Healthcare planning

Rural healthcare planning has not been systemically reviewed over the last few decades after India getting Independence. Such a review needs to evaluate village segments and demographic segments in rural India. More than the census, conducted every ten years, random surveys across India, with specific focus, need to be taken up with a view to enhance the quality of healthcare management, writes V Mukunda Das

Rural areas have 83 percent shortage of specialist medical professionals. The government must take into consideration a long-term view of healthcare delivery system and by changing their mindset based on previous approaches. It is estimated that Infant Mortality Rate (IMR) in rural India has decreased by 50 percent from 1990 to 2012. How many died is more important than percentage? Maternal Mortality Rate (MMR) has also come down by 70. Even now, Government of India figures show that non-hospital treatment in rural India is still dominated by private sector. Of late, the healthcare budget has also decreased by 15 percent. It is stated that community health centers caters to, on an average, 80,000 to 1.2 lakhs people. Infant Mortality Rate (IMR) declined from 83 per 1,000 live births in 1990 to 44 per 1,000 live births in 2011, and Maternal Mortality Rate (MMR) from 570 per 1,000 live births in 1990 to 212 in 2007-2009.

The problem of malnutrition and anaemia in girls is the major problem in states like Bihar. According to a recent Annual Health Survey Report, 52 percent (Approx. 66 lakh) children below five are suffering with malnutrition and 90 percent girls are having anemia. The same data for country is 39 percent. Maximum malnourished children are in UP. Bihar is on second position in the country. The number of girls in the age-group 10-19 in Bihar is approx. one crore. Out of this 90 percent are suffering from anemia (for India, it is 56 percent). According to the Annual Health Survey Report, most of the girls in the age-group 15-18 are malnourished and 44 percent of them are now mothers.

VACCINATION STATUS

Sixty-four percent children in India and 70 percent in Bihar are vaccinated. The main reasons behind deficient vaccination are lack of proper eduformation (education+information) about vaccination, financial constraints (of the parents), very low density of distribution of vaccination centres and often non-availability of vaccines.

Infant mortality, as stated earlier, is also a major challenge. In India, 14 lakh children die before reaching the age of five, whereas in Bihar 1.7 lakh meet the same fate. According to SRS 2013, on an average, below 5-years' mortality in the country is 54 out of each thousand live birth vis-à-vis 57 for Bihar. The Infant mortality in Bihar is (28 in each thousand live birth) is less than the national average (29).

According to Census 2011, 16.60 lakh children in the age group of 10-19 years are married, out of a total 1.70 crore in India. 11.7 percent children in the age-group of 15-17 in rural areas & 8.3 in the urban areas of Bihar get married. Child marriage is more prevalent in southern part of Bihar.

According to the Bhore Committee Report, there is a requirement of one doctor per one thousand population but the present availability is one doctor per 1,700 population (at the national level). Fertility rate is also a matter of major concern for states such as Bihar. The major reason behind it is low literacy rate. Crude birth rate in Bihar is 26.7--- 27.7 in rural areas & 21.2 in urban areas.

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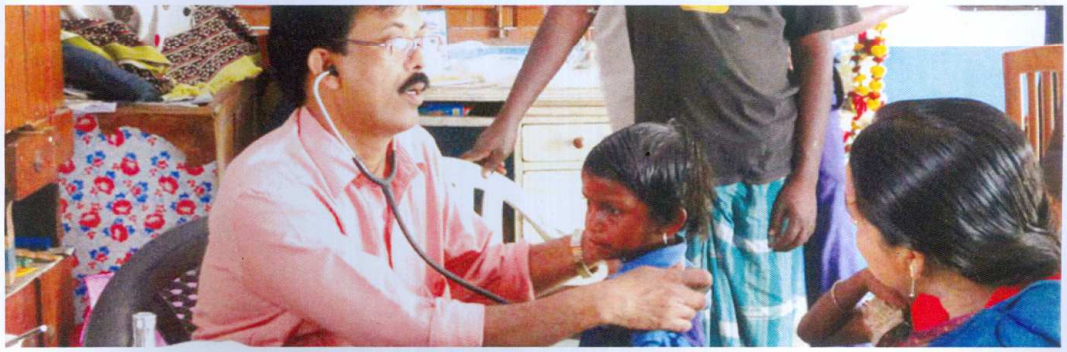
PRIORITY TO PREVENTION

Fertility Rate, Infant Mortality Rate and healthcare service corridors in villages vary across states. Since there is no village-wise document on the nature, frequency and number of people affected by all diseases we have been giving importance only to major diseases. Our studies have shown that 10 to 20% of the hard earned money of the agricultural laborers and unskilled workers in villages are spent on meeting healthcare expenses. If this is the case in every household, one can imagine the total expenses incurred by all households in rural areas in India which pinches their income. Probably, this is a disguised taxation born by these poor.

