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Health Service System in Uttarakhand: Two Decadal Analyses

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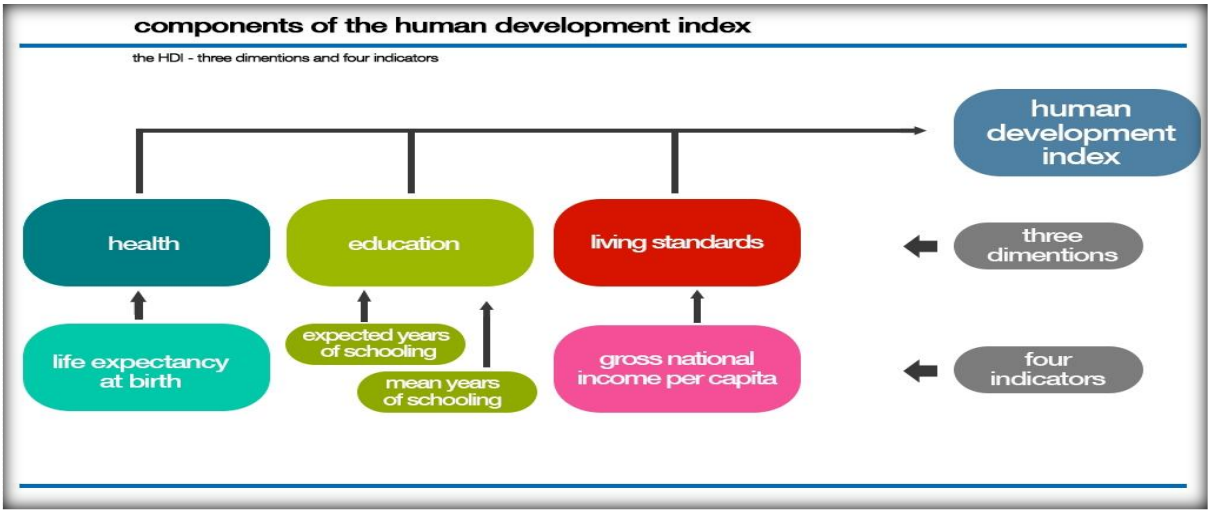
Abstract
Human Development Index is a composite index to measure the development of human resources in each country and there lies four indicators and life expectancy is one of them. This paper presents a snapshot view of the prevailing health scenario in the state as well as the thirteen districts based on the household survey of the HDR 2017 and trainsits focus on indicators capturing maternal health,child health, per capita health expenditures and the utilization of health facilities for short and long term illnesses. This article reviews health care system in the State of Uttarakhand. Data is mostly taken from official government websites, books and other research works till date. We used the content analysis method in this case study. The objective of the presented research paper is to Study health service system in Uttarakhand and also improvement in HDI, as it is calculated by the geometric mean (equally-weighted) of life expectancy, education, and GNI per capita. The findings of the study highlights the disparities between the hills and the plains as well as rural-urban areas
Keywords: *Human Development index, human resources, health expenditure, geometric mean, disparities*

I. Introduction

Health is one of three basic and important tenets of human development and it is used while calculating the human development index (HDI). The access to and availability of healthcare facilities is an important enabling factor and determinant of advances in human capabilities as well as human development. Under the Sustainable Development Goals (SDGs), the significance of health is captured in Goal-3 which calls for ensuring good health and well-being of the residents. Safeguarding the health and well-being of individuals of all ages is the foundation of sustainable development because morbidity as well as mortality have far reaching impacts on not just economic advancement but on human capabilities and development too. In the Indian context and more specifically, on the account of Uttarakhand, with its regional disparities of hills and plains, the status of the health of its residents and the hindrances in the successful attainment become absolute important when studying and analyzing human development for the state.[1]

