Innovative Programmes and Service Delivery that Enhanced Family Wellbeing: Sharing of Experiences

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State of India’s Health & Challenges

- India’s health system is going through a transition
- While the economic development in India has been gaining momentum over the last decade, our health system is at crossroads today.
- Government initiatives in public health have recorded some noteworthy successes over time (eradication of smallpox, polio and guinea worm; substantial decline in the number of Leprosy, and Malaria cases, etc) (NHP, 2002)
- Still our achievements in health outcomes are only moderate by International standards;
- India ranked 118 among 191 WHO member countries on overall health performance (WHO, 2000).
India’s Current Health Scenario

- Largest number of underweight children (46% under 3 yrs);
- Current infant mortality rate of 50 per 1000 live births;
- Maternal mortality ratio presently 212 per 100,000 live births;
- Challenge to meet national goals of 38 per 1000 (IMR) or 100 per 100,000 (MMR) by 2015
- Rising burden of NCDs

<table>
<thead>
<tr>
<th></th>
<th>2011 (in Millions)</th>
<th>2030 (in Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>61</td>
<td>101</td>
</tr>
<tr>
<td>Hypertension</td>
<td>130</td>
<td>240</td>
</tr>
<tr>
<td>Tobacco Deaths</td>
<td>1+</td>
<td>2+</td>
</tr>
<tr>
<td>PPYLL Due to CVD Deaths (35-64 Yrs)</td>
<td>9.2</td>
<td>17.9</td>
</tr>
</tbody>
</table>
The Indian Health Scenario

On the basis of the health status of the people, and the existing capacity of the healthcare delivery system, demographically the states of the country can be divided into four main groups:

<table>
<thead>
<tr>
<th>Group</th>
<th>State</th>
<th>% of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Kerala, Tamil Nadu</td>
<td>9.1</td>
</tr>
<tr>
<td>II</td>
<td>Maharashtra, Karnataka, Punjab, West Bengal, Andhra Pradesh, Gujarat, Haryana</td>
<td>39.1</td>
</tr>
<tr>
<td>III</td>
<td>Odisha, Rajasthan, Madhya Pradesh, Chhattisgarh, Uttar Pradesh</td>
<td>33.1</td>
</tr>
<tr>
<td>IV</td>
<td>Assam, Bihar, Jharkhand</td>
<td>18.7</td>
</tr>
</tbody>
</table>

- 6 states with 11.4% of the population, have already achieved replacement levels of fertility (TFR-2.1);
- 11 states with a population of 60%, still have a TFR of over 3 (including, Bihar, MP, UP, Orissa & Rajasthan).
# Differentials in Health Status – Situation of the States

Wide variations are noted in the health indicators:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Population BPL (%)&lt;sup&gt;1&lt;/sup&gt;</th>
<th>IMR</th>
<th>Under 5 Mortality&lt;sup&gt;1&lt;/sup&gt;</th>
<th>%Children Underweight&lt;sup&gt;1&lt;/sup&gt;</th>
<th>MMR&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Poverty Ratio&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Literacy rate (2001)&lt;sup&gt;3&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>India</strong></td>
<td>26.1</td>
<td>70</td>
<td>94.9</td>
<td>47</td>
<td>408</td>
<td>26.1</td>
<td>64.84</td>
</tr>
<tr>
<td><strong>Better Performing States</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kerala</td>
<td>12.72</td>
<td>14</td>
<td>18.8</td>
<td>27</td>
<td>87</td>
<td>12.72</td>
<td>90.86</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>25.02</td>
<td>48</td>
<td>58.1</td>
<td>50</td>
<td>135</td>
<td>25.02</td>
<td>76.88</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>21.12</td>
<td>52</td>
<td>63.3</td>
<td>37</td>
<td>79</td>
<td>21.12</td>
<td>73.45</td>
</tr>
<tr>
<td><strong>Low Performing States</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orissa</td>
<td>47.15</td>
<td>97</td>
<td>104.4</td>
<td>54</td>
<td>498</td>
<td>47.15</td>
<td>63.08</td>
</tr>
<tr>
<td>Bihar</td>
<td>42.60</td>
<td>63</td>
<td>105.1</td>
<td>54</td>
<td>707</td>
<td>42.60</td>
<td>47.00</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>15.28</td>
<td>81</td>
<td>114.9</td>
<td>51</td>
<td>607</td>
<td>15.28</td>
<td>60.41</td>
</tr>
<tr>
<td>U.P</td>
<td>31.15</td>
<td>84</td>
<td>122.5</td>
<td>52</td>
<td>707</td>
<td>31.15</td>
<td>56.27</td>
</tr>
<tr>
<td>M.P</td>
<td>37.43</td>
<td>90</td>
<td>137.6</td>
<td>55</td>
<td>498</td>
<td>37.43</td>
<td>73.74</td>
</tr>
</tbody>
</table>

