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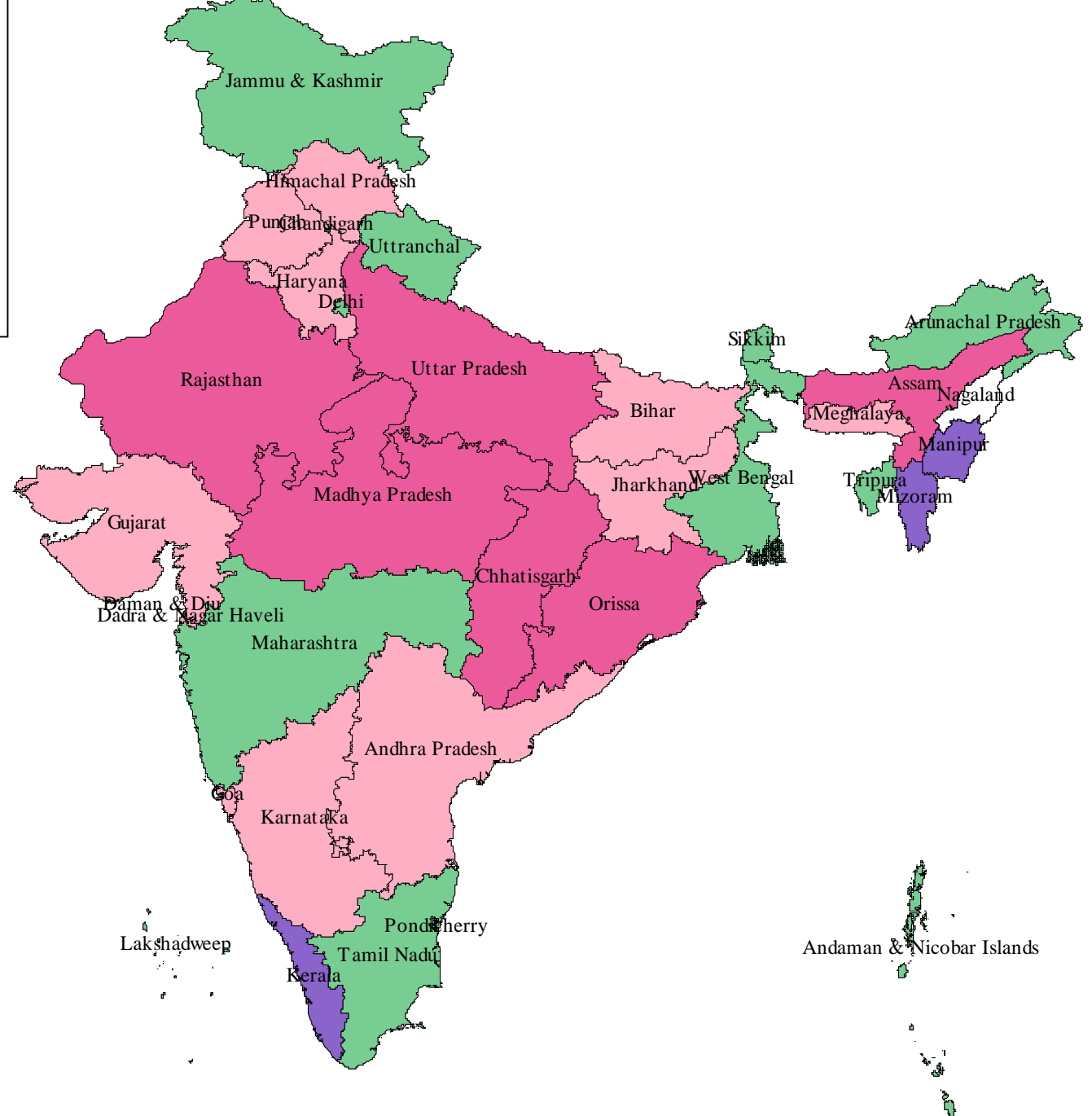
# **DECENTRALISED PLANNING, IMPLEMENTATION & MONITORING OF HEALTH CARE IN INDIA**

