

HEALTH

10.34 There has been improvement in the quality of health care over the years, but much more needs

to be done (Table 10.11). With a growing private sector, the public sector has focused on additional investments for enabling the existing health

Table 10.11 : India — Selected health indicators

Sl. No.	Parameter	1981	1991	Current level
1.	Crude Birth Rate (CBR) (Per 1000 Population)	33.9	29.5	23.1 (2007)
2.	Crude Death Rate (CDR)(Per 1000 Population)	12.5	9.8	7.4 (2007)
3.	Total Fertility Rate (TFR)(Per women)	4.5	3.6	2.8 (2006)
4.	Maternal Mortality Rate (MMR) (Per 100,000 live births)	NA	NA	254 (2001-04)
5.	Infant Mortality Rate (IMR)(Per 1000 live births)	110	80	55 (2007)
6.	Child (0-4 years) Mortality Rate per 1000 children	41.2	26.5	17.0 (2006)
7.	Life Expectancy at Birth:	(1981-85)	(1989-93)	(2002-06)
	Male	55.4	59.0	62.6
	Female	55.7	59.7	64.2

Source : Office of Registrar General India.

NA : Not Available.

infrastructure to be more optimally utilized. Course corrections have also been sought to be made for architecturally correcting primary health care infrastructure, promoting tertiary care and addressing both communicable and non-communicable diseases with greater focus.

National Rural Health Mission

10.35 NRHM was launched on April 12, 2005, to provide accessible, affordable and accountable quality health services to the poorest households in the remotest rural regions. Allocation has been increased to Rs. 12,070 crore in interim budget for 2009-10 compared to Rs. 12,050 crore in 2008-09.

10.36 NRHM is being operationalized throughout the country, with special focus on 18 states which includes 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttarakhand, Orissa and Rajasthan), 8 NE states, Himachal Pradesh and Jammu & Kashmir. The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. It also aims at bridging the gap in rural health care services through the creation of a cadre of Accredited Social Health Activists (ASHA) and improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. NRHM further aims to provide overarching umbrella to the existing programmes of health and family welfare including RCH-II, malaria, blindness, iodine deficiency, filaria, kala-azar, tuberculosis, leprosy and for integrated disease surveillance. Further, it addresses the issue

of health in the context of sector-wide approach towards sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health in order to have greater convergence among the related social sector departments i.e. AYUSH, Women & Child Development, Sanitation, Elementary Education, Panchayati Raj and Rural Development. The mission further seeks to build greater ownership of the programme among the community through involvement of Panchayati Raj Institutions, NGOs and other stakeholders at national, state, district and sub-district levels to achieve the goals of National Population Policy 2000 and National Health Policy. The expected outcomes of the mission include reduction of IMR to below 30/1000 live births, MMR to below 100/100,000 live births & TFR to 2.1 by 2012 (Box 10.3).

Strengthening of primary health infrastructure & improving service delivery

10.37 There has been a steady increase in health care infrastructure available over the plan period as per the Bulletin on Rural Health Statistics in India 2007 as on March 2007 (Table 10.12). However, there is a shortage of 20,855 sub-centres (SCs), 4,833 primary health centres (PHCs) and 2,525 community health centres (CHCs) as per 2001 population norm.

Table 10.12 : Health care infrastructure

	2008
SC/PHC/CHC*(March 2007)	1,71,687
Dispensaries and hospitals (all) (April 1, 2008)**	33,855
Nursing personnel (2008)**	15,72,363
Doctors (modern system) (2008)**	84,852

* RHS : Rural Health Statistics in India 2007.

** National Health Profile, 2008.

Box 10.3 : Achievements of the National Rural Health Mission

- 6.49 lakh ASHAs and link workers have been selected up to December 2008 out of which 5.63 lakh have been given orientation training.
- 4.12 ASHAs have drug kits.
- In all the States, ASHAs/link workers have facilitated the households' links with the health facilities.
- 3,42,801 VH&SCs are already functional.
- Operationalization of 3.02 lakh joint bank accounts of ANM and Gram Pradhan at the level of subcentre & VH & SC for untied funds have been reported up to December 2008.
- ANMs are playing an important role in the organization of monthly Village Health and Nutrition Days (VHNDs) and nearly 116.8 lakh such days have been organized in the last three years.
- 33,719 ANMs have been appointed on contract so far and 25,743 sub-centres are reporting 2 ANMs.
- Operationalization of 23,100 Rogi Kalyan Samitis at various levels have been reported up to December 2008
- Strengthening of the PHCs for 24 x 7 services is a priority of the NRHM. Of the 22,370 PHCs in the country, only 1,263 of them were working 24 x 7 on March 31, 2005 (before the NRHM). The number of 24 x 7 PHCs today, as reported by the states is 7,212 signifying a big leap forward in getting patients to the government system.
- 5,622 PHCs have three nurses
- Over 159.92 lakh women have been brought under the Janani Suraksha Yojana for institutional deliveries in the last three years.
- So far, 8,645 other paramedics have been appointed on contract.
- 9,073 doctors, 1,875 specialists, 20,977 staff nurses have been appointed on contract in the states so far, reducing the human resource gaps in many institutions.
- 2,698 CHCs have completed their Facility Surveys and 700 their physical upgradation so far.
- Indian Public Health (IPH) Standards have been finalized and a first grant of Rs. 20 lakh was made available to all the district hospitals of the country to improve their basic services, given the increased patient load due to JSY and other programmes.
- State level societies have merged in 34 states/UTs and 554 districts so far.
- Project Management Units have been set up in 576 district and 3,474 blocks of 34 states.
- IPA Standards developed for eight different level of public institutions in health, provide a basis for all programmes in the health sector.
- Most states have completed the Facility Surveys up to CHCs.
- So far, 243 Mobile Medical Units are operational in the states.