Human Development Index

The human development concept was evolved by economist Mahbub ul Haq. Working with Amartya Sen and others in 1990 Dr. Haq published the first Human Development Report, which had been commissioned by the United Nations Development Program (UNDP). The human development model stressed on everyday experience of ordinary people, including the social, psychological, cultural, economic, environmental and political processes. The Human Development Index has become widely used indices of wellbeing in modern world and has succeeded in well-being beyond the important but nonetheless slim confines of profits.[2]



Health Objectives

The development objective of the Uttarakhand Health Systems is to improve access to quality health services, particularly in the hilly districts of the state, and also expand health financial risk protection for the residents of Uttarakhand. It consists of two components. The first component, Innovations in private sector will enhance finance engagement in the delivery of health care services, as well as in health care financing. This component will expand access to technology-enabled health system, availability of primary care, emergency care, and necessary referral services. Second component will focus on strengthening the institutional structures for service delivery and increasing in the state's human resource capacity, so that the necessary skill sets required for implementation of the state's health programs are available.[3]

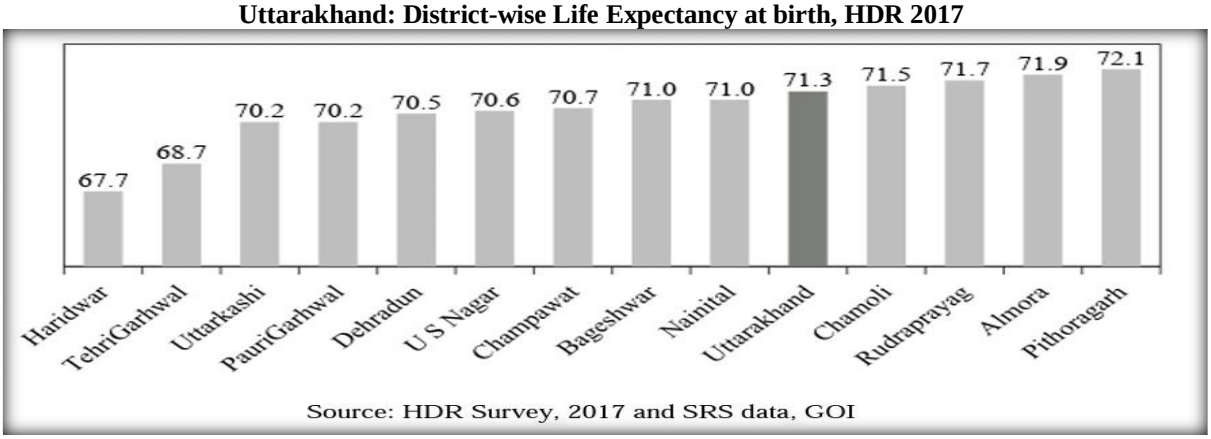
Health in the state of Uttarakhand:A Statistical outlook

Life Expectancy at Birth To capture the probability of leading along and healthy life for the populace, the life expectancy at birth isuse data measure of the realized achievements in the health aspect. The life expectancy at birth is calculated as "the number of years a new born infant could expect to live if prevailing patterns of age-specific mortality rates at the time of birth were to stay the same through out the child's life."

The figures for life expectancy at birth in the Indian context has been taken from the Sample Registration System (SRS). The available SRS data (2012-16) estimates the life expectancy at birth for Uttarakhand to be 71.5years, which was higher that the AllI ndia figure of 68.5years. Female in the state show higher life expectancy at 74.8 years than male at 68.5years.The female and male life expectancy rate for Uttarakhand was also higher than the all India figures of 70.2 and 67.4 years. In urban areas, life expectancy was marginally higher (72.9years) compared to rural areas (71 years).[4]

The higher life expectancy rates in Uttarakhand can be taken to reflect the functioning of health facilities in the state as life expectancy at birth which depends on age-specific fatality rate. In the state, low rates of child and adult mortality could be the reason for high rates of life expectancy but there is still miles to go to attaining for all. According to SRS data (2012-16), the infant, child and adult mortality rates of the state were lower than all India including male and female.[5]

