



# Kashmir towards a Healthier Paradise

Annual Performance Review 2012-13

Volume II

**DIRECTORATE OF HEALTH SERVICES KASHMIR**







*Kashmir – Towards a Healthier Paradise*

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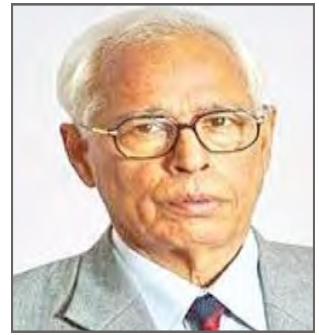
**Volume: 02**

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**Directorate of Health Services Kashmir**



## Message



Mr. M N Vohra  
Governor, J&K

In order to see real improvement in our public health, and to make rising health care costs as manageable as possible, all levels of government, the private sector, and individual Kashmiri have a part to play. Government and the private sector can and should empower people of Kashmir with the tools necessary to access quality health care and live a healthy lifestyle. We should act expeditiously and with compassion. At the same time, Kashmiri can improve the quality of their own lives, while also reducing the economic burden of health care expenditures, by assuming personal responsibility for their own health and wellness.

Older people make valuable contributions to society as family members, as volunteers within communities and the wisdom they have gained throughout their lives makes them a unique resource for society.

The greatest health threat to older people is non-communicable diseases, heart diseases and stroke, and so we should ensure that no heavy burden is given to older people and their families and society should take proper care of them. When people improve their health they enjoy fuller lives without the burden of health complications such as pain or disability, and remain productive longer and continue to contribute to society.

Health is the foundation for Kashmir's economic transformation—it allows our children to thrive and learn, it readies our graduates for meaningful careers, and it permits our current workforce to grow and adapt to a dynamic economy. In this message, we lay the groundwork for a healthier Kashmir, a Kashmir in which residents of all ages prosper and contribute.

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M M Vohra



Mr. Omar Abdullah  
Hon'ble Chief Minister, J&K



## Message

To build a stronger Kashmir, we must build a healthier Kashmir. My vision is for Kashmiri to be healthy, productive individuals, living in communities that support health and wellness, with ready access to an affordable, patient-centered and community-based system of care.

There is much to like about our health care system. As we enter the 21st century, significant advances in medical science have saved many lives. Scientific research has led to the development of evidence-based practice standards, and new advances regularly occur that have increased life expectancy and improved health status. Jammu and Kashmir has the distinction of having been ranked as the number one in the primary health care for the past two years.

Wellness and economics are linked.. While economic considerations are certainly important, the real value of a healthy lifestyle is quality of life. The good news is that evidence-based practices have demonstrated that each of us can significantly improve our personal health by practicing four key healthy behaviors:

- maintain a healthy diet;
- engage in regular exercise;
- get an annual physical examination; and
- avoid all tobacco use.

But, as we individually take these steps, there are other steps that Kashmir institutions need to take. To have a health care system that works for citizens of Kashmir , we need to develop a primary-care based system with a patient-centered hospitals, where care is coordinated, patients receive appropriate preventive services, such as cancer screenings and dental care, electronic health records are utilized, and health information is shared in a secure and efficient manner.

Building a healthier Kashmir will be no easy task, but the benefits will be real and sustainable if we seize the opportunity.

---

Omar Abdullah



## Message



Mr Gulam Nabi Azad  
Hon'ble Union Minister  
Health and Family Welfare

The State Government is committed to providing transparent and effective Healthcare to the citizens of the State. The common man is the focus of our programmes and schemes. We have launched a number of flagship schemes in the recent past for the welfare of the common man

We need to make clear that in a rapidly changing environment, it is not just the animals and plants, but humans, that need protection. We need governments to put human health and wellbeing at the heart of climate change policy, and renew efforts to protect health through achieving the Millennium Development Goals.

The Healthcare Delivery System in our state has made considerable progress over the course of the last few years. In tune with national objectives, our government has been striving to put in place the necessary infrastructure as well as trained manpower aimed at increasing the outreach of health related facilities.

We need to strengthen public health policy and practice to meet the challenges of climate change and protect their populations. And, most importantly, we need individuals to make personal choices that will both enhance health and reduce climate change. We must act now, together, to find ways to protecting human health and the people on this planet. All your efforts will contribute.

It gives me delight that the Directorate of Health Services, Kashmir is bringing out this book that will document the beginnings of the Modern Healthcare Delivery System in Kashmir and also highlight the recent achievements particularly the utilization of healthcare services by our population.

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Ghulam Nabi Azad



## Message



Mr Shabir Ahmed Khan  
Hon'ble Minister  
Health and Family Welfare, J&K

I am glad to know that the Directorate of Health Services, Kashmir, is publishing a book on its achievements. This was necessary as success in Family Welfare Programme has come about only when the two have got integrated. This is illustrated by the experience of "South East Asian Countries who have been able to move ahead of us in the field of population stabilization, though they had a late start. I think this marks a major shift in policy and emphasis.

We have to see whether we are moving steadfastly onwards to our goals, without distortions or deviations. We have to examine whether we are still following the beaten track of curative approach and how much of preventive, promotive and rehabilitative aspects of health care we have been able to bring about in our health care approach and what we plan in future. We must evaluate how far we are from providing comprehensive Primary Health Care Services to our population in remotest areas

It is a matter of great privilege to be with you.

---

Shabir Ahmed Khan





## Message



Mr Iqbal Khandey  
Chief Secretary  
Government of Jammu and Kashmir

For us, the year had remained much eventful. In this year, we implemented different relevant developmental projects to address the major issues with innovative, participative and sustainable approach.

Our endeavour was especially focused on social mobilization for natural resource management to improve the status of livelihood; health awareness and services for women and children; education for children at risk; skill development training for rural and marginal farmers; support to the senior citizens; and support to physically and mentally challenged persons.

I express my heartiest thanks and best regards to the district administrations, Government agencies, donors and partner agencies, our team of social workers, and all villagers and well-wishers who have been supporting us for all activity

---

Mr Iqbal Khandey



Mr. M.K. Dewidi

Commissioner Secretary Health, J&K



## Message

Friends, let me say before congratulating you for bringing our book that it is a matter of great privilege and honor for me to be able to contribute whatever I can towards strengthening and building up the health of the Kashmir, I hope that with your support, co-operation and help, we shall be able to complete the task of eradicating disease and improving the health standards of our citizens so that the productivity and development of the Kashmir can go ahead at an increasing pace.

We should make an objective and realistic assessment of our achievement and shortfalls and work out what we would like to do in future. In my view this is the time for consolidating the gains of the previous years and for identifying the areas in which we are lagging behind.

At the same time, we have to find out the ways of overcoming the shortfalls in reaching our goals. In the next few years we have to accelerate the pace of our achievements and make a determined bid to reach our objective of 'Health for All by 2020'.

---

Mr. M.K. Dewidi





Dr. Saleem-ur-Rehman  
Director of Health Services, Kashmir



## Message

I would like to take this opportunity to express my sincere thanks to all of you and especially my fellow members for successful completion of our center's various activities in the last one year

With sincere and dedicated efforts of loyal and committed staff, we strive to maintain the highest standards of ethical practice.

Looking forward to your continuous support and with warm regards.

---

Dr. Saleem-ur-Rehman

This book is second in the series that highlights the achievements of the current year vis-à-vis the previous years, hence gives a sense of exploring the areas of improvement and relish the achievements.

Going through volumes of data over previous years available was an experience that was exhilarating. In the process emerged the challenges that the healthcare system have to tackle courageously, to provide healthcare to all.

The constant encouragement, trust and faith by the Hon'ble Health Minister assisted us to compile this volume. We are grateful for the continuous support and vision for the future that they have set.

We feel proud of the achievements of all health providers, from providing better healthcare to improvements made during these years.

Editors



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## INTRODUCTION



"عن پوش تلی یلی وُن پوش"

“ Food lasts till forests last ”

- Sheikh Noor-ud-Din Noorani (RA), 14th Century Sufi Poet of Kashmir

# The PRIDE OF KASHMIR

## Bird Diversity

Wild birds of Kashmir.  
Different species of birds  
are found in Jammu &  
Kashmir



**Majestic**  
Kashmir Hangul

## Fantastic Brown Trout Fish



## Tribal way of life

Young people representing both male and female  
genders in management of livestock , dogs being  
used to assist with livestock handling or protection,  
or perhaps as companion animals



## Artistic Magnificence

Kashmiri artisan at work





# HEALTH PROJECTS

## Initiatives & Accomplishments





# The Simulation Lab

*The state of art Health-Aid Facility at Dobiwan*

## SIMULATION IN HEALTH CARE EDUCATION IN KASHMIR

The introduction of patient simulation into the medical education curriculum represents a major shift in healthcare provider education. Without compromising patient safety, students can practice decision making in clinical situations and develop clinical skills.

It is an accepted fact that patient simulation significantly improves critical thinking; clinical skill performance, and knowledge acquisition. Simulation technology provides students with more opportunities to learn, practice, and master procedures and skills in a virtual environment prior to patient contact.

Results indicate high student satisfaction and improvements in a relatively short time. In one study, medical students who studied cardiology simulation ultimately performed better than students who learned in the traditional manner with real patients (Issenberg et al., 2000).

In another study simulation-trained surgery residents performed the procedure 30% faster, and made six times fewer intra-operative errors when dissecting the gallbladder from the liver bed.” (Seymour et al; Ann Surg., 2002).

### Patient Simulators

Recent improvements in technology have created advanced simulators (manikins) capable of very high levels of fidelity with the aim of suspending disbelief in the learning environment and making the training exercise appear realistic.

The array of simulators used today includes High-fidelity patient simulators (HFPS), Medium-fidelity patient simulators (MFPS), Low-fidelity patient simulators (LFPS) and Task-specific simulators.

**High-fidelity patient simulators (HFPS)** have a sophisticated level of interaction, facilitated by computer programs with a high level of technical response and feedback. Examples include Laerdal 3GSimMan and METI manikins.



**Medium-fidelity patient simulators (MFPS)** provide the opportunity to simulate an array of clinical activities at a level lower than HFPS. An example is Laerdal's MegaCode Kelly with VitalSim/SimPad capability.



**Low-fidelity (LFPS)/Task-specific simulators** are being used to teach specific skills or tasks such as cardiac catheterization surgical skills or laparoscopic surgical skills. These permit students to focus on individual skills instead of more comprehensive situations.

These include airway trainers, obstetric trainers, IV Trainers, Surgical trainers etc. Patient Simulation Training may also include standardized patients, written simulation, computer-based clinical simulation, audio simulation, video-based simulations and virtual reality simulation.



### **SimMan 3G™ (by Laerdal)**

The SimMan 3G patient simulator is a patient simulator that features auto-reacting pupils, automatic drug recognition, and wireless technology. Some of the features of the SimMan 3G include: quality CPR feedback, convulsions, bleeding and wounds, secretions, event recognition, vascular access, chest decompression & chest drain, etc.



Teaching methods based on the apprenticeship model have been the mainstay of medical education for decades. In Kashmir, however, the lack of medical education facilities and manpower in sufficient numbers is straining the physical teacher-apprentice training model to its limits.



**Director health services Kashmir examines the exhibits of Simulation-lab equipments for KSL (Dhobiwon) at RFTPC Building in srinagar**



**Demonstration and display of Simulation-lab demos and equipments by a trainer at RFTPC Building in srinagar**

To address the inability of the apprenticeship model to cope with the high demand for trained healthcare workers, increased concern for patient safety, and the vital need for continuing education to keep field

**Kashmir Simulation Laboratory (KSL) will play a prominent role in the years to come**



**Kashmir Simulation Laboratory (KSL)** will introduce simulation technology for the first time in the public healthcare system in India.

The **Kashmir Simulation Laboratory (KSL)** is designed to use patient simulators, innovative teaching software, high-speed internet connections and highly interactive technology to offer a more efficient and effective teaching environment for medical students, physicians, nurses, technicians and other health care workers.

At KSL, high-tech classrooms and simulated theatre environments will provide training at all levels: from basic skills for junior medical students to continuing medical education for experienced surgeons. The aim is to deliver high quality medical education while objectively measuring and improving procedures specific and core skills.

Manikins available at the **Kashmir Simulation Laboratory (KSL)** include SimMom, MegaCode Kelly, SimPad and a variety of trainers like CPR trainers, BP trainer, IV trainer, Airway/Intubation Trainer etc. In 2013 SimMan and SimView will be acquired for the SimLab.

### **SimMom™**



### **MegaCode Kelly™**

MegaCode Kelly is a realistic manikin for training in a wide range of advanced life saving skills in pre-hospital emergencies. This Flexible manikin platform with multiple modules accommodates a wide range of training including CPR, ACLS, NBC, trauma, bleeding control, and first aid training for training in advanced life support, targeting key skills of pre-hospital care providers.

MegaCode Kelly allows insertion of standard airway devices, ecg interpretations using standard clinical monitors, use of clinical monitors, defibrillators, and external pacers for practice of live interventions, instructor-controlled blood pressure arm allows for realistic palpation and auscultation, heart, breath and bowel sounds, pupillary assessment, intravenous drug administration, chest tube insertion and trauma and bleeding control modules.



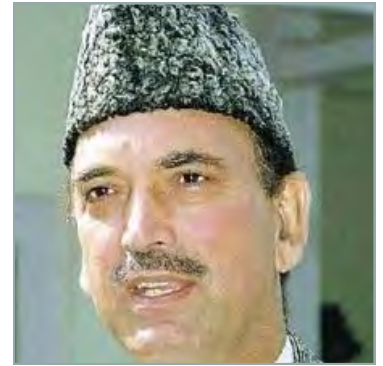
### **SimPad™**

Touchscreen patient monitor and software simulates several parameters including Blood pressure , Heart rate, SpO2, Temperature, synchronized pulses, ECG, Heart, lung , bowel and vocal sounds and more. It can be used with both **SimMom™** and **MegaCode Kelly™**



# Notable Achievements by Union Health Minister

*Mr Gulam Nabi Azad*



- No case of **wild polio-virus** detected for more than 2 years now. A fact that has been acclaimed worldwide.
- **Medical Education reforms** were carried out in a big way which led to whopping increase in the seats at undergraduate and post-graduate level.  
**MBBS seats** increased from **33,567** to **45,629**.  
**PG seats** increased from **13,838** to **22,850**.  
**72 new medical colleges** sanctioned, raising the number from 290 to 362.
- **Six new AIIMS** are at advance stages of completion.  
Medical colleges in all six new AIIMS already started with admission of first batch in September, 2012.
- **Janani Shishu Suraksha Karyakaram (JSSK)** launched to ensure cash-less deliveries in public health facilities in respect of all pregnant ladies. Free food, diagnostics, consumables, medicines, transportation to & fro including blood for transfusion and cesarean, are provided to those pregnant ladies who deliver their babies in Govt hospitals.  
Sick newborn babies are also given free treatment for 30 days.  
**Rs. 2013 crores** allocated to the States during 2012-13.  
**Institutional deliveries** got a phenomenal jump from 7 lacs to over 1.00 crore.  
**25000 additional beds** for mother and children have been sanctioned during 2012-2013 in **415 hospitals**.

- **Rashtriya Bal Swasthya Karyakaram'** – a new initiative launched on 6<sup>th</sup> February, 2013 from Palghar block of Thane District by Smt. Sonia Gandhi.

Universal screening of children for disorders, diseases, deficiencies upto the age of 18 years will be done.

About 27crore children likely to be screened under the program

- **National Programme for Prevention & Control of Diabetes, Cancer, Cardiovascular Diseases and Stroke** (NPCDCS) has been launched for early screening of Non-communicable Diseases in 100 districts  
More than 1.40 crores persons above 30 years of age have been screened for diabetes, hypertension, cardiovascular disease and cancer.

- **Mother-Child Tracking System(MCTS)** has been put in place to ensure that pregnant women and children below the age of 5 years receive full complement of health and immunization services.

- **18000 MMUs and Ambulances** given to States for referral Transport and outreach services.

- **Hepatitis–B** vaccine included in Universal Immunization Programme.

- **Pentavalent Vaccine** introduced in eight States,including Jammu and Kashmir.

- **National Institute of Mental Health & Neuro Sciences (NIMHANS)** declared as '**Institute of National Importance**' by an Act of Parliament.

