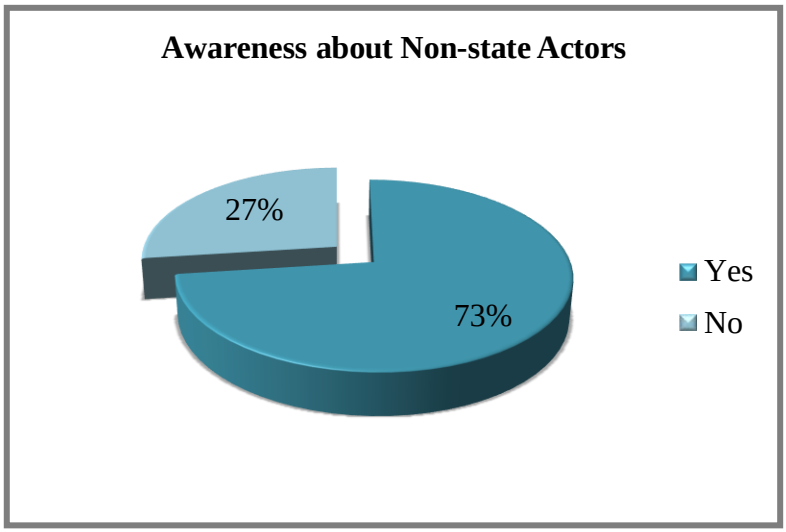
5.6. Role of Non-State Actors in NHM

Non-state actors refer to individuals, groups, or organizations that operate outside the control or authority of the government and do not possess the attributes of a traditional state. These actors can have significant influence and impact on various aspects of society, including politics, economics, social issues, and security. In this context, the present section has explored the role of Non-state actors into the monitoring and implementation of different healthcare policy measures under the ambit of NHM.

Table 5.6.1: Awareness about Non-State Actors

S. No.	Awareness about Non-state Actors	Frequency	Percentage
1	Yes	220	73%
2	No	80	27%
Total		**300**	**100%**

Chart 5.6.1: Awareness about Non-State Actors *(n=300)*

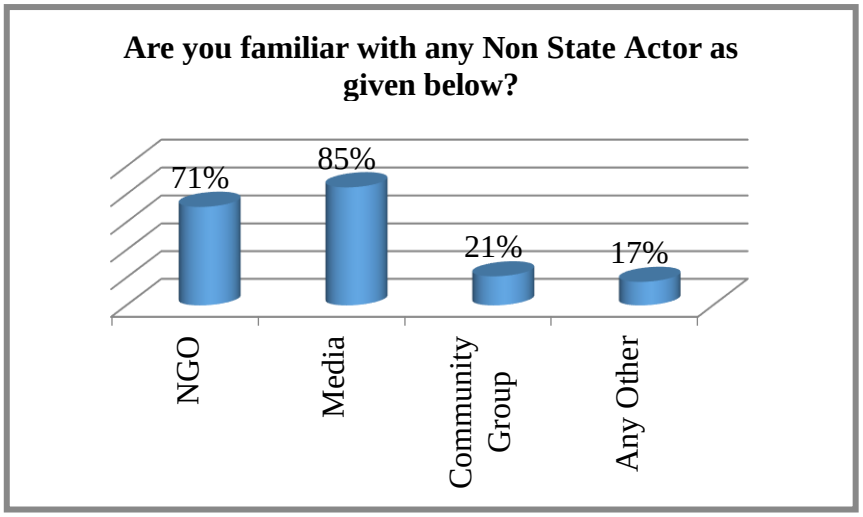


Non-state actors are apolitical and non-profit entities having presence in all the socio-economic avenues for garnering greater efficiency and development. Moreover, the non-state actors not only include the non-profit entities; but also include the private players who play a parallel role in socio-economic development. In this regard, the question was put forward to the respondents whether they know any non-state actor or not. The data has revealed that out of 300 respondents; only 220 (73%) are familiar with non-state actors and 80 (27%) are not. Moreover, the educated respondents and urban respondents are mostly familiar with the non-state actors. While as female populace has limited knowledge about the NSAs. The prime reason for not having familiarity with NSAs includes the educational backwardness, digital gap and communication gap.

Table 5.6.2: Knowledge of Non-State Actors

S. No.	Knowledge of Non-state Actors	Frequency	Percentage
1	NGO	156	71%
2	Media	186	85%
3	Community Group	46	21%
4	Any Other	38	17%

Chart 5.6.2: Knowledge of Non-State Actors

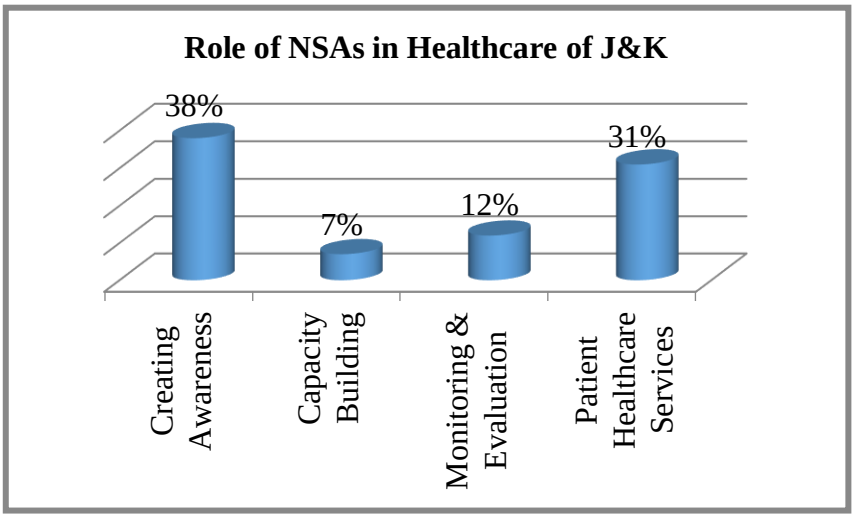


There are many variants of non-state actors that play a role in socio-economic development. However, it is important that people are familiar with the nature and working area of a NSA. In this context, the question was raised before the 220 respondents regarding their familiarity with the different NSAs. The data has conceptualized that 156 (71%) of respondents are familiar with NGOs and 186 (85%) are familiar with media institutions while as 46 (21%) respondents are familiar with community groups and 38 (17%) are familiar with other NSAs including village welfare societies and Bait-ul-Mals. Therefore, it can be inferred from the data that public are familiar with large number of NSAs and there are various factors that define the people's familiarity with NSA. Factors including social media, community interactions and village committee meetings play a role to educate people on the role of NSAs in different avenues including education, employment and healthcare.

Table 5.6.3: Role of NSAs in Healthcare of J&K

S. No.	Role of NSAs in Healthcare of J&K	Frequency	Percentage
1	Creating Awareness	84	38%
2	Capacity Building	16	07%
3	Monitoring & Evaluation	27	12%
4	Patient Healthcare Services	68	31%

Chart 5.6.3: Role of NSAs in Healthcare of J&K

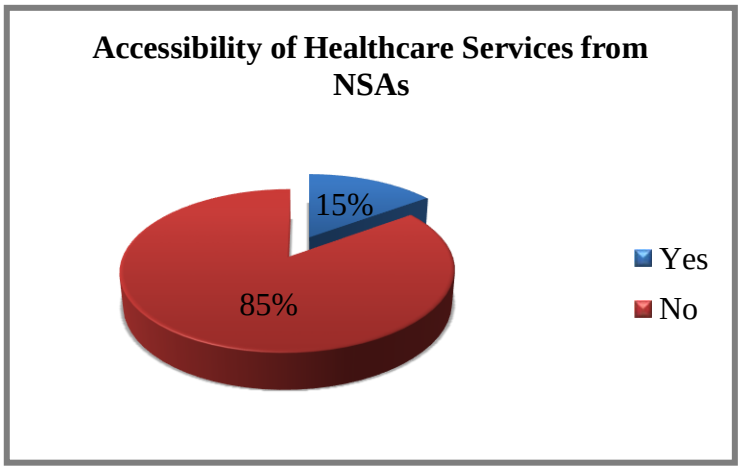


Non-state actors play an important role to bridge the gaps in education, employment, capacity building and healthcare. Thus, it becomes important to know the perception of respondents with regard to the role of NSAs in the realm of health sector. In this context, the data has outlined that out of 220 respondents; 84 (38%) respondents have attributed awareness role to NSAs and 16 (07%) have attributed capacity building role to NSAs. While as 27 (12%) respondents agree that NSAs play a role in monitoring and evaluation of healthcare policies and 68 (31%) of respondents have termed NSAs as critical institutions in delivering healthcare services. Therefore, it can be inferred from the data that NSAs are vital institutions that play a role in different healthcare avenues. However, the perception of respondents with respect to role of NGOs is minimal and majority of respondents have termed community groups as vital for delivering quality healthcare facilities. Moreover, the role of media most importantly the social media could not the ruled out from the realm of healthcare sector.

Table 5.6.4: Accessibility of Healthcare Services from NSAs

S. No.	Accessibility of Healthcare Services from NSAs	Frequency	Percentage
1	Yes	32	15%
2	No	188	85%
Total		**220**	**100%**

Chart 5.6.4: Accessibility of Healthcare Services from NSAs *(n=220)*

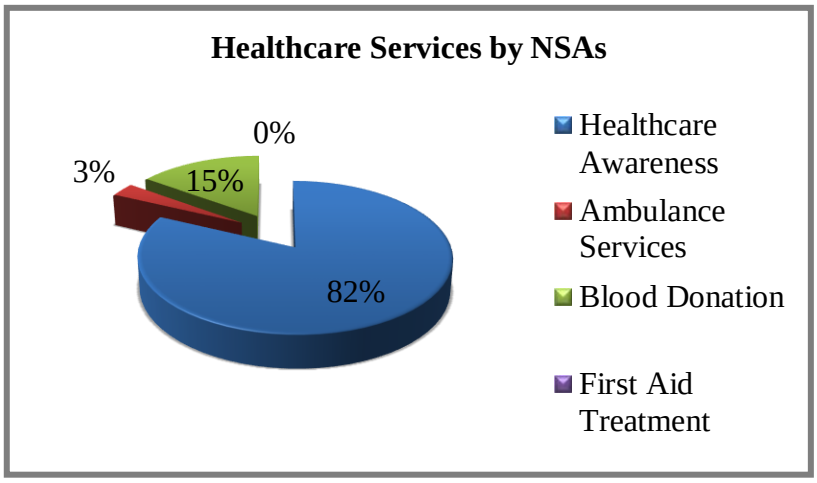


Non-state actors not only play a monitoring, evaluation and educational role in the realm of healthcare sector. They largely play a role in delivering the quality and affordable healthcare services to the people at large. In this context, the relevant query was raised before the respondents whether they avail any medical facility from NSAs or not. To this, the data has stated that out of 220 respondents; only 32 (15%) avail medical services from NSAs and 188 (85%) do not avail any medical facility provided by NSAs. Moreover, there is a direct relation in terms of people's awareness and accessibility of healthcare facility from NSAs. People from urban habitations are more likely to avail medical facilities from NSAs as compared to people from rural areas. The prime reasons for lack of familiarity among people with respect to services provided by NSAs are their educational backwardness, communication gaps and lack of media links in remote rural areas.

Table 5.6.5: Healthcare Services by NSAs

S. No.	Healthcare Services by NSAs	Frequency	Percentage
1	Healthcare Awareness	26	82%
2	Ambulance Services	01	03%
3	Blood Donation	05	15%
4	First Aid Treatment	00	0%
Total		**32**	**100%**

Chart 5.6.5: Healthcare Services by NSAs *(n=32)*



Non-state actors including NGOs, media and other community groups provide various medical services to people. The prime aim for providing these medical services is to bridge the critical healthcare gaps and bring inclusivity in terms of healthcare accessibility and affordability. In this regard, the question was raised before the respondents whether they avail any medical facility from NSAs or not. In this context, only 32 respondents have stated that they avail the medical services from NSAs. Moreover, out of 32 respondents, 26 (82%) have stated that NSAs mostly media play a role in healthcare awareness and only 01 (03%) of respondents has availed ambulance service. While as 05 (15%) of respondents have stated that they availed blood donation facility and none of the respondent has availed first aid treatment. The role of NSAs in providing healthcare facilities to people is negligible; however, role of media in awareness and policy dissemination is quite prominent one. Furthermore, community groups play an important role in providing basic healthcare facilities during the critical healthcare crisis.

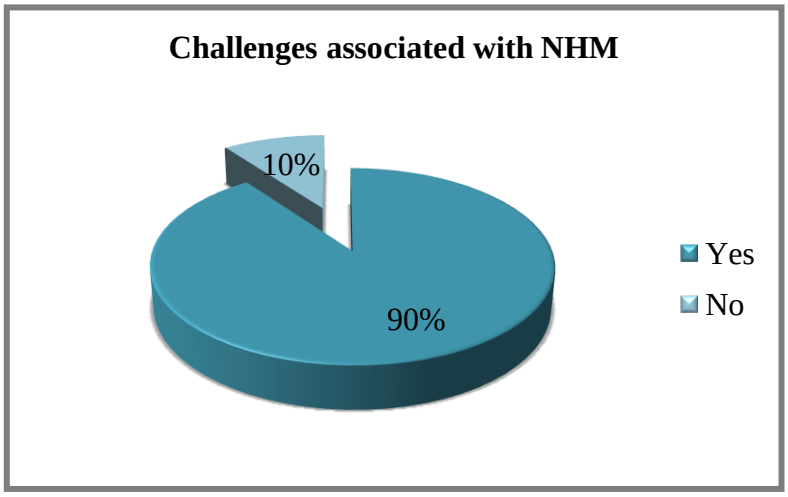
5.7. Challenges Associated with NHM

National Health Mission (NHM) being a flagship program is aimed at improving healthcare delivery and access across the country. While the NHM has made significant strides in addressing public health challenges, it also faces several challenges. These challenges have affected the healthcare service delivery into the downward trend. In this context, the present section will explore the challenges associated with the implementation of NHM.

Table 5.7.1: Challenges associated with NHM

S. No.	Challenges associated with NHM	Frequency	Percentage
1	Yes	121	90%
2	No	14	10%
Total		**135**	**100%**

Chart 5.7.1: Challenges associated with NHM *(n=135)*

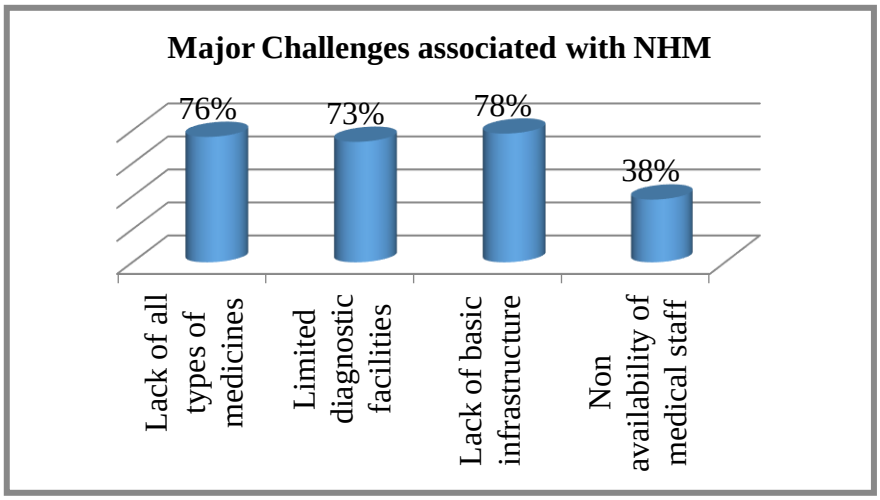


NHM being a flagship programme is aimed at providing quality based healthcare facilities to the people. Moreover, the legal framework of NHM has outlined that NHM will bring inclusivity in healthcare under its sub-missions including NRHM and NUHM. However, the efficiency and effectiveness of mission depends upon its services accessibility to people. In this regard, the question was raised before the respondents whether they face any challenge while availing any medical facility under NHM or not. To this, out of 135 respondents who avail medical facilities under NHM; only 121 (90%) have stated that they face challenges and 14 (10%) do not face any challenge. Therefore, it can be inferred that issues pertaining to accessibility and affordability may limit the scope of NHM and the purpose of the policy will be defeated.

Table 5.7.2: Major Challenges associated with NHM

S. No.	Major Challenges associated with NHM	Frequency	Percentage
1	Lack of all types of medicines	92	76%
2	Limited diagnostic facilities	88	73%
3	Lack of basic infrastructure	94	78%
4	Non availability of medical staff	46	38%

Chart 5.7.2: Major Challenges associated with NHM *(n=121)*

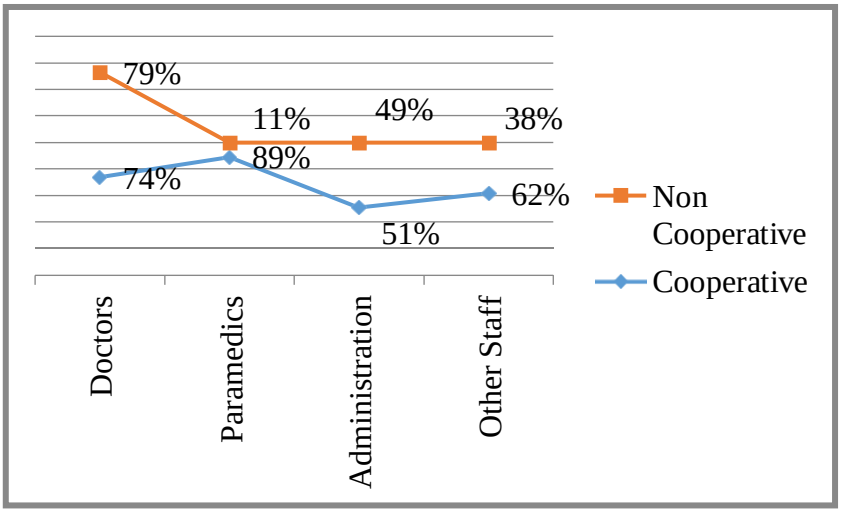


Under the shadow of NHM, various medical services are being provided to people. The purpose of delivering their facilities is to prevent the people from financial burden and minimize their out of pocket expenditure. However, there are certain inherent challenges faced by people while availing the medical facilities under NHM. According to the data, out of 121 respondents who face challenges while availing medical facility; 92 (76%) stated that they face challenges pertaining to 'lack of all types of medicines' and 88 (73%) have stated that they face challenges pertaining to 'limited diagnostic facilities'. While as 94 (78%) respondents face issues pertaining to 'lack of basic infrastructure' and 46 (38%) face issues related to 'non availability of medical staff'.