Uttarakhand: District-wise Life Expectancy at birth, HDR 2017

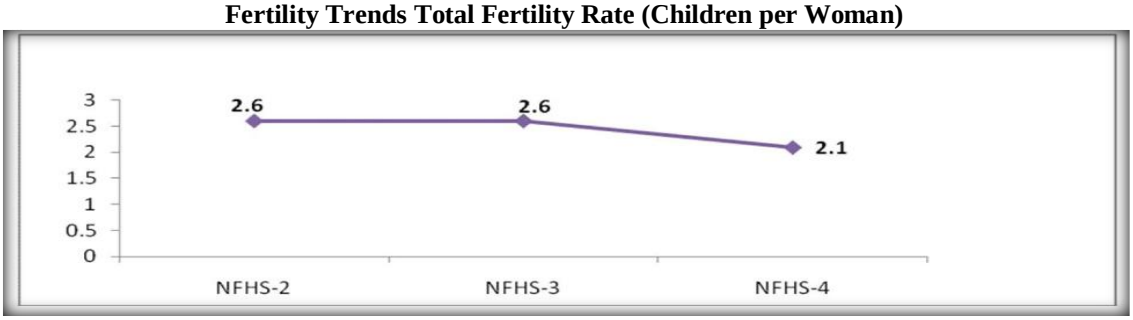


Statistics after calculation using the Uttarakhand HDR Survey and SRS data, life expectancy at birth in the state was found to be 71.5 years in 2017. Inter-district variations in the same were also observed. Of the thirteen districts in the state, only four districts had life expectancy rates above the state average of 71.5years, Pithoragarh Shows the highest life expectancy at 72.1 years.The leftover nine districts had life expectancy rates below the state average. Haridwar is at the bottom with 67.7years.[6]

Fertility and Mortality Trends in Uttarakhand

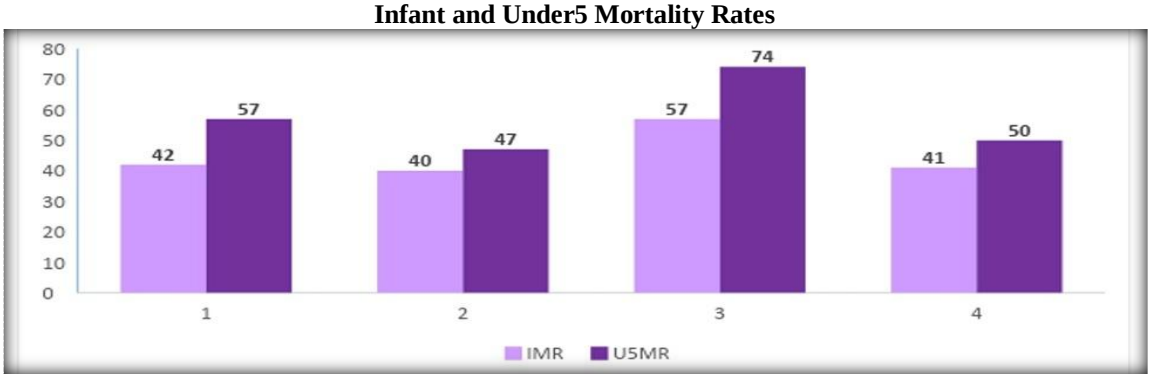
Demographic indicators like fertility and mortality have a direct bearing on maternal and child health outcomes. Data from various NFHS (1998-99 and 2005-06) Rounds indicates that in Uttarakhand, the Total Fertility Rate (TFR) reported a decline to a value of 2.1 from 2.6 in 2015-16.[7]

Fertility Trends Total Fertility Rate (Children per Woman)



The under-five mortality rate (U5MR) has shown a higher decline from 56 to 47 overthe very decade. Albeit thestateisfar better than the All India figures for the U5MR over the considered period, still more to be done to cut down the infant and under five mortality rates in the state.