**Presented at the Forum of Federations conference on  
Decentralization of Health Care Delivery in India – New  
Delhi**

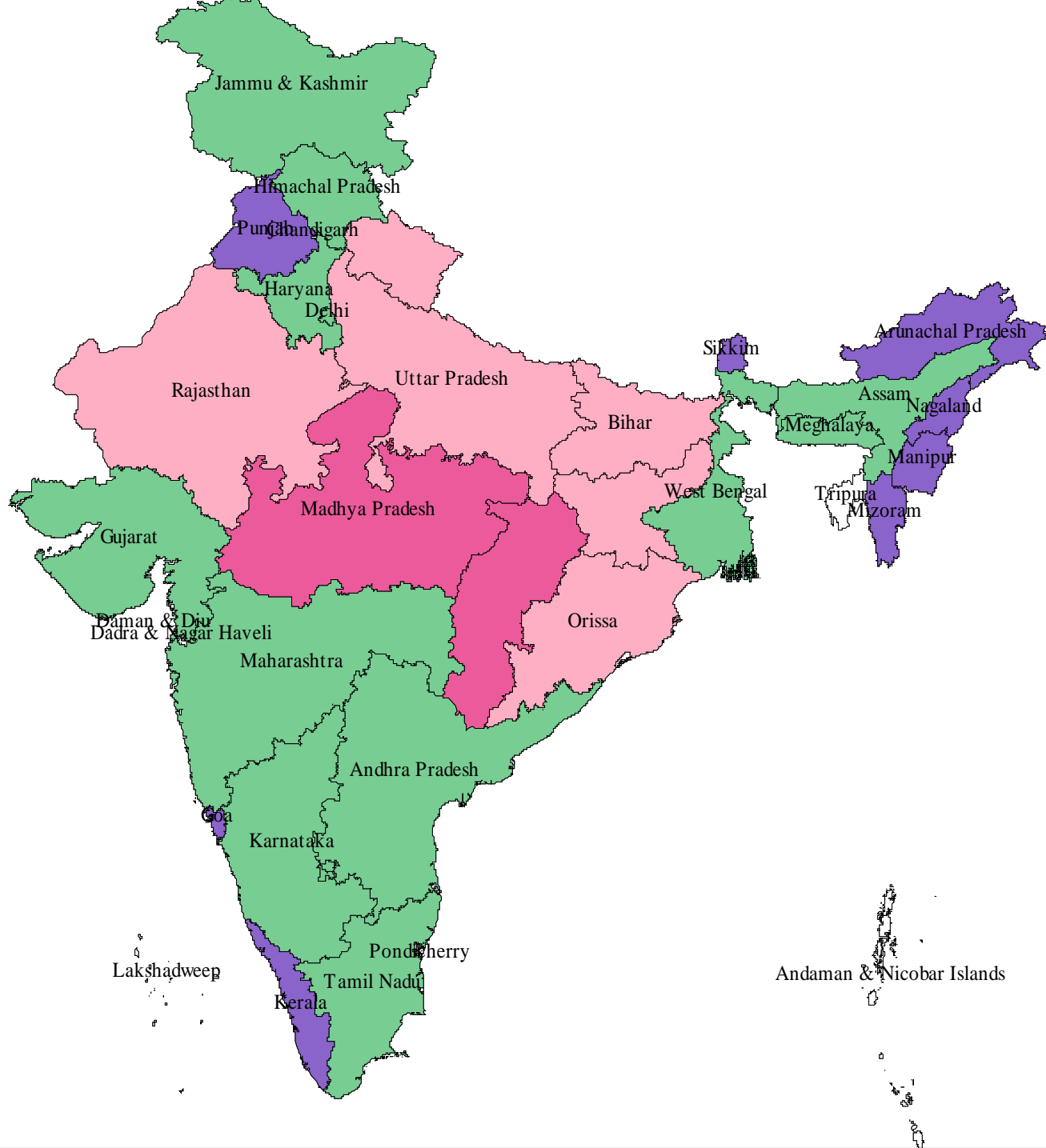
**Feb. 8 to 10, 2004**

**PREMA RAMACHANDRAN**

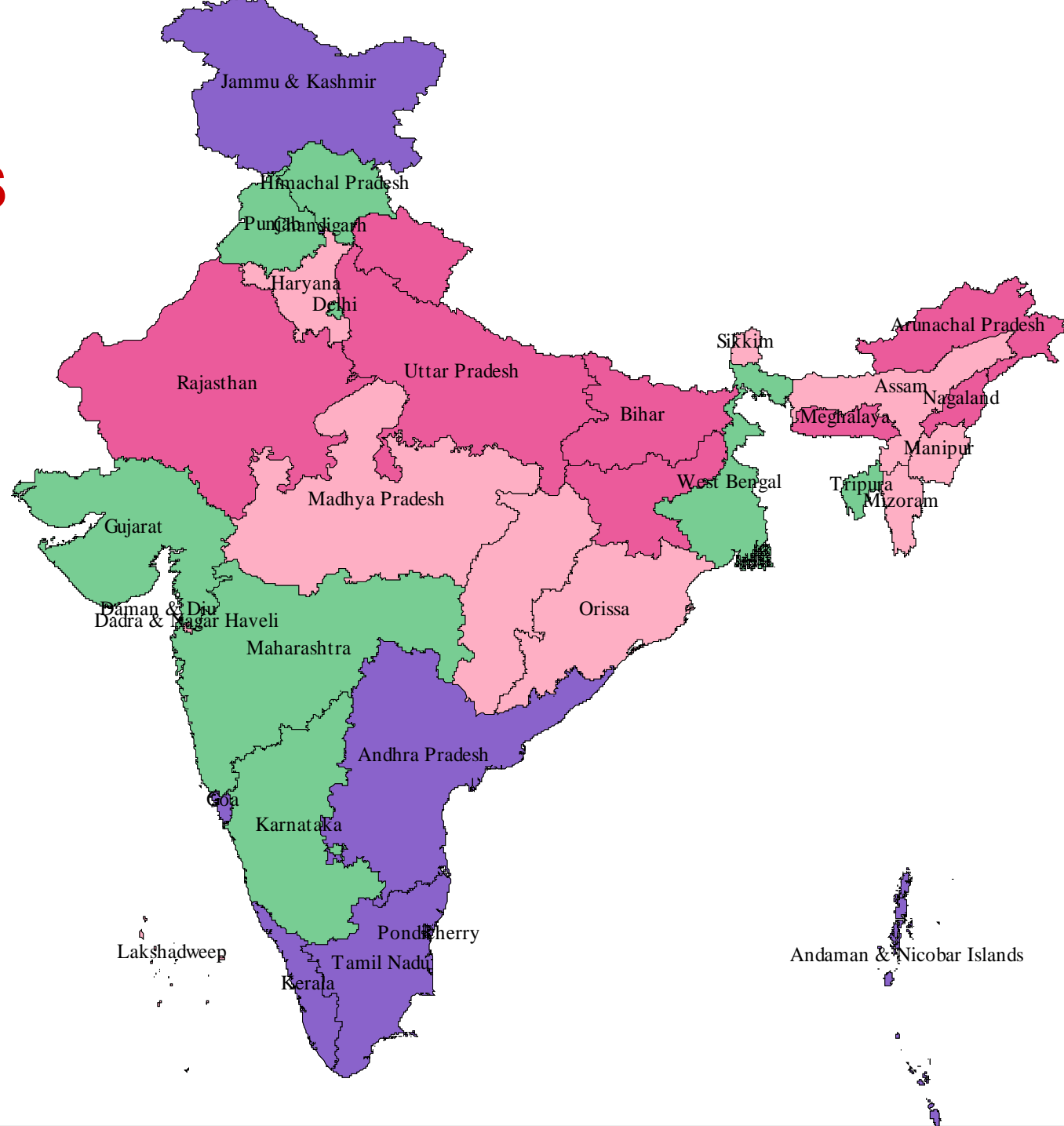
# INTERSTATE DIFFERENCES IN INFANT MORTALITY



# INTERSTATE DIFFERENCES IN NUTRITIONAL STATUS



# INTERSTATE DIFFERENCES IN BIRTH OF BIRTH ORDER THREE OR ABOVE



# Indian constitution

The state shall regard raising the level of nutrition and improvement in public health among its primary duties.