Table 5.7.3: Respondents views on cooperation with medical staff

Medical Staff	Cooperative	Non Cooperative	Total
Doctors	221 (74%)	79(26%)	300 (100%)
Paramedics	268 (89%)	32 (11%)	300 (100%)
Administration	152 (51%)	148 (49%)	300 (100%)
Other Staff	186 (62%)	114 (38%)	300 (100%)

Chart 5.7.3: Respondents views on cooperation with medical staff *(n=300)*

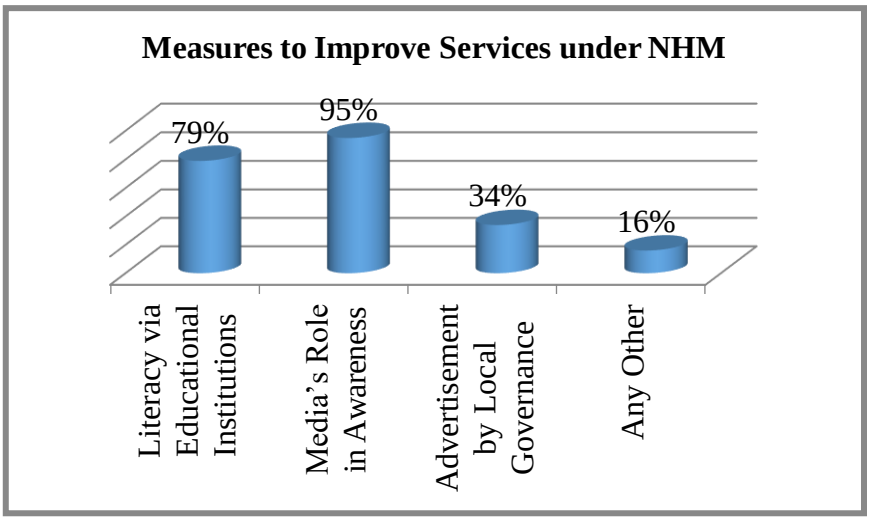


Cooperation in the administration is defined as the hallmark of governance. To bring the efficiency and effectiveness in healthcare sector, the cooperation between the medical staff and patients/attendants occupies the central position. In this regard, 221 (74%) of respondents have stated that doctors are cooperative and 79 (26%) have negated the same notion while as 268 (89%) respondents have termed paramedic staff as cooperative and 32 (11%) have termed them non cooperative. Moreover, 152 (51%) of respondents have termed administrative staff as cooperative and 148 (49%) have termed them non cooperative. Lastly 186 (62%) have termed others (ambulance drivers, gate keepers and sweepers) as cooperative and 114 (38%) have termed them non cooperative. Therefore, it can be inferred that the cooperation between medical staff and patients/attendants exists at larger scale; however, the issues that limit the scope of cooperation should be explored and remedied at real time. The negligent attitude of medical staff, personal issues and other factors are the potential barriers in the way of cooperation.

Table 5.7.4: Measures to Improve Services under NHM

S. No.	Measures to Improve Services under NHM	Frequency	Percentage
1	Literacy via Educational Institutions	107	79%
2	Media's Role in Awareness	128	95%
3	Advertisement by Local Governance	46	34%
4	Any Other	22	16%

Chart 5.7.4: Measures to Improve Services under NHM *(n=135)*



The above cited issues cum challenges affect the basic purpose/objective of NHM in the downward approach. Therefore, to remedy the persistent issues, the question was put forth to respondents for suggesting the policy recommendations that will educate the people regarding different services provided under NHM. In this regard, the data has revealed that, out of 135 respondents; 107 (79%) respondents have suggested to create 'literacy via educational institutions' and 128 (95%) of respondents have suggested lead role of 'media in creating awareness'. While as 46 (34%) of respondents have suggested 'advertisement by local governance bodies' and 22 (16%) of respondents have suggested 'interdepartmental cooperation, advertisement hoardings by health department and role of other non-state actors' for creating awareness among the people with respect to the healthcare policy measures under the ambit of NHM.

Part II

Perception of Medical Staff w.r.t NHM and Healthcare in District Budgam

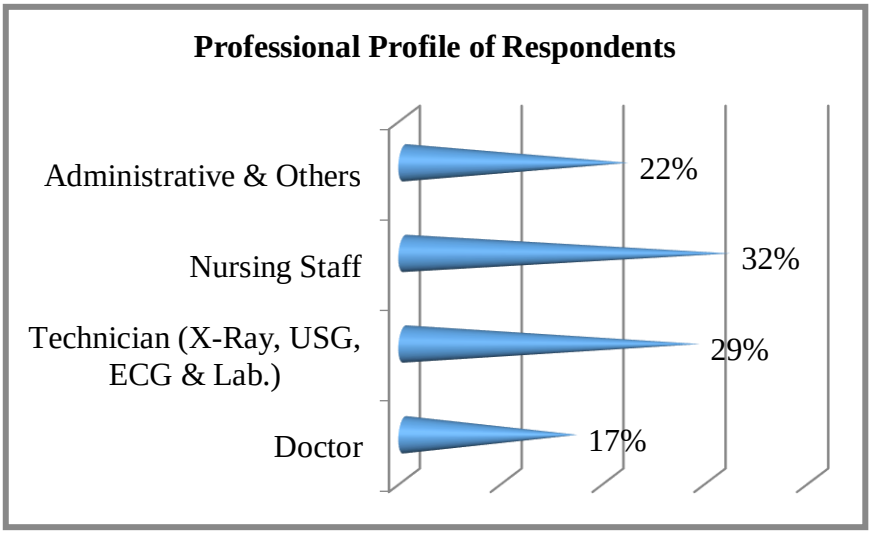
5.8. Introduction

Part I has presented an exploration into the perception of respondents mostly patients and attendants with respect to the healthcare state of Jammu and Kashmir. Moreover, the perception was also accounted in the realm of National Health Mission and the role of non-state actors in delivering healthcare services to people. The findings of the Part I have outlined that NHM has played a role to revitalize the healthcare sector of Budgam district in Jammu and Kashmir. Despite the fact that people are not exclusively familiar with NHM, but they avail variety of healthcare facilities ranging from free medication, diagnostic facilities and transportation services. Considering the role of non-state actors, it has been observed that NGOs play a minimal role in providing healthcare facilities; however, the role of community groups and media is quite appreciating. While as there persist certain inherent challenges including lack of awareness among people, digital gap and other that limit the scope of NHM. In this background, the part II has analysed the perception of medical fraternity in the realm of healthcare scenario of District Budgam of J&K in particular and J&K in general. Before, proceeding into the inferences drawn from respondents' views, it is important to explore the professional profile of respondents who have actively participated in this research work.

Table 5.8.1: Professional Profile of Respondents

S. No.	Professional Profile of Respondents	Frequency	Percentage
1	Doctor	17	17%
2	Technician (X-Ray, USG, ECG & Lab.)	29	29%
3	Nursing Staff	32	32%
4	Administrative & Others	22	22%
Total		**100**	**100%**

Chart 5.8.1: Professional Profile of Respondents *(n=100)*



To diversify the perception of respondents, inclusion in terms of sampling was maintained. In this context, a total of 100 respondents from medical fraternity were selected from the designated medical institutions including PHCs, CHCs and District Hospital Budgam. Among the total of 100 respondents; 17 (17%) of doctors are part of sample size and 29 (29%) of technicians including X-ray, ECG, USG and Lab technicians are part of this research. While as 32 (32%) of respondents are nursing staff (both male and female nursing staff) and 22 (22%) include the administrative staff including OPD ticket counter officials, ward officials, ambulance drivers and other. Therefore, it would be quite interesting to examine the perception of respondents from the professional point of view and moreover the variations in their opinion will be quite impressive for exploring the different facets of NHM.

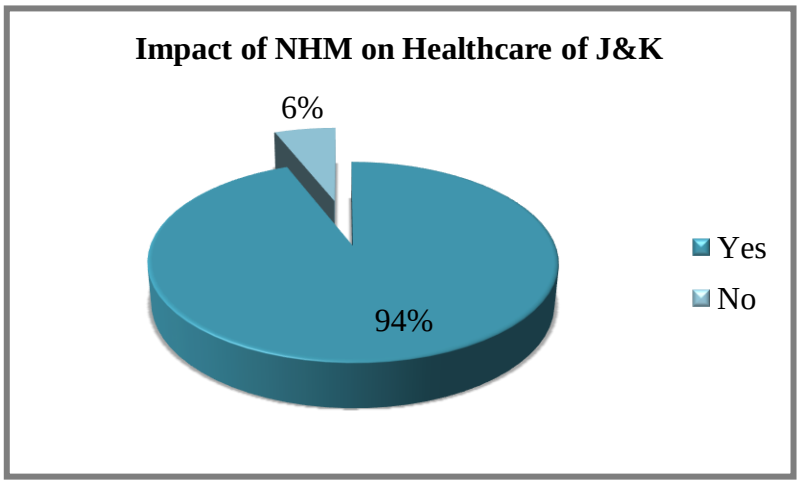
5.9. Healthcare State of J&K under NHM

National Health Mission (NHM) is a government initiative implemented in India, to address healthcare challenges and improve health outcomes. While the NHM aims to make healthcare more accessible, affordable, and equitable, it also faces certain challenges. In this regard, the present section is aimed at analysing the healthcare state of Jammu and Kashmir under the framework of NHM from the medical professional's perspective. All the findings presented in this section have been derived from primary data sources collected from doctors, paramedic staff, administrative officials of healthcare and others. The findings have been presented under appropriate themes as presented below:

Table 5.9.1: Impact of NHM on Healthcare of J&K

S. No.	Impact of NHM on Healthcare of J&K	Frequency	Percentage
1	Yes	94	94%
2	No	06	06%
Total		**100**	**100%**

Chart 5.9.1: Impact of NHM on Healthcare of J&K *(n=100)*

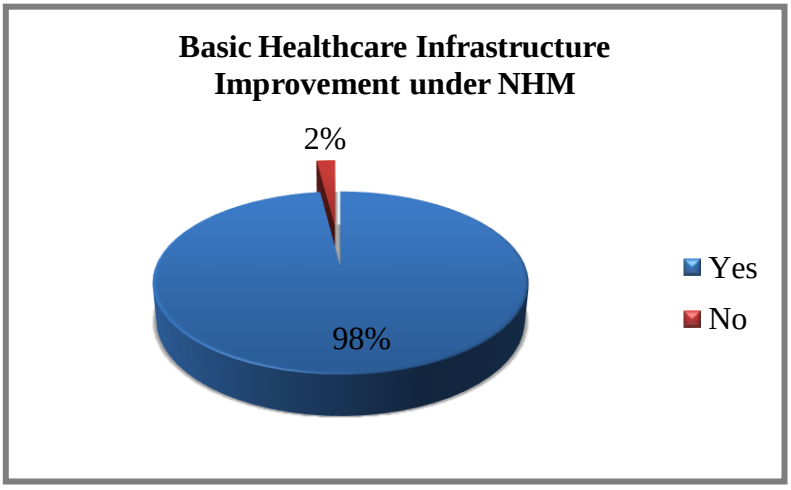


NHM is the umbrella framework that subsumes the NRHM and NUHM in its shadow. It is primarily aimed at providing the equitable, affordable and quality based healthcare services to the people. In the realm of NHM, it is important to analyze the perception of respondents from the medical fraternity. In this context, the question was raised before the respondents whether National Health Mission has positively altered the health sector in J&K? To this 94 (94%) of respondents agree and 06 (06%) of respondents disagree with the fact that NHM has positively altered the healthcare scenario in J&K. Respondents from administrative staff have negated the notion that NHM has revitalized the healthcare scenario in J&K as the challenges pertaining to adequate heating arrangements in winter and appropriative tools for cleaning purpose are still looming in.

Table 5.9.2: Basic Healthcare Infrastructure Improvement under NHM

S. No.	Basic Healthcare Infrastructure Improvement under NHM	Frequency	Percentage
1	Yes	98	98%
2	No	02	02%
Total		**100**	**100%**

Chart 5.9.2: Basic Healthcare Infrastructure Improvement under NHM *(n=100)*

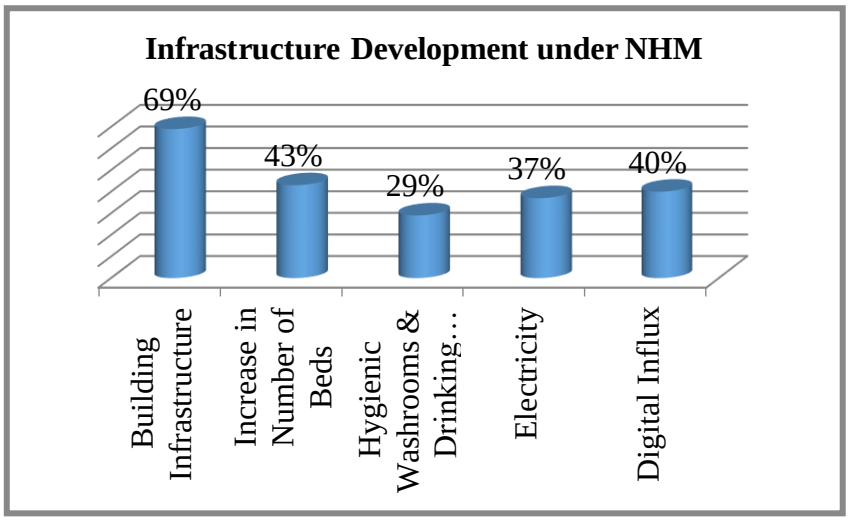


To bring the uniformity and universality in healthcare services, NHM is supposed to take lead for improving the basic infrastructure in District Budgam. Moreover, improvement in basic healthcare infrastructure is aimed at bringing the critical infrastructural gaps for effective delivering of healthcare services. In this context, the query was raised before the respondents whether the basic infrastructure has improved under NHM or not. To this 98 (98%) of respondents agree and only 02 (02%) of respondents disagree that basic infrastructure has improved under NHM. Therefore, it can be inferred from the above data that NHM has positively altered basic healthcare infrastructure at the larger scale and the critical gaps have been fulfilled in the cost effective and real time mode.

Table 5.9.3: Infrastructure Development under NHM

S. No.	Infrastructure Development under NHM	Frequency	Percentage
1	Building Infrastructure	68	69%
2	Increase in Number of Beds	42	43%
3	Hygienic Washrooms & Drinking Water	28	29%
4	Electricity	36	37%
5	Digital Influx	39	40%

Chart 5.9.3: Infrastructure Development under NHM *(n=98)*



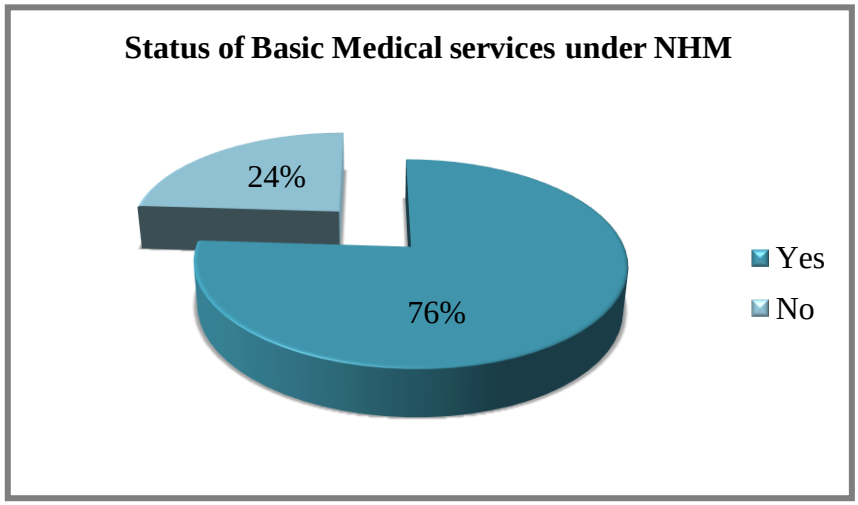
Under the legal framework of National Health Mission, there are multitudes of services that are being provided to people. Moreover, NHM also aims to streamline and strengthen the basic healthcare infrastructure. In this background, the related question was raised before the respondents regarding to the infrastructural developments under NHM. Out of 98 respondents who agree that NHM has improved basic healthcare infrastructure; 68 (69%) has stated that building infrastructure has improved and 42 (43%) has outlined that increase in number of beds took place. While as 28 (29%) of respondents agree that under NHM hygienic washrooms and drinking water facility improved and 36 (37%) have agreed that electricity facility has improved. Moreover, 39 (40%) of respondents agree that digitalization of healthcare services took place. Therefore, it can be inferred from the data that

NHM has taken a lead to fundamentally transform the basic healthcare infrastructure; however certain challenges are still looming in achieving the desired target.

Table 5.9.4: Status of Basic Medical services under NHM

S. No.	Status of Basic Medical services under NHM	Frequency	Percentage
1	Yes	76	76%
2	No	24	24%
Total		**100**	**100%**

Chart 5.9.4: Status of Basic Medical services under NHM *(n=100)*

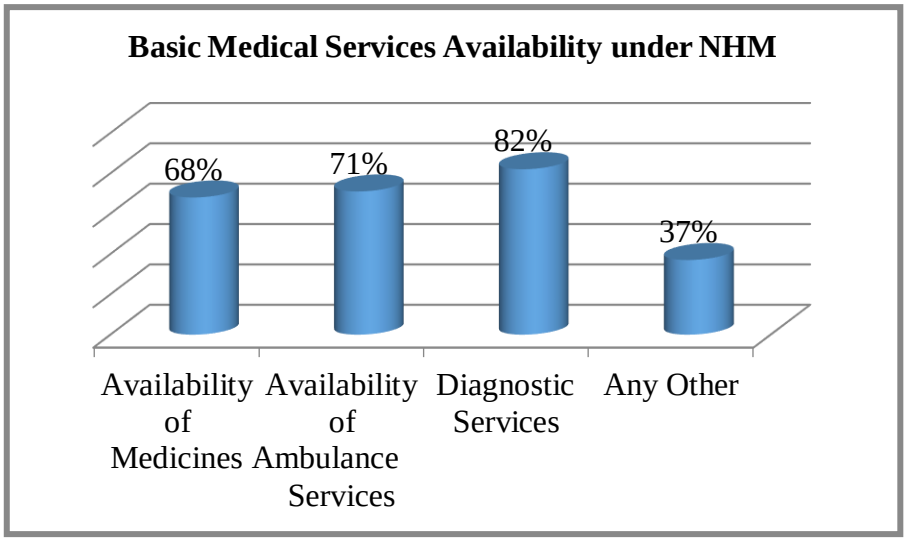


Not only the basic healthcare infrastructure, but the basic medical services are integral to the legal framework of NHM. The prime objective for providing basic medical services to people is to minimize their dependency on private players and reduce their financial burden. In this background, the query was raised before the respondents whether the basic medical services have improved under NHM or not. To this 76 (76%) respondents agree and 24 (24%) of respondents disagree with the fact that NHM has improved basic medical services. However, there is gross inequality in responses between the doctors and administrative staff. The administrative staff mostly, the pharmacists and other technicians have largely negated that NHM improved basic medical services. Therefore, it can be said that NHM has played a role to provide universal healthcare services to people, but there are certain avenues that demand the timely intervention for remedying them.