Rural Public Health Delivery in States (State-wise performance index)
## Key Health Indicators: India Compared with other Countries

<table>
<thead>
<tr>
<th>Indicator</th>
<th>India</th>
<th>China</th>
<th>Brazil</th>
<th>Sri Lanka</th>
<th>Thailand</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMR/1000 live-births</td>
<td>50</td>
<td>17</td>
<td>17</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Under-5 mortality/1000 live-births</td>
<td>66</td>
<td>19</td>
<td>21</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Fully immunised (%)</td>
<td>66</td>
<td>95</td>
<td>99</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>Birth by skilled attendants</td>
<td>47</td>
<td>96</td>
<td>98</td>
<td>97</td>
<td>99</td>
</tr>
</tbody>
</table>

# Low Priority to Public Spending on Health India and Comparator Countries 2009

<table>
<thead>
<tr>
<th>Country</th>
<th>Total public spending as % GDP (fiscal capacity)</th>
<th>Public spending on health as % of total public spending</th>
<th>Public spending on health as % of GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>33.6</td>
<td>4.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>24.5</td>
<td>7.3</td>
<td>1.8</td>
</tr>
<tr>
<td>China</td>
<td>22.3</td>
<td>10.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Thailand</td>
<td>23.3</td>
<td>14.0</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Source: WHO database (2009)
Health and Social Determinants of Vulnerable Communities
The “KHOJ” Initiative

An initiative of the Voluntary Health Association of India
The KHOJ Initiative

VHAI identified 21 pockets in remote areas inhabited by indigenous people to initiate KHOJ project. The process involved

- Developing project according to the social determinants approach and the needs of the community;
- Optimal utilization of the existing govt. infrastructures;
- Building health and development skills and expertise of the community;
- Ensuring Sustainability of the programme, through community participation;
- Improving health status of the people as well as other socio-economic determinants that influence the well being.
Location of KHOJ Projects
The “KHOJ” initiative was launched with the focus on the strengths of Village Council (Panchayats) to perform functions like-

- Preparing area plans and allocating resources. This ensured that plans were more relevant and addressed local needs.
- Making the government health infrastructure accountable to the Panchayats.
- Empowering District Councils (Zilla Parishads) to appoint and dismiss doctors if they were not performing duties properly.
- This opened enormous potential for involving elected leaders, many of whom were women, in a process of transformation of village development.
- Role of Village councils expanded to that of change agents.
Community Organization

❖ Effective steps taken to organize community in the form of women’s groups, youth groups and farmers group etc.

❖ Effective linkages developed with Panchayats to assess needs of the community

❖ Village Groups interacted with people’s representatives to discuss future plans and strategies.