There are massive interstate differences in the availability, awareness, access to and utilisation of health and nutrition care and consequently health and nutritional status of the population

Health and nutrition are state subjects; state could plan & implement appropriate programmes for improvement

# Role of the centre

- Evolves norms for infrastructure, manpower especially for primary health care
- Assists the states financially to implement public health programmes through centrally sponsored schemes
- In the concurrent subject of family welfare, centre provides funds for infrastructure, manpower, drugs, vaccines, devices and consumables for providing MCH & contraceptive care

# **National Health Policy (1983)**

Health care is an essential social service  
Provide free health care to all in Govt institutions  
Access to health care for all by 2000

## **Eighth Plan**

Health for all with focus on reducing inter-district disparities & improving access for under privileged segments

Census 1991 showed that within the states there are large interdistrict differences in health indices.

In Kerala there are districts where IMR (Idikki) and CBR (Mallapuram) are higher than national levels.

There are districts in UP with IMR (Almora) and CBR (Kanpur -Urban) lower than national levels.

District should be unit for planning, implementation and monitoring of Health & Family welfare programmes



# **73rd constitutional amendment**

Brought into fore the third tier of government  
– Panchayati raj institutions

Health and nutrition are among the subjects allocated to PRI

There are huge differences between states in devolution of power, funds and responsibilities to PRI

# Recommendations of NDC Committee on Population(1993)

- Decentralised area specific planning based on the need assessment (CNAA -RCH)
- Providing special assistance to poorly performing states/districts to minimise the inter and intra-state differences in performance (Social safety net for backward districts chosen on the basis of census)
- Creation of state/ district level databases evaluating quality, coverage and impact of the programme (state NFHS; District level household survey )

# **Reduction in fertility, mortality and population growth rate are major objectives of the 10<sup>th</sup> Plan**

The Tenth Plan proposes to fully meet all the felt needs for FW services and enable families to achieve their reproductive goals.

The families whose needs are met can and will ensure that the national goal of rapid population stabilization is achieved

# **10th Plan envisaged it is essential to:**

- Undertake realistic district based decentralised area-specific microplanning tailored to meet the local needs.
- Reduce the inter and intra-state differences by replicating the strategies used by better performing districts to improve the situation
- Involve Panchayati Raj institutions in microplanning and monitoring at local level for effective implementation of programme & ensuring community participation.
- Achieve incremental improvement in performance in all districts.

# RCH Data base at district level

## It is an enabling tool for

- Transformation of decentralized district-based planning for RCH programme from policy & plan to action
- Drawing up district action plans which are evidence-based and rational
- Optimal utilisation of available inputs to implement the action plan
- Bring about intersectoral convergence, especially between FW, health and ICDS

# RCH DATA BASE AT DISTRICT LEVEL

## It is an enabling tool

- For improving quality of service reporting so that service reporting provides dependable & sustainable data base for district based planning and monitoring of progress
- Serves as **interim** inbuilt evaluation of process and impact of programme so that there is evidence based midcourse correction to improve implementation of the programme at district level

<b>Fertility &amp; mortality</b>	<b>Araria</b>	<b>Hyd'bad</b>
<b>Mean No. of children</b>	<b>4.91</b>	<b>3.51</b>
<b>Crude birth rate (CBR)</b>	<b>29.1</b>	<b>14.8</b>
<b>Total fertility rate (TFR)</b>	<b>4.03</b>	<b>1.56</b>
<b>Birth order 3 and above</b>	<b>56.9</b>	<b>26.7</b>
<b>Crude death rate (CDR)</b>	<b>7.5</b>	<b>3.0</b>
<b>Infant mortality rate (IMR)</b>	<b>70.0</b>	<b>37.1</b>

