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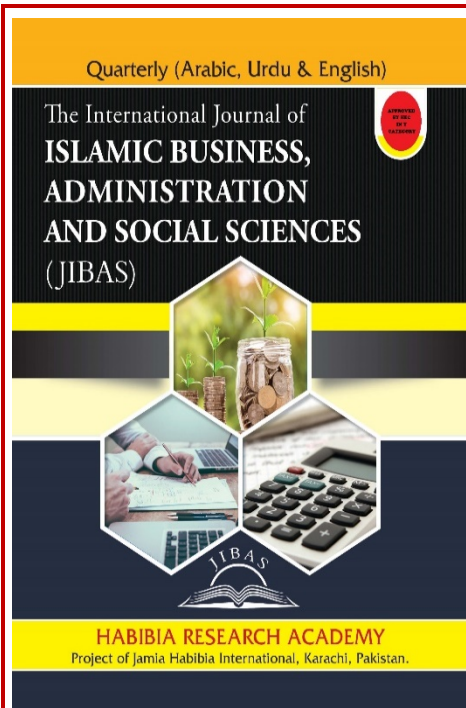
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TOPIC:

GOVERNANCE AND ADMINISTRATION: THE EMERGENCE AND SCOPE OF WOMEN'S RIGHT TO ADEQUATE HEALTH IN AZAD JAMMU AND KASHMIR

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**GOVERNANCE AND ADMINISTRATION: THE EMERGENCE AND SCOPE OF
WOMEN'S RIGHT TO ADEQUATE HEALTH IN AZAD JAMMU AND KASHMIR**

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ABSTRACT:

This paper focuses on governance and administration with reference to the protection of women's right to adequate health in Azad Jammu and Kashmir (AJK). In AJK, though the Government has initiated various projects and strategies for protection of right to health but there are certain challenges in implementation. The Government of AJK is required to protect right to health and improve the overall situation in the AJK. Women in AJK are vulnerable and are facing difficulties in relation to availability of health facilities. In this context, this paper analyses the government's policies, strategies and management towards protection of women's health. It discusses health situation available to women in AJK and highlights discriminations faced by them in public and private set ups. The methodology used in this paper is analytical. The paper concludes that though the laws and policies pertaining to health are adequate but there are issues in the implementation. The argument developed throughout the article is that women in AJK need special attention in relation to protection of their health.

KEYWORDS: *Governance, right to health, Administration, Azad Jammu and Kashmir, discrimination, Women.*

I. INTRODUCTION

As per Interim Constitution of 1974, Azad Jammu and Kashmir (AJK) is territory of the State of Jammu and Kashmir (J & K) which is liberated by the people. The Government in AJK is responsible to protect basic human rights of the people including right to health. The Government has at least customary obligations to provide better facilities to the people. The health department is designed to implement the strategies of the Government. The health department in AJK is responsible to improve Health policy, planning and management functions. In AJK, Health coverage is inadequate and has many challenges. For the purpose of this study, the paper is divided into three sections. Section I is introductory whereas Section II discusses governance and administration with reference to health situation of Women in AJK. Major diseases including Anemia is alarming and to that end special efforts are needed by the Government in order to protect women's right to health. It also discusses Health projects launched or completed in AJK. Section III highlights discriminations faced by women in AJK in connection with health facilities. It also discusses pregnant women and their needs and hygiene and sanitation needs of women. Finally, conclusions will be drawn up.

II. DISCUSSION AND ANALYSIS ON GOVERNANCE AND ADMINISTRATION:

This section discusses health situation of women in AJK, control of Anemia and other diseases and Health projects in AJK.