❖ Formation of social Action groups to optimize govt resources
Health Promotion in Schools

- Healthy Diet
- Physical Activity (regular P T and sports)
- Saying no to tobacco, alcohol and drugs
- Hygiene (personal, school and community)
- Clean drinking water and clean toilets
- Adolescent and reproductive health for girls and boys
Health Interventions

- Baseline survey conducted to indicate important health issues
- Quality and coverage of health Services needed to be addressed.
- Initial emphasis on provision of curative services
- Village Panchayats assisted in establishing health centre with the medical doctor, paramedic and health worker to serve the areas
- Linkages for proper referral of complicated cases
- Health and relief camps organized for epidemics like situations like malaria, diarrhea etc.
Women and Health

- Women’s health needs were given top priority. All issues spanning from adolescent health to reproductive health and menopausal and post menopausal given due consideration
- Community Based health workers also worked as counsellors and provided necessary linkages with service providers
- Initially, MCH services were in poor shape with high maternal deaths and high incidence of deliveries by untrained birth attendants and low immunization coverage
- But six years after our intervention most of the projects did not report a single maternal death.
- TBAs provide safe deliveries in project areas.
- Institutional deliveries were encouraged were ever possible
Women as Agents of Change

- Training to develop leadership potential of local women
- Adult education classes to improve literacy
- Basic training on health, sanitation and nutrition for family well-being (particularly reproductive and child health issues)
- Strengthening rapport with village health workers to ensure minor ailments and reproductive health issues are addressed promptly.
Addressing Economic Needs of the Community

- Building capacities for income generating activities
- Providing technical resources for entrepreneurial development.
- Skill-training to work in cottage industries like food processing units, vegetable growing, local crafts, textiles and handlooms.
- Formation of Self Help Groups and linkages with Banks and rural development schemes of the Government.
Collaboration with the Government

- Collaborating with the government for immunization, family planning and other services
- Sanitation and drinking water: linkages with CAPART, DRDA, block offices and Panchayats
- Direct benefits under various govt schemes- maternity, Ayushmati, Vatsalya, old age pension, Adolescent girls, Rashtriya Parivar Yojana, Jawahar Rojgar Yojana etc.
- Training of Panchayat members
- Recognition of the projects by state Govts by handing over of PHCs (Arunachal, Odisha etc), training of animators (NLM) and direct financial support to projects for specific activities
Health Impact of KHOJ Project

- Increased health awareness
- Increased utilization of available govt health services
- Significant improvement in antenatal care, natal care and post natal care
- Reduction in mortality due to communicable diseases
- Effective disease surveillance leading to prevention of epidemics
- Reduction in health expenditure as quality health services made available at reasonable cost
## Statistical Profile of some KHOJ Projects

<table>
<thead>
<tr>
<th>Projects (Year)</th>
<th>IMR</th>
<th>No. of Maternal Death</th>
<th>% women receiving complete antenatal care</th>
<th>% deliveries conducted by TBA</th>
<th>Immunization coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHCC</td>
<td>62</td>
<td>10</td>
<td>64</td>
<td>63</td>
<td>74</td>
</tr>
<tr>
<td>PANI</td>
<td>44</td>
<td>5</td>
<td>78.8</td>
<td>72.8</td>
<td>78.7</td>
</tr>
<tr>
<td>MSK Chandauli</td>
<td>50</td>
<td>1</td>
<td>68</td>
<td>76</td>
<td>50</td>
</tr>
<tr>
<td>ECAT Karauli</td>
<td>36.8</td>
<td>1</td>
<td>85</td>
<td>83</td>
<td>74</td>
</tr>
<tr>
<td>Shramjivi Unnayan</td>
<td>52</td>
<td>5.2%</td>
<td>53</td>
<td>61</td>
<td>53</td>
</tr>
<tr>
<td>CREFTDA Odisha</td>
<td>72</td>
<td>NIL</td>
<td>56</td>
<td>96.6</td>
<td>67.7</td>
</tr>
<tr>
<td>SURE, Barmer</td>
<td>85.5</td>
<td>1</td>
<td>83.4</td>
<td>92</td>
<td>53.8</td>
</tr>
<tr>
<td>Nagaland VHA</td>
<td>46</td>
<td>2</td>
<td>56</td>
<td>20</td>
<td>52</td>
</tr>
<tr>
<td>Arunachal VHA</td>
<td>52</td>
<td>7</td>
<td>38</td>
<td>45</td>
<td>27</td>
</tr>
</tbody>
</table>
Sustainability