Table 5.9.5: Basic Medical Services Availability under NHM

S. No.	Basic Medical Services Availability under NHM	Frequency	Percentage
1	Availability of Medicines	52	68%
2	Availability of Ambulance Services	54	71%
3	Diagnostic Services	62	82%
4	Any Other	28	37%

Chart 5.9.5: Basic Medical Services Availability under NHM *(n=76)*



The different healthcare policy interventions are aimed at bringing inclusivity, uniformity and universality of healthcare facilities. Under the NHM, there are many basic healthcare services that are being provided to people. In this context, the inquiry was raised before the 76 respondents which basic medical services are being provided to people under NHM. To this the 52 (68%) have stated that availability of medicines/drugs have been made under NHM and 54 (71%) agreed that ambulance services have improved. While as 62 (82%) of respondents agree that diagnostics facilities have improved at larger scale and 28 (37%) agreed that other basic medical services including facilities of wheel chair, help desk, and ambulance services under Dial number 102 and 108 have improved significantly.

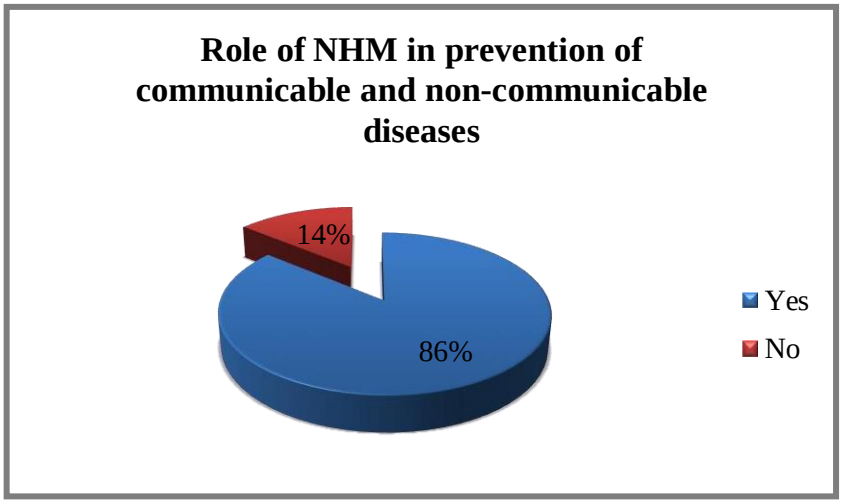
5.10. Quality Healthcare Facilities under NHM

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. Ensuring quality healthcare is a critical aspect of any healthcare system and is essential for improving health outcomes and patient satisfaction. In this regard, it becomes important to analyze the perception of medical fraternity with regard to the healthcare services provided under NHM.

Table 5.10.1: Role of NHM in prevention of communicable and non-communicable diseases

S. No.	Role of NHM in prevention of communicable and non-communicable diseases	Frequency	Percentage
1	Yes	86	86%
2	No	14	14%
Total		**100**	**100%**

Chart 5.10.1: Role of NHM in prevention of communicable and non-communicable diseases *(n=100)*



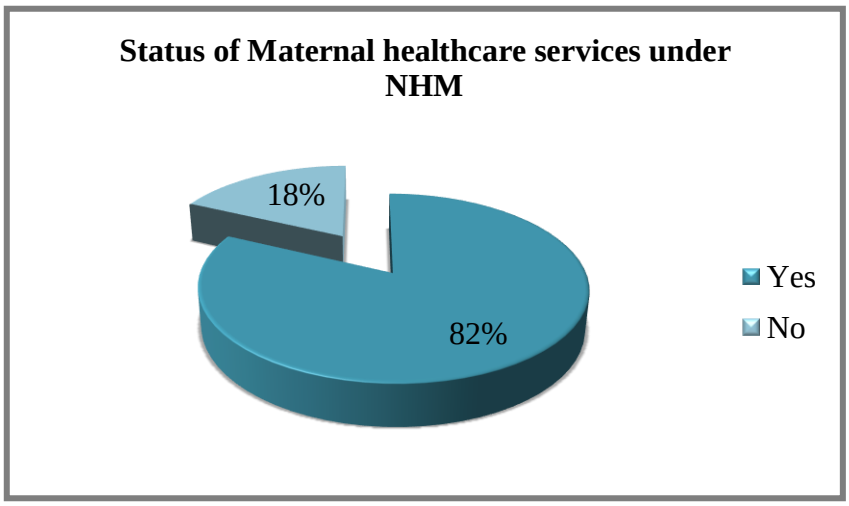
Communicable diseases are the ones that have the potentiality to spread from one person to other through direct or indirect means. In this case, the damage inflicted to an individual is severe. Non-communicable diseases are the ones that do not spread from one

person to other. To bring the stop to these diseases, the different policy measures have been put in place. In this regard, the question was raised before the respondents where 86 (86%) have agreed and 14 (14%) have disagreed that NHM has played a role in the prevention of communicable and non-communicable diseases. In the view of doctors, different policy measures have taken to prevent the spread of communicable and non-communicable diseases including STDs, polio, Tuberculosis, Dengue and others. However, in certain cases the untimely outbreak of diseases such as COVID-19 pandemic may limit the scope of NHM.

Table 5.10.2: Status of Maternal healthcare services under NHM

S. No.	Status of Maternal healthcare services under NHM	Frequency	Percentage
1	Yes	82	82%
2	No	18	18%
Total		**100**	**100%**

Chart 5.10.2: Status of Maternal healthcare services under NHM *(n=100)*



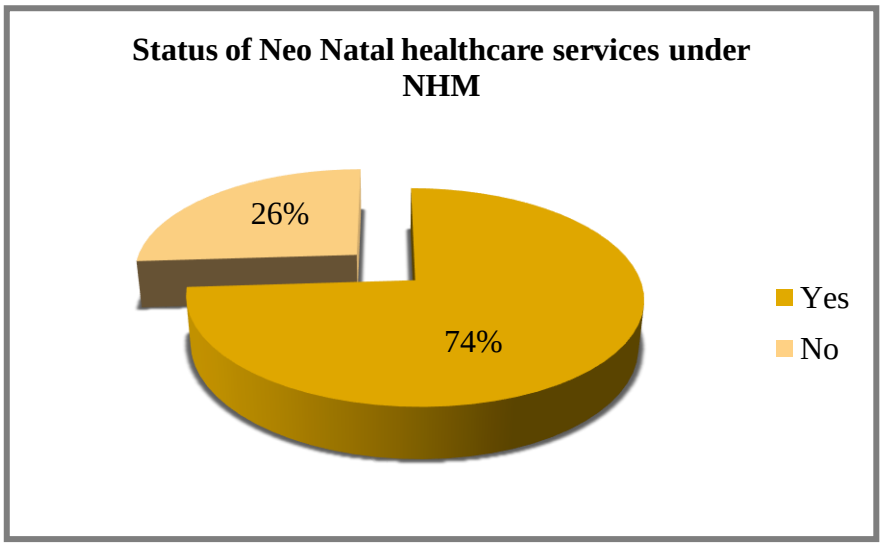
Maternal healthcare lies at the centre of NHM framework aimed at providing quality based Antenatal Care (ANC), delivery care and Postnatal Care (PNC) services to pregnant women. However, the effectiveness of the policy lies with the fact whether people are availing the policy benefits or not. In this context, the question was raised before the respondents where 82 (82%) have agreed and 18 (18%) of respondents have disagreed with

the fact that maternal healthcare services have transformed under NHM. In the opinion of doctors, pregnant women are actively availing benefits under NHM including free treatment and care, monetary benefits, ambulance services during referrals and immunization of child. While as the administrative respondents have outlined that maternal healthcare services have improved under NHM, but many are not availing them; thus defeats the purpose of policy. The factors including documentation issues (Aadhaar card, discharge certificate, bank passbooks and other) and untimely availability of paramedic staff in PHCs are the looming challenges.

Table 5.10.3: Status of Neo Natal healthcare services under NHM

S. No.	Status of Neo Natal healthcare services under NHM	Frequency	Percentage
1	Yes	74	74%
2	No	26	26%
Total		**100**	**100%**

Chart 5.10.3: Status of Neo Natal healthcare services under NHM *(n=100)*



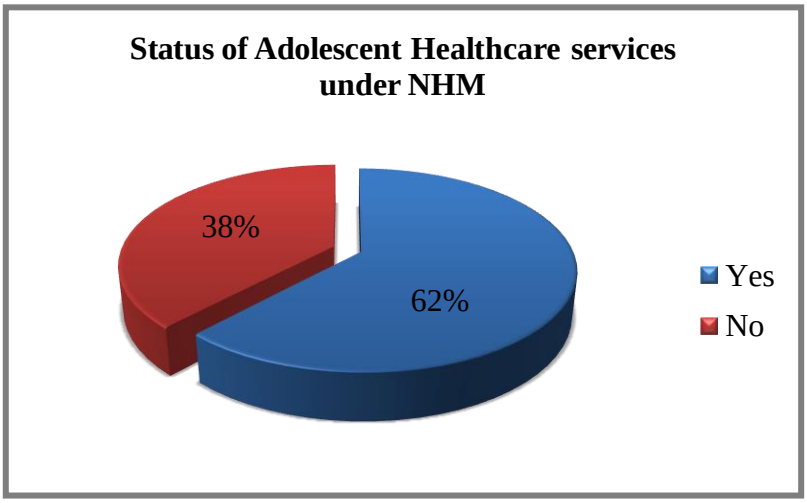
New born babies need intensive medical care for the balanced physical and mental growth. There are various neonatal medical services that are aimed for neonatal healthcare in both premature and mature stages of growth. In this background the relevant question was raised before the respondents whether neonatal medical services have improved under NHM

or not. According to data, 74 (74%) of respondents agree and 26 (26%) respondents disagree with the fact that neonatal healthcare services have improved under NHM. Moreover, the respondents have stated that neo-natal healthcare services have improved rapidly in government healthcare institutions, but people also prefer to consult private healthcare facilities for their convenience. Therefore, it can be inferred that despite fundamental development of neonatal healthcare services, the inclination of people towards private facilities is increasing due to limited basic healthcare infrastructure at PHCs and CHCs.

Table 5.10.4: Status of Adolescent Healthcare services under NHM

S. No.	Status of Adolescent Healthcare services under NHM	Frequency	Percentage
1	Yes	62	62%
2	No	38	38%
Total		**100**	**100%**

Chart 5.10.4: Status of Adolescent Healthcare services under NHM *(n=100)*



According to WHO, adolescence is the phase of life between childhood and adulthood (10-19 years of age). The adolescent age is the central stage for the all-round human development. To improve the adolescent healthcare, various policy measures have been enacted under the framework of NHM. In this context, the query was raised before the respondents where adolescent healthcare has improved under NHM or not. To this 64 (62%)

of respondents have agreed and 38 (38%) of respondents have disagreed with the fact that adolescent healthcare facilities have improved positively under NHM. Moreover, the doctors have stated that limited availability of psychologists and lack of awareness camps have affected the adolescent healthcare in the downward trend. To this, the doctors have suggested to develop the educational curriculum in line with the needs of persistent socio-economic circumstances and needs of people at large.

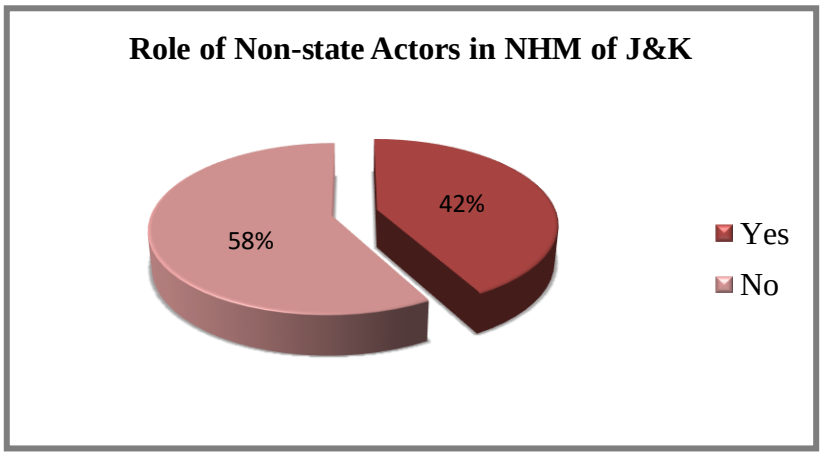
5.11. Role of Non-State Actors in NHM: A Medico Perspective

Non-state actors are vital for socio-economic development in a country. NSAs play multitude of roles ranging from awareness generation, policy implementation and policy monitoring. The lack of knowledge about NSAs makes the common people less suitable respondents for availing greater knowledge about them. Therefore, it becomes important to analyze the role of NSAs from the medical fraternity data collected by means of questionnaire.

Table 5.11.1: Role of Non-State Actors in NHM of J&K

S. No.	Role of Non-state Actors in NHM of J&K	Frequency	Percentage
1	Yes	42	42%
2	No	58	58%
Total		**100**	**100%**

Chart 5.11.1: Role of Non-State Actors in NHM of J&K *(n=100)*

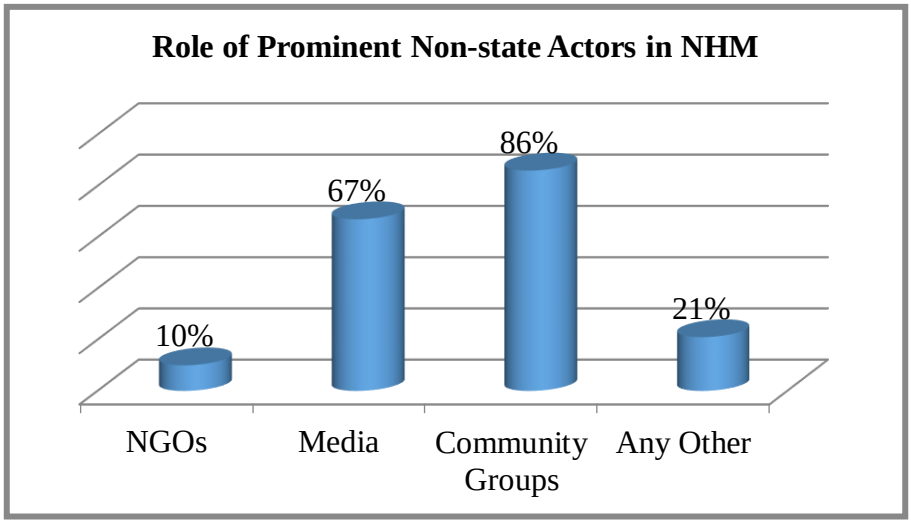


Non-state actors are integral to the socio-economic wellbeing of the society. NSAs including NGOs, media, community groups and others play an important role in education and employment oriented activities. Thus, it becomes important to analyze the role of NSAs in the healthcare sector and more importantly in the NHM. In this regard, the question was raised before the respondents on the role of NSAs in NHM. To this, 42 (42%) of respondents have agreed and 58 (58%) of respondents have disagreed with the fact that NSAs play a role in the National Health Mission. According to the medical fraternity, the legal framework of Ministry of Health has clearly demarcated the role of NSAs in healthcare monitoring and implementation, but the reality is quite reverse. Therefore, it can be said that NSAs have limited footprints into the realm of NHM.

Table 5.11.2: Role of Prominent Non-State Actors in NHM

S. No.	Role of Prominent Non-state Actors in NHM	Frequency	Percentage
1	NGOs	04	10%
2	Media	28	67%
3	Community Groups	36	86%
4	Any Other	09	21%

Chart 5.11.2: Role of Prominent Non-State Actors in NHM

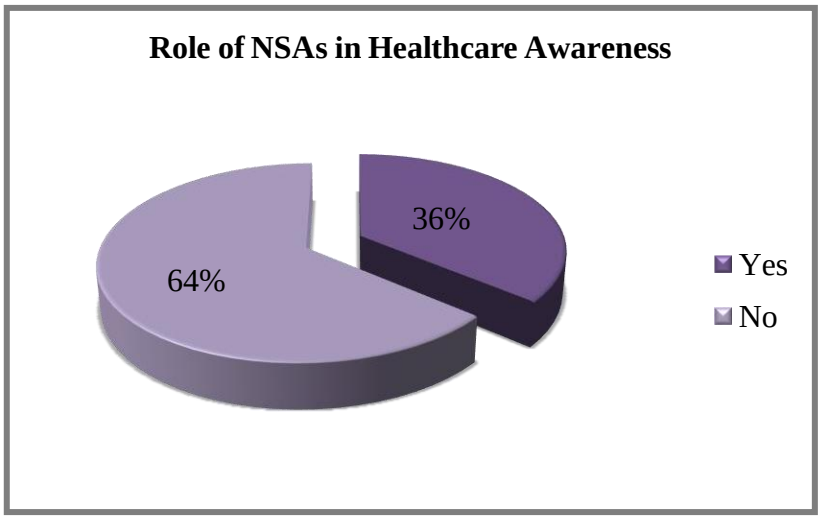


The scope of 'non-state actor' is wider as it includes multiple stakeholders/institutions with varied nature and activities. The scope of operations among NSAs varies from one to other based on their specialization and financial viability. In this context, the respondents familiar with role of Non-State Actors have been questioned. Out of 42 respondents who agree that NSAs play a role in NHM; 04 (10%) have acknowledged the role of NGOs and 26 (67%) have acknowledged the role of media in NHM. While as 36 (86%) have stated that community groups are vibrant institutions in providing better healthcare facilities in line with NHM and 09 (21%) have termed others (village communities, shopkeepers associations and youth groups) as prominent entities who work in line with the objectives of NHM. Moreover, the respondents have suggested a collaborative mechanism in healthcare between the government and NSAs for delivering the quality based healthcare facilities to the public.