HEALTH SITUATION OF WOMEN IN AJ&K: GENERAL OVERVIEW

The healthcare facilities in AJ&K are quite inadequate in general, data shows that *there are approximately 0.9 hospital beds per 1000 people in AJ&K, (SDGVNR,2019), territory has population of about 4.361 million and population per doctor is 4916 (AJ&K official Portal), Infant Mortality Rate (per 1000) is 58 whereas Maternal Mortality Rate (MMR) is as high as 104/100000 LB (Health Department AJ&K), this briefly picture the general*

situation of health coverage in AJ&K. Moreover, the Rural/Urban ratio in AJK stands at around about 88:12 (AJ&K official Portal), hence large number of population lives in rural areas with mainly mountainous topography where situation is even worse owing to scant resources, long distances and illiteracy giving raise to myths, fallacies and misconceptions related to health-seeking practices and thus contributing to health related challenges. Similarly, the situation gets more challenging when it comes to women's health.

Hence in terms of right to health women are facing various challenges like insufficient nutrition, gender-based violence, delay in seeking healthcare, early marriages, family attitudes toward birth of female child, and neglect and mistreatment during pregnancy etc. Lack of adequate female staff has furthered the miseries of women, as most families and in fact women themselves to show reluctance to visit male doctors or at least prefer female doctors to address their health concerns. Moreover, availability of trained medical staff and experienced doctors is also lacking. Hospitals which are available haven't capacity to deal every patient. Specialized doctors in the field of orthopedic, kidney operations, dialysis, and heart diseases etc. are required and number of such doctors and experienced persons need increase in each district. Considering the current situation especially in rural areas, availability of free health checkups clinics and dispensaries is a major challenge. There is extra call for upgrading and improving health sector in AJK. Further, there is need to advance and consolidate health delivery system (Report AJK Health Department, 2010).

Description	Nos.		
	2017	2018	2019
1	2	3	4
Infrastructure			
Teaching/Other Hospitals	8	8	8
District Head Quarter Hospital (DHQ)	7	7	7
Tehsil Head Quarter Hospital (THQ)	9	10	10
Rural Health Centre (RHC)	47	47	47
Basic Health Units (BHU)	229	228	228
Dispensaries	81	81	81
Mother & Child Health Care Centre	201	201	201
TB/Leprosy Centre	64	64	64
Dental Centre	56	56	56
Malaria Centre	160	160	160
Beds	3,742	3,810	3,810
First Aid Posts (Permanent/Temporary)	445	445	445

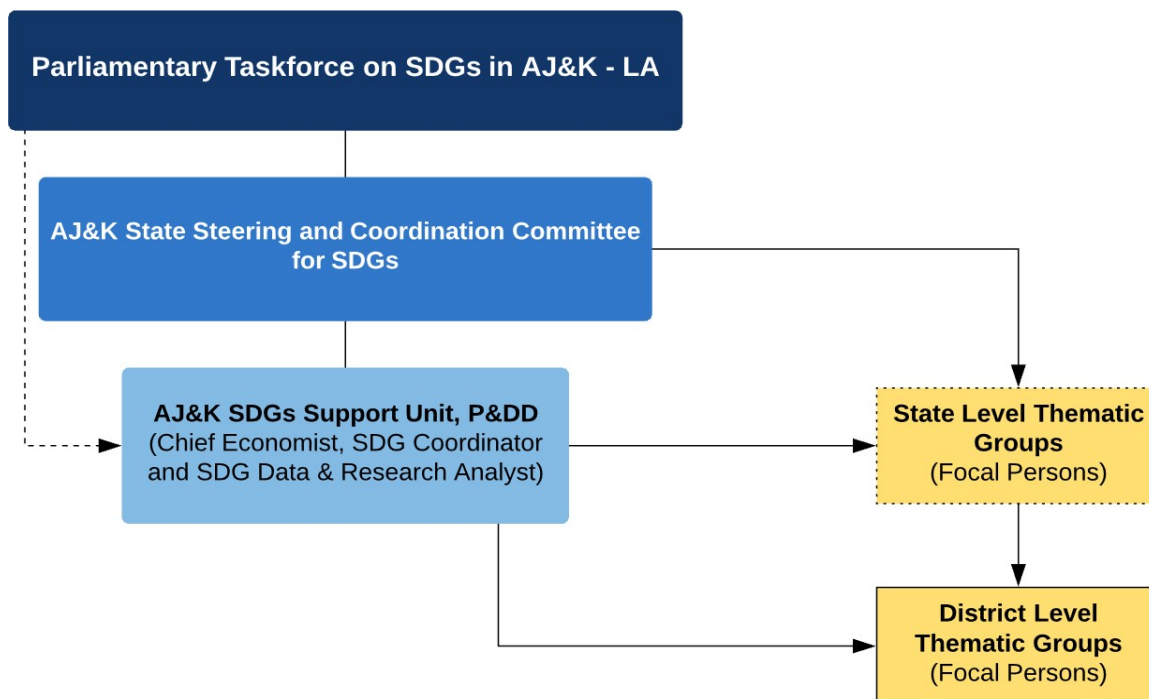
Statistical Year Book 2020, Bureau of Statistics, P&DD, AJK