Further, almost 34 per cent of the existing health infrastructure is in rented buildings. Poor upkeep and maintenance, and high absenteeism of manpower in rural areas are the main problems in the health delivery system in public sector. NRHM seeks to strengthen the public health delivery system at all levels.

Janani Suraksha Yojana

10.38 The Janani Suraksha Yojana (JSY) is a 100 per cent Centrally-sponsored scheme and it integrates cash assistance with delivery and post-delivery care. The scheme was launched with focus on demand promotion for institutional deliveries in states and regions where these are low. It targeted lowering of MMR by ensuring that deliveries were conducted by the skilled birth attendants at every birth. The Yojana has identified ASHA, the accredited social health activist, as an effective link between the Government and the poor pregnant women in 10 low performing states. In other eligible States and

UTs, wherever, AWW and TBAs or ASHA like activist has been engaged for this purpose, she can be associated with this Yojana for providing the services.

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)

10.39 PMSSY was initially started in March 2006 with the objective of correcting regional imbalances in the availability of affordable and reliable tertiary health care services and to also augment facilities for quality medical education in the country. PMSSY has two components in its first phase: (i) Setting up of six AIIMS-like institutions, and (ii) upgradation of 13 existing government medical college institutions. Construction of residential complexes at all sites of AIIMS-like institutions has started.

National AIDS control programme

10.40 It was estimated that there were 2.31 million persons living with HIV/AIDS (PLHA) in India in 2007. While the prevalence of HIV in general population is

estimated to be 0.34 per cent (Sentinel Surveillance 2007), it is much higher in high risk groups like female sex workers (FSW), men having sex with men (MSM) and injectable drug users (IDU). Migrants and truckers are also vulnerable to HIV/AIDS. About 87 per cent of HIV transmission is through sexual route. Mother to child transmission, intravenous transmission amongst IDU and unsafe blood transfusion account for the remaining 13 per cent of the transmission. Based on Sentinel Surveillance, 156 districts have been identified as category A districts where prevalence of HIV amongst ANC attendees (proxy for general population) is greater than 1 per cent. In addition, 39 districts are category B districts where prevalence amongst high risk population is greater than 5 per cent. These districts are given high priority in the implementation of the programme. The National AIDS Control Programme Phase-III (NACP-III) is being implemented for the period 2007-12 with an investment of Rs. 11,585 crore. During the financial year 2008-09, out of a budgetary provision of Rs. 1,123 crore, Rs. 1,037 crore was spent. Major achievements during 2008-09 include scaling up targeted interventions for high risk groups to 1,271, counseling and HIV testing, 101 lakh persons of which 41.5 lakh were pregnant women and providing ARV treatment to more than 2.17 lakh patients. New strategies that were initiated during the year include setting up the District AIDS Prevention and Control Unit (DAPCU), scheme of link workers in rural areas of category A&B districts, collaboration with NRHM and other National Health Programmes, public-private partnership for treatment

of sexually transmitted infections and setting up link ART centres to facilitate ARV drug dispensing. Red Ribbon express and media campaigns across the country to make public aware about prevention of HIV/AIDS are other initiatives.

10.41 In addition to strengthening the health delivery system under NRHM and related programmes, several other programmes in the area of health which are being implemented in the country have also been strengthened. These include the Universal Immunization Programme, National Vector Borne Disease Control Programme, etc.

Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy

10.42 Under AYUSH, there is a network of 3,360 hospitals and 21,769 dispensaries across the country. The health services provided by this network largely focused on primary health care. The sector has a marginal presence in secondary and tertiary health care. In the private and not-for-profit sector, there are several thousand AYUSH clinics and around 250 hospitals and nursing homes for in-patient care and specialized therapies like Panchkarma. The key interventions and strategies in the Eleventh Five Year Plan include training for AYUSH personnel, mainstreaming the system of AYUSH in National Health Care Delivery System, strengthening regulatory mechanism for ensuring quality control, R&D and processing technology involving accredited laboratories in the Government and non-government sector apart from establishing centres of excellence.