Table 5.11.3: Role of NSAs in Healthcare Awareness

S. No.	Role of NSAs in Healthcare Awareness	Frequency	Percentage
1	Yes	36	36%
2	No	64	64%
Total		**100**	**100%**

Chart 5.11.3: Role of NSAs in Healthcare Awareness *(n=100)*

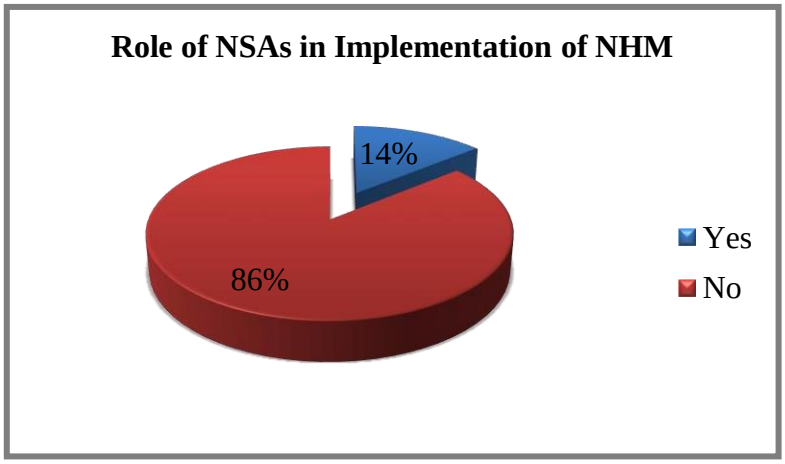


According to the healthcare framework of Ministry of Health and Family Welfare (MOHFW), non-state actors are supposed to play multiple roles including policy implementation, monitoring and awareness. Educating common people with respect to the utility and benefits of different policies is the important task NSAs are supposed to take. Thus, it becomes important to analyze the role of non-state actors in healthcare awareness. In this context, only 36 (36%) of respondents agree and 64 (64%) respondents disagree with the fact that NSAs play a role in healthcare awareness. There is negligible role of NGOs in creating awareness among people; however, media is the important institution that plays a central role in creating healthcare awareness among the people. Moreover, the respondents have suggested making extensive use of social media by government and NSAs for disseminating relevant healthcare awareness among the people in real time mode.

Table 5.11.4: Role of NSAs in Implementation of NHM

S. No.	Role of NSAs in Implementation of NHM	Frequency	Percentage
1	Yes	14	14%
2	No	86	86%
Total		**100**	**100%**

Chart 5.11.4: Role of NSAs in Implementation of NHM *(n=100)*



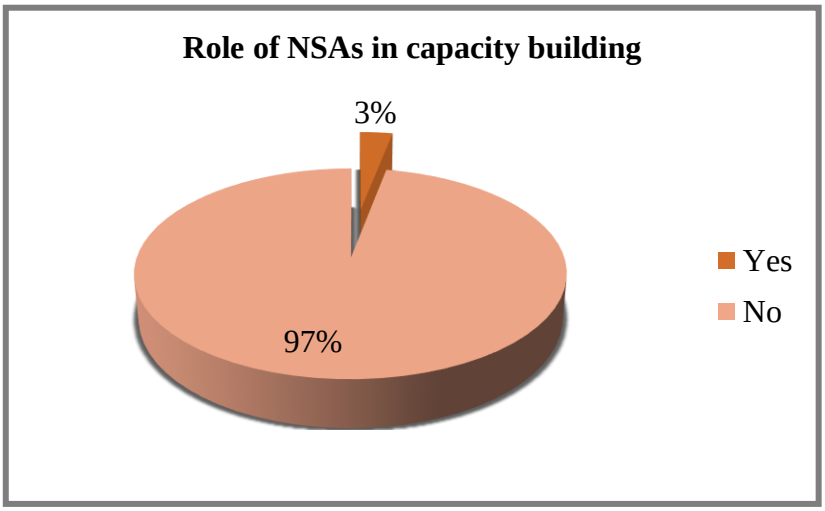
The multitude of roles entrusted upon non-state actors are aimed at playing a parallel role in socio-economic development. Therefore, it becomes important to analyze the role of

NSAs in implementation of healthcare initiatives under the ambit of NHM. In this context, the data has stated that only 14 (14%) of respondents agree and 86 (86%) of respondents disagree with the fact the non-state actors play a role in implementation of NHM. Though there is no uniformity of responses among the different medical professionals regarding the role of NSAs in implementation of NHM; but some have attributed a positive role to media in the realm of NHM. According to the administrative officials, media plays an indirect role in implementation of NHM by highlighting critical infrastructural and human resources gaps. Furthermore, the social media has created a sense of accountability among the medical fraternity by keeping the strict vigil upon their daily activities.

Table 5.11.5: Role of NSAs in capacity building

S. No.	Role of NSAs in capacity building	Frequency	Percentage
1	Yes	03	03%
2	No	97	97%
Total		**100**	**100%**

Chart 5.11.5: Role of NSAs in capacity building *(n=100)*



According to United Nations, 'capacity building is defined as the process of developing and strengthening the skills, abilities and resources of an organization'. India being the largest populated nation is also the home to largest educationally and medically backward communities. To deliver the quality care health services, it becomes important that

people involved are trained in appropriate means for garnering greater efficiency in healthcare. In this context, the question was raised before the respondents 'whether NSAs play a role in capacity building or not'. To this only 03 (03%) of respondents agreed and 97 (97%) respondents disagreed that NSAs play a role in capacity building. Therefore, it can be inferred that NSAs have negligible role in capacity building of medical professionals.

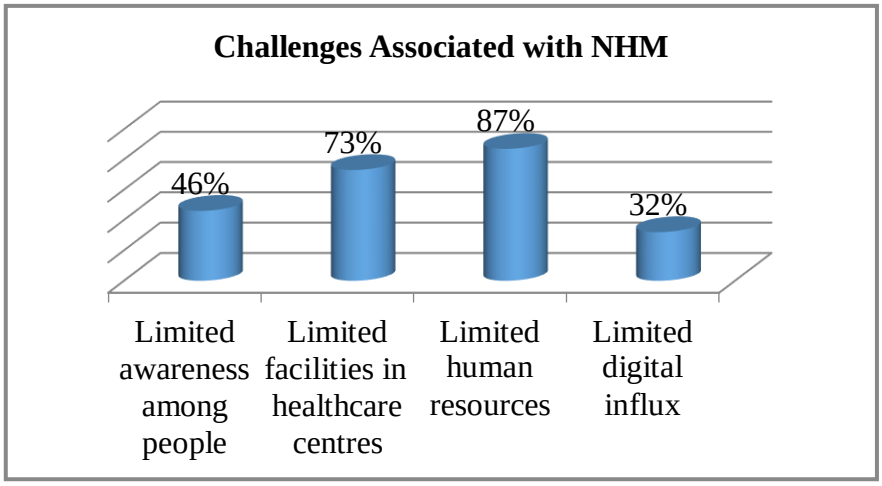
5.12. NHM and Challenges Thereby

In this section, the challenges associated with NHM have been analyzed from medical fraternity perspective. The perception of medical professionals helps to develop the holistic approach for garnering greater efficiency in the healthcare sector.

Table 5.12.1: Challenges Associated with NHM

S. No.	Challenges Associated with NHM	Frequency	Percentage
1	Limited awareness among people	46	46%
2	Limited facilities in healthcare centers	73	73%
3	Limited human resources	87	87%
4	Limited digital influx	32	32%

Chart 5.12.1: Challenges Associated with NHM *(n=100)*

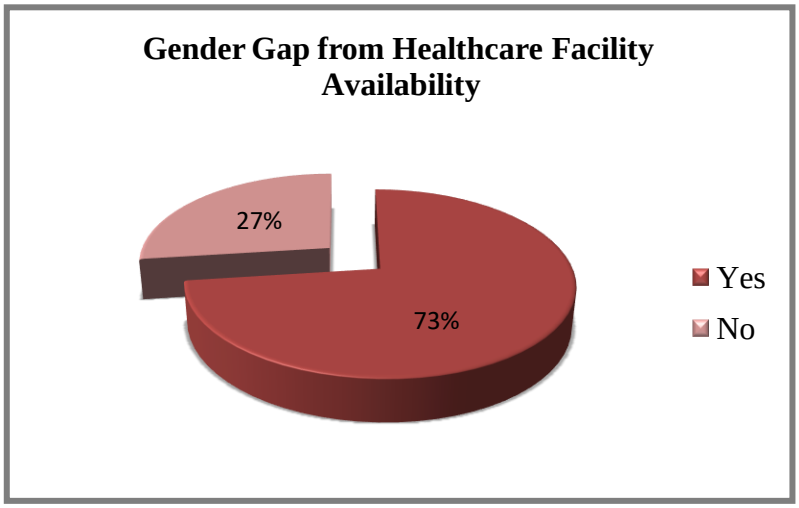


There are multiple challenges associated with the healthcare sector and most importantly with the scope of NHM. These challenges have the inherent potentiality to limit the scope of NHM in delivering quality based healthcare facilities. In this regard, the related questions were raised before the respondents whether there are challenges associated with NHM or not. According to the data, 46 (46%) of respondents stated that lack of awareness among people is the greatest challenge and 73 (73%) of respondents have termed limited facilities in healthcare institutions as a major challenge. While as 87 (87%) of respondents have termed limited human resource a challenge and 32 (32%) called limited digital influx as a major challenge. Therefore, it can be inferred that accessibility of healthcare facilities under NHM is being limited by the above cited challenges. To counter the challenges, the respondents have suggested a positive approach and timely intervention in the form of inter-sectoral cooperation and awareness by NSAs.

Table 5.12.2: Gender Gap from Healthcare Facility Availability

S. No.	Gender Gap from Healthcare Facility Availability	Frequency	Percentage
1	Yes	73	73%
2	No	27	27%
Total		**100**	**100%**

Chart 5.12.2: Gender Gap from Healthcare Facility Availability *(n=100)*

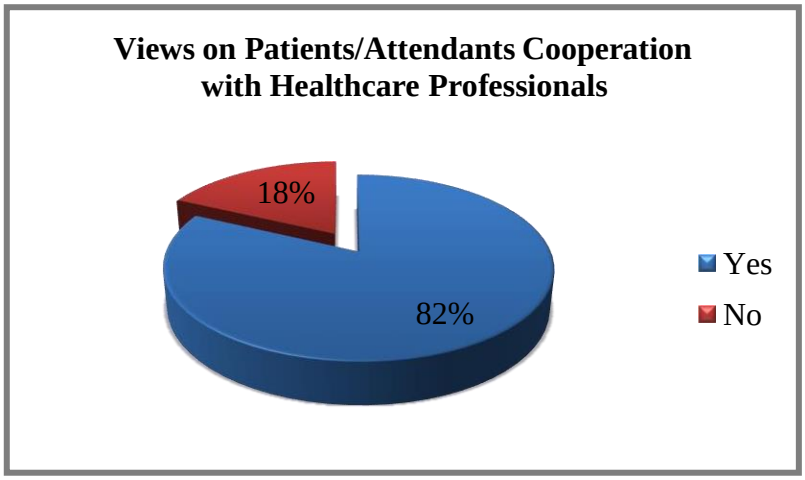


NHM and other healthcare avenues primarily aimed at providing the inclusive healthcare facilities irrespective of habitation, age and gender. Inclusivity and uniformity in healthcare services are the positive approaches for the effective dissemination of healthcare facilities to people. In this context, it becomes important to analyze the data from the gender perspective and the question was raised before the respondents where there exists gender gap in terms of availing facilities under NHM or not. To this, 73 (73%) of respondents has agreed and 27 (27%) of respondents have disagreed with the fact that there exists gender gap in availing healthcare facilities under NHM. The respondents have termed females and children as the largest beneficiaries of healthcare policies. Whereas the influx of male patients aged between 16-50 years of age is quite minimal; moreover, the reason for greater influx of women is due to maternity issues.

Table 5.12.3: Views on Patients/Attendants Cooperation with Healthcare Professionals

S. No.	Views on Patients/Attendants Cooperation with Healthcare Professionals	Frequency	Percentage
1	Yes	82	82%
2	No	18	18%
Total		**100**	**100%**

Chart 5.12.3: Views on Patients Cooperation with Healthcare Professionals *(n=100)*

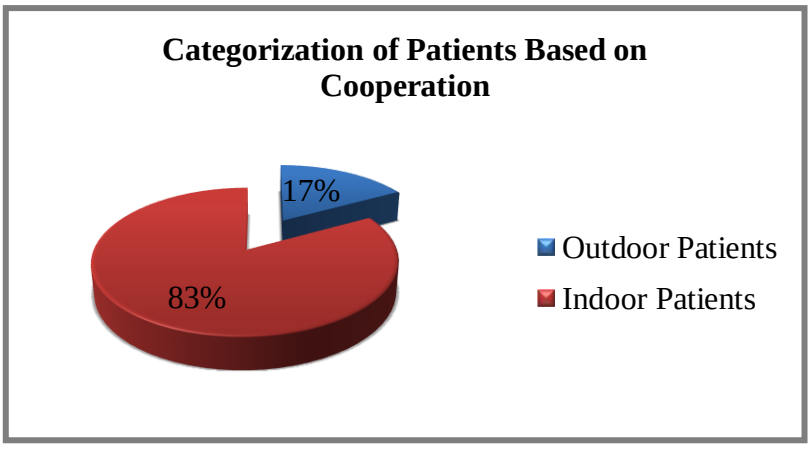


The cooperation occupies the central position in the efficiency of an institution. To make the institution work smoothly, it becomes important that cooperation exists between the service providers and beneficiaries. In this context, the question was raised before the respondents whether the patients are cooperative or not. To this, 82 (82%) of respondents agree and 18 (18%) of respondents disagree with the fact that patients/attendants are cooperative while availing the medical facility. Moreover, the cooperation was seen minimal in those medical facilities where the patient influx is higher. The ground for non-cooperation includes lack of specialized doctors, delay in treatment, emergency medical services, death of patient and WASHES (Water, Sanitation and Hygiene) facilities. The respondents have further stated that there is urgent need to put security measures in place so that issues of cooperation could be restricted and disturbance to other patients could be minimized.

Table 5.12.4: Categorization of Patients Based on Cooperation

S. No.	Categorization of Patients Based on Cooperation	Frequency	Percentage
1	Outdoor Patients	14	17%
2	Indoor Patients	68	83%
Total		**82**	**100%**

Chart 5.12.4: Categorization of Patients Based on Cooperation *(n=82)*



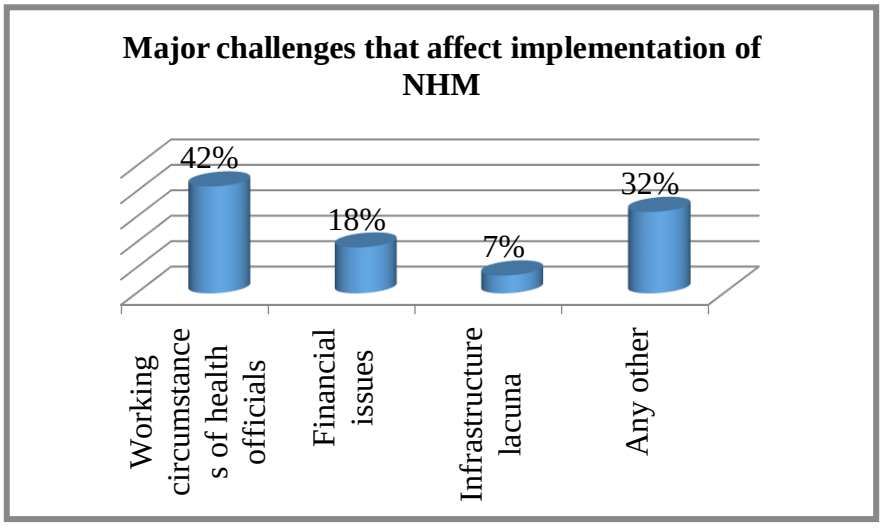
There are basically two categories of patients who avail the medical facilities in healthcare institutions '*Outdoor Patients (OPD)*' are those who are not admitted to hospital;

while as '*Indoor Patients (IPD)*' are those patients who are being admitted to hospital. In this regard, the question was raised before the respondents 'whether Indoor or Outdoor patients are cooperative'. To this 14 (17%) of respondents have attributed 'Outdoor patients' as cooperative and 68 (83%) have termed 'Indoor patients' as cooperative. Therefore, it can be inferred that IPD patients are more cooperative than OPD patients. The reason for being more cooperative is their longer stay at hospital, fear of medical negligence and negative effects on medical service delivery.

Table 5.12.5: Major challenges that affect implementation of NHM

S. No.	Major challenges that affect implementation of NHM	Frequency	Percentage
1	Working circumstances of health officials	42	42%
2	Financial issues	18	18%
3	Infrastructure lacuna	07	07%
4	Any other	32	32%
Total		**100**	**100%**

Chart 5.12.5: Major challenges that affect implementation of NHM *(n=100)*

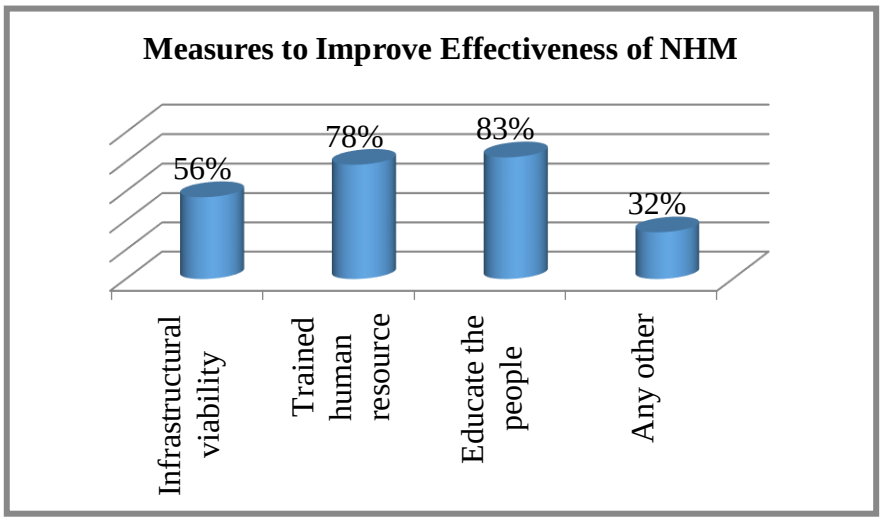


There is wide array of challenges associated with the effective implementation of NHM. These challenges have the potentiality to affect the accessibility, affordability and inclusivity of healthcare services to the people. In this context, the question was raised before the respondents regarding the challenge that hinder the effective implementation of NHM in spirit. To this 42 (42%) of respondents have termed working conditions of healthcare officials as greatest challenge and 18 (18%) have called financial issues as major challenge. While as 07 (07%) view infrastructure lacuna as a major challenge and 32 (32%) have outlined that others (non-cooperation, lack of inter-sectoral cooperation, regularization of services, appropriate human resource) as a potential challenge. Therefore, there exists a timely intervention to remedy these challenges so that scope of policy could not be defeated.