In health sector women are facing serious dilemmas, modern health facilities, access to basic health-care and effective ratio of female medical personals is an important factor in determining the health situation of women, in context of maternal health indicator, a 2012

report shows that the number of nurses and Ladies health workers is too less to meet the needs of public. (Report Children First, 2012) and the critical situation prevails till date. Maternal mortality rate in AJK is as high as 104 per 100,000 live births, (Report AJ&K Bureau of Statistics Planning and Development Department,2020) in addition to this due to untrained medical staff and lack of effective medical facilities women are also tend to suffer serious complications at time of delivery that can prove perilous for them in long run.(Report Children First, 2012).

Above data reveals desolations of women in health sector. It is worth mentioning here that Government is continuously making efforts by introducing new laws and development programmes for women to improve their circumstances; however, poor implementation and execution strategies, lack of adequate resources, and socio-cultural barriers remain challenging in this regard. In this context, Sustainable development goals (SDG’s) are also relevant for improving living standards of women in AJK. The AJK’s institutional arrangement is as follows:

SDG’S INSTITUTIONAL ARRANGEMENT IN AJK



Source: Sustainable Development Goals (SDGs) An Introduction, AJK SDGs Support Unit, Planning & Development Department, GoAJK, April 2020, p13 Online at: [Introduction to the Sustainable Development Goals \(SDGs\) AJK.pdf](#)

In this context, the implementation policy guidelines and suggestions are helpful, such as, Improving accessibility in AJK. The report states that: “there will be a mapping exercise

conducted to pinpoint areas lacking coverage by both Community Midwives (CMWs) and Lady Health Workers (LHWs) in the AJK region. The goal is to guarantee that 85% of the population receives coverage through LHWs and 100% through CMWs in the designated districts. This aims to facilitate outreach services by these community health workers in a phased approach until 2020, with particular emphasis on rural areas and urban slums in the region”.

Another suggestion is strengthening of health system. The report outlines a strategy aimed at expanding crucial healthcare infrastructure and enhancing the health system with state-of-the-art equipment and technological advancements to optimize healthcare delivery. The plan includes the construction or renovation of residences for female health providers, along with new midwifery schools and hostels. These facilities will be equipped with the necessary materials to ensure the availability of essential infrastructure for additional human resource induction and capacity building. Additionally, there are plans for the construction of new regional population houses, district population houses, and regional training institutes to strengthen the services provided by the population welfare department. Steps will be taken to enhance and reinforce referral linkages and feedback mechanisms between different cadres of community health workers and healthcare referral facilities. This will involve ensuring supervisory visits by LHS/LHV and holding monthly meetings at referral units. Referral slips, record-keeping formats, and networks will be developed and displayed in CMWs' birth stations, LHWs' health houses, and healthcare facilities. CMWs and LHWs will undergo orientation on referral pathways and will be provided with referral slips and record-keeping formats (Report, 2016-20). Also the monitoring and supervision system should be strengthened. The report suggests that: Development of terms of reference (ToRs) plans, reporting formats and checklists for monitoring and supervision will take place at regional, divisional, district, and facility levels. The monitoring and evaluation framework will receive approval at different supervisory levels, including regional, divisional, and district levels, through deputy directors at the DGHS office, regional coordinators, divisional directors, district teams, and healthcare facility teams. Coordination, program management, enhancement of data quality, routine monitoring and reporting of data, and oversight will form an essential component for enhancing the monitoring system (Report, 2016-20). These suggestions are helpful for implementation of health policy in the AJK. There is a need to control various diseases by taking necessary measures.