**Araria is still has high fertility & mortality .  
Access to health care has to be improved.**

# Strategy to meet all the felt needs for contraception would include:

## *In all districts*

- ❖ Improve access to services to ensure effective implementation
- ❖ Counselling and balanced presentation of advantages and disadvantages of all available methods of contraception to enable the family to make the right choice
- ❖ Good quality services in the vicinity of their residence
- ❖ Good follow up care

## *In states/districts where birth order 3 or more is > 50% of births*

- ❖ Ensure ready access to tubectomy/vasectomy by sending, if necessary doctors from CHCs/District hospitals to PHC/CHC on fixed days

## *In states/districts where birth order 2 or less is < 50% of the births*

- ❖ Meet the unmet needs for spacing methods on a priority basis and also terminal methods.



<b>Current use of FPmethods</b>	<b>Araria</b>	<b>Hydbad</b>
<b>Any modern method</b>	<b>25.5</b>	<b>56.5</b>
<b>Female sterilization</b>	<b>22.2</b>	<b>53.0</b>
<b>Male sterilization</b>	<b>0.2</b>	<b>0.9</b>
<b>IUD</b>	<b>0.1</b>	<b>1.0</b>
<b>Pills</b>	<b>2.0</b>	<b>0.9</b>
<b>Condom</b>	<b>0.9</b>	<b>0.6</b>
<b>Unmet need for Limiting</b>	<b>19.7</b>	<b>10.9</b>
<b>Unmet need for Spacing</b>	<b>4.5</b>	<b>0.8</b>

**Improving access to good quality sterilisation services is priority in Araria. Why is use& unmet need for spacing method so low in Hyderabad?**

# ANTENATAL CARE

*In all districts:*

- ❖ awareness generation so that the population ensure universal screening of pregnant women; identification of women with problem;
- ❖ manage/ refer to appropriate institution for care;
- ❖ 100% coverage for Tetanus toxoid
- ❖ screening for & treatment of anaemia ;
- ❖ provide information on
  - nearest PHC where women with problems can seek doctor's advice,
  - nearest FRU with obstetricians and facilities where women with obstetric emergency can seek admission
  - how to access emergency transport system .

# Antenatal care

## Focus in better performing districts:

- ❖ Improve content and quality of ANC
- ❖ Early identification of women with any antenatal problem through universal screening by ANMs,
- ❖ Refer those with problems to PHC/ FRU for care.

## Focus in poorly performing districts:

- Improve awareness about need for antenatal care & danger signals in pregnancy,
- Improve AN screening by ANM at least 3 times in pregnancy,
- Build up system of RCH camps in PHC/ CHC on specific days when doctors/ specialists available to examine & treat/refer women with problems /referral

<b>Antenatal care</b>	<b>Araria</b>	<b>Hyder</b>
<b>No Antenatal check-up</b>	<b>65.8</b>	<b>1.4</b>
<b>Any Antenatal check-up</b>	<b>34.2</b>	<b>98.6</b>
<b>3or&gt; Antenatal checkup</b>	<b>12.0</b>	<b>95.9</b>
<b>Antenatal at home</b>	<b>0.6</b>	<b>0.0</b>

**ANC is not done at home**

**Araria - improve coverage under ANC ;  
Hyderabad -improve content & quality of ANC.  
It is possible to screen for anaemia by Hb  
estimation in the community and refer  
anaemic women for treatment to PHC .**

# DELIVERY CARE

## In all districts

- ❖ Identify women with complications early, through AN check up and refer them to appropriate institution for safe delivery.