Infant and Under5 Mortality Rates



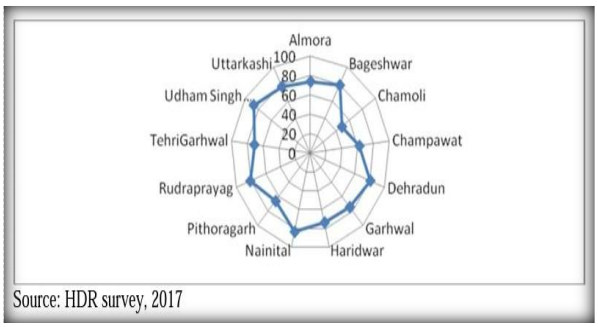
Maternal and Child Health (MCH)

Improving the health and well-being of mother and children is a development imperative for any state striving for human development. A healthy mother is a guarantee for a healthy child. A child also needs a healthy mother because mother is the primary care giver for her children. Maternal and child health parameters are governed by factors such as access, a vailability and utilization of healthcare services, especially during pregnancy, at the time of birth and immunization.

Indicator	2005-06	2009		2012		2015-16	
	Total	Rural	Total	Rural	Total	Rural	Total
Antenatal care*							
Received at least 3 ANC checkups	-	46.7	54.8	52.6	58.9	-	-
Received at least 4 ANC checkups	34.9	-	-	-	-	25.7	30.9
Consumed IFA tablets/ syrups for 100+ days	16.4	13.3	19.4	18.4	21.4	23.8	24.9
Births protected against neonatal tetanus†	68.5	82.2	84.9	-	-	90.4	91.4
Births*							
Institutional deliveries	32.6	45	53.5	52.1	58.3	63.7	68.6
Institutional deliveries at public institutions	48.2	72	62.2	71.4	64.8	69.9	63.8
Immunizations (for children 12-23 months old)							
Received at least 1 doze of vit A in past 6 months‡	12.8	-	59.6	56.3	57.1	36.9	36.9
No vaccinations received	-	9.7	9.1	5.2	4.9	-	-
Fully immunized §	60	70.3	71.5	78.1	79.6	58.2	57.7
Partially or fully immunized children who received most vaccinations in a public facility ||	81.7	95.3	87	-	-	92.4	91
* For births occurring 12 months preceding the survey or in 2011 (AHS) † Includes mothers who received at least two injections during the pregnancy of her last birth ‡ For children 6-35 months old for 2012, 9-59 months old for 2005-06, 2015-16 § BCG, measles, and 3 doses each of polio and DPT || Govt. / municipal hospital, PHC, CHC, sub centre or anganwadi centre							
Sources: National Family Health Surveys III (2005-06), IV (2015-16) [10]; UNICEF CES-2009 [11], AHS 2012 [12].							

Health indicators and outcomes in Uttarakhand, 2005-16

In the state of Uttarakhand, Chamoli had the highest proportion of home deliveries in the state where in one in every two babies in this districtis born at home (52.1%). Maternal and child healthare integral as human development imperatives and outcomes. Also Place of birth has an important bearing on maternal and child survival.[8]