Table 5.12.6: Measures to Improve Effectiveness of NHM

S. No.	Measures to Improve Effectiveness of NHM	Frequency	Percentage
1	Infrastructural viability	56	56%
2	Trained human resource	78	78%
3	Educate the people	83	83%
4	Any other	32	32%
Total		**100**	**100%**

Chart 5.12.6: Measures to Improve Effectiveness of NHM *(n=100)*



To overcome the challenges associated with the effective implementation of NHM, question was raised before the respondents. According to the data, 56 (56%) of respondents have suggested infrastructural viability and 78 (78%) have suggested trained human resource for effective implementation of NHM. According to 83 (83%) of respondents, lack of awareness among people is the major challenge so educating them through schooling, seminars/camps/, media and NGOs will be an added advantage. Moreover 32 (32%) of respondents have stated that advertisement hoardings, regularization of services, uniformity in wages/salary, availability of all types of medicines will be the effective tools for implementation of NHM.

Part III

Perception of Key Respondents Regarding NHM and Healthcare in District Budgam

5.13. Introduction

In this section, the analysis of perception of key respondents has been presented. There are a total of 20 key respondents with whom a detailed interview schedule with open ended questions was administered. The respondents were at liberty to give their valuable insights into the various aspects of National Health Mission and Healthcare State of J&K as presented in the interview schedule. In this regard, the following key respondents were selected for interview schedule:

Table 5.13.1: Profile of Key Respondents

S. No.	Profile of Key Respondents	Frequency
1	Officials of Mission Directorate NHM	01
2	Chief Medical Office (CMO) Budgam	02
3	District Programme Manager NHM, Budgam	01
4	Block Programme Manager, Khan-sahib	01
5	Block Medical Office (BMO), Khan-Sahib & Soibugh	04
6	Better Life Society, Soibugh Budgam	03
7	Markazi Bai-tul-Mal, Daharmunah Budgam	03
8	Media Personnel	05
Total		**20**

Out of total 20 key respondents, 01 was accessed from Mission Directorate office Kashmir and 02 were selected from Chief Medical Office (CMO) Budgam. While as 01 respondent includes the 'District Programme Manager' NHM, Budgam and 01 'Block Programme Manager' from Khan-sahib. Moreover, 04 officials were selected from 'Block Medical Office' (BMO), Khan-Sahib & Soibugh respectively and three respondents from 'Better Life Society, Soibugh, Budgam'. The study also includes 03 respondents from 'Markazi Bai-tul-Mal', Daharmunah Budgam and 05 media personnel. These key respondents were selected as they are expert in healthcare related aspects including the community groups.

However, no respondent was selected from any NGO as there is no literature available that defines the role of NGOs in the healthcare sector of District Budgam, J&K. The data from these key respondents has been presented under appropriate themes keeping in view the coherency and synchronization of research objectives and research questions.

Factors Responsible for Emergence of NHM

The emergence of the National Health Mission (NHM) in India and most importantly in the UT of Jammu and Kashmir can be attributed to several factors. In this regard, the question was raised before the key respondents '*what are the factors that led to the incorporation of NHM in the health sector of Jammu and Kashmir*'. The key respondents have attributed below cited factors for the emergence of NHM in healthcare of J&K:

- Health inequities and disparities in access to healthcare services have been a major concern in J&K. The NHM emerged as a response to address these inequities and ensure equitable access to healthcare for all sections of society, particularly for vulnerable and marginalized populations.
- Public Health Challenges: The presence of significant public health challenges such as high disease burden, maternal and child mortality, communicable diseases, and inadequate healthcare infrastructure necessitated the establishment of a comprehensive and focused approach to address these issues.
- The need for *Continuous Medical Education* (CME), need for centralized command and expansion of basic healthcare infrastructure have further led to the expansion of NHM in the healthcare scenario of J&K.
- The Constitutional obligation under Directive Principles of State Policy (DPSP) for inclusive development including healthcare is the other reason for enactment of NHM.
- Policy reforms and the recognition of healthcare as a fundamental right contributed to the establishment of the NHM in J&K. Government has recognized the need for a comprehensive framework that focuses on primary healthcare, preventive measures, and addressing the social determinants of health.
- Adequate financial support from the Central Government and development partners played a crucial role in the emergence of the NHM in J&K. The availability of funds from Government of India and other stakeholders helped in strengthening healthcare

infrastructure, human resources, and the implementation of various healthcare programs and initiatives.

These factors, along with the commitment to improving healthcare access, quality, and outcomes, have led to the emergence and development of the National Health Mission in Jammu and Kashmir as a comprehensive approach to addressing healthcare challenges and improving population health.

Healthcare Services Provided under NHM

There are multitudes of healthcare services that are being provided to people in cost effective and accessible mode. However, the specific healthcare services provided under the National Health Mission (NHM) vary from one region to other, as each region's implementation of the NHM may have its own unique features. To this, the question was raised before the key respondents '*Do you think common people are availing quality specified facilities under the aegis of NHM and specify the facilities?*' The key findings in this context have been presented below:

- Under the legal framework of NHM, wellness centers have been established and 73 free drugs are being provided to people.
- Moreover, Maternal and Child Health Services including institutional deliveries, nutrition counseling, immunization, free childcare up-to one year and other financial benefits (Rs. 1,400 for rural women and Rs. 1,000 to urban women are being provided under *Janani Suraksha Yojana*) are being availed by pregnant women.
- The services pertaining to reproductive health, family planning, adolescent reproductive care and accessibility of free distribution of contraceptives is being availed by the people.
- Moreover, free diagnostic facilities including pathology tests, X-Ray, ECG and other services are being availed by people in cost-effective mode.

Therefore, the healthcare service basket under NHM has expanded exponentially, and it has brought 'universalization of healthcare' and revitalized the basic healthcare infrastructure. In this context, the question was raised before the respondents '*Do you think NHM has brought universalization of healthcare and revitalized the healthcare infrastructure of J&K?*' The findings in this context have revealed that NHM has brought uniformity in rural

and urban healthcare and more importantly the healthcare infrastructure has revitalized to the larger extent. The development of hygienic wards, hygienic washrooms, availability of ambulance services and availability of clean drinking water has added hallmark to the healthcare facilities under the shadow of NHM.

Moreover, the healthcare services provided under NHM have rapidly reduced the 'out of pocket expenditure' among the people by facilitating the cost-effective and accessible healthcare facilities. In this context, the question was raised before the respondents '*Do you agree that 'out of pocket expenditure' for patients have declined with the implementation of health policies under the aegis of NHM?*' To this, the respondents have stated that healthcare services under NHM have radically transformed as accessibility to free medicines/drugs, free diagnostic facilities to pregnant women and increase in institutional deliveries took place. Moreover 'National Programme for Prevention and Control of Cancer, Cardiovascular diseases and stroke (NPCDCS), Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Yojana (JSSY) have fundamentally declined the scope for 'out of pocket expenditure'.

With regard to the status of IMR and MMR, the question was raised before respondents '*What is your stand with respect to the status of Infant Mortality Rate and Maternal Mortality Rate under NHM?*' The key findings as stated by respondents have suggested that IMR and MMR have improved rapidly and their status is quite satisfactory. However, the healthcare department has a vision to reduce IMR upto 9-10 live births within 3-4 years. To this, the healthcare officials have stated that there needs public cooperation in terms of pregnancy precautions, increased in institutional deliveries and data submission to ASHAs.

Role of NHM in Universalization of Healthcare Services

National Health Mission (NHM) plays a crucial role in healthcare service delivery by implementing various programs and initiatives to improve access, quality, and effectiveness of healthcare services. Moreover, NHM also succeeded in bridging the Rural/Urban and Male/Female healthcare gap in District Budgam. In this regard, the question was raised before the respondents '*Do you think that NHM has bridged the rural-urban and male-female gap in providing equitable healthcare services*?' The findings in this regard have outlined that the gap in accessibility of healthcare facilities has been bridged. The establishment of 'New Type Primary Healthcare Centers', Net Type Sub Centers and recruitment of ASHAs have expanded the scope of healthcare operations in rural and urban areas. Moreover, the key

respondents have outlined that there exists no gender gap in terms of availing medical facilities. There are various services that have brought universality and accessibility in healthcare of J&K and most importantly in District Budgam. The key respondents have cited following healthcare services/facilities that brought universalization of healthcare:

- Strengthening Primary Healthcare: NHM focuses on strengthening primary healthcare services, which serve as the first point of contact for individuals and communities.
- Maternal and Child Health: NHM gives special attention to maternal and child health services. It supports interventions such as antenatal care, safe delivery practices, postnatal care, immunization programs, nutrition counseling, and family planning services.
- Communicable Disease Control: NHM plays a vital role in controlling and preventing communicable diseases. It supports disease surveillance, early diagnosis, treatment, and prevention programs for diseases like malaria, tuberculosis, HIV/AIDS, vector-borne diseases, and other infectious diseases.
- Health Infrastructure Development: NHM invests in the development and improvement of healthcare infrastructure at various levels. It supports the construction, renovation, and upgrading of healthcare facilities, including hospitals, clinics, primary healthcare centers, and diagnostic centers. This ensures better access to quality healthcare services for the population.
- Human Resource Development: NHM focuses on human resource development in healthcare. It supports training programs, capacity building initiatives, and recruitment of healthcare professionals, particularly in underserved areas.
- Health Promotion and Behavior Change: NHM emphasizes health promotion and behavior change communication to create awareness and promote healthy practices. It conducts health education campaigns, advocates for preventive measures, and encourages community participation in healthcare decision-making. These efforts aim to empower individuals and communities to adopt healthy lifestyles and preventive behaviors.
- Monitoring and Evaluation: NHM plays a critical role in monitoring and evaluating the effectiveness of healthcare service delivery. It establishes systems for data collection, analysis, and monitoring of health indicators. This helps identify gaps,

assess the impact of interventions, and guide evidence-based decision-making to improve healthcare service delivery,

The NHM's multi-faceted approach encompasses various aspects of healthcare service delivery, focusing on primary healthcare, maternal and child health, disease control, infrastructure development, human resources, health promotion, and monitoring. By addressing these areas, the NHM aims to strengthen healthcare services, improve health outcomes, and enhance the overall well-being of the population.

Role of Non-State Actors in NHM

Non-state actors play an important role in the implementation and success of the National Health Mission (NHM). These actors, including non-governmental organizations (NGOs), civil society organizations, community-based organizations, academic institutions, and private sector entities, contribute to the NHM in various ways. However, the roles undertaken by various NSAs depend upon their area of concern/interest, financial issues and geographical factors. In this context, the question was raised before the respondents regarding the role of NSAs in '*healthcare awareness generation', 'capacity building', 'monitoring and evaluation' of healthcare policies and programmes*. The findings in this regard have been presented below:

- In context to healthcare scenario of J&K, the role of Non-State Actors is quite minimal. There is hardly any NGO in District Budgam engaged in healthcare awareness, policy implementation or any other services.
- Media is termed as an important institution that plays a critical role in providing the timely knowledge and awareness among the people with regard to the healthcare policies and their benefits. Moreover, media (most importantly social media) actively monitors the healthcare policy implementation and keeps track of policy benefits or challenges faced by people.
- Non-state actors mostly the community groups deliver the healthcare services to people. The dissemination of these services is voluntary and situational based. During the COVID-19 pandemic the community groups including village committees have played an important role in providing free face masks, sanitizers, oxygen support to patients.

The role of NSAs will be diversified in terms of resource mobilization, policy monitoring and evaluation, advocacy and policy formulation and capacity building. Moreover, the engagement of non-state actors in the NHM will add diversity, expertise, and community-driven perspectives to healthcare service delivery. Their collaboration with the government will strengthen the overall implementation of the NHM, enhances community participation, and contributes to achieving the mission's goals of improving health outcomes and ensuring equitable access to healthcare.

Status of Digitalization in Healthcare Sector

The modern era has witnessed the emergence of digitalization that have radically transformed the social and economic avenues. Digitalization also plays a significant role in transforming and enhancing various aspects of healthcare. It encompasses the use of digital technologies and information systems to improve the delivery, accessibility, efficiency, and quality of healthcare services. In this context, the question was raised before the respondents '*What is the prospect of digital influx under the ambit of NHM*?' The findings from medical professional in this regard have been presented below:

- The digitalization of healthcare services has been completed. Moreover, the '*National Digital Health Mission (NDHM)*' has rapidly developed the digitalization in the realm of healthcare services. Under NDHM, J&K has been ranked at number one.
- There are certain inherent challenges associated with digitalization that will affect the people from availing the healthcare facilities. The most prevalent challenges will be from receiving end (patients) including lack of digital gadgets, lack of knowledge and security concerns.
- The launch of Tele-MANAS (*Mental Health Assistance and Networking Across States*) will transform the mental health services in J&K and the initiative is people friendly.

Overall, digitalization in healthcare has the potential to improve access, quality, efficiency, and patient outcomes. It enhances communication, data management, and decision-making processes, leading to more patient-centered and coordinated care. However, it is essential to ensure privacy, data security, and equitable access to digital health solutions to maximize the benefits of digitalization in healthcare.

Accessibility Challenges Associated with Healthcare Services under NHM

While healthcare services are crucial for promoting health and well-being, there are several challenges associated with healthcare services accessibility under NHM. These challenges are diversified in nature and healthcare of District Budgam is no exception to it. In this regard the question was raised before the respondents '*what are the different challenges associated with healthcare accessibility in rural/urban areas?*' The inferences drawn from key respondents in this context have been presented below:

- Geographical barriers, such as living in remote or rural areas, can limit access to healthcare services. In winter season, these areas may face shortage of healthcare facilities, healthcare professionals, and transportation infrastructure, making it difficult for people to reach healthcare providers.
- Issues pertaining to regular water supply, regular electricity and appropriate heating system are prevalent in certain areas. However, the security agencies play an important role during winter for disseminating the affordable healthcare facilities to people. Furthermore, army helps to carry pregnant women to the healthcare facilities during winter is the appreciable one.
- The issues pertaining to '*State Programme Implementation Plan (SPIP)*' may exist at certain cases. In this regard, the cooperation between different stakeholders is needed.
- Cultural and language barriers have the potentiality to hinder healthcare accessibility, particularly for immigrant populations or minority communities. Limited availability of culturally sensitive healthcare services and a lack of interpreters or translators can create communication and understanding gaps, affecting individuals' ability to access and utilize healthcare services effectively.
- Lastly, the limited health literacy, including low awareness and understanding of health-related policies and programmes can impede healthcare accessibility. Individuals with low health literacy may struggle to navigate the healthcare system, understand medical instructions, or make informed decisions about their health, leading to suboptimal utilization of healthcare services.

Addressing these challenges requires a multi-faceted approach, including policy interventions, investment in healthcare infrastructure and workforce, financial protection mechanisms, community engagement, and health education initiatives. By recognizing and

actively working to overcome these barriers, healthcare services can become more accessible, equitable, and responsive to the needs of all individuals and communities.

Ways to Bring Universality and Inclusivity in Healthcare

The NHM's efforts to strengthen basic healthcare infrastructure are aimed at improving the accessibility and quality of healthcare services, particularly in underserved areas. By investing in infrastructure development, training healthcare personnel, and ensuring the availability of essential resources, the NHM seeks to enhance the healthcare system's capacity to meet the healthcare needs and bring inclusivity of the population. In this regard, the question was raised before the respondents '*what could be done for bringing inclusivity and effective implementation of NHM?*' Moreover, the respondents were also tasked to suggest the measures for transforming the healthcare scenario of India. The inferences drawn from key respondents have been presented below:

- To bring inclusivity in healthcare facilities '*Tribal Healthcare Policy Initiatives*' should be undertaken.
- For smooth conduct of medical activities, modernized tools/equipments should be made available to medical staff.
- Healthcare awareness camps should be organized in public-private mode.
- Regularization of services of contractual employees.
- Uniformity in salary/wages and increment in allowances.
- Better living conditions for medical residents.

5.14. Conclusion

District Budgam lies at the critical juncture in terms of accommodating nearly 8 lakh population from diverse socio-economic settings. In this context it becomes important that people should be equipped with appropriate choices in availing education, employment and healthcare services. National Health Mission is the flagship healthcare programme aimed at providing accessible, affordable and quality healthcare services to the people. The influx of NHM is quite visible in District Budgam and it becomes appropriate to measure its effectiveness in delivering quality healthcare services. The key findings of patients/attendants have outlined that NHM has played an important role in providing better healthcare

infrastructure, basic medical services, affordable medicines/drugs and diagnostic facilities. Under the realm of NHM, various policy measures have been taken to overcome the issues pertaining to communicable and non-communicable diseases. The basic infrastructure including wards, OPD rooms, washrooms and other have underwent fundamental transformation.

Moreover, the medical staff has opined that in recent times medical facilities in healthcare institutions have undergone a positive shift. The policy measures and the affordable services including free maternal and antenatal care and other policy benefits including *Janani Suraksh Yojana* have acted as catalysts to motivate people to avail health facilities in government healthcare institutions. Considering the perspectives on cooperation and efficiency, there is coordination between the patients/attendants and medical staff. Though, legal framework of NHM has attributed a positive role of non-state actors; but their engagement is quite minimal. Whereas media is playing a role in educating people and has a role to monitor the healthcare policy measures. Community groups including village committees also play a role in delivering free healthcare facilities; while as NGOs do not play a significant role in this regard. Moreover, there are issues pertaining to lack of awareness, effective implementation mechanism, lack of all types of medicines and other avenues that affect the basic purpose of NHM.

CHAPTER 6

FINDINGS, CONCLUSION AND SUGGESTIONS

CHAPTER 6
FINDINGS, CONCLUSION AND SUGGESTIONS

6.1. Introduction

Previous chapter has presented an exploration into the data analysis as collected from respondents of the study. The findings of the chapter have outlined that people mostly women and children avail multitude of healthcare services provided under different healthcare policies. NHM being a flagship programme offers many healthcare services to people, but familiarity of people with these policy benefits is quite limited. Moreover, the basic medical services and basic healthcare infrastructure has improved positively under NHM, however, challenges associated with effective dissemination of policy benefits and infrastructural lacunas are looming around. The legal framework of NHM has attributed a positive role to non-state actors, but their limited presence in creating healthcare awareness, policy monitoring and implementation are the critical avenues to work upon. In this context, the chapter will present the findings of the study based on primary and secondary data sources. Furthermore, the limitations, significance of study and suggestions have been presented in this chapter.