## In districts with low institutional delivery

- screen all women late in pregnancy; ensure that those with complications deliver in institutions
- train traditional birth attendants (TBAs) in clean delivery
- train TBAs to identify and refer women with problems during labour to hospitals; ensure that referrals are honoured
- build up community support for improving early rapid transport of women with problems to FRU

## In districts with high institutional delivery

- ❖ improve quality of services available;
- ❖ address problems & needs of women in labour seeking institutional deliveries;
- ❖ aim at 100% institutional delivery; institutions to be people friendly
- ❖ medical audit to monitor improvement in quality of care

<b>Delivery care</b>	<b>Araria</b>	<b>Hyd'bad</b>
<b>Institutional delivery</b>		
In Govt health facility	<b>1.8</b>	<b>36.6</b>
In private health facility	<b>7.3</b>	<b>56.1</b>
<b>Safe delivery</b>	<b>20.6</b>	<b>96.7</b>

**Araria screen women and ensure at least high risk women deliver in hospitals**

**Can AWW weigh neonates at birth in home deliveries and refer those <2.2.kg**

**In Hyderabad improve quality of intrapartum and neonatal care**

# Strategies for improving child health

## *For all districts*

### **At Birth**

- ❖ Essential new born care
- ❖ Weighment at birth and referral for preterm babies and neonates weighing less than 2.2 kg

### **Nutrition Interventions**

- Promote exclusive breast-feeding upto 6 months
- Introduce semi-solid supplements at 6<sup>th</sup> month
- Screen all children to identify those with severe grades of under-nutrition and treat them
- Administer massive dose of vitamin A supplements as per schedule
- Administer iron-folate supplements if needed

# Strategies for improving child health

## *In all districts*

### Health Interventions

- ❖ Universal immunisation against the 6 vaccine-preventable diseases
- ❖ Early detection and management of ARI & diarrhoea

## *In districts with high NNMR*

- Focus on improving antenatal, intranatal and neonatal care

## *In districts with high IMR*

- Focus on improving diagnosis and treatment of ARI/diarrhoea and other infections



<b>Immunisation</b>	<b>Araria</b>	<b>Hyd'bad</b>
<b>BCG</b>	<b>45.2</b>	<b>97.0</b>
<b>DPT (Three injections)</b>	<b>31.8</b>	<b>84.2</b>
<b>Polio (Three doses)</b>	<b>31.0</b>	<b>88.3</b>
<b>Measles</b>	<b>21.5</b>	<b>77.5</b>
<b>Full immunization</b>	<b>19.8</b>	<b>68.5</b>