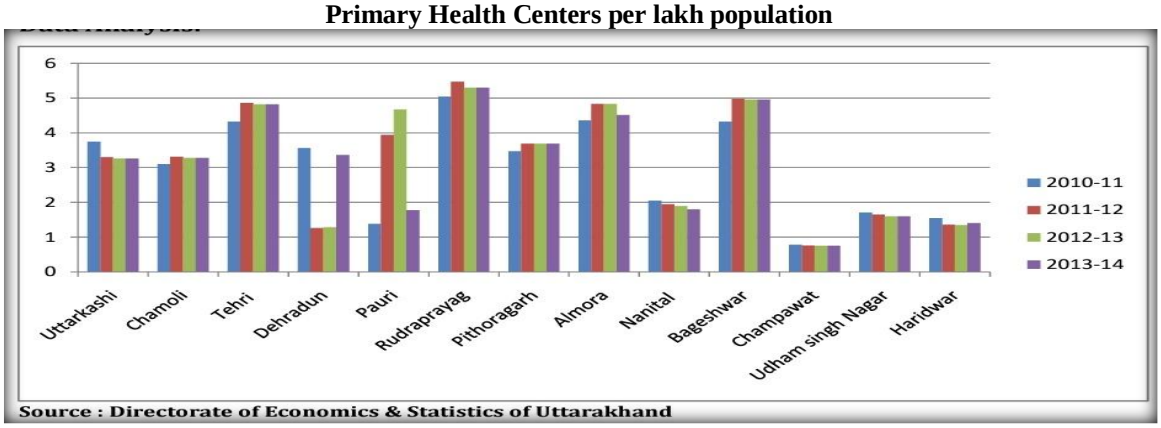
Source: HDR survey, 2017

Per Capita Expenditure on Health Care

The healthcare expenditures incurred by households include out of pocket expenditures and pre payments for various medical services such as out-patientcare, hospitalization, surgeries and medicines, many of which are not covered by any health security finance schemes. Out of pocket expenses (OOPE) for health purposes have a debilitating effect on the economic well-being of the downtrodden. The HDR 2017 data reports that in Uttarakhand, in 2017, per capita expenditure on healthcare including medical costs wasRs. 3740.58 (per annum which was 9.4 percent of total familial expenditure.[9]

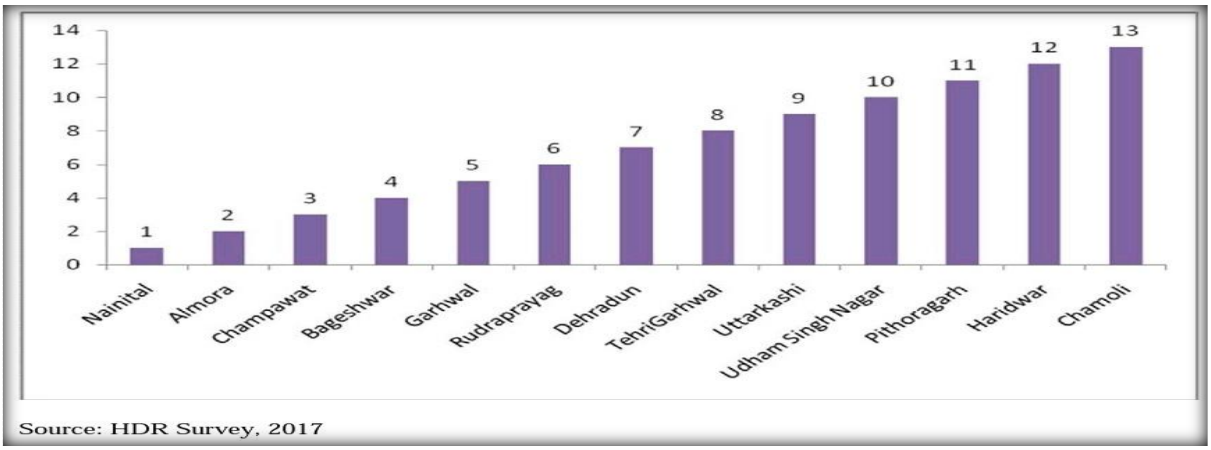
Annual per capita expenditures on services were state has minimal in the rural and urban households of the hill districts of Champawat and Rudraprayag largely because of inadequate health infrastructure in these regions.

Primary Health Centers per lakh population



This graph shows the number of primary hospitals per lakh population in rural areas of each district of Uttarakhand. The number of hospital in Uttarkashi, dehradun, nanital, udham Singh nagar, Champawat and haridwar heightened during the years 2010-11. Rudraprayag is the only district having highest number of hospitals during 2011-12.[10]