6.2. Findings of the Study

Findings are the outcomes that are derived on the basis of data collected from primary and secondary sources. The data collection and presentation of findings are being undertaken under the appropriate research methodology. In this context, the present section will present and exploration into the findings associated with the healthcare sector and more particularly NHM in district Budgam of J&K. National Health Mission (NHM) is the Indian Government's innovative healthcare initiative aimed at addressing the critical issues in the healthcare sector. The NHM was launched in the year 2013 as a flagship program by the Government of India by merging NRHM and NUHM to provide comprehensive and integrated healthcare services. NHM takes a comprehensive approach to healthcare, focusing on both preventive and curative aspects. It aims to provide universal access to healthcare services, including maternal and child health, immunization, communicable and non-communicable disease control, and healthcare for rural and underprivileged communities. The

findings in the subsequent section have been presented keeping in view the validation and answer to research questions as mentioned in chapter I.

The first question states that *'What are the circumstances that led to the development of National Health Mission?'* To answer the question, the data was analyzed from both the sources. In this context, the findings have revealed that National Health Mission (NHM) is a government initiative in India that was enacted with the aim of improving the healthcare delivery system and addressing the health needs of underserved populations. The prime reasons for the enactment of NHM were to strengthen the healthcare infrastructure in the country. This includes improving healthcare facilities, upgrading existing hospitals and clinics, and establishing new healthcare centers, particularly in rural and remote areas that lack access to quality healthcare. Moreover, the need to minimize the IMR, MMR and bringing universalization of Immunization are the other factors. Lack of uniformity in healthcare services, developing capacity building and focus on community engagement has driven the need to address the healthcare challenges faced by India, particularly in underserved areas, and to improve the overall health and well-being of its population.

The second question states that *'What is the role of Non-state actors in the health scenario in the UT of Jammu and Kashmir?'* To answer the question, the data was analyzed from both the sources. In this context, the findings have revealed that under the legal framework of Ministry of Health and Family Welfare (MOHFW), non-state actors should play a significant role in the implementation and monitoring of the National Health Mission (NHM). Their contribution to the healthcare system will be helpful to address the health needs of the population. Considering the review of literature and perception of respondents there seems limited participation of NGOs in the healthcare policy implementation, awareness and monitoring in district Budgam. However, the civil society groups including village committees and Bait-ul-Mals play a lead role to provide the basic healthcare services to people during the crisis stage. During the COVID-19 pandemic these village committees have taken a lead role to provide free sanitizers, masks, transportation facilities and oxygen support. Moreover, the role of media could not be ruled out as it plays a significant role in healthcare awareness and has an indirect role in policy monitoring.

The third underlying question in the study outlines that '*What is the scope of National Health Mission is as implemented in Jammu and Kashmir*?' The findings in this regard have

stated that National Health Mission (NHM) has broader scope as it encompassing various healthcare interventions and initiatives aimed at improving the overall health and well-being of the population. NHM focuses on improving maternal and child health outcomes in Jammu and Kashmir. It aims to reduce MMR and IMR by providing quality antenatal care, promoting institutional deliveries. NHM in Jammu and Kashmir places significant emphasis on universal immunization coverage. It aims to ensure that all children receive timely and complete immunization against vaccine-preventable diseases. NHM also aims to addresses the control and prevention of communicable and non-communicable by undertaking appropriate measures.

National Health Mission is focused upon strengthening the primary healthcare system improve access to quality healthcare services, particularly in rural and remote areas. This includes the establishment and up gradation of primary health centers, sub-health centers, and village-level health facilities, ensuring availability of essential drugs and equipment, and enhancing the skills and capacity of healthcare providers. To streamline the healthcare operations, focus is laid upon development of workforce by imparting relevant and modern training. Therefore, the scope of NHM in Jammu and Kashmir is comprehensive and aims to address the diverse healthcare needs of the population, with a focus on improving maternal and child health, preventing and controlling diseases, strengthening primary healthcare, and fostering community participation.

The fourth question that is subjected to answer is "*What are the key implementation challenges of National Health Mission in District Budgam?"* The findings inferred in this case are mainly attributed to primary data which highlighted that the implementation of the NHM in district Budgam faces several challenges, which can impact the effectiveness and reach of healthcare interventions. The key challenges as derived from data analysis include the lack of cooperation between the patients and medicos and lack of inter-sectoral cooperation. Peripheral areas of district Budgam with difficult terrains and remote areas also pose challenges in terms of accessibility and transportation of healthcare services. Inadequate and lack of trained human resources have the potentiality to affect the healthcare sector in the downward trend.

Promoting community engagement and awareness is essential for the success of NHM programs. However, there are challenges in mobilizing and involving communities, particularly in remote and marginalized areas. To avail the dividends of digitalization, it

becomes important to educate the people and bridge the existing digital gap. Lastly, the lack of coordination between the medical institutions and non-state actors adds hardships in terms of implementing and monitoring healthcare policies. Lack of limited Advanced Life Support (ALS) ambulances and non-availability of all types of medicines and diagnostic facilities adds hardships to the people. Addressing these challenges requires concerted efforts from the government, healthcare stakeholders, and the community. It involves strategies such as strengthening healthcare infrastructure, improving transportation and logistics, enhancing human resource capacities, ensuring adequate funding, promoting community participation, and addressing socio-cultural factors.

The fifth question states that "*What is the impact of National Health Mission on quality of health care services in District Budgam?*" In this context, the findings have revealed that NHM initiatives are designed to improve the quality of healthcare services and their potential impact. The NHM focuses on enhancing the overall quality of healthcare services through various strategies and interventions. The healthcare interventions have led to strengthen the basic healthcare infrastructure in district Budgam. To strengthen the primary level healthcare, New Type PHCs and New Type Sub-Centers have been developed. Communicable and non-communicable diseases have been prevented to larger extent and maternity services are being provided and accessed by women at mass scale. Out of pocket expenditure has reduced drastically mostly in maternity and childcare aspects.

NHM focuses on ensuring the availability of essential medicines, vaccines, and medical equipment. Regular monitoring by media helped in identifying the gaps, strengths, and areas for improvement, enabling corrective measures to be taken. This systematic approach can contribute to ongoing quality improvement in healthcare services. Therefore, it is important to note that the impact of NHM on the quality of healthcare services in District Budgam would depend on various factors, including the extent of implementation, availability of resources, community participation, and other contextual factors. Conducting specific evaluations and studies would provide a more accurate assessment of the impact of NHM on the quality of healthcare services in the district.

6.3. Importance of the Study

Research holds significant importance in various aspects of society. Considering the nature of present study, its importance is quite diverse in terms of its utility in social and economic avenues. In this milieu, the significance of the study is presented below:

1. Advancing Knowledge: The present study will contribute to the expansion of knowledge in healthcare and policy fields. It also uncovers new information, theories, and concepts, helping to deepen our understanding of the healthcare scenario of district Budgam in particular and J&K in general.
2. Improving Decision-Making: The present study provides evidence-based insights that inform decision-making processes. Policymakers, government officials, and stakeholders rely on research findings in order to make informed choices about healthcare aspects including basic healthcare infrastructure, availability of medicines/drugs and diagnostic facilities. Moreover, the study will help in identifying trends, assess risks, and evaluate the potential impact associated with the implementation of NHM.
3. Role of Non-State Actors: The present study has outlined the detailed and analytical account of role of Non-State Actors in providing the critical healthcare services and the supportive system thereby.
4. Solving Societal Challenges: The study addresses societal challenges by examining complex healthcare problems and proposing solutions. It provides a platform for understanding healthcare scenario including maternity and childcare in terms of accessibility, affordability and health disparities.
5. Through rigorous investigation, the research generated data, analysis, and recommendations that can inform policies, interventions, and practices aimed at solving the prevalent healthcare challenges.
6. Enhancing Healthcare and Medicine: Research plays a critical role in advancing medical knowledge, developing new treatments, and improving healthcare practices. It contributes to understanding diseases, identifying risk factors, and evaluating the effectiveness of interventions. Research findings help healthcare professionals make evidence-based decisions, improve patient outcomes, and enhance healthcare delivery systems.
7. Education and Training: Research provides the foundation for educational awareness among the people. By means of the study, people will be made aware about different

policies and programmes undertaken for the healthcare development of people. Moreover, by educational means people will be educated about benefits of policies including maternity and immunization so that out of pocket expenditure could be minimized.

8. Promoting Critical Thinking and Intellectual Growth: Research encourages critical thinking, problem-solving, and intellectual curiosity. It fosters a culture of questioning, exploration, and skepticism, promoting intellectual growth and lifelong learning. Research will be helpful for individuals to develop analytical skills, interpret and evaluate information, and contribute to the generation of new knowledge.
9. Validating and Challenging Existing Knowledge: Research plays a vital role in validating or challenging existing knowledge and theories in the field of healthcare. It helps verify the accuracy and reliability of previous studies, ensuring the integrity of scientific knowledge. Through replication studies and independent investigations, research contributes to the development of robust and reliable knowledge bases.
10. Fostering Collaboration and Interdisciplinary Approaches: Research often involves collaboration among researchers from different disciplines, institutions, and countries. It promotes interdisciplinary approaches, bringing together diverse perspectives, expertise, and methodologies to address complex problems. Collaboration in research enhances the exchange of ideas, encourages innovation, and leads to more comprehensive and impactful outcomes.
11. Academic and Career Development: Research is a fundamental component of academic and career development. It allows students, academics, and professionals to contribute to their respective fields, build expertise, and establish a reputation. Research experience enhances critical thinking, problem-solving, and analytical skills, which are highly valued in various professions and industries.

Overall, research is vital for advancing knowledge, driving innovation, informing decision-making, and addressing healthcare challenges. It has a profound impact on various aspects of accessibility and universalization of healthcare, contributing to the healthy wellbeing of individuals, communities, and societies as a whole.

6.4. Limitations of the Research

The research can be a rewarding and valuable experience; however, there are some limitations and challenges that the researcher has faced. These challenges not only affect the

researcher in person, but one or other way the research also. In this context, the present section has presented an exploration into the challenges associated the present study:

1. Time Constraints: The research is a lengthy process that often takes several years to complete. The limited timeframe can have constraints on the scope and depth of the present research. Researchers may have to make choices and prioritize certain aspects of the study, potentially leaving other relevant areas unexplored.
2. Sample size: To keep sample size within statistical analysis limits, the study is restricted within the regional boundaries of District Budgam of Jammu and Kashmir. More importantly, it was not feasible for researcher to collect data from more than 300 respondents.
3. Resource Limitations: Conducting research requires resources, including funding, access to data, equipment, and specialized expertise. Limited resources can impact the scale and scope of the research, potentially hindering the researcher's ability to address certain research questions or access specific populations or settings.
4. Bias and Subjectivity: Researchers are human, and their personal biases and subjectivity can influence the research process and findings. It is important for researchers to be aware of their own biases and take steps to minimize their impact through rigorous methodology, data analysis techniques, and peer review. However, some level of subjectivity may still exist in interpreting and analysing data.
5. Practical Implementation: The present has focused on generating new knowledge and theoretical insights. However, the practical implementation of research findings into real-world contexts can be challenging. Translating research outcomes into actionable policies, interventions, or practices may require additional efforts, collaborations, and resources beyond the scope of the study.
6. Lack of comparative approach: The present study focuses on assessment of only National Health Mission programme. The limited timeframe did not allow the researcher to make a comparative analysis of NHM with other states or union territories.
7. Narrow Focus: The present research typically involves a deep exploration of a specific research topic. While this allows for in-depth knowledge and expertise in a particular area, it can result in a narrow focus that may limit the generalizability of findings. It is important to acknowledge the limitations of studying a specific context or sample and consider the broader applicability of the research.

8. Lack of diversity: The limited timeframe and researcher's association with his profession did not allowed him to collect and analyze the data from diverse perspectives including ethnicity, Tribals and other social groups.
9. Limited number of existing studies and lack of co-relation analysis (measuring relations among various factors/variables) further limits the scope of the present study.
10. Lack of participation of NGOs: It was not feasible for the researcher to collect data from Non-Governmental Organizations as there was no NGO engaged in NHM and healthcare policy implementation or monitoring in district Budgam. Furthermore, the lack of data availability on NGOs further limited the scope of NGOs in the study.

It is important to recognize these limitations and challenges associated with the present research, as they can influence the interpretation and application of research findings. Researchers should be transparent about the limitations of their studies and work collaboratively to address these limitations through ongoing research, replication studies, interdisciplinary collaborations, and knowledge exchange within the scientific community.

6.5. Suggestions

Improving healthcare service delivery under the National Health Mission (NHM) requires a comprehensive and multi-faceted approach. In this milieu, the present section offers insights into the questions as posed in chapter 1. The underlining question is '*What could be done for garnering greater efficiency in the health and nutrition scenario under the ambit of NHM in J&K?*'. Here are some strategies that can contribute to enhancing healthcare service delivery under the NHM:

1. Strengthen Primary Healthcare: Focus on strengthening primary healthcare infrastructure, including Primary Healthcare Centers (PHCs) and Sub-Centers. This involves improving infrastructure, ensuring availability of essential drugs and equipment, and recruiting and training healthcare personnel.
2. Enhance Human Resources: Address the shortage of healthcare professionals by recruiting, training, and retaining skilled healthcare workers. Provide continuous professional development opportunities, incentivize rural postings, and encourage specialization in key areas to ensure an adequate and competent workforce.
3. Regularization of services: The services of contractual employees should be regularized for bringing efficiency in healthcare service delivery. Moreover, the uniformity in salary/wages should be considered.

4. Improve Healthcare Infrastructure: Invest in improving healthcare infrastructure, particularly at the primary and secondary levels. This includes upgrading and equipping healthcare facilities, ensuring a reliable supply of electricity and water, and implementing necessary infection control measures.
5. Strengthen Referral Systems: Develop robust referral systems to ensure smooth transitions of patients between primary, secondary, and tertiary levels of healthcare. Enhance coordination and communication among healthcare facilities to facilitate timely and appropriate referrals.
6. Focus on Quality Assurance: Implement quality assurance mechanisms to ensure the delivery of high-quality healthcare services. Establish standards, guidelines, and protocols for clinical care, infection control, and patient safety. Regularly monitor and evaluate the quality of healthcare services and take corrective actions as necessary.
7. Enhance Health Information Systems: Strengthen health information systems to facilitate efficient data collection, management, and analysis. Implement electronic health records (EHRs) to improve documentation and access to patient information. Utilize data for monitoring health indicators, identifying gaps, and making evidence-based decisions.
8. Promote Community Engagement: Engage communities in healthcare planning, implementation, and monitoring processes. Foster community participation through mechanisms such as Village Health Committees or community health volunteers. Seek community feedback, address concerns, and incorporate local perspectives in healthcare service delivery.
9. Awareness of healthcare facilities: People at large should be awarded about the healthcare facilities offered under different policies and programmes. Greater the people's awareness, greater will be the delivery of healthcare facilities.
10. Embrace Technology and Innovation: Leverage technology and innovation to enhance healthcare service delivery. Explore telemedicine and e-health solutions to extend healthcare access to remote areas. Embrace digital health tools for appointment

scheduling, health education, and remote patient monitoring. Encourage research and collaboration to develop innovative solutions for healthcare challenges.

11. Strengthen Public-Private Partnerships: Foster collaborations with private sector entities, non-governmental organizations (NGOs), and civil society organizations to augment healthcare service delivery. Engage the private sector in public health programs, leverage their expertise and resources, and ensure adherence to quality standards and regulations.
12. Continuous Monitoring and Evaluation: Establish robust monitoring and evaluation mechanisms to assess the performance and impact of healthcare service delivery under the NHM. Regularly evaluate healthcare indicators, service utilization rates, patient satisfaction, and outcomes. Use evaluation findings to identify areas for improvement and inform evidence-based decision-making.
13. Better residential facilities: Better residential facilities should be put in place for medical staff during the night stay. Facilities including hygienic washrooms, regular power and electricity and hygienic rest-rooms should be focused on.
14. Financial Protection: Ensure financial protection for individuals accessing healthcare services. Expand health insurance coverage, especially for vulnerable populations, and develop mechanisms to minimize out-of-pocket expenditures. Implement targeted subsidy programs or health financing schemes to alleviate financial barriers to healthcare access.
15. Cooperative mechanism: For bringing greater efficiency in healthcare service delivery, cooperation should be strengthened between patients/attendants and medical professionals. The cooperation will be helpful to garner greater satisfaction among the stakeholders.
16. Strengthen Inter-Sectoral Collaboration: Promote collaboration and coordination between the health sector and other sectors like, education, sanitation, and nutrition. Recognize the broader determinants of health and address them through inter-sectoral initiatives, policies, and programs.
17. Modernized training and equipments: The medical professionals should be equipped with modernized tools/techniques and same should be equipped with relevant training.
18. Development of Trauma hospitals: There exists a need to establish trauma hospitals including ‘children and maternity hospitals’, ‘bone and joint hospitals’ and ‘emergency care hospitals’ for timely treatment of patients.

Implementing these strategies requires strong leadership, adequate financial resources, effective governance, and stakeholder collaboration. It is essential to tailor approaches to the specific healthcare needs, socio-cultural context, and regional disparities within the NHM implementation areas. Continuous monitoring, evaluation, and adaptation are crucial to ensure the sustained improvement of healthcare service delivery under the NHM.

6.6. Conclusion

National Health Mission is the flagship programme of Government of India launched in 2013. NHM is the larger framework that under which NRHM and NUHM work in synchronization. The primary aim of NHM is to provide accessible, affordable and effective healthcare for all. Universalization and inclusiveness in healthcare lie at the centre of NHM. Under the framework of NHM, the government is aimed at increasing health budget from 0.9% to 2-3%. There are multitudes of goals under NHM and most of them are centred around mother and child health and family planning. NHM outlines that the focus does not lie only upon health, but also on universal access to public services for food and nutrition and sanitation and hygiene under a holistic approach. The comprehensive approach aims at prevention of communicable and non-communicable diseases using traditional medical system and modernized technological innovations.

The National Health Mission has played a significant role in improving healthcare access, reducing maternal and child mortality rates, and strengthening healthcare infrastructure in India. By adopting innovative approaches and involving communities, it has addressed several healthcare issues and continues to work towards achieving universal healthcare coverage and better health outcomes for all. Moreover, the involvement of non-state actors in NHM in Jammu and Kashmir mostly media and village committees have enhanced the reach, effectiveness, and sustainability of healthcare interventions. Their contributions help address the diverse healthcare needs of the population and improve overall health outcomes in the region.