**Araria need to improve coverage under every dose**

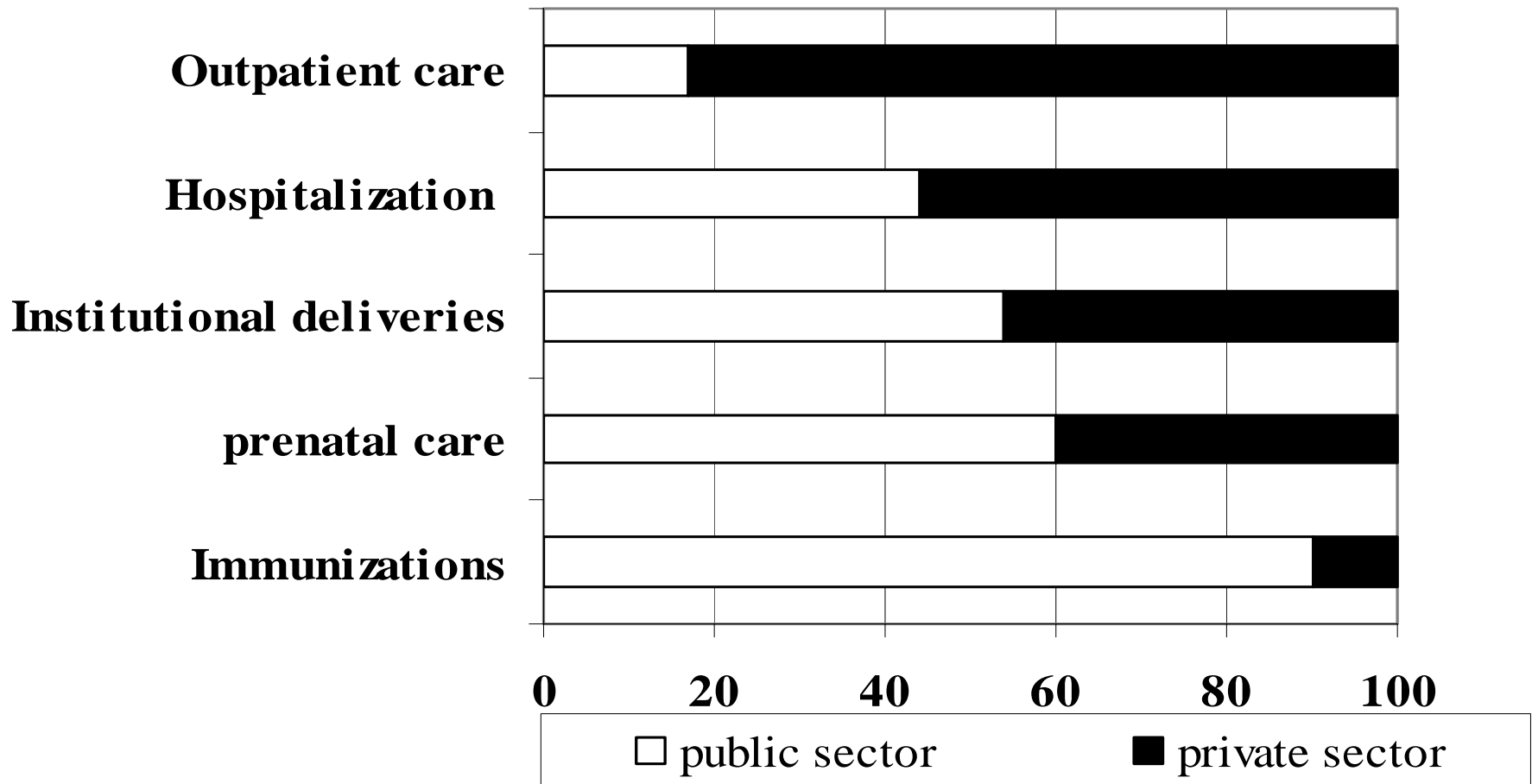
**Hyderabad : improve timely coverage to achieve universal immunisation**

<b>Childhood illnesses</b>	<b>Araria</b>	<b>Hyd'bad</b>
<b>Aware of diarrhoea</b>	<b>59.3</b>	<b>74.2</b>
<b>Had diarrhoea</b>	<b>7.4</b>	<b>4.5</b>
<b>Given ORS to children with diarrhoea</b>	<b>0.0</b>	<b>59.1</b>
<b>Aware of danger signs of pneumonia</b>	<b>14.6</b>	<b>67.0</b>
<b>Sought treatment of children with pneumonia</b>	<b>64.0</b>	<b>100.0</b>

**Araria improve access to ORS and treatment of ARI**

**Hyderabad improve quality of care**

# Public and Private Sector Shares in Service Delivery



Source: NCAER-Who Benefits from Public Health Spending in India and NSSO - 52nd Round

# 10th Five Year Plan

- Continued commitment to provide essential primary health care, emergency life saving services, services under the National Disease Control Programmes and the National Family Welfare Programme totally free of cost to individuals based on their needs & not on ability to pay
- Ensure sustained funding for public health programmes
- Evolve, test and implement suitable strategies for levying user charges for health care services from people above poverty line, while providing free service to people below poverty line; utilise the collected funds locally to improve quality of care.
- Evolve mechanism to improve quality of care at affordable cost; Evolve, implement and evaluate quality and cost of care norms in different settings

# Opportunities and challenges

- **Districts with poor indices have about 45% of the population;**
- **they contribute to 55% of population growth , 60% of under nutrition, and mortality**
- **Rapid reduction in fertility, morbidity and mortality in these districts are possible by improving access to simple , well tested and cost effective interventions**
- **Centre and other states can assist in capacity building for improving access to health care.**
- **This will enable the country achieve the goals set in NPP 2000, NHP 2002 & Tenth Plan**



**THANK YOU**