CONTROL OF ANEMIA AND OTHER DISEASES

Anemia is a name of disease whereby the red blood cells are increased in human body. When it attacks, the level of level of blood is lower than the normal hemoglobin. It affects human body as causing deformity and lack in the normal growth. In Pakistan and AJK,

anemia severely damages the physical growth and development of individuals, particularly, children and females. Females who are pregnant are affected by said disease and it is common among them. As a result, females faced a number of risk factors. These factors include: pregnancy, dietetic insufficiency and others. Anemia causes damages specifically on pregnant women. The ratio available in their bodies is 56% (Khan & Sohail, 2011).

Lack of blood and oxygen (hypoxia) in the human body constitutes anemia. It is in fact, disorder of the blood and is closely related to similarity and gravidity of women. Anemia found people are weak, poor concentration and immature mental, psychological and physical health. Extraordinary burdened with such disease makes women unhealthy. Deficiency in iron anemia is common in Pakistan and AJK. Medical complications and difficulties are faced by women (Khan et al.2012). The rate of MMR is increased due to such disease. However, it should be reduced by properly giving facilities and good environment so that women may able to perform their duties in good manner and with good health (Shama & Zulfikar, 2009).

HEALTH PROJECTS:

The important projects in relation to health are as follows: (i) “Prosthetic limbs for amputees in AJK: Jaipur Foot, Nayya Qaddam Trust and NRSP”; (ii) “Field Health Clinic management in AJK project is funded by UNICEF”; and (iii) “Community Health Workers Training Programme in AJK funded by UNICEF” (Report NRSP, 2008-09).

Another important consideration in relation to women problems is that women fetch water from far-flung areas because of non-availability of clean water and facilities. It is also a factor which contributes to dissatisfaction within women. It also affects on women’s health. It is responsibility of the concerned government to provide basic needs and necessities at the doorstep. It is a big challenge for Government in AJK. Reports indicate that: “Maternal mortality ratios remain high with only 5.6 midwives/ nurses available per 10,000 populations. Malnutrition contributes to almost 35% of all under-5 deaths in the country” (Report NRSP, 2009-2010).

Keeping in view above-mentioned statistical data there is needed to establish more hospitals in AJK. Every individual is entitled to a standard of living that ensures their health and well-being, as well as that of their family. This includes access to necessities such as food, clothing, housing, medical care, and essential social services. Additionally, individuals have the right to security in situations beyond their control, such as unemployment, sickness, disability, widowhood, old age, or any other circumstances that may deprive them of a means of livelihood (The UDHR, article 25). Article 12 of ICESCR also protects the right of each person to the attainment and enjoyment of the highest feasible standard of intellectual and bodily health.

Further, under article 12 of women's convention, State parties are supposed to take temporary and special measures. It also prohibits women's discrimination in respect of health facilities and care. Women's convention specifically addresses women's rights and, in this regard, promotes equality and fairness in access of health services and facilities irrespective of gender. Meanwhile, constitutional provision 4 (15) of AJK states that every individual may enjoy and exercise alike entitlements and benefits arising out from communities and as per given under law. The work of NGO'S and NRSP is quite good but at domestic level there is need of effective legislation for the purpose of securing health rights of women in AJK. It is argued that the number of Hospitals should be increased in AJK. Special programmes should also be organized for protecting health rights of women. Moreover, specialized doctors and staff should be appointed so that women in AJK may be facilitated in good and more proper way. In such way, their right to acquire better standards of life and right to health can be preserved.