# ***Initiatives by State Health Minister***

*Mr Shabir Ahmed Khan*



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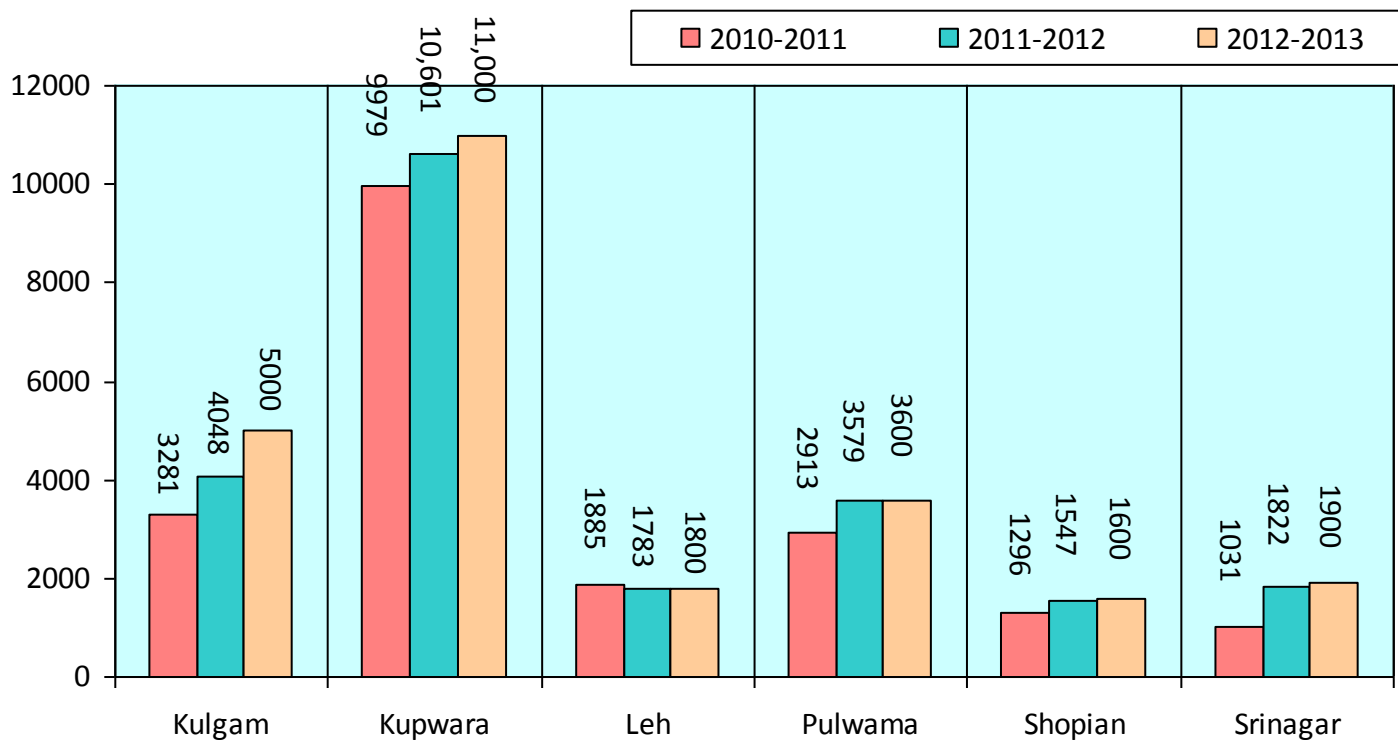
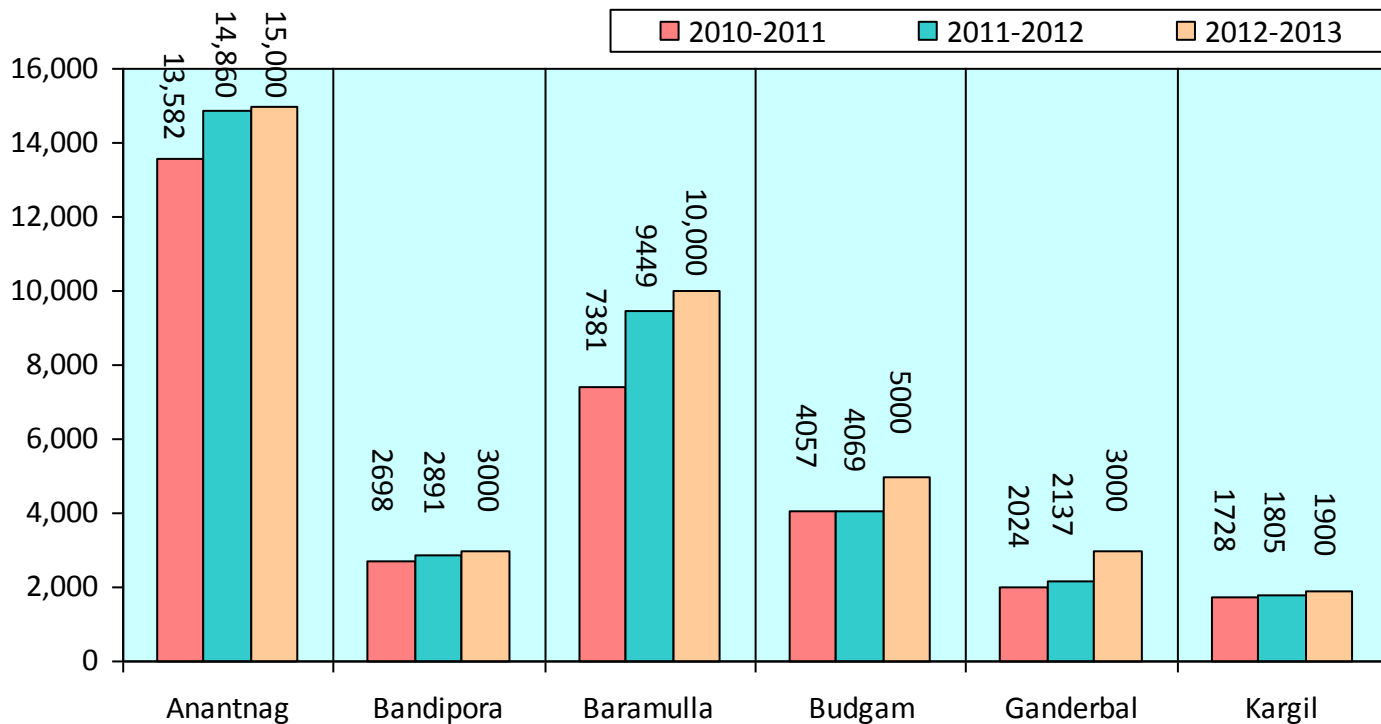


# **K**ey - Performance Indicators

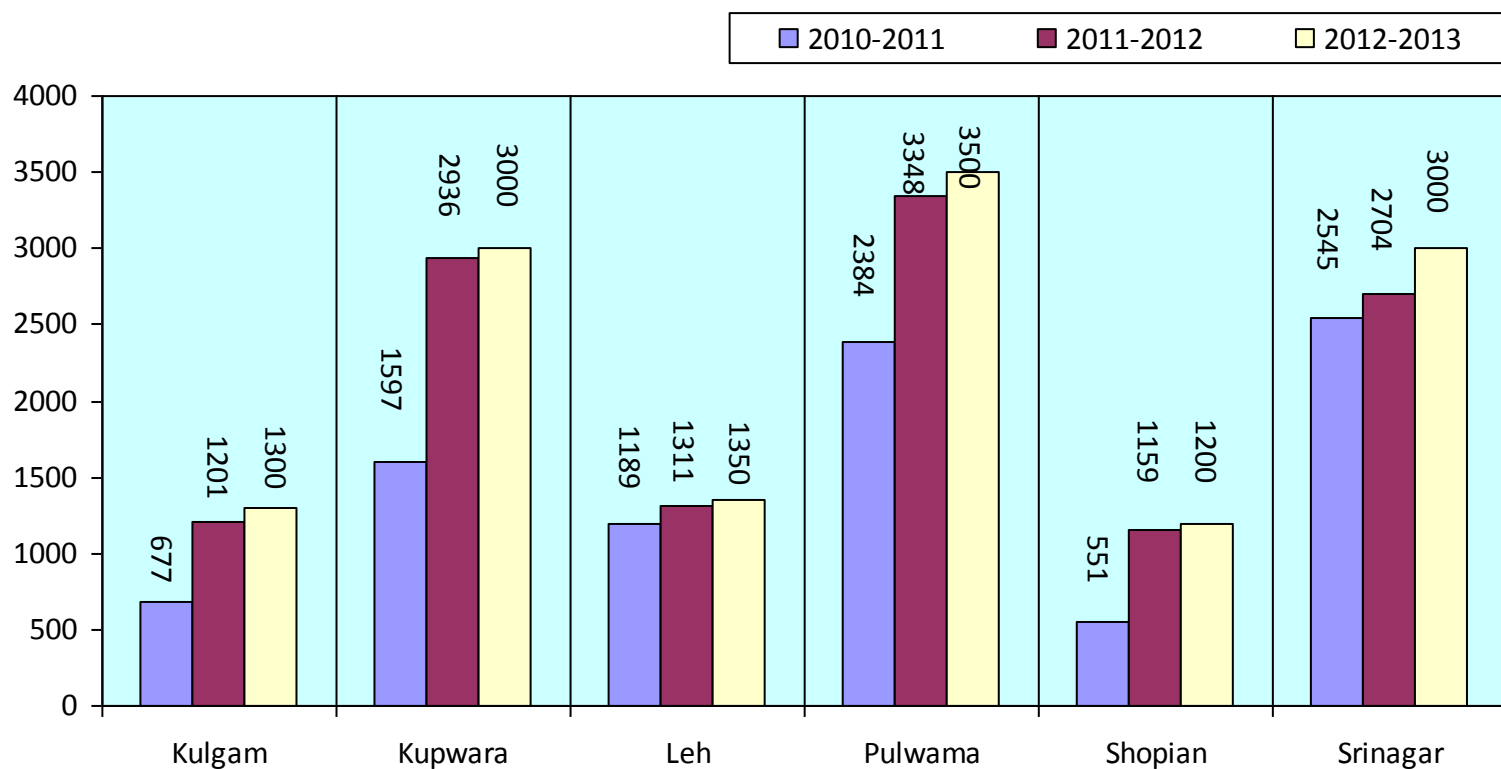
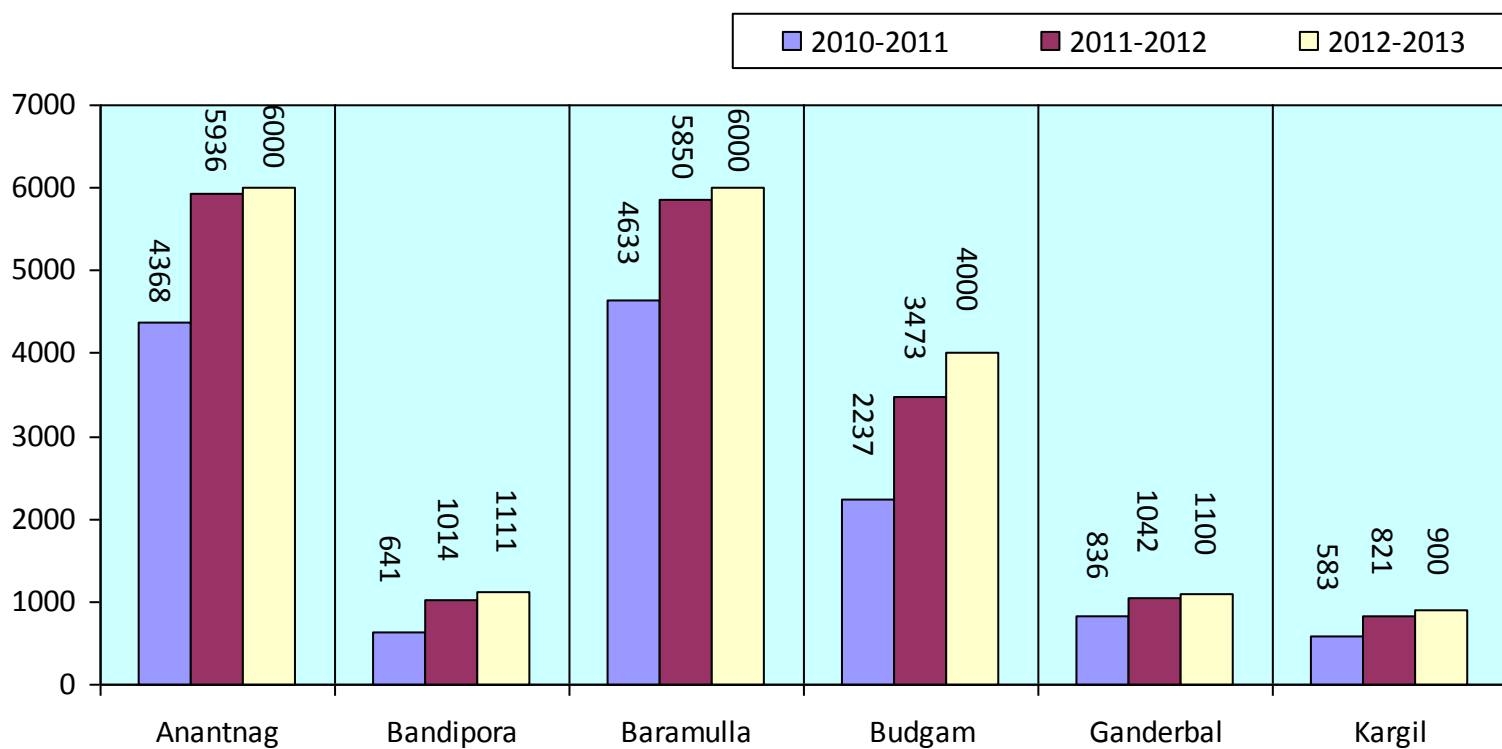
Statistical presentation of data for the last 3 years