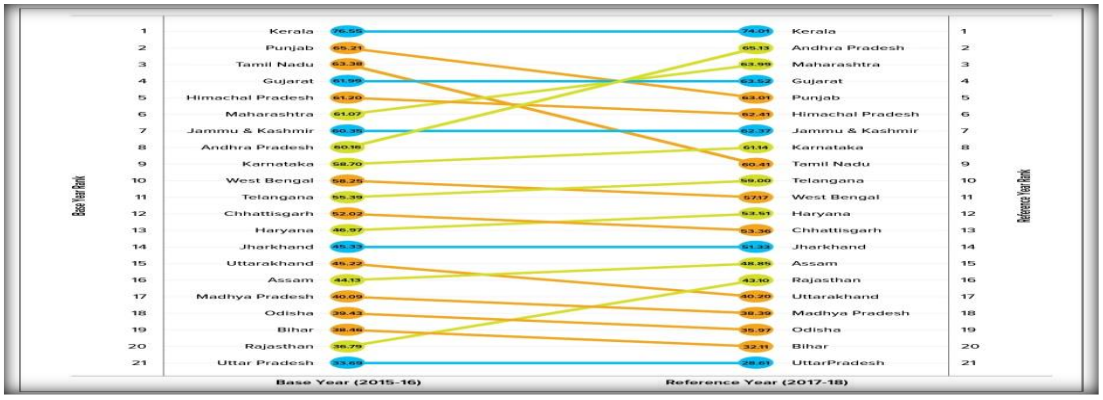
The Health Index



Health is a crucial component in determining human development. Using multiple indicators, we have attempted to assess the overall health condition in Uttarakhand by calculating a health status index. Districts with ranks1, 2and 3 include Nanital, Almora and Champawat having the maximum geometric mean. Chamoli, Haridwar and Pithoragarh were the districts with the minimal value for the health index.[11]

Healthy States Progressive India Report by NITI Aayog (2019)

This report ranked Uttarakhand among the least performing States with 5 others: Uttar Pradesh, Bihar, Odisha, Madhya Pradesh, and Rajasthan. Uttarakhand categorized as not improved state in incremental performance calculation. Following figure shows the decline in the rankings of Uttarakhand in healthcare by two.[12]



Uttarakhand Vision for SDG 3

By 2030, good health and well-being will be ensured for all citizens of the state by attaining robust child and maternal health, reduction or elimination of communicable and non-communicable diseases as well as expansion of healthcare services.[13]

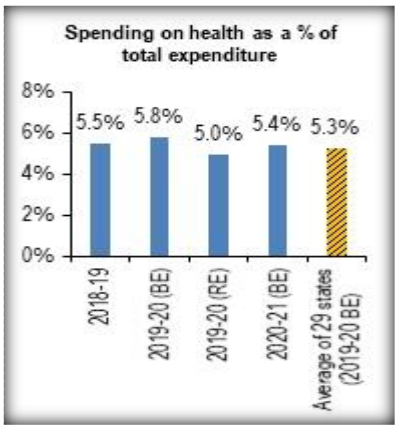
Focus for Tomorrow

• To reduce maternal mortality and child mortality.
• To reduce the incidence of communicable dis eases such as TB and malaria.
• To tackle the incidence non-communicable disease with the help of alternative medicines such as ayurveda, yoga, homeopathy, naturopality, unani, Siddha etc. (AYUSH)
• To increase universal health coverage an reflected in Antenatal Care, Post-natal Care. share of institutional delivery, etc.
• plug the gaps between the health services personnel requirement and availability

Uttarakhand Budget Analysis 2020-21: Allocation to health sector

The Gross State Domestic Product of Uttarakhand for 2020-21 (at current prices) is projected to be Rs 2,93,488 crore. This shows 9.5% increase over the revised estimate for 2019-20.
In 2020-21, the sector of Health and Family Welfare (29%) saw the highest increase in allocations over the revised estimate of previous year (fig.1).

Fig.1



Committed Expenditure for the state in 2020-21 (in Rs crore)

Social Welfare and Nutrition	1,971	2,599	2,136	2,750	29%	• Rs 505 crore has been allocated towards the Integrated Child Development Scheme.
Health and Family Welfare	2,096	2,643	2,082	2,680	29%	• Rs 381 crore has been allocated for the National Health Mission. • Rs 100 crore have been allocated for the Atal Ayushman Uttarakhand Yojana.