The present effort is an attempt to initiate discussion(s) and action(s) for segmenting villages according to disease profile, poverty level and expenditure incurred per household on healthcare. If such a thing can happen on an all India basis (with Information Technology advancement it is easy to document), it will be easy to pin-point what, where and when policy intervention is needed.

As the saying in English, "Prevention is better than Cure", we are suggesting an internet kiosk in each village which will give the profile of illness and the preventive measures required to be taken well in advance. These kiosks and the information passed over to the rural people, from this kiosk, will vary from village to village. This will also give us some idea about "disease predictability" emerging from lack of proper water



States having high literacy rate have low fertility rate:

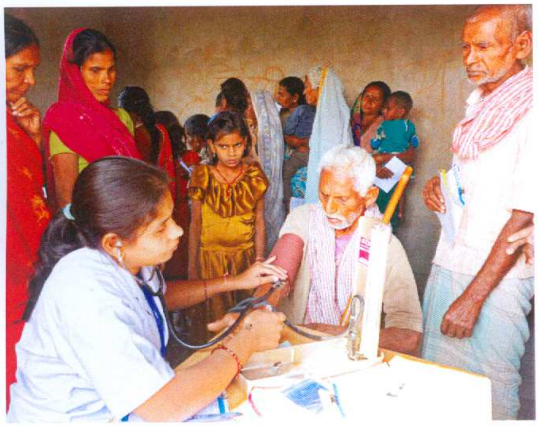
STATE	FERTILITY RATE	LITERACY RATE
W.B	1.6	71.16
Delhi	1.7	80.93
Punjab	1.7	71.34
Kerala	1.8	91.9
Maharashtra	1.8	75.48
Odissa	2.1	64.36
Gujrat	2.3	70.73
Jharkhand	2.7	56.21
U.P.	3.1	59.26
Bihar	3.4	53.33

for drinking etc. The kiosk will change the response pattern of rural people vis-à-vis illness and can also modulate their prevalent wrong perceptions on causes of illness. Even now, there are thousands of households in villages which believe in superstitious reasons for diseases rather than their scientific reasons. A time has come for us to change the perceptions of villages, as also their awareness, on all aspects of illness. This is required for all demographic segments of rural population.

The dependent population (having an age of 70 years) in rural areas is also fast increasing. Same is the case, as stated earlier, with consistent problems of anemia of young girls before and after marriage. India has 56 percent of anemic girls in the age group of 10-19 and states like Bihar has 90 percent.

COSTLIER PRIVATE HEALTHCARE

Speciality and Super-speciality healthcare treatment in rural



Speciality healthcare treatment in rural India is difficult, which has driven rising numbers of people to costlier private healthcare

India is difficult, which has driven rising numbers of people to costlier private healthcare. In rural India, 58 percent of hospitalized treatment was carried out in private hospitals, while in urban India the figure was 68 percent, according to the Key Indicators of Social Consumption on Health 2014 survey, carried out by National Sample Survey Office (NSSO). For non-hospitalized treatment, 72 percent of health needs in rural areas were treated by the private sector – including private doctors, nursing homes and private hospitals and other institutions, the survey states.

We are suggesting the "Corporate Social Responsibility" route to help villages plan healthcare. There are dozens of hospitals with multi-crore rupees turnover. Every such hospital should be encouraged and may even be mandated, in view of ours being a welfare state, to extend their arm to the rural people for healthcare planning and resolving their healthcare needs. Even small steps, such as a professional survey on health once to very seriously affected such villages, can substantially identify and change the deeper health problems of different demographic segments.

Government of India needs to initiate policies and strategies for linking up the serious health problems of rural people with corporate hospitals with multi-crore rupees turnover to find an end to the health problems of 'very seriously' affected villages in each state. Modern technology and leveraging Information Technology and IT-enabled diagnostic tools, like Tele-medicine can be made available to rural people to save them from health problems. It has not even covered 0.5 percent of Indian rural population and villages. Let us initiate something to reduce the sufferings of the poor from health issues, in the years to come. This is feasible with the right mindset of policy makers supporting it.

(The writer has over three decades of experience in researching on different dimension of rural India. Currently, he is director of Chandragupt Institute of Management, Patna. Rajeev Ranjan and Alok Kumar Raj have assisted him in this study)