## Major Surgeries Performed by Districts

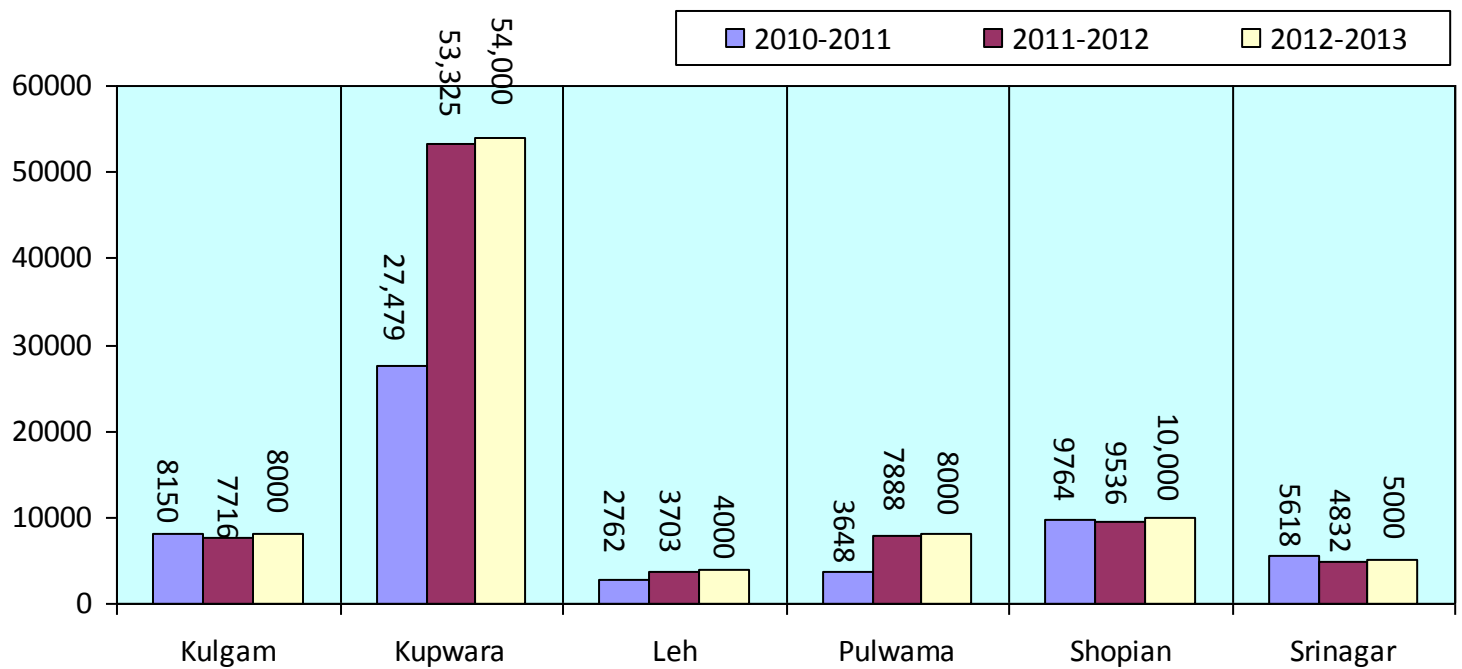
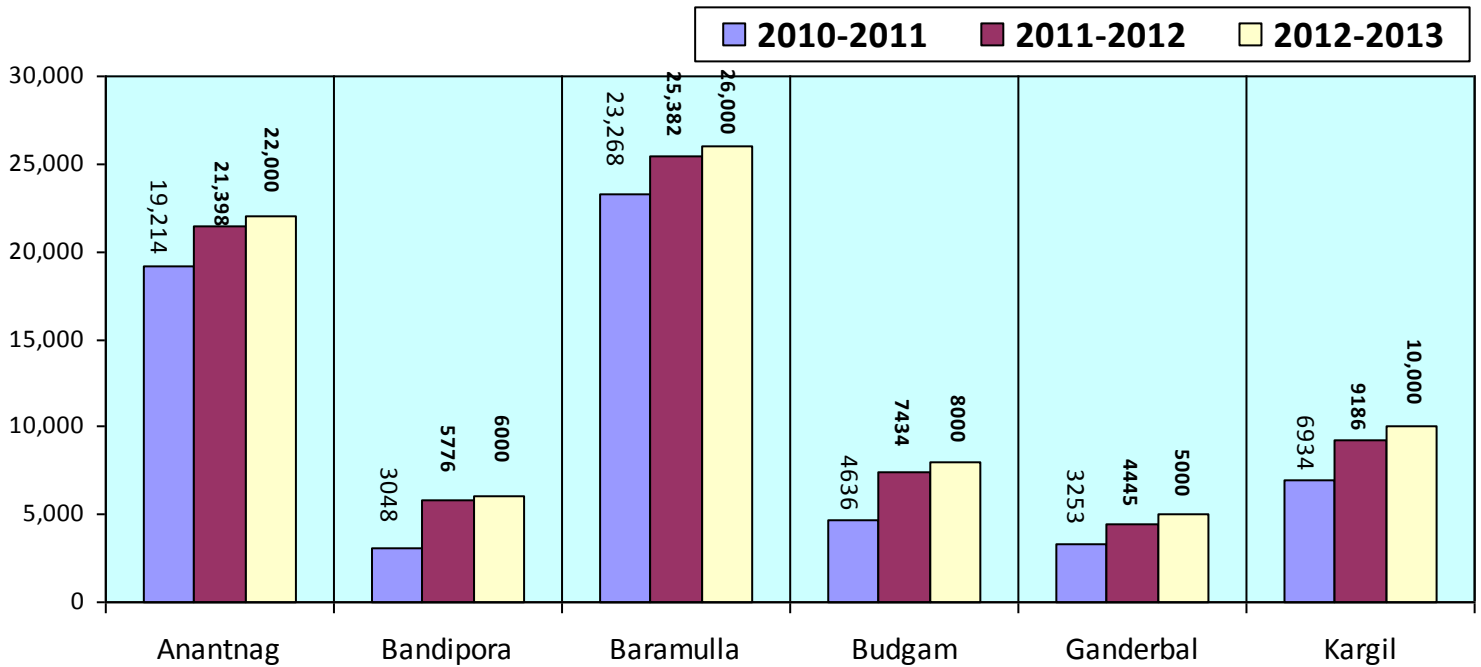


## Minor Surgeries Performed by Districts



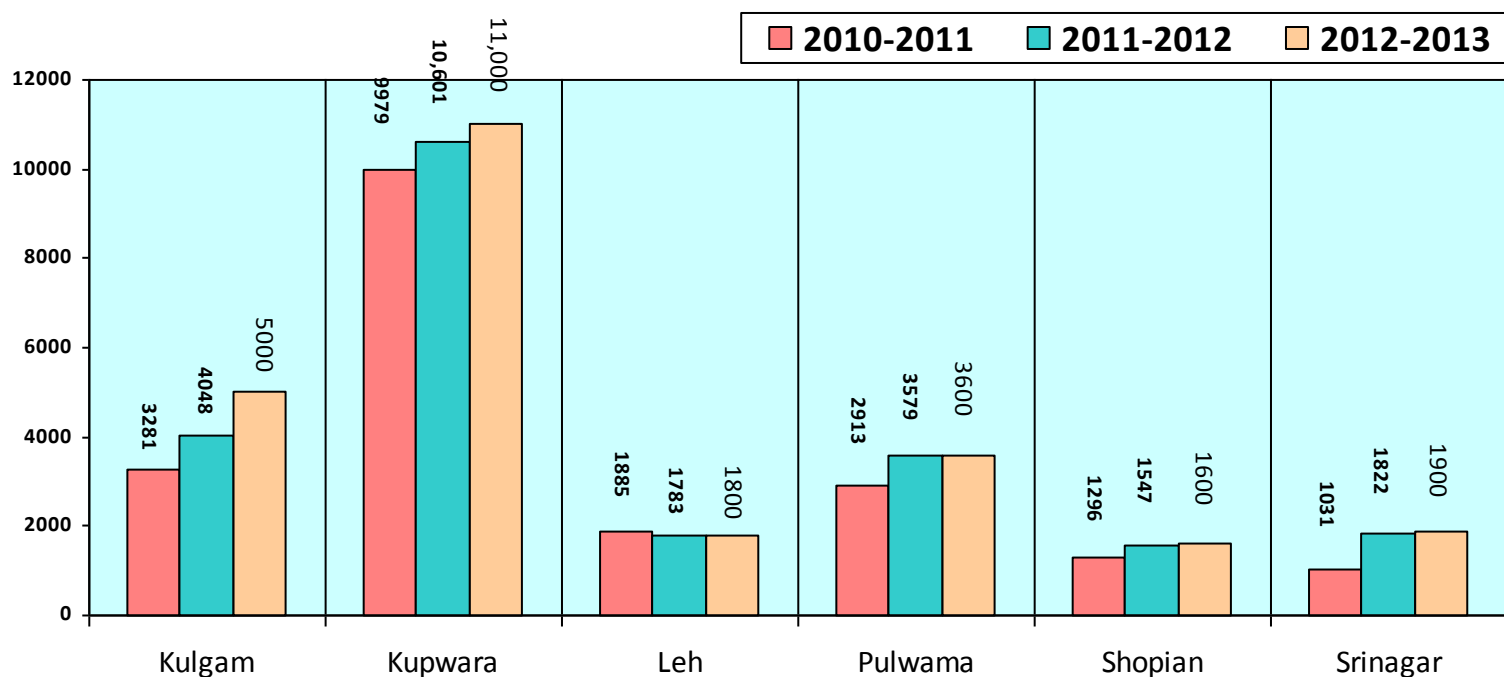
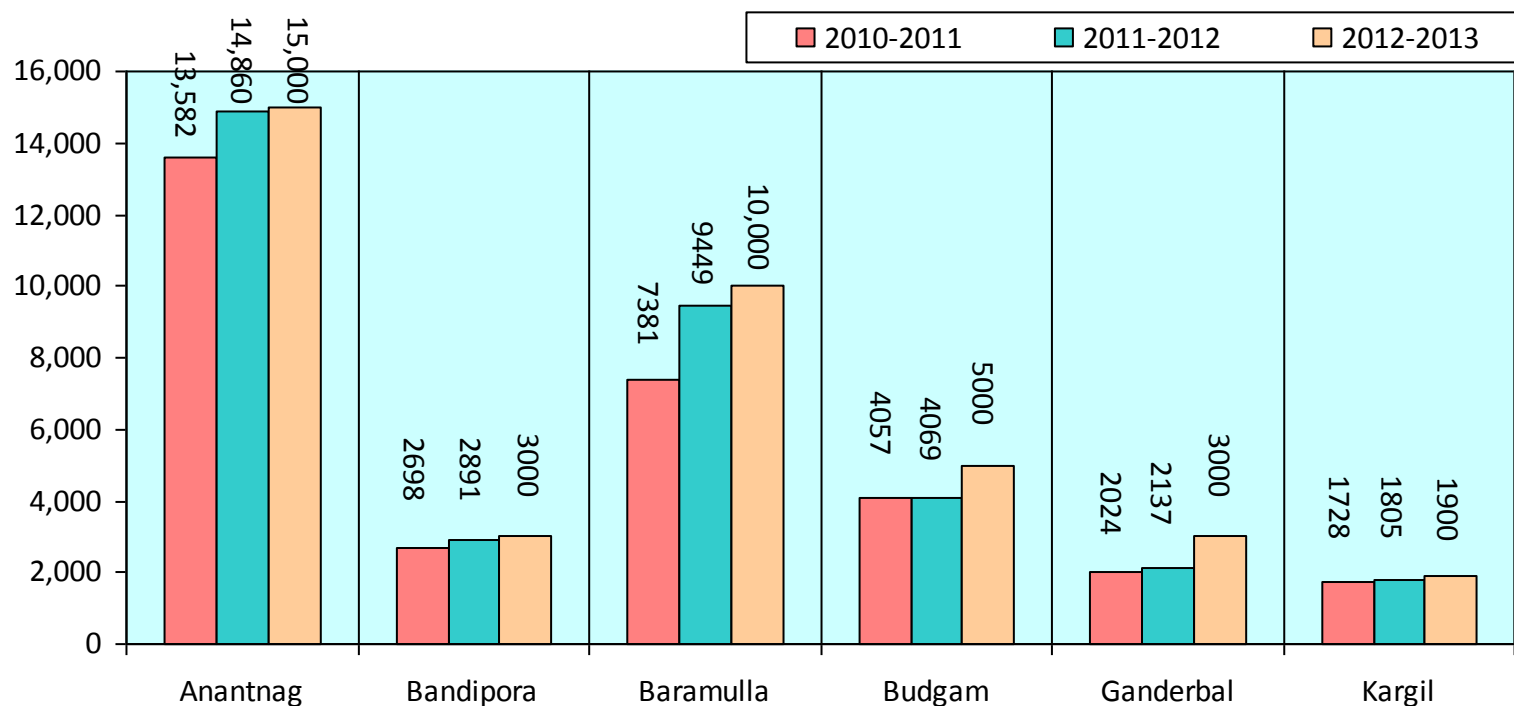


## Total Institutional Deliveries Conducted by Districts

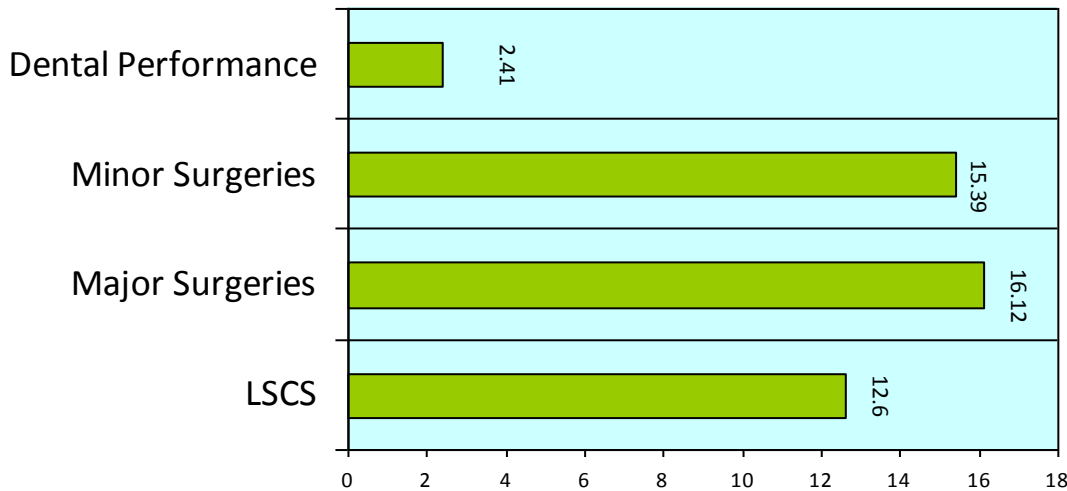
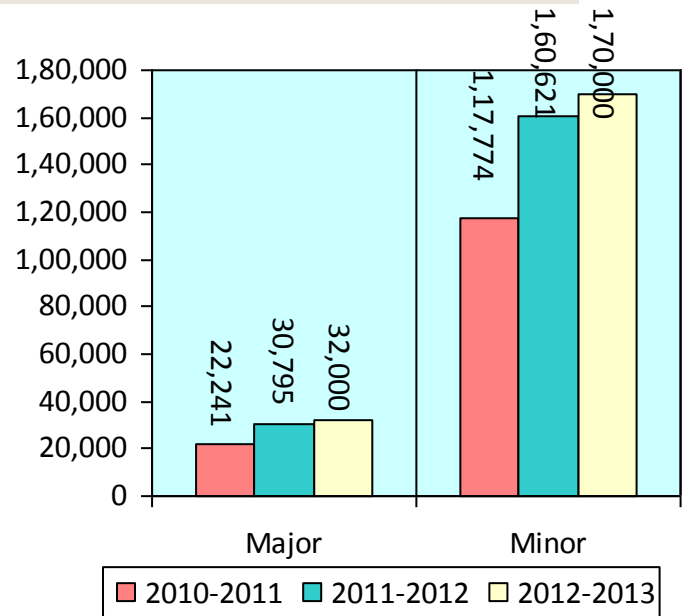
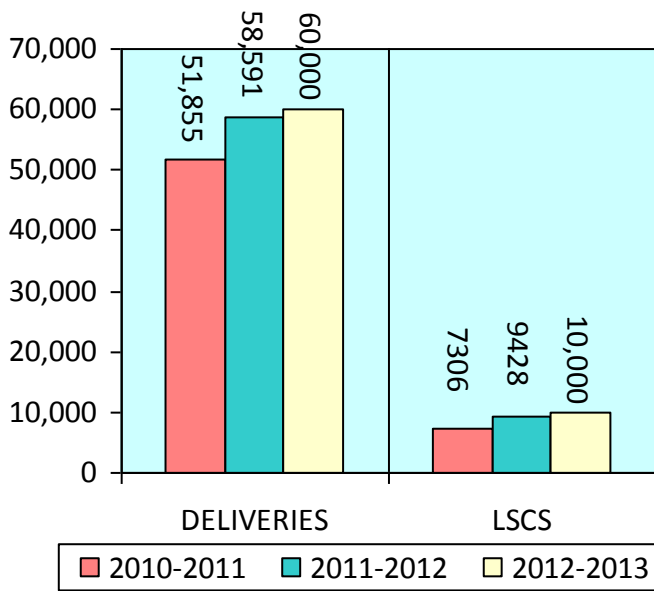


\* Period of Reporting (1st Apr—31 Mar)