- Sustainable income generation programmes
- Emphasis on Human Resources Development
- Strengthening local Panchayats
- Developing linkages with government and other agencies
Investment in Social Sector

- After the Economic Reforms investments have increased in social sectors
  - Poverty Alleviation & Employment
  - Health & Medical care education
  - Housing
  - Water supply

- Significant focus on development in social sector in the 11\textsuperscript{th} and 12\textsuperscript{th} Five Year Plans
The NRHM was introduced by the Govt. of India in 2005 to provide mechanisms to ensure integrated comprehensive primary health care services to the poor and vulnerable sections of the society especially women and children.

- Raise public spending on Health from 0.9% of GDP to 2-3% of GDP.
- Effective healthcare to rural population with focus on 18 states
- Substantial reduction in maternal mortality and mobility, infant mortality, communicable diseases and other conditions
Major Objectives of the Mission

- Increased access and utilisation of quality health services
- Reducing child and maternal mortality
- Universalising access to public services for food and nutrition, sanitation and hygiene as well as services addressing women’s and children’s health and universal immunisation
- Preventing and controlling communicable and non-communicable diseases
- Improving access to integrated comprehensive primary health care
- Stabilising population, gender and demographic balance
- Raising public spending on health
- Reduction in infant mortality rate (IMR) maternal mortality rate (MMR) and total fertility rate (TFR)
- Promoting healthy lifestyles
Strategies

- Sectoral Convergence
- Strengthening public health infrastructure
- Increasing community participation
- Human resources management
- Fostering public-private partnership
- Decentralised action
- Building capacities at all levels
- Monitor progress
Positive Outcomes

- There has been a decline, infant mortality in several states between 2006 and 2009.
- The number of institutional births is taken as an indicator of maternal health, improvements have been significant 10.84 million 2005-06 to 16.80 million in 2010-11 (an increase of about 55%).
- TFR reduced from 2.9 to 2.6 (from 2005 to 2008). Six states have already reached below replacement levels.
- Budgetary allocations for NRHM more than doubled from $125 million in 2005 to $280 million in 2010-11.
Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA)

- MNREGA is the central government response to the constitutionally manifested right to work and means to promote livelihood security in India’s rural areas.
- Came into effect in 2006 in 200 districts and expanded to cover all rural districts in 2008.
- Flagship rural employment generation programme guaranteeing employment upto 100 days in a year to poor families.
- Work focus – water conservation, land development, drought proofing etc.
Some Positive Outcomes

- In 2010-11, nearly 55 million families were provided over 2500 million person-days of work under the programme.
- Over the last five years (2007-2012), MGNREGA has generated more than 10,000 million person-days of work at a total expenditure of over $2600 million.
- 53% share of work to socially backward communities and 47% share of work to women workers.
- Average wages of workers have gone up by 54 per cent over the last five years.
- Wages have now been so indexed to adjust with inflation.
- Reduction in distress migration.
Challenges and Way Forward

- Future reforms in health sector need to address
  - Increasing public spending on health care (2.5 to 3 % of GDP)
  - Focus on preventive and promotive health issues
  - Ensuring greater access to health care by the poor
  - Improving productivity of public spending and better utilization of resources.

- Overcoming systemic weakness
  - Strengthening - Shortage of doctors, paramedical and other trained staff
  - Improvement in basic infrastructure like building, staff quarter, electricity, connectivity

- Public Private partnerships that encourage innovations to reach the last mile

- Effective monitoring of social sector development programmes in order to avoid leakages and achieve target backed progress

- Strengthening ownership of programmes at the community level to ensure success.
Just Economic Progress does not mean Development and Well-being of the Nation as a whole. There is a need for Sustainable and Inclusive Strategy based on Social Determinants of Health.

Thank You