REFERENCES

REFERENCES

Agarwal, S. & Sangar, K. (2005). Need for dedicated focus on urban health within national rural health mission. *Indian Journal of Public Health*, 49(3), 142-152.

Anderlini, D. (2018). The United States Health Care System is Sick: From Adam Smith to Overspecialization. *Cureus*, Volume 10(5). DOI: 10.7759/cureus.2720

Azhar, S. (2022). The media plays an essential role in shaping Healthcare Sector. *The Global Kashmir* (November 03 2022).

Azmat, H. (2019). NGOs keeping healthcare, education on track in Kashmir. *101 Reporters* (Online: 12-November-2019). Retrieved from

Banerji, D. (2005). Politics of Rural Health in India. *Indian Journal of Public Health,* Volume 49(3), pp 113-122. DOI:10.2190/1G7Y-KVE3-B6YV-ANE9

Bashir, R. (2023). 2022 Key developments in health sector. *Greater Kashmir* (Online OPED: 04 January 2023).

Bhamra, A. S., Nagrath, K. & Niazi, Z. (2015). Role of Non-State Actors in Monitoring and Review for Effective Implementation of the Post-2015 Agenda: A Case Study Analysis. *Independent Research Forum,* Background Paper 4.

Bodha, I. J. (2017). Health Care Services of Jammu and Kashmir: A study Hospitals of Jammu and Kashmir. *International Journal of Theoretical & Applied Sciences*, 9(1): 54-59.

Census (2011). Population Statistics of Jammu and Kashmir.

Chaudhuri et al. (2022). A theory of change roadmap for universal health coverage in India. *Front Public Health,* DOI https://doi.org/10.3389%2Ffpubh.2022.1040913

Choudhary, M. & Mohanty, R. K. (2020). Series Role of National Health Mission in Health Spending of States: Achievements and Issues. *National Institute of Public Finance and Policy, New Delhi*, Working Paper no. 317, dated 24th August 2020.

Chuang, S. & Inder, I. (2009). An effectiveness analysis of healthcare systems using a systems theoretic approach. *BMC Health Services Research*, Article no 195.

CSO (2012). Final Report on Non Profit Institutions in India - A Profile and Satellite Accounts in the Framework of System of National Accounts. National Accounts Division, Central Statistics Office, Ministry of Statistics and Programme Implementation, Government of India.

District Health Society Budgam (2007). District Health Action Plan. National Health Mission

Down to Earth (Online 06 January 2023). India's kala-azar cases declined 98.7% since 2007: Health Ministry.

Fazili, G. A. (2003). Role of Civil Society and the State of Jammu & Kashmir, *New Hope*, volume 4, no.1,

Grosios, K., Gahan, P. B. & Burbidge, J. (2010). Overview of Healthcare in UK. *EPMAJ* Volume 1(4), pp 529-534, DOI 10.1007/s13167-010-0050-1

Hussain, Z. (2011). Health of the National Rural Health Mission. *Economic and Political Weekly*, 46 (4), pp 53-60.

Horowitz, C. & Lawlor, E. F. (2008). Community Approaches to Addressing Health Disparities. Institute of Medicine (US) Roundtable on Health Disparities. Washington (DC): National Academies Press (US).

IMS Institute for Healthcare Informatics (2012). Understanding Healthcare Access in India. Report Published in 2012.

Itoo, T. (2020). Transforming healthcare system and enhancing its accessibility. *Rising Kashmir* (Online: 26th September 2020)

Iyer, P. (2019). Integrating the community for mitigating psychological impact of conflict in Kashmir. *Observer Research Foundation* (Online: 13 th August 2019).

Jahangir, N. (2023). Role of Media in Healthcare. *Kashmir Pen* (Online: 31st May 2023).

JK-NHM (2023). Jammu and Kashmir e-Sahaj Report and Rankings 2023.

JK-NHM (2023). Official Website of Jammu and Kashmir National Health Mission (Year 2023)

J&K State Health Survey (2007). Report by National Rural Health Mission.

Kashmir Observer (2020). COVID-19: Role f Newspapers. *Kashmir Observer* (Online: April 01 2020).

Kaur, N., Ahmad, S. & Shakeel, A. (2023). An inter-district analysis of health infrastructure disparities in the Union Territory of Jammu and Kashmir. *Geo Journal*, PMCID: PMC10103674, pp 1-12. DOI: 10.1007/s10708-023-10869-8

Kasthuri, A. (2018). Challenges to Healthcare of India. *Indian Journal of Community Medicine,* Volume 43(3), pp 141-143. DOI: 10.4103/ijcm.IJCM_194_18

Khanday, F. A. (2015). Peacebuilding in Jammu and Kashmir: An Effort by NGOs. *European Academic Research*, Vol. II, Issue 11.

Krejcie, R. V. & Morgan, D. W. (1970). Determining Sample Size for Research Activities. *Educational and Psychological Measurement*, 30, 607-610.

Kumar, R. (2021). Impact of National Health Mission of India on Infant and Maternal Mortality: A Logical Framework Analysis. *Journal of Health Management*, Volume 23(1), 155 – 165.

Lew, N. D., Greenberg, G. & Kinchen, K. (1992). A layman's guide to the U.S. health care System. *Health Care Financ Review*, Volume 14(1), pp 151–169.

Maphumulo, W. T. & Bhengu, B. R. (2019). Challenges of quality improvement in the healthcare of South Africa post-apartheid: A critical review. *Curations,* Volume 42(1), DOI: 10.4102/curationis.v42i1.1901

Ministry of Health and Family Welfare (MOHFW), Government of India. Framework for implementation of National Health Mission (2012-17).

Mir, A. H. & Bhat, S. A. (2018). Health Status and Access to Health Care Services in Jammu and Kashmir State. *Asian Review on Social Sciences,* Volume 7(3), pp 52-

57.

MoHFW (2019). Health and Family Welfare Statistics in India 2019-20. Government of India

NITI Aayog (2020), Health Index, Report IV (2019-20), Government of India.

NHSRC (2021). Public-Private Partnerships in Health Care under the National Health Mission in India: A Review. *The National Health Systems Resource Centre (NHSRC)*, New Delhi December 2021

Nimai, D. & Kumar, R. (2016). Role of Non Governmental Organizations in Healthcare Sector of India. *Public Health Foundation of India,* 2016 Report.

Nirala, P. K. (2014). National rural health mission and its achievements. *International Journal of Research*, Volume 1(1), 44-52.

Nomani, M. Z. M., Lone, A. A., Alhalboosi, A. K., Raj, A. A., & Ahmed, Z. (2020). Health care services under consumer protection laws of union territories of Jammu and Kashmir: a socio-legal mapping. *EXECUTIVE EDITOR*, *11*(01), 139.

Patil, A. V., Somasundaram, K. V. & Goyal, R, C. (2002): Current Health Scenario in Rural India. *Australian Journal of Rural Health*, 10(2): 129-35.

Patra S., Dogga, S. & Rath, S. (2013). An Evaluation of the National Rural Health Mission (NRHM) in Odisha. *Journal of Health Management*, Volume 15(3), pp 471-480. DOI:10.1177/0972063413491880

Raina, A., & Ahmed, S. (2022). Rural Road Connectivity and Access to Health Care Services in Poonch District of Jammu and Kashmir (J & K). *Regional Economic Development Research*, 241-252.

Reibling, N., Ariaans, M. & Wendt, C. (2019). Worlds of Healthcare: A Healthcare System Typology of OECD Countries. *Health Policy*, Volume 123 (7), pp 611-620.

Rising Kashmir (2020). Challenges of health sector of Jammu and Kashmir during COVID-19. Rising Kashmir (Online: 18th July 2020).

Rising Kashmir (2023). Tele-MANAS helpline receives more than 10,000 calls since its launch in J&K. *Rising Kashmir* (Online: April 26 2023).

Rural Health Statistics Report (2018-19). National Health Mission, MoHFW, Government of India.

Sharma, A. K. (2014). The National Rural Health Mission: A Critique. *Sociological Bulletin,* Volume 63(2), 287-301.

Singh, S. (2022). The situation of women healthcare in Jammu and Kashmir. *JK Policy Institute* (Online: 21-March-2022).

Singh, S. (2022). The situation of women healthcare in Jammu and Kashmir. *JK Policy Institute* (Online: 21st March 2020).

Singh, Z. (2013). Universal Health Coverage for India by 2022: A Utopia or Reality. *Indian Journal of Community Medicine,* Volume 38(2), pp 70-73. DOI: 10.4103/0970-0218.112430

Soparkar, S. (2022). Role Of NGOs In Health Services For A Nation. *Be Wellbeing World* (Online: 06 December 2022).

Suri, A. (2003). NGOs in Kashmir: Agents of Peace and Development. *IPCS* Research Paper 02.

Tabish, S. A. (2010), Healthcare Delivery in J&K: Challenges & opportunities. *Greater Kashmir* (Online: 21-December-2010).

Uttam, N. (2023). Menstruation: Role of NGO'S in Promoting Menstrual Health and Hygiene in Jammu and Kashmir. *International Journal of Indian Psychology, 11(1),* DOI:10.25215/1101.109

Vivek, N. D. (2019). Non State Actors and Global Health Governance A Political Economy View from India. *Indian Foreign Policy & Contemporary Global Issues.*

Wani, M. H. (2017). National Rural Health Mission: Challenges and Achievements. *Public Policy and Administration Research,* volume 7 (2), 15-16.

Waring, J., Allen, D., Braithwaite, J. & Sandall, J. (2015). Healthcare quality and safety: a review of policy, practice and research. *Sociology of Health and Illness*, Volume 38 (2), DOI: https://doi.org/10.1111/1467-9566.12391

Weel, C. V. et al. (2016).Primary healthcare policy implementation in South Asia. *BMJ Global Health*, Volume 1 (2), pp 1-4.

World Bank (2022). Global Healthcare Expenditure 2020-21.

World Health Organisation (2020). Community Engagement: A health promotion guide for universal health coverage in the hands of the people. ISBN 978–92–4-001052–9 (electronic version), ISBN 978–92–4-001053–6 (print version).

*****

APPENDICES

QUESTIONNAIRE FOR DATA COLLECTION

Dear Respondent:

I am a Ph.D. scholar in Lovely Professional University, Punjab, India and I am conducting research on **"Assessing the Performance of National Health Mission in Jammu and Kashmir: A Study of Budgam District".** The information being sought from you is for research purpose only. So you are requested to express your views freely and frankly in a neutral and unbiased manner. The information supplied by you shall be kept confidential.

Personal Profile

I. Name:

II. Gender:

Male/Female

III. Age:

IV. Habitation:

Rural/Urban

V. Educational Qualification (For Patients Only):

Illiterate/Up to 10^{th}/Up to Graduation/Higher Education

Section A: Patients/Attendants (Questionnaire)

1. Do you know what National Health Mission (NHM) is?
    a. Yes
    b. No

If Yes: Specify the medium you came to know about NHM?
    a. Conventional Media (TV, Radio, Newspaper)
    b. Non-Conventional Media (Social Media)
    c. Advertising hoardings installed by Health department
    d. Awareness Camps and Seminars by NGOs
    e. Friends/Relatives/Neighbors etc.

2. Do you avail free medical facilities under NHM?
    a. Yes
    b. No

If Yes: Specify the Facility:
    a. Free Medical Check-up
    b. Free Drugs/Medicine
    c. Free Diagnostic Facilities
    d. Ambulance Service

3. In recent times basic medical services under NHM has revitalized?
    a. Yes
    b. No
    c. Can't Say

4. Maternity and Child Care services have improved in the recent times.
    a. Yes
    b. No

5. Adolescent healthcare services have improved in the recent times?
    a. Yes
    b. No

6. Prevention of Communicable and non-communicable diseases took place in the recent times?
    a. Yes
    b. No

7. In the recent times Reproductive and Neo-Natal Healthcare services have improved?
    a. Yes
    b. No

8. The basic infrastructure has witnessed a positive change in contemporary era.
    a. Yes
    b. No
    c. Can't Say

    If Yes Specify the Change
    a. Availability of Clean Drinking Water
    b. Availability of Hygienic wards
    c. Availability of hygienic OPDs
    d. Availability of Hygienic Washrooms
    e. Availability of Beds & Bedding
    f. Availability of 24x7 electricity

9. Non-State Actors (NSAs) are apolitical entities work on non-profit basis: Do you know any NSA?
    a. Yes
    b. No

10. Are you familiar with any Non-State Actor as given below?

a. NGOs
b. Media
c. Community Group
d. Any Other

11. What is the role of non-state actors in healthcare sector of J&K?

a. Creating Awareness
b. Capacity Building
c. Monitoring & Evaluation
d. Patient Transportation Services

12. Do you avail any medical services from any Non-state actor?

a. Yes
b. No

If yes: Specify the service

a. Healthcare Awareness
b. Ambulance services
c. Blood Donation
d. First Aid Treatment Training

13. Do you face any challenge while availing any healthcare service under NHM?

a. Yes
b. No

If yes: Specify the challenge/s?

a. Lack of all types of medicines
b. Limited diagnostic facilities
c. Lack of appropriate Basic Infrastructure
d. Non availability of medical staff

14. What is your stand in terms of cooperation in healthcare centers?

Medical Staff	**Cooperative**	**Non Cooperative**
Doctors		
Paramedic		
Administration		
Other Staff (Ambulance Drivers Etc.)		

15. What initiatives should be undertaken to educate population about free services under NHM?

    a. Literacy via educational institutions
    b. Media should play a pivotal role
    c. Advertisement by local level governance
    d. Any Other

Please suggest some measures for improving the working and efficiency of National Health Mission?

……

……

……

*****

Dear Respondent:

I am a Ph.D. scholar in Lovely Professional University, Punjab, India and I am conducting research on **"Assessing the Performance of National Health Mission in Jammu and Kashmir: A Study of Budgam District".** The information being sought from you is for research purpose only. So you are requested to express your views freely and frankly in a neutral and unbiased manner. The information supplied by you shall be kept confidential.

Section A: Health Officials (Questionnaire)

1. National Health Mission has positively altered the health sector in J&K?
    a. Yes
    b. No

2. The basic infrastructure has improved under the aegis of NHM in District Budgam?
    a. Yes
    b. No

    If yes: specify the infrastructure

    a. Building infrastructure
    b. Increase in number of beds
    c. Hygienic washrooms & drinking water
    d. Electricity 24x7
    e. Digital Influx

3. Basic Medical services have witnessed a positive change under NHM?
    a. Yes
    b. No

    If yes: specify the service
    a. Availability of Medicines
    b. Availability of Ambulance Services
    c. Diagnostic Services
    d. Any Other

4. NHM played a role in prevention of communicable and non communicable diseases?
    a. Yes
    b. No

5. Maternal healthcare services witnessed positive development under NHM?
    a. Yes
    b. No

6. Neo-Natal healthcare services have improved under NHM?
    a. Yes
    b. No

7. Adolescent Healthcare services witnessed positive development under NHM?
    a. Yes
    b. No

8. Do Non-State Actor plays a role in NHM in J&K?
    a. Yes
    b. No

    If Yes: Specify the Non State Actor

    a. NGOs
    b. Media
    c. Community Groups
    d. Any Other

9. Non-State Actors play a role in healthcare awareness among people?
    a. Yes
    b. No

10. Non-State Actors play a key role in implementation of NHM?
    a. Yes
    b. No

11. Non-State Actors play a role in capacity building?

    a. Yes
    b. No

12. What are the challenges that limit the scope of NHM among the people?

    a. Limited Awareness among people
    b. Limited facilities in healthcare centers
    c. Limited Human Resources
    d. Limited Digital Influx

13. Do you think there is gender gap in terms of availing facilities under NHM?

    a. Yes
    b. No

    If yes: Specify which gender is availing more number of facilities under NHM?

    a. Male
    b. Female
    c. Other

14. Patients/Attendants are cooperative while availing medical treatment in hospital?

    a. Yes
    b. No

    If Yes: Then Specify the Category of Patients:

    a. Outdoor Patients
    b. Indoor Patients

15. What are the major challenges that hinder the effective implementation of NHM?

    a. Working circumstances of Health officials
    b. Financial issues in certain cases
    c. Infrastructural lacuna
    d. Any Other

16. What could be done for effective implementation of NHM?

a. Infrastructural viability
b. Trained human resource
c. Educate the People
d. Any Other

Please suggest some measures for improving the working and efficiency of National Health Mission in the Union Territory of Jammu & Kashmir?

……
……
……
……
……
……..

*****

Dear Respondent:

I am a Ph.D. scholar in Lovely Professional University, Punjab, India and I am conducting research on **"Assessing the Performance of National Health Mission in Jammu and Kashmir: A Study of Budgam District".** The information being sought from you is for research purpose only. So you are requested to express your views freely and frankly in a neutral and unbiased manner. The information supplied by you shall be kept confidential.

Section A: Key Respondents (Interview Schedule)

1. What are the factors that led to the incorporation of National Health Mission in the health sector of J&K?
2. Do you think common people are availing quality specified facilities under the aegis of NHM and specify the facilities?
3. Do you think NHM has brought universalization of healthcare and revitalized the healthcare infrastructure of J&K?
4. Do you agree that 'out of pocket expenditure' for patients have declined with the implementation of health policies under the aegis of NHM?
5. Do you think that NHM has bridged the rural-urban and male-female gap in providing equitable healthcare services?
6. What is your stand with respect to the status of Infant Mortality Rate and Maternal Mortality Rate under NHM?
7. What is your stand on role of non-state actors on awareness generation and information dissemination?
8. Do the Non-State Actors play a role in capacity building and other healthcare avenues under NHM in J&K?
9. What is your viewpoint on the role of Non-State Actors in the implementation, monitoring and evaluation of Healthcare policies under NHM?
10. What are the major issues cum challenges that people face while availing the facilities under NHM?
11. What is your stand on basic infrastructure and healthcare infrastructure gaps between the rural and urban habitations?

12. Do you agree that Geographical factors and limited finances have the inherent potential to limit the scope of NHM in J&K?
13. What is the prospect of digital influx under the ambit of NHM?
14. What could be done to augment the basic infrastructural viability and efficiency in the health sector?
15. Do you think that the human resource should be equipped with modernized training and skills for garnering effective output under NHM?
16. What could be done for bringing the inclusivity and effective implementation of NHM in J&K?
17. What would you suggest that will transform the NHM in the positive orientation?

Please suggest some measures for improving the working and efficiency of National Health Mission in the Union Territory of Jammu & Kashmir?

……
……
……
……
……
……..