## Reported number of LSCS by Districts

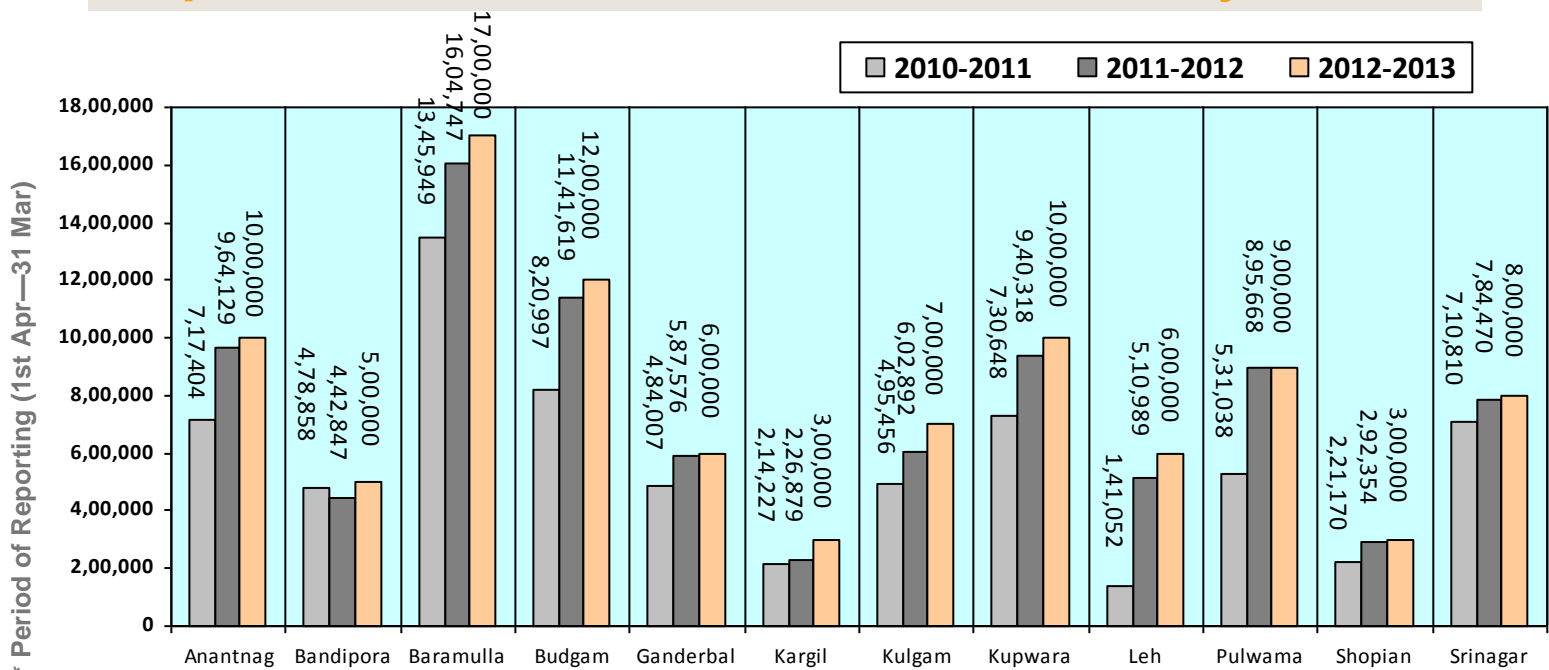


## Cumulative Reports – Kashmir Division



**Percentage Increase  
in  
Performance  
Indicators  
(2012-13)**

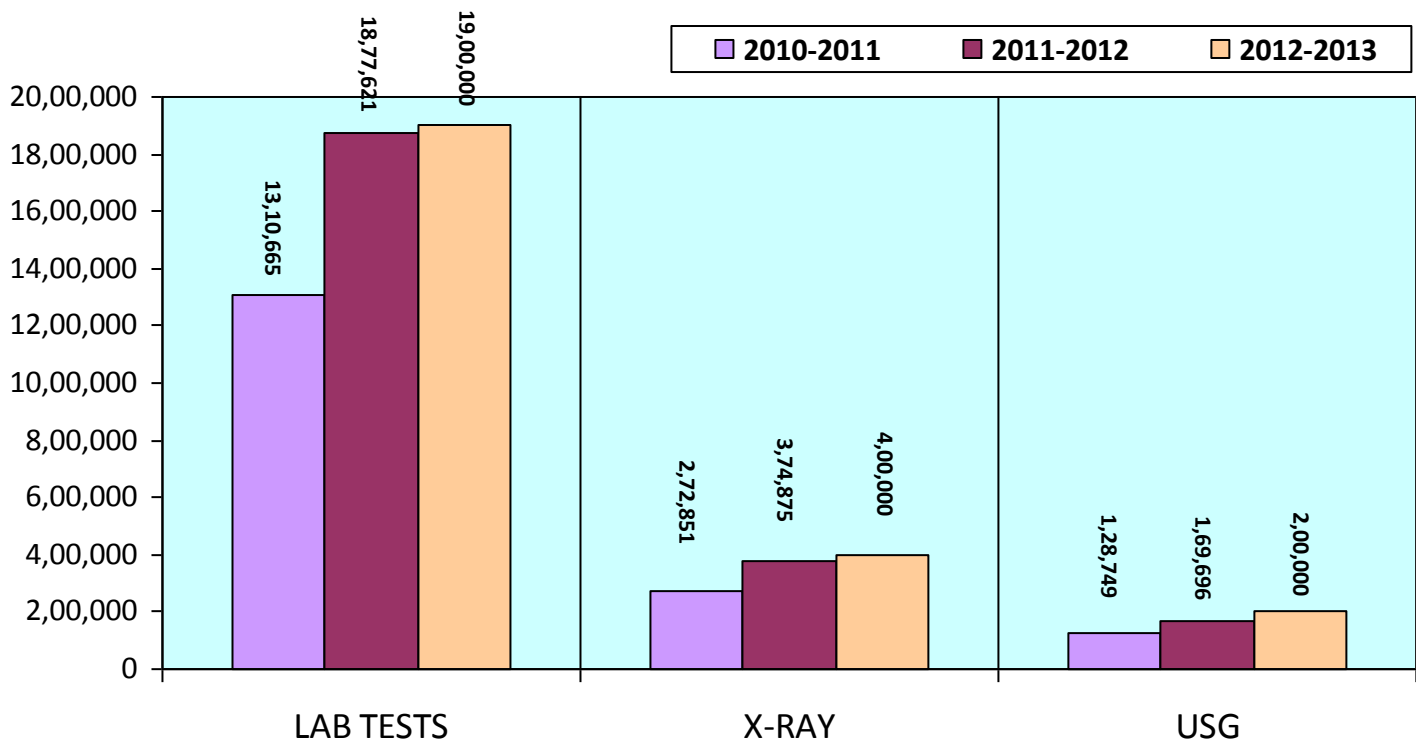
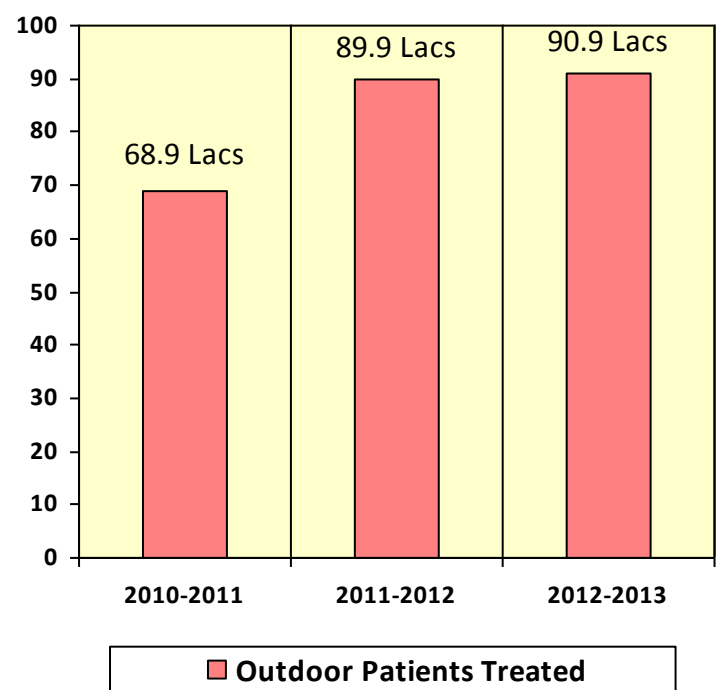
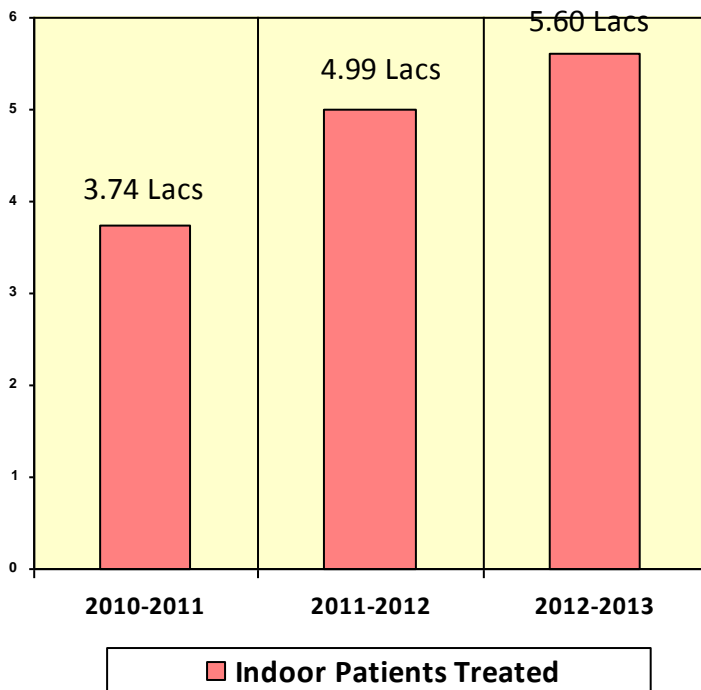
## Reported Number of Outdoor Patients Treated by Districts



\* Period of Reporting (1st Apr—31 Mar)



## Cumulative Report of IPD and OPD Performance & Investigative Procedures



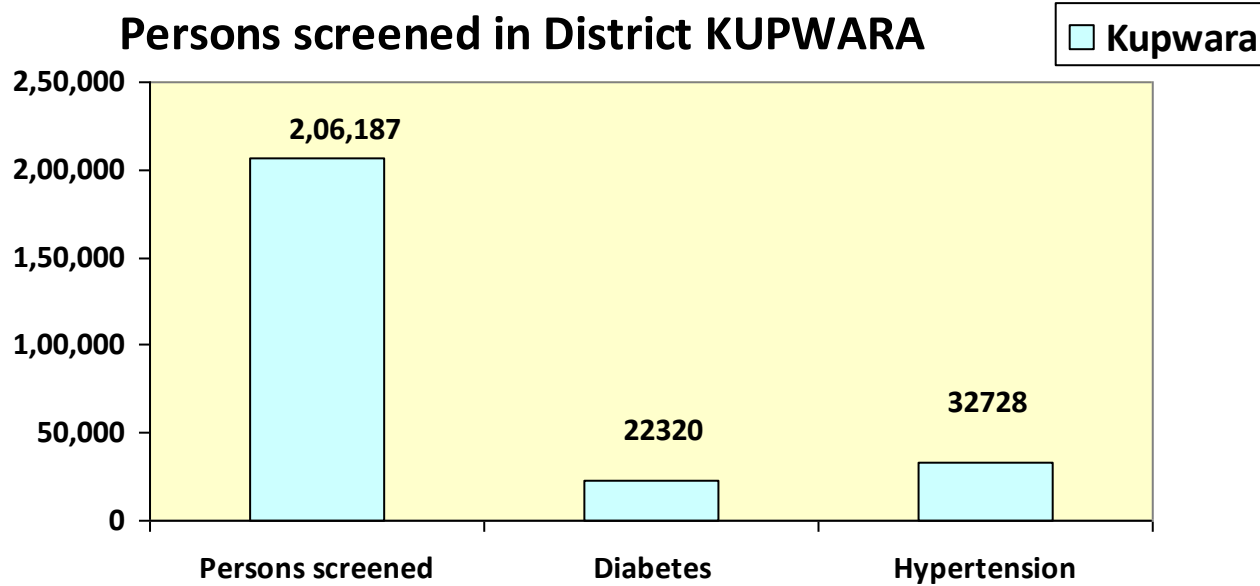
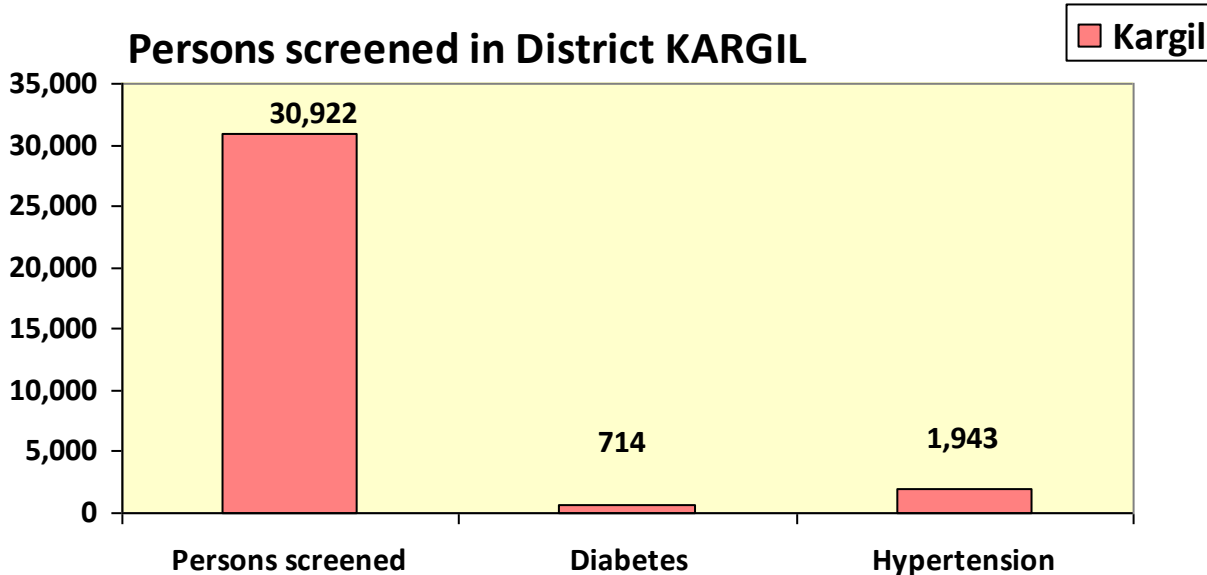
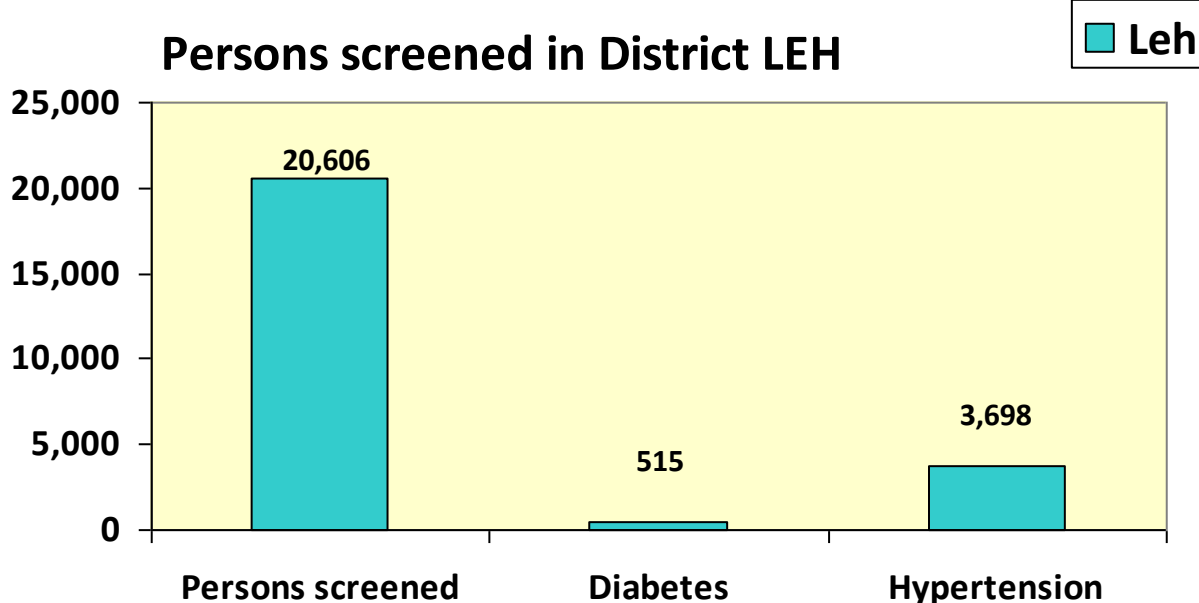
\* Period of Reporting (1st Apr—31 Mar)

# National Health Programmes



# Non-Communicable Disease Programme

## Physical Achievements made under NCD Programme





## Leh, Kargil and Kupwara Activities



Distribution Of Walking Stick During Geriatric Camp (LEH)



Geriatric Camp at PHC Basgo (LEH)



GERRITRIC CAMP PHC SAKTI(LEH)



CCU SNM HOSPITAL(LEH)



ORTHO SURGEON EXAMINING PATIENTS DURING GERIATRIC CAMP(LEH)



PHSIOOTHERAPY DURING GERIATRIC CAMP PHC \_SAKTI(LEH)



# Leh, Kargil and Kupwara Activities



Geriatric (Outreach Programme in Leh)



Patients in Geriatric ward (Kargil)



Doctor's Examining patients during Geriatric Camp in LEH



Surgeon Examining patients during Geriatric Camp



Orthopedic Surgeon Examining patients during Geriatric Camp



## Leh, Kargil and Kupwara Activities



### Cancer Screening in Kupwara



### Physiotherapy in Kupwara



Services provided to cancer patients with free chemo doses and free referral services



## Leh, Kargil and Kupwara Activities



### Elderly Care in KUPWARA



### CHEMOTHERAPY



### State of the art Cardiac care Unit under NCD Program at **KARGIL**



# Free screening camp for CERVICAL CANCER at JLNH Hospital



## Outreach Programs



IEC provided to people regarding NCD at  
LOC-Tangdar



Endoscopy camp at LOC- Machil

# *Integrated Disease Surveillance Project*

*Directorate of Health Services Kashmir*

*For the Prevention of Communicable Disease*

## HEPATITIS C IN Village Takaya Magam, District Anantnag

----- *needles as vectors of disease*

### **An Investigation Report by IDSP Kashmir**

Takiya Magam is a remote village nestled in the Himalayas about 2km from the tourist resort of Kokernag in District Anantnag of South Kashmir. The village came into limelight because of an outbreak of hepatitis C in the village affecting 33% of its population. The patients in the village are low-paid labourers, poorly educated and subsist on the cultivation of maize. A large number of males go to other parts of the state or outside the state for employment. Since its discovery in 1989, hepatitis C virus (HCV) has been recognised as a major cause of chronic liver disease worldwide. The most recent WHO estimate of the prevalence of HCV infection is 2%, representing 123 million people. In developed countries with high seroprevalence in older age groups, unsafe therapeutic injections probably had a substantial role in HCV transmission 30–50 years ago, and may persist as an important cause of transmission. Because the initial phase of these infections is usually asymptomatic, the adverse effects of unsafe injections have been under-appreciated.