III. DISCRIMINATION IN PUBLIC AND PRIVATE HEALTH FACILITIES

Reports indicate a positive aspect of contribution made by AJK government, after the earthquake, particularly in health sector. Though, government has made efforts to overcome it but further improvement in this regard is inevitable. During the happening of a disaster, much of the clinics of health are severely damaged and mostly, destroyed completely. Women in this regard are the effected. Women have suffered problems regarding health, due to non-availability of hospitals and clinics.

It is, in fact a big challenge for AJK government to employ competent and trained staff in hospitals. In this regard, the role of relief agencies is appreciated because they have tried to focus on women's healthcare and facilities. Most of the experienced doctors, including female doctors, nurses and assistants worked personally with devotion and determination in order to facilitate women, especially in rural areas (McGinn et al., 2006). The picture of health-sector in AJK is not overall affirmative. In this regard, Siddiqi notes that, "in spite of the endeavors of numerous NGOs and agencies in AJK, a notable portion of the population continues to lack access to healthcare facilities" (Siddiqi, 2006). Agreed with the common argument that health facilities access was improved earlier than the volcanic activity, it is argued that, there is further need of improvement in health sector to provide health care to women in AJK (Cosgrave & Herson, 2004).

PREGNANT WOMEN AND THEIR NEEDS

Practice of myths and fallacies especially during pregnancy is not rare. The health situation of pregnant women demands distinct care, however many families especially those living in rural areas of AJK tend to rely on professionally untrained midwives. A recent report shows that only 58% of births are attended by a skilled professional. (VNR2019, AJK). Violence against women too remains an issue for the region, in 2018 alone there were about

35 reported cases of physical or sexual violence against women by their intimate partners. However, keeping in view the trend of underreporting in such cases, the actual numbers could be a lot higher. Furthermore, according to a recent report at least 10.9% of women aged 15-19 in AJ&K had begun childbearing, this indicates that a significant proportion of female married at a very young age (AJK Policy Brief, 2019). Moreover, in many families there is a stigma attach to birth of female children, which too grossly impacts their physiological and physical wellbeing.

Women who are educated or belong to educated families or have better economic conditions are comparatively less likely to experience the seriousness of issues like discriminated practices of preferring male children, neglect or mistreatment during pregnancy, difficulties in seeking adequate treatment, inadequate nutrition and hygiene facilities and burden of household work, etc. The United Nations Population Fund (UNFPA) indicated that: Right after the earthquake, a minimum of 40,000 women in the impacted regions were expecting. They required sufficient nutrition, medication, and prenatal care for a safe delivery (Report UNFP, 2010). 15% of such women have need of urgent obstetric care. The earthquake results in inflicting mental, intellectual and psychological disturbance.

After earthquake, majority of pregnant wives suffered and were not permitted to go to a male doctor because of cultural traditions and patterns. As a result, they were deprived of checkup and care. At the same time, other programmes initiated by AJK government were rigorously affected. For example, Lady health worker (LHW) programme, a method by use of which females frequently be given medical care. In this regard, the work of national program for primary care of health may be appreciated because by virtue of such programme, females get doorstep health care service. Moreover, medicines and necessary preventive measures were also distributed and taken. Necessary available dose was provided and supplied to women. The role of lady health workers is highly appreciated and positive contribution towards the health care satisfaction of females. Pregnant women are the most vulnerable among all other effecters of earthquake. They needed extra care and deep physical medication.

At such happening, facilitating women was though difficult, particularly to women who belong to hilly areas but the policy towards addressing women in such conditions by AJK government remained positive. The pregnant women are unable to fetch water from far away as well as they are not supposed to do so. In order to facilitate them, policies should be formulated and implemented effectively to secure their good health.