*****

Madhya Pradesh Journal of Social Sciences
A biannually Journal of M. P. Institute of Social Science Research, Ujjain
ISSN: 0973-855X (Vol 28 No 12, 2023)

ANALYZING THE ROLE OF NON-STATE ACTORS IN HEALTHCARE SYSTEM OF JAMMU AND KASHMIR, INDIA: A CONTEXTUAL FRAMEWORK FROM NATIONAL HEALTH MISSION

Mahmood Ahmad Khan*
Research Scholar in Department of Government and Public administration,
Lovely Professional University, Punjab, India

Dr. Rajvinder Kaur
Assistant Professor in Department of Government and Public Administration,
Lovely Professional University, Punjab, India

Prof. (Dr.) Kirandeep Singh
Head of the Department, School of Social Sciences and Languages,
Lovely Professional University, Punjab, India

Corresponding Author: Mahmood Ahmad Khan
Email id: aalim1khan@gmail.com

Abstract

The present study is an exploration into the role of non-state actors into the realm of healthcare sector of Jammu and Kashmir, India. The study uses the purposive sampling technique for data collection and adopts the qualitative research approach to infer the findings. From the socio-economic perspective, non-state actors including NGOs play a pivotal role in providing quality education, better healthcare facilities and livelihood opportunities to the vulnerable communities. In context to India, non-state actors undertook measures in the realm of healthcare sector for providing affordable and accessible healthcare to the people. Although, government implemented the National Health Mission in 2013, but there are certain infrastructural and basic medical service gaps that demand the cooperative mechanism. India being the largest populated nation has inherent challenges associated with providing inclusive, accessible and affordable healthcare. In such circumstances, these NSAs play a pivotal role to bridge the prevalent gaps in the healthcare. Jammu and Kashmir being a volatile region has minimal presence of NGOs in health sector, but community groups and media are playing a parallel role to provide the quality healthcare to the needy under the legal framework of NHM.

Key Words: ***Healthcare, Inclusion, National Health Mission, Non-State Actors, System, Well-being***

Background of the Study

Healthcare, sometimes known as health coverage, is the process of improving people's health through the prevention, diagnosis, treatment, amelioration, or treatment of disease, sickness, trauma, and other mental and physical disabilities. In other words, healthcare refers to the prevention, diagnosis, treatment and management of illness or disease to maintain the wellbeing of individual populations. Healthcare services are being provided by different healthcare facilities that range from

Revisiting Healthcare Infrastructure Under National Health Mission: An Explorative Study Of District Budgam, Jammu And Kashmir

Mahmood Ahmad Khan[1]*, Dr. Rajvinder Kaur[2], Waseem Ahmad Rather[3]

[1]*Research Scholar, Department of Public AdministrationLovely Professional University, Phagwara, Punjab
[2]Assistant Professor in Department of Public AdministrationLovely Professional University, Phagwara, Punjab
[3]Research Scholar, Department of Public Administration, Lovely Professional University, Punjab

***Corresponding Author: -** Mahmood Ahmad Khan
*Research Scholar, Department of Public AdministrationLovely Professional University, Phagwara, Punjab

Abstract
The present study is an exploration into the health care infrastructure in Budgam district of Jammu and Kashmir. The study further analyzes the role and impact of National Heath Mission (NHM) in developing the health care infrastructure. The approach of the study isexplorative-cum-analytical and makes use of primary-cum-secondary data sources. The findings of the study have revealed that there are huge modernized infrastructural gaps in the primary and secondary health care institutions of Budgam district. However, the NHM has taken a lead to modernize the health care infrastructure, but there are certain avenues that demand timelyintervention and proper implementation of NHM. The challenges pertaining to online health services and round the clock services are the major challenges that health care institutions are facing. In this regard an inclusive and systematic approach for policy implementation should be focused upon.

Keywords: Accessibility, Development, Healthcare, Infrastructure, Mission, Technology

1. Introduction

Health and wellness has been prime concern and objective of human development efforts and ultimate goal of regional and global health policies. United Nations has kept human wellbeing on top priority while enunciating recent Sustainable Development Goals and impressed upon states to undertake urgent policy interventions for development of public health infrastructure and facilitate public health awareness at community level. World Health Organization (WHO) has released the report entitled "*The World Health Statistics 2020*" commenting on recent developments with regards to life expectancy and health-related Sustainable Development Goals (SDGs). The obesity, hypertension, and diseases related to school-age children are found to be the major public health challenges around the globe. It is revealed that the life expectancy and healthy life expectancy (HALE) have increased with average growth of 8% from 2000 to 2016.

India being a home to 1.34 billion strong populations also hosts the largest share of disadvantaged population who are socially and economically backward. According to *Global Multidimensional Poverty Index* nearly 228 million people in India are experiencing poverty. A total of 16.4% of Indian population is said to be poor that have experienced the multidimensional poverty at one or other stage *(MDI, 2022)*. The poverty robes an individual from availing the basis facilities for sustainment purpose. The deprivation of basic facilities includes limited/ no education, lack of nutritive/adequate food, and non-availability of basic healthcare services. In the health perspective, the Indian government has put in place a pool of policies that will streamline the healthcare infrastructure and all the people have access to quality healthcare facilities.

In the above milieu, *National Health Mission (NHM)* is an initiative of Government of India that was inked in the year 2015. NHM primarily

Journal of Namibian Studies, 35 S1(2023): 713-727 ISSN: 2197-5523 (online)

Assessing The Working Of Accredited Social Health Activists Under National Health Mission In Jammu And Kashmir, India: Issues And Challenges

Mahmood Ahmad Khan*[1], Dr. Rajvinder Kaur[2]

[1]Research Scholar in Department of Government and Public administration,
Lovely Professional University, Punjab.
[2]Assistant Professor in Department of Government and Public Administration,
Lovely Professional University, Punjab.

ABSTRACT

Accredited Social Health Activists (ASHAs) are the first point of contact for any health-related demands of deprived sections of population, particularly women and children who have difficulty in accessing health services. The success of NHM depends on efficiency of ASHAs in performing their duties, as ASHA is the key module of National Health Mission (NHM). The present study is an attempt to identify challenges faced by ASHAs while dispensing their duties in Jammu and Kashmir. The study is both qualitative and quantitative in nature and makes use of mixed primary-cum-secondary data sources. The study makes use of in-depth interviewing of the ASHAs from Jammu and Kashmir. The findings of the study revealed various challenges faced by ASHAs in accomplishing their jobs. Finally, various suggestions have been given to overcome these challenges in order to improve the work performance of ASHAs.

KEYWORDS: Accredited Social Health Activists, National Health Mission, Patients, Public Health Sector, Work Performance.

Introduction

Accredited Social Health Activists (ASHAs) are the first point of contact for any health-related demands of deprived sections of the population, particularly women and children who have difficulty in accessing health services (Bhanderi et al., 2018). Community

Perspective

Covid-19 pandemic and public health challenges in Jammu & Kashmir

Muzafer Rasool Hajam ,Manvendra Singh, Mahmood Ahmad Khan , Rubaya Akther

Author Affiliations:

Muzafer Rasool Hajam, Mahmood Ahmad Khan, Rubaya Akther, PhD Research Scholars

Manvendra Singh, Associate Professor, Department of Government & Public Administration, Lovely Professional University, India

Abstract:

COVID-19 pandemic has emerged as prime health challenge of 21st century forcing policy makers, health experts and governance institutions world over to revisit and re-invigorate public health policies through inter-institutional collaborations. Subsequent global lockdowns caused unprecedented shock to world economies, downslide of socio-economic development, concern for public safety, emphasis on augmentation of health infrastructure, capacity building of health care providers and development of effective Corona Virus containment strategies. Health institutions world over are grappling to control spread of the infection through Symptomatic Target Testing, Cluster Testing and Phased Vaccination. Multiple vaccines have been developed with varied efficacy, cost concerns and involvement of logistic issues; leading to vaccine-multilateralism and re-emphasis on universalization of public health policies under Sustainable Development Goals (SDGs) mechanism. This paper aims to assess impact of this grievous pandemic on public health sector of Jammu & Kashmir, explore challenges faced by public health institutions, analyze effectiveness of government interventions and suggest measures for revival of public health care services in the region.

Keywords: COVID-19, Jammu & Kashmir, Vaccination, Challenges, Measures

JK-Practitioner2021;26(4):13-17

Correspondence:

Muzafer Rasool Hajam , PhD Research Scholar , Department of Government & Public Administration, Lovely Professional University, India .E-mail: shinestar793@gmail.com

Indexed:

EMBASE,SCOPUS,IndMED,ESBCO,SCI,Google Scholar besides other national and international databases.

Cite this Article as:

Hajam MR , Singh M , Khan MA , Akther R. Covid-19 pandemic and public health challenges in Jammu & Kashmir. JK Pract2021;27(4):13-17

Introduction

Despite technological advancement in 21st century, world is faced with multiple public health challenges including recent emergence of COVID-19 pandemic with its adverse impact on public health in terms of loss of lives, strain on health infrastructure, concern for personal safety, issues of mental health, depression & emotional well-being. With 25.77 Million confirmed Corona Virus cases and 2.87 Lac deaths till 20th May, 2021 (http://covid19india.org/), India is facing unprecedented public health challenges. Insufficient availability of medical oxygen, poor hospital infrastructure, slow testing & vaccination rate; has overstressed the existing health care facilities and led to exponential community transmission of the virus with subsequent need for lockdown.

India is facing immense economic, educational, health care, transportation & corporate challenges; which mandate gradual ease of lockdown restrictions and continued efforts to contain the coronavirus[1]. Government of India increased allocation for health care by 135% in 2021-22 union budget [2], formulated COVID-19 containment guidelines viz 3T Model (Trace, Test & Treat), facilitated development and roll-out of phased vaccination, established COVID-19 dedicated hospitals, augmented medical & oxygen supplies across the country to contain the virus. Spread & impact assessment of the pandemic, which has greatly affected human life, socio-economic development and national relations can be analyzed & predicted by using Geographic Information Systems (GIS) technologies to track confirmed cases, active cases, expirees and recoveries as well as prediction of magnitude of infection spread [2].

Due to very large population size and concerns of resurgence of the virus with new variants and varied clinical manifestations like Mycormucosis (Black Fungus Infection), Candidiasis (White

PRIMARY HEALTH CARE IN JAMMU AND KASHMIR: A CRITICAL ANALYSIS

Waseem Ahmad Rather[1]*, Dr. Deepak Sharma[2], Mahmood Ahmad Khan[3]

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 analysisas 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 remedythem for garnering the greater efficiency under the ambit of PHC's.

Keywords: Accessibility, Efficiency, Healthcare, Primary, Service

[1]*Research Scholar, Department of Government and Public Administration, Lovely Professional University, Phagwara, Punjab, Email id: waseem3126@gmail.com
[2]Assistant Professor, Department of Government and Public Administration, Lovely Professional University, Phagwara, Punjab, Email id: deepak.24762@lpu.co.in
[3]Research Scholar, Department of Government and Public Administration,Lovely Professional University, Phagwara, Punjab, Email id: aalim1khan@gmail.com

***Corresponding Author: -**Waseem Ahmad Rather
*Research Scholar, Department of Government and Public Administration, Lovely Professional University, Phagwara, Punjab, Email id: waseem3126@gmail.com

DOI: - 10.31838/ecb/2023.12.si5.066

ANVESAK
ISSN : 0378 – 4568 UGC Care Group 1 Journal

ROLE OF PRIMARY HEALTHCARE CENTERS IN DELIVERING QUALITY HEALTHCARE IN JAMMU AND KASHMIR: ISSUES AND CHALLENGES

Waseem Ahmad Rather*
Research Scholar, Department of Public Administration, Lovely Professional University, Phagwara Punjab, 144411

Dr. Deepak Sharma
Assistant Professor, School of Liberal & Creative Arts (Social Sciences and Languages)
Lovely Professional University, Phagwara Punjab, 144411

Mahmood Ahmad Khan
Research Scholar, Department of Public Administration, Lovely Professional University, Phagwara Punjab, 144411

Abstract
The present study is an exploration into the role of Primary Healthcare Centers in providing quality healthcare in the union territory of Jammu and Kashmir. The nature of the study is analytical one and it adopted the mixed approach and primary cum secondary data sources to draw the precise inferences into the subject matter. Healthcare services in Jammu & Kashmir are provided under pyramidal structure including primary, secondary and tertiary health care services. Primary Health Centers (PHCs) play a crucial role in providing primary healthcare services to communities, particularly in rural and underserved areas. PHCs being first point of contact is primarily because of two reasons; because of proximity to habitation area and less patient influx. They act as cornerstones of the healthcare system and serve as the first point of contact for individuals seeking medical care. Their role encompasses preventive, promotive, and curative healthcare services, and they are often the foundation of a comprehensive healthcare delivery system. Although, PHCs lie at the center of providing healthcare services; but there is wider gap in terms of providing healthcare facilities. The lack of quality in healthcare is primarily due to financial constraints, shortage of human resources and lack of modernized diagnostic equipment's.

Key Words: Diagnostic, Health, Modernized, Quality

1. Introduction

According to the World Health Organization (WHO), primary health care represents a holistic societal approach to health and well-being, prioritizing the needs and preferences of individuals, families, and communities. Primary Health Care services aim to provide comprehensive care, treatment, and palliative care in proximity to people's daily environments. The 2018 Astana Declaration recognizes Primary Health Care as an effective and sustainable means to address emerging health challenges systematically. Notably, in developing countries like India, primary health centers have gained significance, contributing to a multi-tier healthcare stratification that delivers diverse services to people across different geographical locations in real-time. Sathyananda et al. (2021) assert that Primary Health Centers serve as the foundation of the Indian public health system.

In the aforementioned context, Laharia emphasizes that the strength of a state hinges on health, happiness, and power. Health is considered a paramount possession for individuals, and within the objectives of humanity, good health and longevity are integral components of an economy (Laharia,

ST. XAVIER'S COLLEGE, JAIPUR

(Affiliated to University of Rajasthan , Approved under Section 2(f) and 12(B) of the UGC Act, 1956)
A Christian Minority Jesuit Educational Institution
Nevta - Mahapura Road, Jaipur - 302029

TRANSGRESSIONS TRANSITIONS TRANSFORMATION

CERTIFICATE
OF
PARTICIPATION

THIS IS TO CERTIFY THAT

Mr/Ms/Dr **Mahmood Ahmad Khan**

of **Lovely Professional University, Phagwara, Punjab** has presented the paper titled **Performance Appraisal System in Educational Sector: A Study of Jammu and Kashmir**

in Technical Session **V** of the **International Multidisciplinary Conference on Evolving Ecological Concerns: Transgressions, Transitions and Transformation** organised on **24-25 February, 2023.**

Dr Rama Hirawat	Dr Gurneet Kaur Suri	Rev Fr Dr A Rex Angelo SJ
Co Convenor	**Convenor**	**Principal**

SXCJ/CONF/2022-23/ 5861

A Fair Chance for Education Project

WARWICK
THE UNIVERSITY OF WARWICK

Attendee Certificate

Awarded to

MAHMOOD AHMAD KHAN

for their attendance to the 2021 FCF Conference on Problematising Access and Mapping Gendered Pathways to Higher Education in India

Ann Stewart
Professor
(Principal Investigator)
School of Law,
University of Warwick

Emily Henderson
Associate Professor
(Co-Investigator)
Department of Education Studies,
University of Warwick

TISS
Tata Institute of Social Sciences

5 August 2021

FAIR CHANCE FOUNDATION

LOVELY PROFESSIONAL UNIVERSITY

Certificate of Participation

awarded to

MAHMOOD AHMAD KHAN

for attending the ***webinar*** *on* ***Emerging Dynamics in the Middle East and India's Options***
conducted by the Department of Political Science, School of Humanities,
Lovely Professional University
Date: July 3, 2021

Dr. Vinod CV	Prof.(Dr.) Pavitar Parkash Singh	Prof.(Dr.) Kirandeep Singh
Organizing Secretary	Convener, Associate Dean & HOS	Co-convener & Head of Department
School of Humanities	School of Humanities	School of Humanities

Authenticity of documents can be verified at https://givemycertificate.com/verify/4DXL-Q87N-PNVC-E9IB

LOVELY PROFESSIONAL UNIVERSITY

Certificate of Participation

awarded to

Mahmood Ahmad Khan

for your Participation in the ***UN Contribution in Handling Global Challenges,***
Conducted by Department of Political Science, School of Humanities,
Lovely Professional University
Date: April 9, 2021

Manvendra Singh	Pavitar Parkash Singh	Kirandeep Singh
Dr Manvendra Singh	Prof.(Dr.) Pavitar Parkash Singh	Prof.(Dr.) Kirandeep Singh
Event Coordinator	Convener, Associate Dean & HOS	Organizing Secretary & Head of Department
School of Humanities	School of Humanities	School of Humanities

Authenticity of this document can be verified at http://givemycertificate.com/verify/2104002672000065

Ref.No.050321/118

DELHI SCHOOL OF PUBLIC POLICY AND GOVERNANCE

(INSTITUTION OF EMINENCE)

UNIVERSITY OF DELHI

Certificate of Participation

THIS IS TO CERTIFY THAT

Mahmood Ahmad Khan

has attended a webinar on ***Pandemic Covid-19 and Public Health Policy of India***

held on 5th March 2021.

PROF. (DR.) V.K. AHUJA
JOINT DIRECTOR
DSPPG

DR. ASHUTOSH MISHRA
OSD
DSPPG

MAHARSHI DAYANAND UNIVERSITY ROHTAK

A State University established under Haryana Act No. 25 of 1975

(NAAC Accredited 'A+' Grade)

ICSSR Sponsored Collaborative Conference

Public Policies & Governance in India: Innovations & Experiences

February 17th & 18th, 2023

Organized by

Department of Public Administration, M.D. University, Rohtak

In Collaboration with

Indian Public Administration Association

&

Ch. Ranbir Singh Institute of Social & Economic Change, M.D. University, Rohtak

CERTIFICATE

This is to certify that Prof./Dr./Mr./Miss Mahmood Ahmad khan (Research scholar) has participated in the ICSSR sponsored Collaborative Conference on Public Policies & Governance in India: Innovations & Experiences Organized by Department of Public Administration, M.D. University, Rohtak in Collaboration with IPAA & CRSIS&EC, M.D. University Rohtak and Delivered Lecture/ Chaired Session/ Co-Chaired Session/ Participated/ Presented Paper. Title of the invited lecture/Paper Presented Revisiting Healthcare Infrastructure under National Health Mission: An Explorative study of District Budgam, Jammu and Kashmir

Prof. S.S. Dahiya	Prof. Y. Pardhasardhi	Prof. Inder Jeet	Dr. Samunder Singh
(Convenor)	*(Secretary, IPAA)*	*(Director, CRSIS&EC)*	*(Organising Secretary)*