It came to the attention of the Directorate of Health Services Kashmir that there was a clustering of seven cases of chronic Hepatitis C in village Takya Magam, Block Larnoo District Anantnag in January 2013. Subsequently, a survey of all the household contacts of the diseased subjects was undertaken by the department through its rapid Response Team.

The investigation of disease outbreaks (sudden and geographically limited epidemics) is an essential role of epidemiology. The primary goals of an outbreak investigation are the identification of the causal agent (the pathogen) and the prevention of further cases.



The household contacts showed a high positivity rate of **36.95%** which showed an alarming situation. Hepatitis C has a reported seropositivity rate of 0.9% in India a fact that prompted us to undertake a survey of the whole village having a population of 2600.

*The decision to investigate the whole village was based on the severity of the disease, the number of affected persons, uncertainty about method of spread in this community and the perceived need to control further spread of the disease.* Blood samples were taken from all the subjects who were screened by the one step card test for anti HCV. Those samples found positive were further tested by the third generation ELISA for detection of antibodies to Hepatitis C virus in human serum and plasma at Public Health Laboratory Barzulla. genotype of the virus was 3a in all cases. Since the quantum of infection was found to be very high (33 %) a Central team was posted to Kashmir in response to the reference of Hon'ble Minister of Public Enterprise Shri Peerzada Mohammad Syed.

## INVESTIGATION DONE

The Central team accompanied by the State Team visited Village Takiya Magam and its adjoining villages from 2<sup>nd</sup> to 6<sup>th</sup> February 2013 to further investigate outbreak and find out the likely causes. A questionnaire was administered to the residents to probe into their medical history like blood transfusions, dialysis and habits like IV drug addiction, use of injections, dental procedures; sexual contacts etc. samples were taken from residents for HCV and HBsAg testing and further testing as required. The team recommended that all subjects who have tested positive for anti HCV should be further examined and investigated by experts in gastroenterology. For this purpose, the Directorate of Health Services, Kashmir deputed a team of experts to further investigate the cases who have tested positive by third generation ELISA. The team consists of three gastroenterologists and one physician specialist from the Department of Health Kashmir. In addition, we started doing screening of villagers residing in the contiguous village of Sonabrari as recommended by the Central Team. These recommendations were reiterated by Dr. M. S. Khuroo the legendary Gastroenterologist of the valley in his report after he visited the affected village.



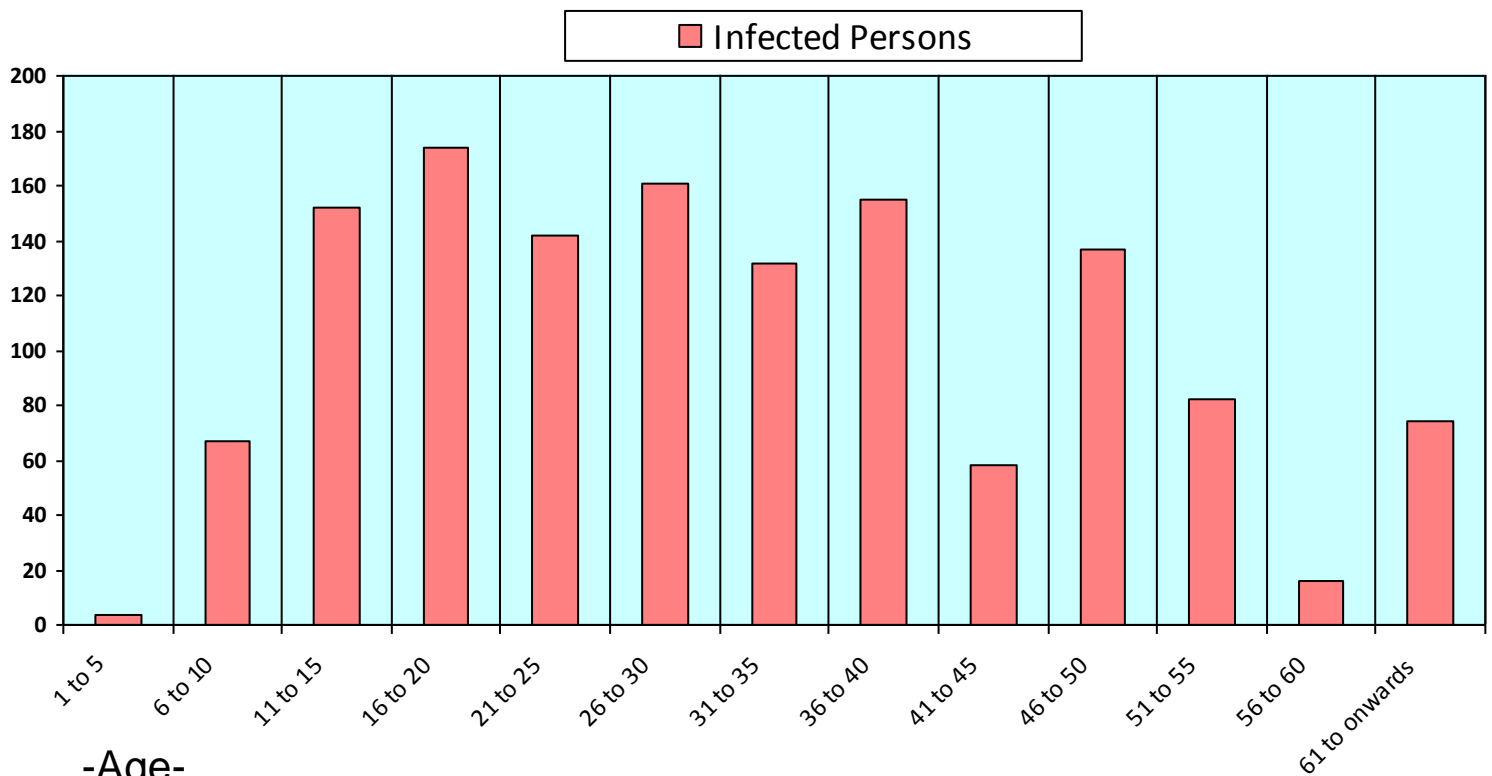
(%). Fortunately, samples from both the villages have tested negative for Hepatitis C. NIV Pune has already confirmed their participation in the investigation and a team of experts is expected shortly to take samples for viral load which will be processed at NIV Pune.

The Central team took samples from village Veeri and Zallangam as control villages to check for prevalence of disease in these villages and to ascertain spread of the disease.

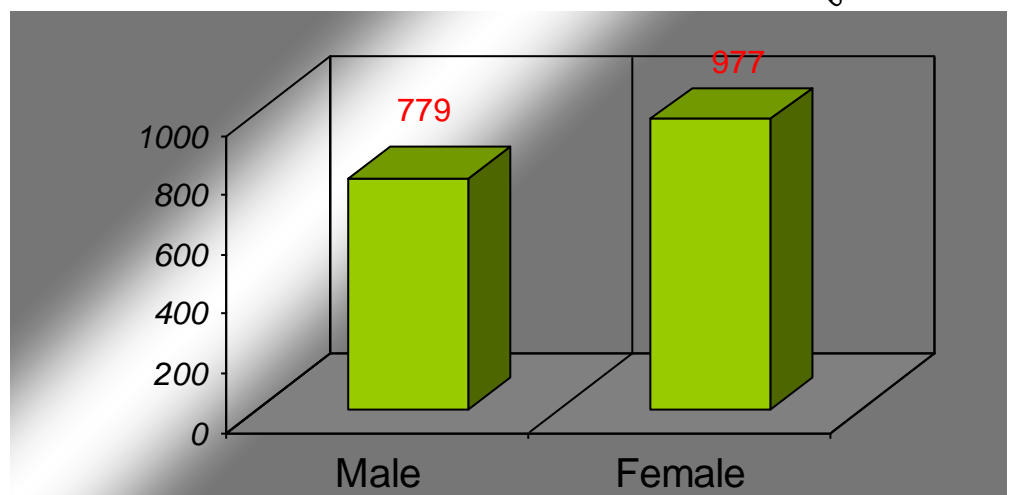
## RESULTS

The team also administered a questionnaire to the residents to explore the possible cause of spread of infection. It emerged that 83% of the residents were using injections from the local self-trained chemist shops. In addition, dental procedures were also done at the same chemists shops. There were no cases of IV drug abuse and unsafe sexual practices among the villagers from the history. As of now, a total of **1756 people have been screened for HCV and 644 found positive** by card test and ELISA for anti HCV. The data collected was entered into excel sheet and age and sex distribution of patients was done. The data showed that the maximum number of cases was in the age group 20-50 years with maximum cases in females

Age Distribution of positive cases-



Gender Distribution of +ve cases



**CAUSE-** Outbreaks of infectious disease are commonly by two methods: common source and person-to-person spread. The outbreak of Hepatitis C in Takiya Magam village is a common source outbreak and the route of transmission was through use of unsafe injections over the past 2-3 decades. A trend noted was the use of large volume diluents in preparation of injections which are reused for a large number of patients even if the syringe is changed for each patient. The investigations done at NCDC showed that the outbreak was due to a single serotype by confirming the presence of HCV specific 5' UTR gene in 43 samples (86%) using RT-PCR technique and the genotype in all samples tested was 3a. However, for RNA fingerprinting of the virus has not been done which could point toward a single source of the outbreak.

**ACTION TAKEN-** Our **objective** is twofold: one to treat the patients who are affected and at the same time devise a strategy for prevention of further spread of disease. For prevention we have devised **IEC material** and a continued **targeted counselling** of residents regarding unsafe injections.

A series of **workshops** were organized by the department to spread awareness about the disease and injection safety to doctors and health workers. In addition, **sarpanch and imams** of mosques were informed about the spread of disease and its preventive measures so that people could be more informed and hence empowered. We are also counselling patients who have tested positive to **prevent spread of disease to others**. Secondly, we are ethically bound to provide some **relief to patients who require treatment**. For this purpose all tests of patients have been done free of cost. In addition, viral loads will be done at NIV Pune free of cost to the patients. Specialized examination and evaluation of the patients has been done by the panel of gastroenterologists.



Continued surveillance of this area is being done because some patients who tested negative earlier may be in window period and may seroconvert at a later date.

The Directorate of Health Kashmir has already requested for the cost of treatment to be placed in the PIP of this year. Emerging infections serve to remind us that the conquest of infectious disease has still not been achieved. The burden of diseases and death associated with unsafe injections as well as their cost to society can no longer be ignored. Given the decades of injection popularity and unsafe practices in this part of the world it is likely that a substantial proportion of current morbidity due to chronic hepatitis C may be attributable to unsafe injections that occurred decades ago. We need to take strict measures to

**T**he emergence of hepatitis C in Takiya Magam and the effort to recognize, evaluate and control the disease outbreak presents a valiant effort of the Directorate of Health Services Kashmir. After all, our population deserves safety from iatrogenic infections just as others in the developed world in order to reduce morbidity and mortality from this disease.



# Disease Outbreaks

Investigated and Managed by  
IDSP Rapid Response Team in 2011 and 2012

## 2011

### 27

Death 1\*

## 2012

### 49

Death 3\*

\*Deaths were reported from Kupwara(2)-2012 - **Viral Hemorrhagic Fever**  
Baramulla(1)-2012 - **Acute Gastroenteritis** and Shopian(1)-2011- **ARI (Influenza A H1N1)**

Year	No. of outbreaks	Type of outbreaks
2008	0	
2009	0	
2010	2	Acute Diarrhoeal Disease, Cholera
2011	23	Acute Diarrhoeal Disease, Chicken Pox, Enteric Fever, Food Poisoning, Measles, Viral Fever, Viral Hepatitis
2012 (ending 31th March 2013)	49	Acute Diarrhoeal Disease, Chicken Pox, Acute Gastroenteritis, Enteric Fever, Food Poisoning, Measles, Viral Fever, Hepatitis C, RTI, Viral Hemorrhagic Fe-

## District Surveillance Units functioning under IDSP - An Overview

No of DSU Functioning	(Apr 2008- Mar 2011)	Till Date
(District Surveillance Unit)	5	12 (full)



Surveillance of schools by RRT IDSP during the outbreak of chicken Pox and Meningitis at Gangoo and Munpora of District Pulwama(2012)



RRT IDSP during the outbreak of Hepatitis at village Takya Magam (2013)

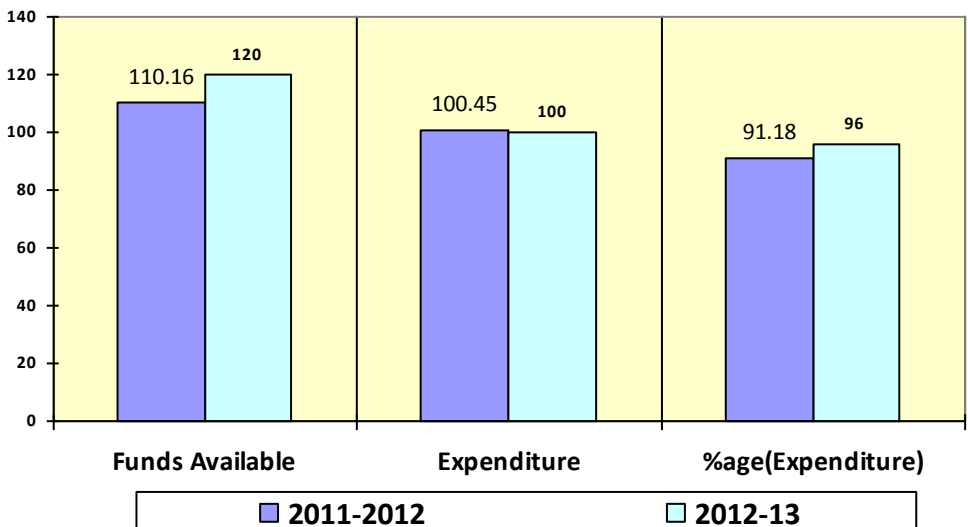
## Microbiological surveillance of Operation Theatres (OTs) of 8 district hospitals in Kashmir valley

**Purpose:- Prevention and Control of infection in Operation Theatres**

**Till date in 8 district hospitals, sterility was checked**

\* Period of Reporting (1st Apr—31 Mar)