Females living in rural areas should be targeted and facilities be provided to them at their doorsteps in such situation. Moreover, institution of clinics in such areas is also lacking and it is, therefore big challenge. Institution of centers to give guidance and counseling on

family management is also necessary. Living far away from the city areas, females face difficulties to reach hospitals. Awareness through organizing health care programmes should be maintained in this context. Females are not only supposed to take care their children but also responsible for family care. Alongside, they have to do number of other works i-e cleaning home, food making, washing clothes and managing home. It is argued that, for their ease, at least possible measures should be taken and doorstep facilities should be provided to assist them in a better way.

HYGIENE AND SANITATION NEEDS OF WOMEN

Every individual possesses the entitlement to a quality of life that ensures their own health and the well-being of both themselves and their family. This includes access to essentials such as food, clothing, housing, medical care, and essential social services. Additionally, individuals have the right to security in situations such as unemployment, sickness, disability, widowhood, old age, or any other circumstances that result in a lack of livelihood beyond their control (The UDHR, article 25). Article 12 of ICESCR also protects the right of each person to the attainment and enjoyment of the highest feasible standard of intellectual and bodily health. Meanwhile, constitutional provision 4 (15) of AJK states that every individual may enjoy and exercise alike entitlements and benefits arising out from communities and as per given under law.

Adequate hygiene and sanitation are basic need of every individual. Inappropriate sanitation and hygiene affect human being and in this respect, state has obligation to facilitate and make sure availability of water resources. It is well established that water is life. Without water, human life is nothing. Access to clean and adequate water resources especially in rural areas is big challenge for government. Among other concerns it contributes to the issue of open defecation. According to a report a major cause of absence from schools (that is 45%) is due to waterborne diseases with a higher rate of disease in houses with open defecation (VNR2019, AJK). Due to non-availability of toilets and water facilities in rural areas, women feel worse to go to the fields though it is easy for men. Moreover, women and girls are the main caregivers for the young, the elderly, and the ill. The duty for providing clean water and maintaining hygiene also falls on women. They generally have to carry water from far-flung areas. Data shows that at home the burden of water collection lies on women in 78% of the households. (VNR2019, AJK) Moreover adequate menstrual hygiene is also big challenge especially for illiterate women or those facing poor fiscal circumstances. Creating awareness among them and allocating resources for improving menstrual hygiene is crucial. There is need of allocating special funds for erecting buildings of public toilets and head-pumps or water plants may also be established in all districts. (Burki, 2006).

CHALLENGES

The challenges faced by the AJK in Health sector as indicated by the report on health are as follows:

1. It is essential to enhance healthcare services at both primary and secondary levels.
2. Reforms in the health sector and governance are necessary to address the deficiencies in the governance, management, and regulation of the health system. There is a lack of a regulatory framework for administration, service delivery, and finance.
3. The absence of policy guidelines for Human Resource Management/Human Resource Development (HRM/HRD) contributes to the insufficient and unskilled health workforce, which fails to meet the health needs of the population. Addressing human resource production, retention, and development is crucial.
4. A comprehensive, timely, accurate, and functional health information system is lacking, with inadequate implementation of the District Health Information System (DHIS) and limited use of data for decision-making.
5. The supply of quality essential drugs for healthcare facilities and outreach workers faces challenges, and there is a need for strengthening drug regulation to ensure the quality of procured medicines.
6. The major challenges include federal control over financial resources, uncertainty in fund flow, and the prevailing security situation, which hampers service provision and funding for essential projects by donors Report, 2016-20).

CONCLUSIONS:

The role of women is imperative for development and progress of a nation. However, it is disappointing to notice that women in AJK are suffering multi-dimensional challenges in every aspect of life. The paper shows that discrimination on bases of gender, economic imbalances, and lower access to fundamental needs are adversely affecting their quality of life. The reason behind the plight of women can be contended as but is not limited to poor implementation of laws, weak execution and planning strategies, patriarchal cultural practices, economic discrepancies, and lack of adequate education and fiscal opportunities. It is the need of hour to identify the loopholes and limitations in exiting setup that are threatening the wellbeing women. For this government should take progressive initiatives and develop effective policies to improve the health sector in AJK.

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