**Financial  
Performance  
(IDSP)**

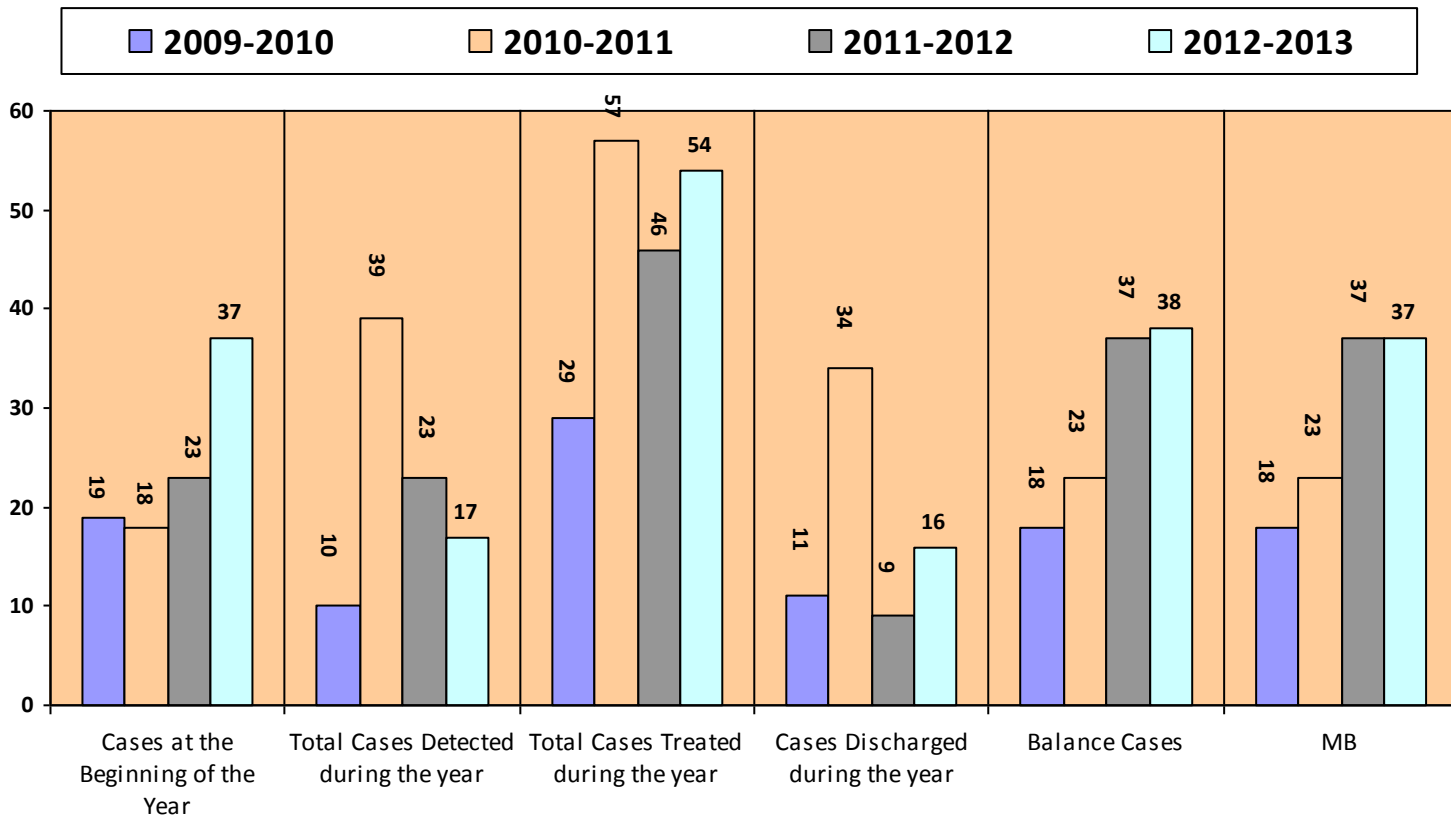




# National Leprosy Eradication Programme

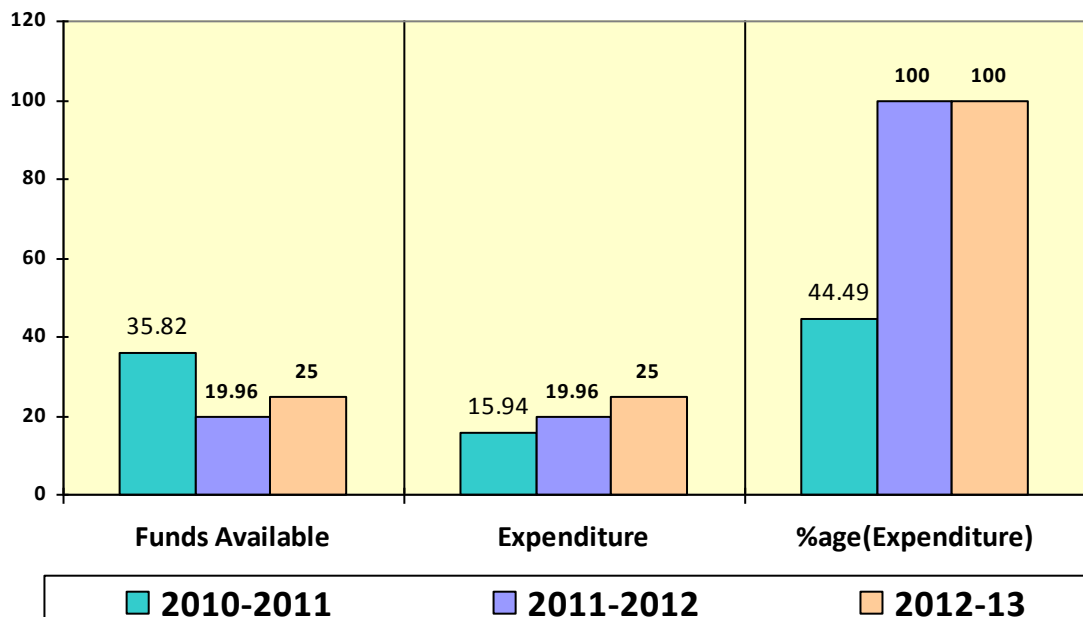
*Transforming agony into joy*

## Achievements and Activities under NLEP in Kashmir

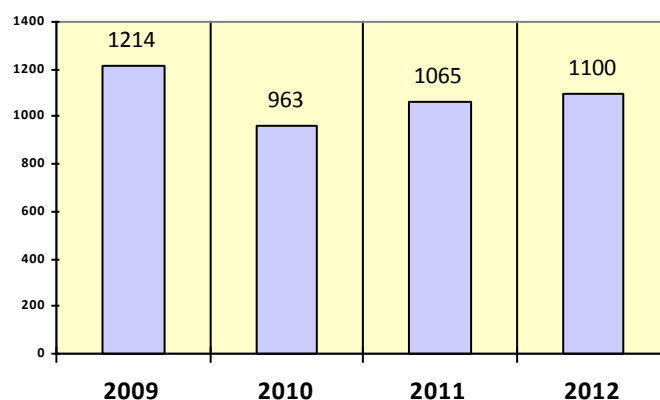
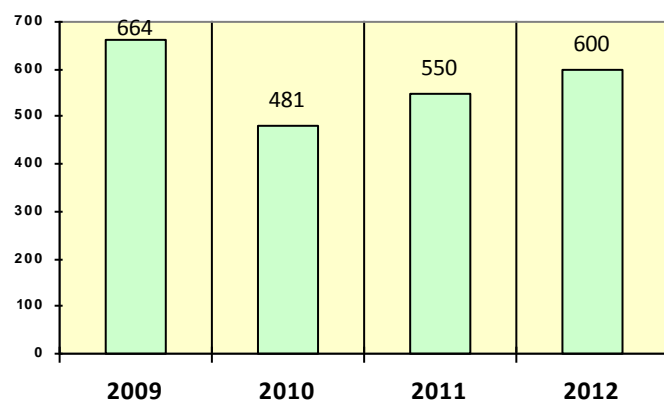
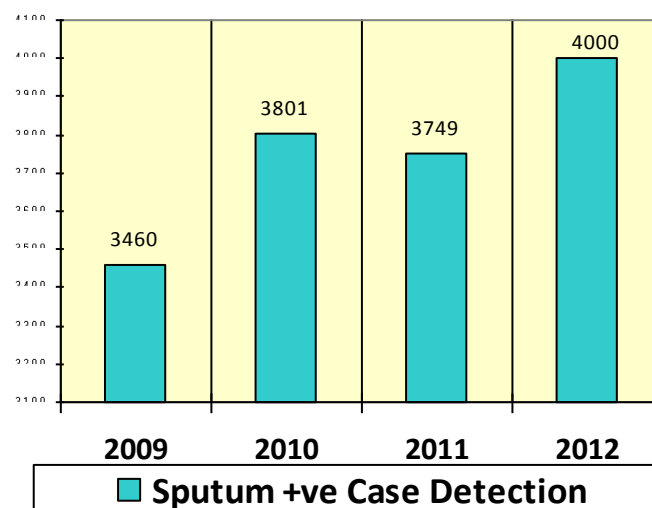
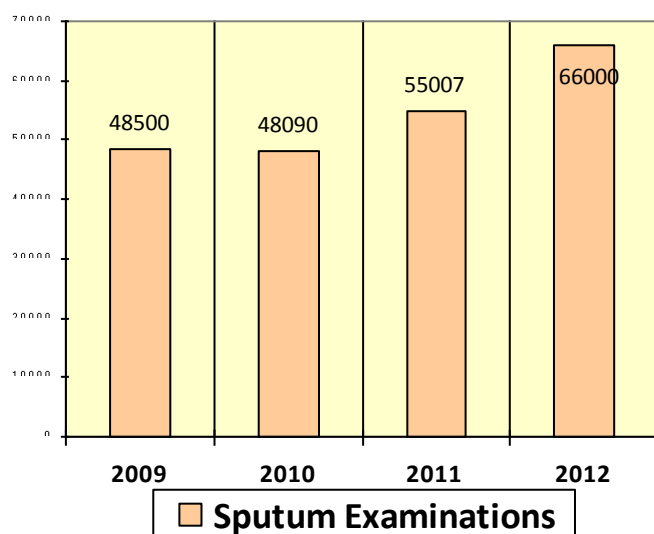
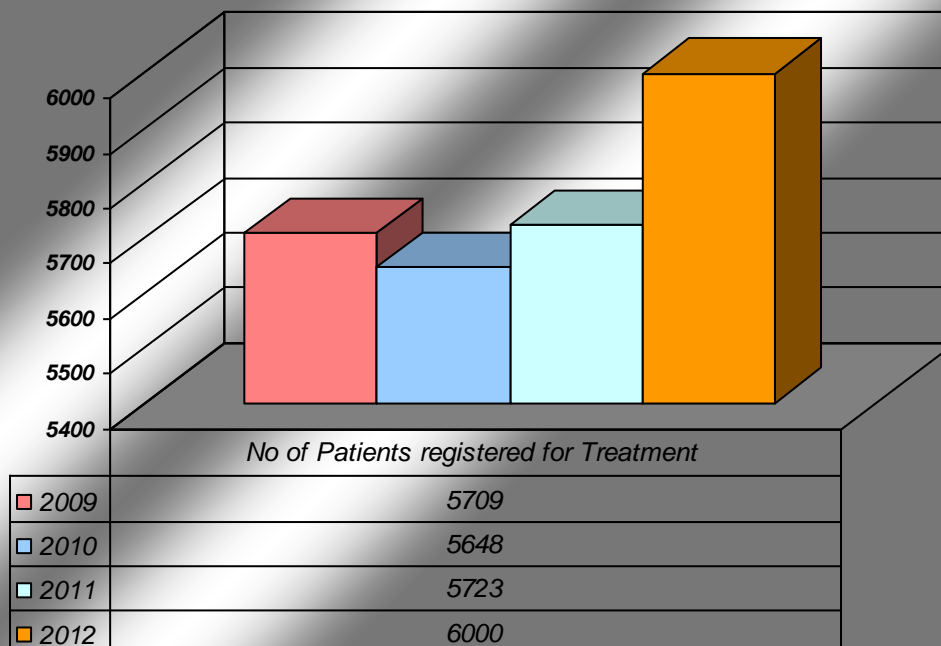


\* Period of Reporting (1st Apr—31 Mar)

### Financial Performance (NLEP)



# Achievements and Activities under RNTCP in Kashmir



Sputum -ve TB Cases under Treatment

Extra Pulmonary Cases under Treatment

\* Period of Reporting (JAN—DEC)



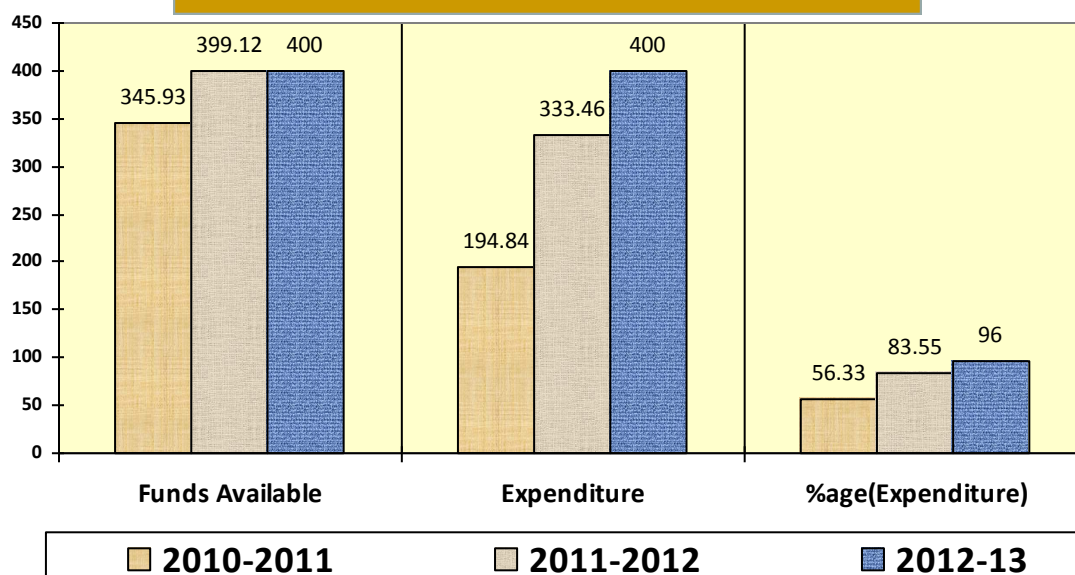
## Drug Resistant TB centre at Chest Disease hospital Srinagar



## Drug Resistant TB centre at Chest Disease hospital Srinagar



### Financial Performance (RNTCP)



\* Period of Reporting (JAN—DEC)

# Screening of TB in KASHMIR PRISONS

**Location:** Central Jail Srinagar

**425** jail inmates

- **298** were screened for Sputum examination for the diagnosis of TB.
- None were found positive.



**GENE-Expert  
MTB /RF**

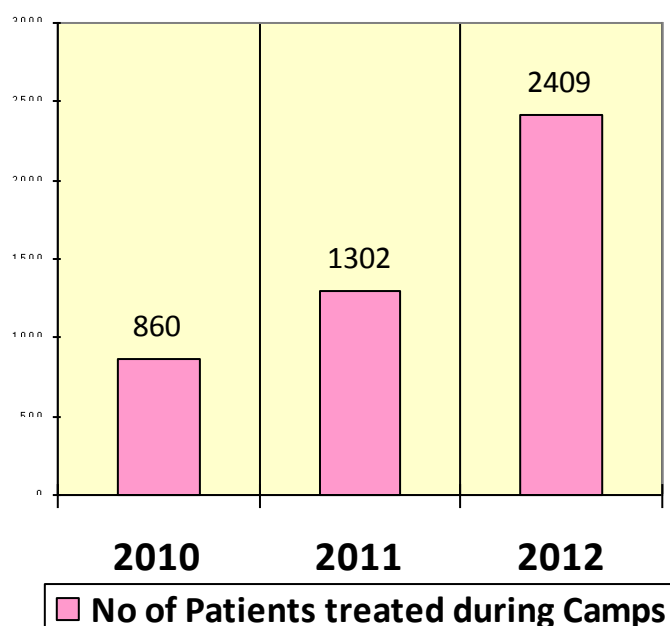
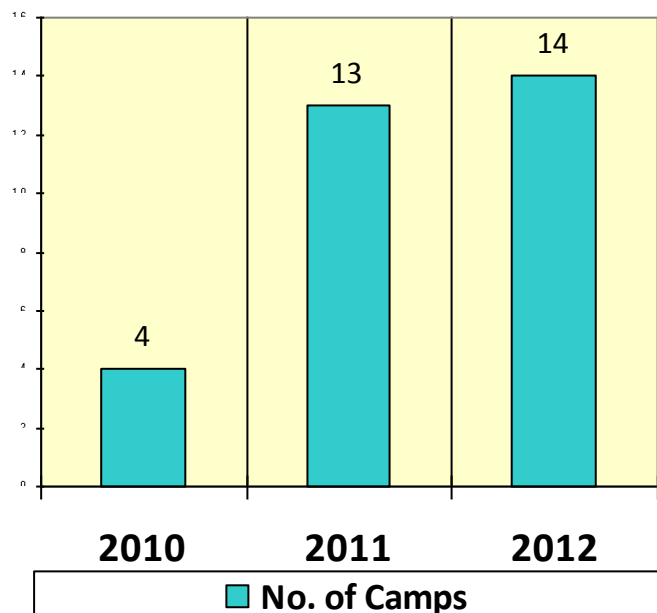
## Different activities of RNTCP

1. Over all supervision and monitoring of External Quality Assurance [EQA] activities of the districts.
2. The IRL ensures the proficiency of staff in performing smear micro-copy activities by providing technical training to districts and sub-district laboratory technicians and senior TB Laboratory supervisors[STLS's]. This IRL undertakes onsite evaluation and panel testing of all the districts in Kashmir & Ladakh Division at-least once in a year.
3. Mycobacterium culture and DST.

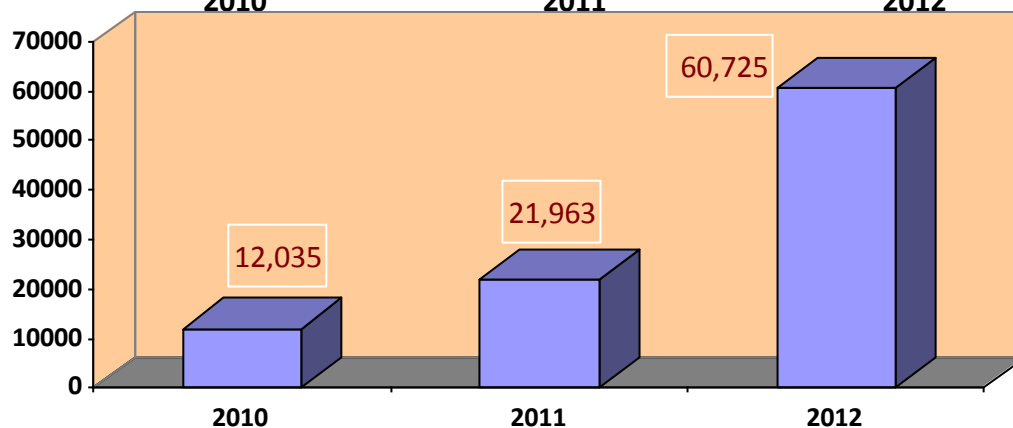
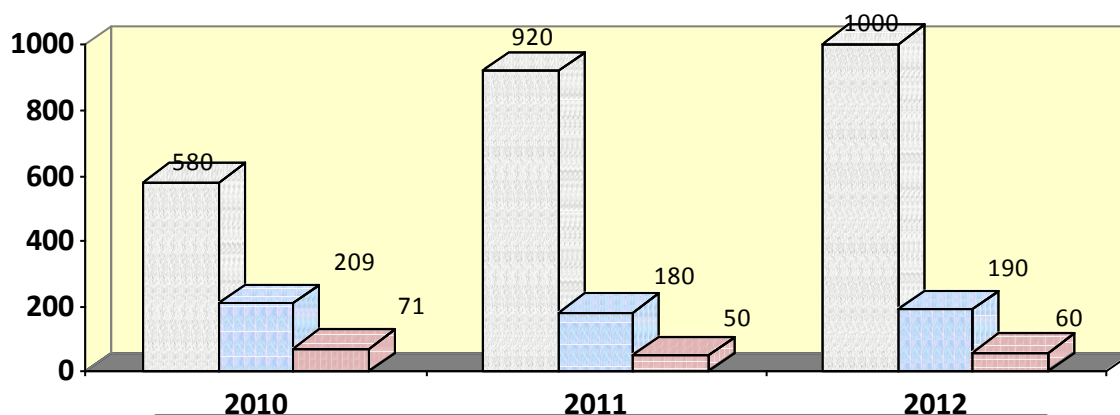
Most peripheral laboratory under the RN-TCP network is the DMC which serves a population of around 100000 [50000 in tribal and hilly areas]. At present there are 91 DMC's in Kashmir and Ladakh Division.

# District Mental Health Programme (DMHP) in the Kashmir Division

The District Mental Health programme was launched in the Kashmir Division in July 2008 as part of the National Mental Health Programme (NMHP)

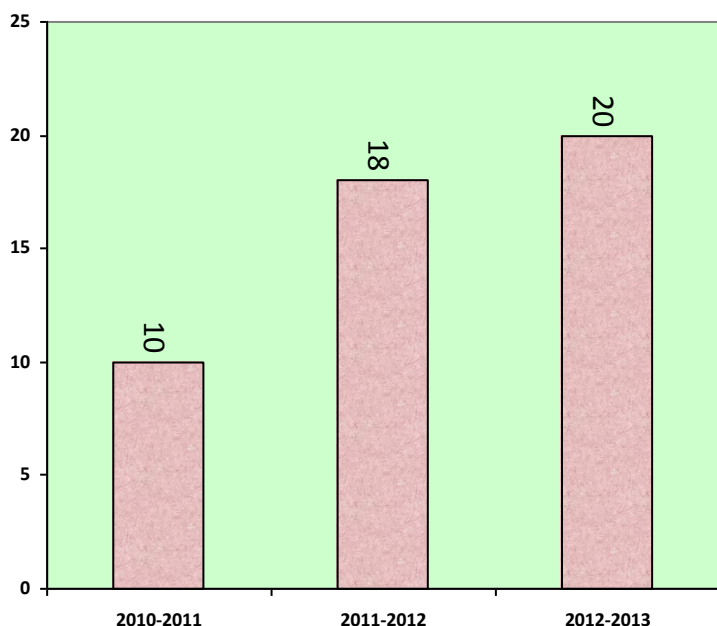
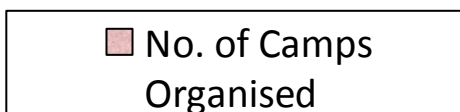
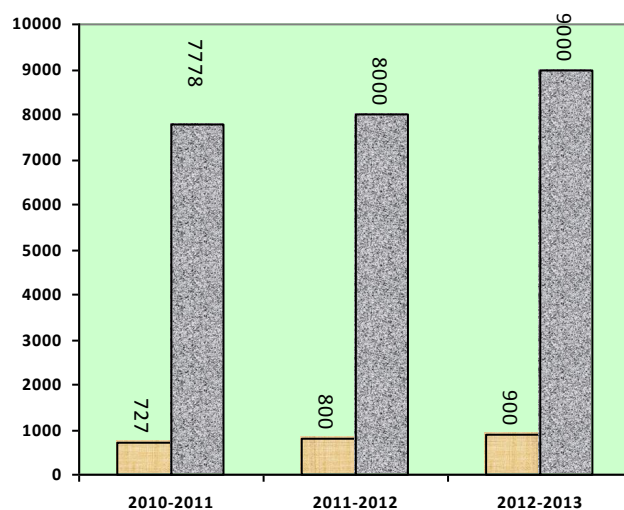
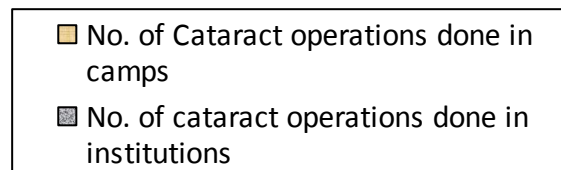
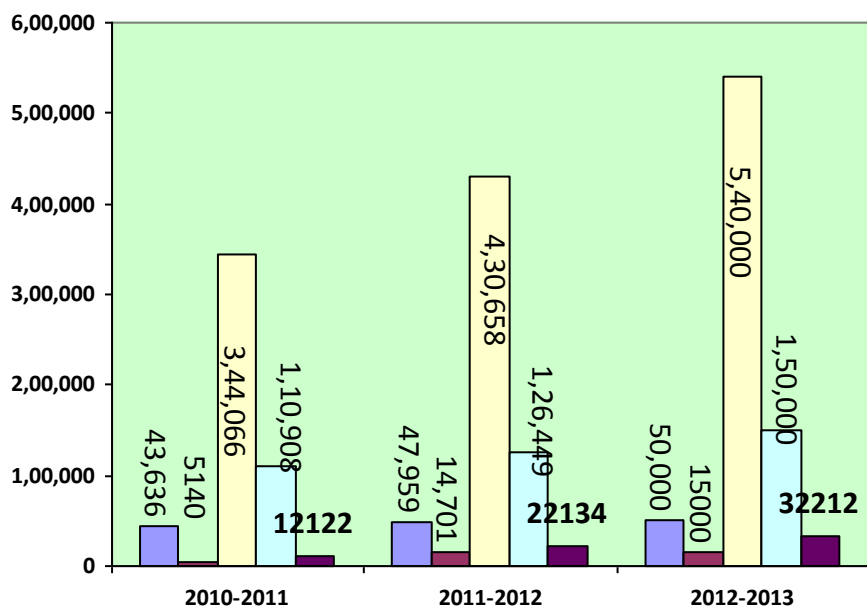
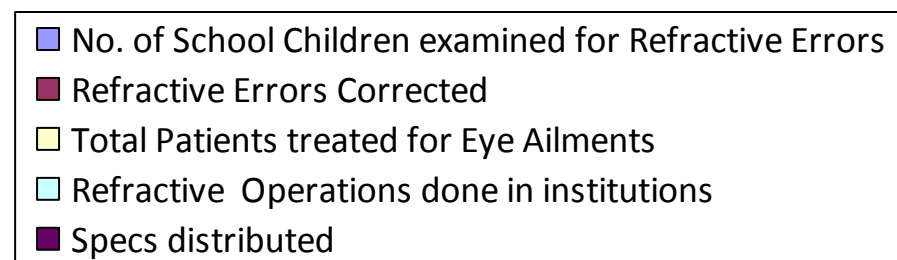


Substance abuse disorders    Depressions    Anxiety disorders

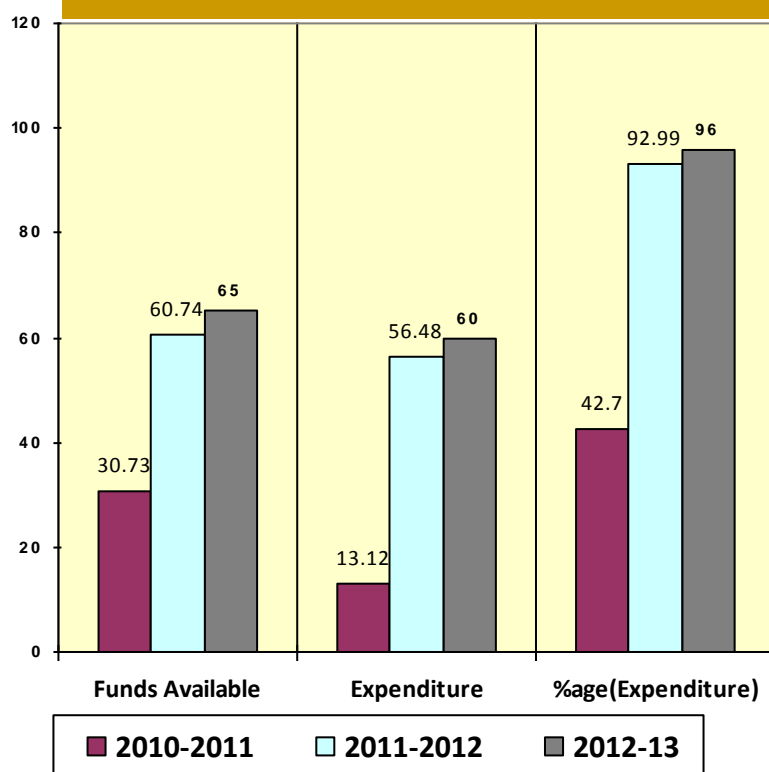


Patients treated in mental health clinics for various mental health problems

# Achievements and Activities under NPCB in Kashmir (Annualised)

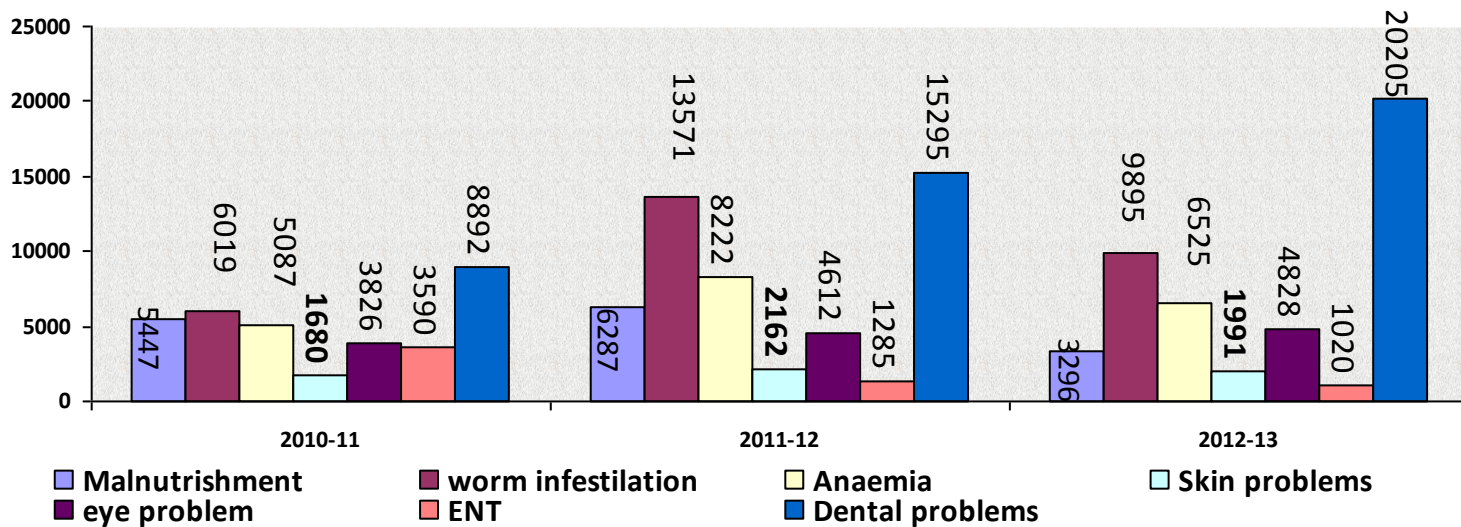
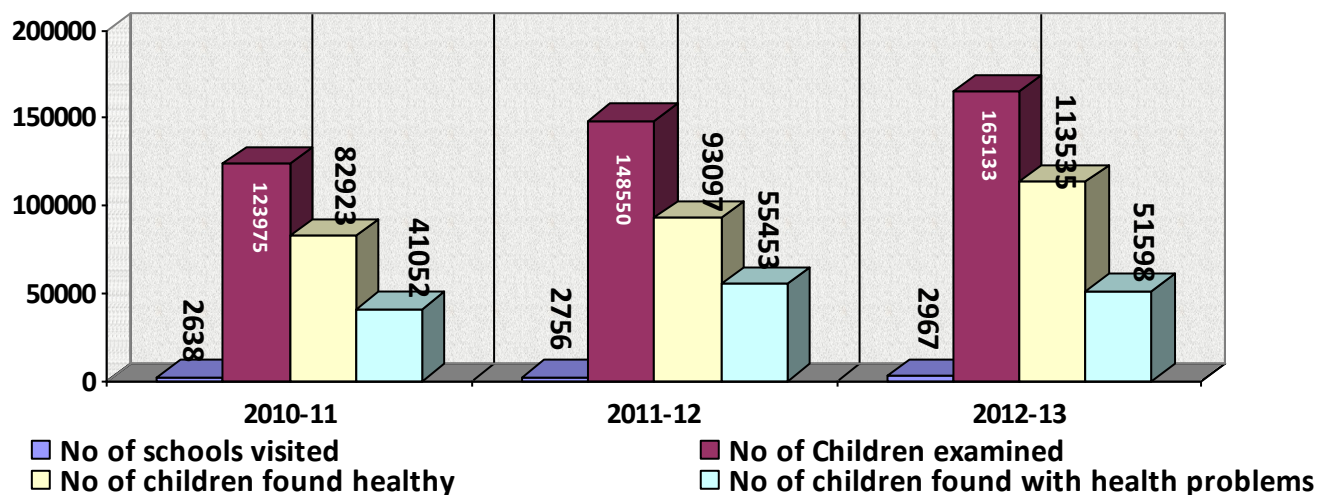


## Financial Performance (NPCB)





# SCHOOL HEALTH PROGRAM



# PROMISES AND ACHIEVEMENTS

## DIRECTORATE OF HEALTH SERVICES KASHMIR

### PROMISED

- Creation of Patient-friendly physical enabling environments in all health institutions of the Directorate of Health Services Kashmir.

- Need-based and output-based deployment of scarce health department manpower for an effective health system to be responsive to the expectations of the people.

- A sustained and continuous supervision of the work done output reporting at all levels of the health administration.

- A self monitoring and self correcting system working on modern managerial principles, which is decentralized and based in the peripheral health institutions.

- Improving the quality of care as provided by the institutions of the Directorate of Health Services Kashmir.

- Human resources management on modern lines for having a motivated, trained and courteous manpower.

- Advocating for a change in the conceptualization and planning processes for the health sector for making it more need oriented and based on the actual unmet needs with modern planning techniques .

### ACHIEVED

- ACHIEVEMENT 1

- ACHIEVEMENT 2

- ACHIEVEMENT 3

- ACHIEVEMENT 4

- ACHIEVEMENT 5

- ACHIEVEMENT 6

- ACHIEVEMENT 7



## Trainings / Events / Photo Gallery





## Trainings of Health Personnel on Simulation Modules

**Venue:** RIHFW Dhobiwan , 16th March, 2013

**T**otal of 16 Health Personnel were training on Simulation Modules which included 7 Gynecologists , 3 Anesthesiologists and rest Paramedical ( Pharmacists , Nurses ) , this Simulation was launched on 16th March, 2013 , the first of its kind in the Northern India. Currently we following modules are in operation

1. **Sim Mom**
2. **Mega code Kelley**
3. **BP measurement**



## Basic Life Support ( BLS ) trainings for Photo/Video journalists at Kashmir Nursing Home, Srinagar Kashmir



## Basic Life Support ( BLS ) trainings for Drivers conducted at Government Kashmir Nursing Home, Gupkar , Srinagar , Kashmir

**Basic life support** (BLS) is the level of medical care which is used for victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital. It can be provided by trained medical personnel, including emergency medical technicians, paramedics, and by laypersons who have received BLS training. BLS is generally used in the **pre-hospital** setting, and can be provided without medical equipment.

BLS generally does not include the use of drugs or invasive skills, and can be contrasted with the provision of Advanced Life Support (ALS). Most laypersons can master BLS skills after attending a short course. Drivers ,Firefighter, lifeguards, Journalists and police officers are often required to be BLS certified. BLS is also immensely useful for many other professions, such as daycare providers, teachers and security personnel and social workers.

Total of **4000 Health Personnel** have been trained in Basic Life Support till date since this initiative was started from Director Health Services Kashmir which Includes 40 Photo/Video Journalists





## Workshop on Management of Acute Surgical and Medical Emergencies

Venue: Regional Inst. Of Health and Family welfare

Dhobiwan .November , 2012

The participants of the workshop were Medical officers working in emergency department in various District and sub district hospitals and 100 medical officers participated in the workshop, resource persons were from the Faculty of Surgery SKIMS, SMHS Hospitals and Specialists from Various District hospitals.



## Training on Hepatitis at RFPTC, Barzulla 16th Jan—17th Jan

A total of 40 medical officers were trained on Hepatitis (Hepatitis B, Hepatitis C)





# RNTCP Training for Para medicals in District Kupwara

In India today, two deaths occur every three minutes from tuberculosis (TB). But these deaths can be prevented. With proper care and treatment, TB patients can be cured and the battle against TB can be won.



## Training of Paramedics on National Programme for Health care of Elderly (NPHCE) at Kargil District

Under the National Programme for Health Care of Elderly(NPHCE) training of paramedical staff of various facilities is to be conducted in order to sensitize them about the programme and its activities.

Training of paramedical staff was conducted on **6<sup>th</sup> and 7<sup>th</sup> July 2012** at District Hospital Kargil which was attended by 82 paramedics. The paramedics received training from TOT who were trained at NIHFWS Munirka, New Delhi. The focus of the training was to empower health workers with knowledge and skills for taking care of the risk factors of NCDs, health promotional messages and health care of the elderly. The aim was to ensure that disease in elderly is prevented to the largest possible extent while disabilities and illnesses are treated under the programme.



## **Workshop on Hospital acquired infections (HAI) and Hemophilia , conducted at RFPTC , Barzulla, Srinagar 11<sup>th</sup> March, 2013**

The main objective of the workshop was formulation of Infection Control Committee at each district hospital who will be monitoring on regular basis the sterility of Theaters /Wards / Laboraotories . Hemophilia though the confirmed cases till date are 191 patients in Kashmir but health administrators have to facilitate in identifying the cases in the districts.



## **Notable Surgeries at Urethoplasty at District Hospital Anantnag (MMABM)**





## LAUNCH OF THE PENTAVALENT VACCINE

**T**he **Liquid Pentavalent Vaccine (LPV)**, the multipurpose vaccine for immunization of children against five diseases was launched to replace the Diphtheria Pertussis Tetanus (DPT) in a workshop at JLNH hospital by Director Health Services, Kashmir here today. The workshop was jointly organized by Directorate of Health Services Kashmir and Directorate of Family Welfare and Immunization J&K. Among others the workshop was attended by JLNH MS, Deputy Director Health Services and Chief Medical Officer, Srinagar.



**With the introduction of LPV, Jammu and Kashmir has achieved the distinction of being seventh state in India to have the multi-immunization vaccine for children.**

## IMMUNIZATION STATUS IN KASHMIR

Immunization is one of the most important public interventions and a cost effective to control the infectious disease in children. Complete immunization coverage in India has increased from below 20% in the 1980's to nearly 61% (CES 2009), but still more than 1/3 children remain unimmunized. Advent of combination vaccine has facilitated incorporation of additional vaccines into Immunization schedule.

As desired by the Ministry of Health & Family Welfare GOI, two divisional level workshops were conducted in J&K at Nagrota Jammu and Srinagar wherein CMO's, Dy. CMO's, DIO's were sensitized on the introduction of Pentavalent vaccine, and were directed to hold the District level workshops in their Districts.

In J&K, the vaccine was officially launched on 21.02.2013 by Hon'ble Minister of State for Health, Sh. Shabir Ahmed Khan at Gandhi Nagar Hospital Jammu and at JLNH Hospital Srinagar and consequently all the CMOs have been directed to launch the vaccine in their respective districts on the same day. Press (both electronic & Print Media) was briefed to create awareness among the general masses by the Director Family Welfare.

The state has received 2.83 lac doses (first consignment) of Pentavalent vaccine from govt. of India and has been distributed to all the districts of the state.



# JLNM Computerization of OPD

## Milestone achieved by Directorate of Health Services Kashmir

### Introduction of e-Hospital at JLNM hospital

Controlling the registration of patients by not issuing new identification number to the old patients.

Help the doctors and Health service planners to relevant information related to patients, diseases, investigations, diagnosis, past history etc.

Statistical report which provide information on common diseases prevalent in certain areas and in the catchment areas of the hospital.

MIS report which help management to monitor and plan – medical record department related.

Electronic medical records of the patients as the central repository.



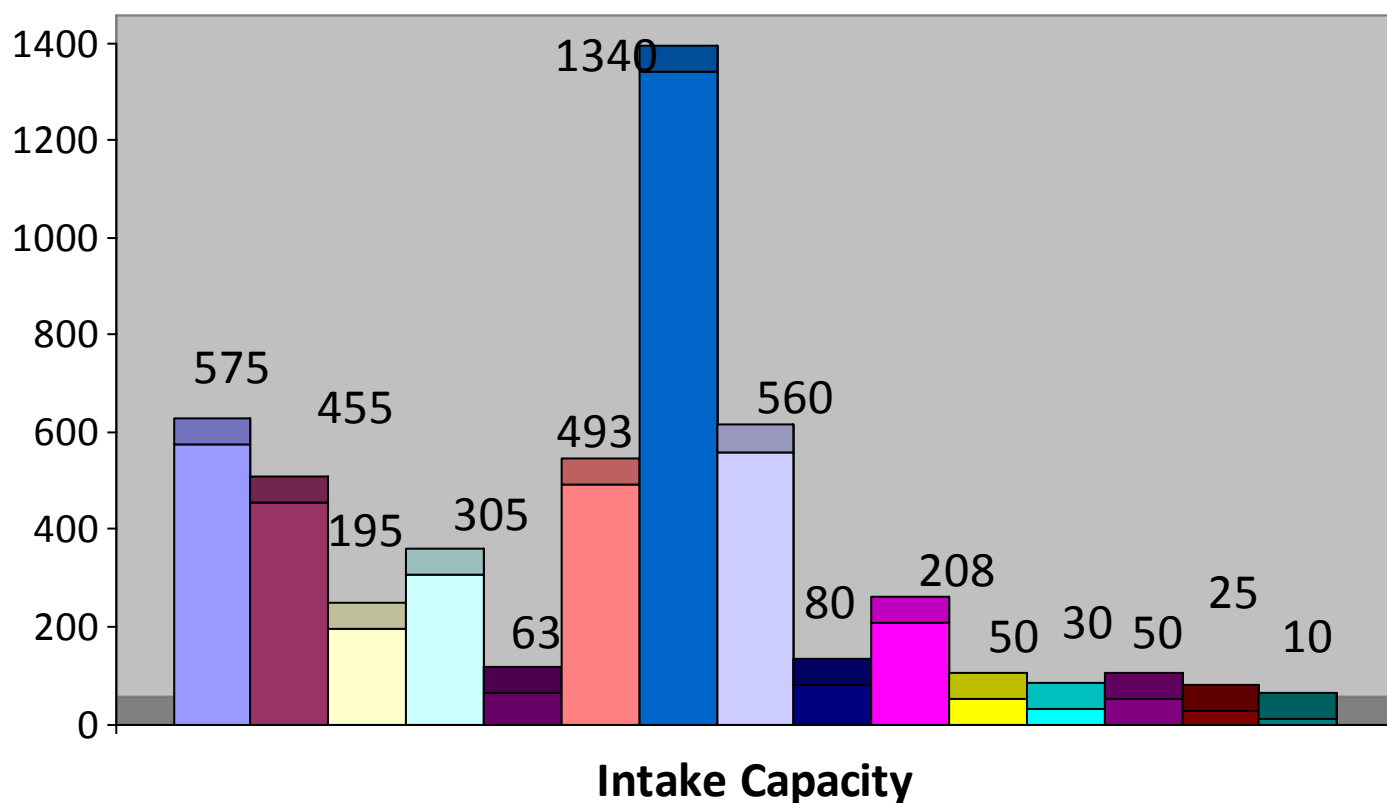
The **e-Hospital@NIC** is a generic application covering all the major functional areas of a Typical Government Sector hospital. It's a workflow based application software for managing complete treatment cycle of OPD/IPD patients and integrates various functions in the areas of clinical, laboratory and Radiological investigation, OT theatre management, blood bank services, administration and finance, e-hospital@NIC solution helps small to large size hospitals to streamline their services leading to better management of patient care, hospital administration, clinical support activities and ancillary services.

### e-Hospital OPD Record Management started at JLNM hospital



# State Medical Faculty

- State Medical faculty is imparting certificate courses of various paramedical streams.
- Under Skill Development Mission Programme the Govt has fixed year-wise targets regarding paramedical courses wherein intake capacity is to be increased.
- The breakup of various paramedical courses in Govt and Private (Cumulative) is given below:-



General Nursing	Lab. Assistant	Dental Assistant	X-Ray Assistant
Sanitary Inspector	Medical Assistant	FMPHW	MMPHW
Ophthalmic Assistant	O.T. Assistant	Physiotherapy	Dental Hygiene
D-Pharmacy	Pharmacist	Anesthesia Assistant	

Hepatitis workshop for Pharmacists  
held in RFTPC building



Sensitization workshop on infection control  
practices and Hemophilia for CMO/MS in  
RFTPC Bldg.



Simulation demos and equipment training in  
RFTPC Building



# Annual Performance Awards Ceremony - 2012



## Over 19 lakh children to be administered pulse polio drops in J&K

State Health Minister Mr Shabir Ahmed Khan launches pulse polio immunization campaign





## Inauguration of NCD cell in district Leh



## World Health Day 7<sup>th</sup> April 2012 in Leh

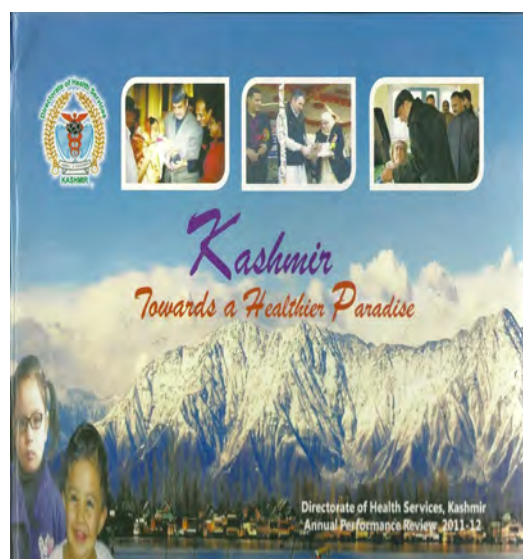
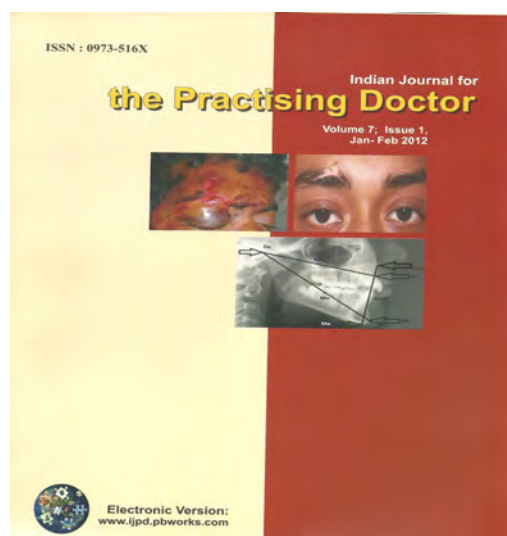




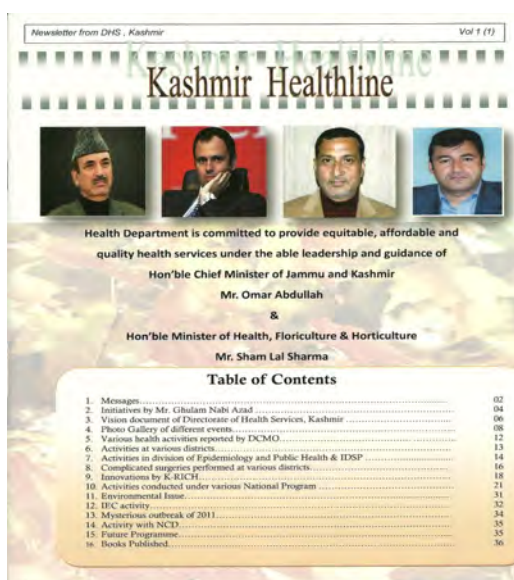
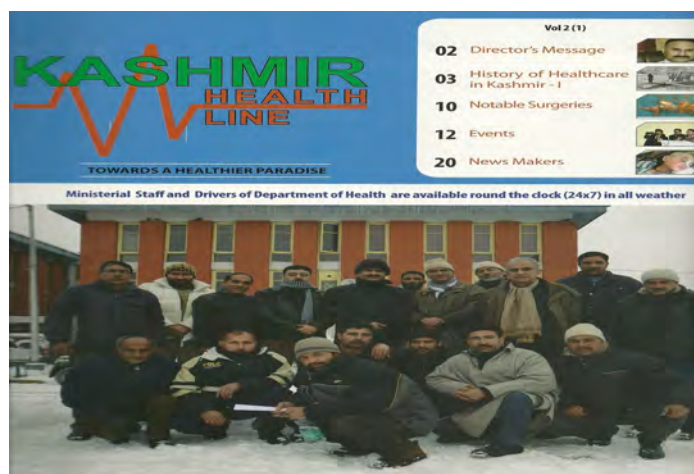
# ACCREDITATIONS

## DHSK Staff Officers Photograph

# Publications



From the Directorate of Health Services, Kashmir Directorate of health services Kashmir is publishing Quarterly News letter entitled as "Kashmir Health Line" depicting the activities conducted in various districts of Kashmir division show casing the remarkable surgeries conducted at district and sub district hospitals. The bimonthly Indexed research journal Indian Journal of Practising doctor which is in 7<sup>th</sup> year of publication. Articles are being regularly received from national and international authors. Articles are published in the journal after going through the peer review process. The Journal can be accessed on line at [www.ijpd.pbworks.com](http://www.ijpd.pbworks.com)





# A Way Forward

# Glossary



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**BACK-  
COVER**



*and the journey towards a Healthier Paradise continues...*