• Policy Highlights

Approximately Rs 300 crore has been allocated for establishment of medical colleges in Haldwani, Almora and Doon. Mukhyamantri Saubhagyaati Yojana will be started for preventing decline in sex-ratio by providing kits to mothers on birth of a girl child in first delivery. Pension for old-age, dependent widows and disabled to be increased from Rs 1,000 per month to Rs 1,200 per month.[14]

1. Mukhyamatri Swasthya Bima Yojana MSBY, "Chief Minister Health Insurance Scheme ", is a government-run health insurance scheme for the household identified by the Govt. of Uttarakhand. MSBY scheme started from April 1st, 2015. It provides cashless health benefits for hospitalization in public and private hospitals.
MSBY is a State sponsored Health scheme.It covers all the eligible families of Uttarakhand who are not a Govt. employee, Pensioner and an income tax payer.The beneficiary will get an health Insurance of Rs. 50,000/-per family per year.The beneficiary has to pay Rs. 30 as a card cost.

2. Rajya Vyadhi Nidhi- Initiatives For Medical Care To BPL Population:

Uttarakhand State Illness Assistance fund society has been constituted in the chairmanship of Hon'ble Health Minister to provide treatment for below poverty Line population (BPL) for identified for following fatal diseases: Cancer Heart Disease Severe Mental Disorder, Brain-Tumor, H.I.V/ AIDS Total Hip & Knee, Spinal Surgery Major Vascular Surgery Bone-Marrow, Cornea Pasty Kidney Transplantation.

3. U health card

This is the innovative step taken first time by any State government to provide cashless scheme to its employees& pensioners. This service is optional however in due course of time the Government could think of making it mandatory.

Under the following scheme cashless medical facility is provided to Uttarakhand Government Employees/ Pensioners & their dependents on admission in Empaneled Private Hospitals.[15]

For Employees

S.N.	CLASS	GRADE PAY	ANNUALLY CONTRIBUTION
1-	Class I	6600.00 to12000.00	Rs. 5000.00
2-	Class II	4200.00 to 5400.00	Rs. 3500.00
3-	Class III	1900.00 to 2800.00	Rs. 1500.00
4-	Class IV	1800.00 or below	Rs. 700.00

Pensioners

S.N.	PENSION	ANNUALLY CONTRIBUTION
1-	Upto Rs. 6975.00	Rs. 360.00
2-	Rs. 6976-9765.00	Rs. 720.00
3-	Rs. 9766-19845.00	Rs. 1800.00
4-	Rs. 19846 & above	Rs. 2400.00

II. Conclusion

This study sheds light on the challenges Uttarakhand faces in improving access to public health services. Given the concentration and continued movement of the population and resources to the plain districts, the state seems to be confronted with the need to design different programs for plain and hill areas. It is imperative for state and non-state agencies to invest in research that sheds light on the implementation of health program.

Health infrastructure in Uttarakhand suffers from an acute shortage of Primary Health Centres which are the first point of contact for those seeking immediate care. The reason for the worrying indicators can be attributed to the gloomy picture painted by the article about the state's health infrastructure. Almost 70% of the state's primary health centres (PHCs) had no medical officers (worst among all big states) while 68% of the district hospitals did not have specialists (second- worst). Also, it took the government treasury over 109 days to transfer the funds under the National Health Mission to the implementing department. U5MR is still higher than IMR, which indicates immunization coverage and early childhood care are still far to reach to the mark.

Active involvement of the government in the effective implementation of health care programmes, their monitoring and evaluation and ensuring accountability of the stake holders can ensure that healthcare benefits reach all the beneficiaries, especially the most deprived, poor and vulnerable.

III. Recommendations

• As regards public health facilities, there is a need to pay attention towards infrastructural shortage of human resources such as bed strength, and the total number of facilities.
• In order to combat the situation of maternal and child death, presently two Centrally Sponsored Schemes arefunctioning effectively in Uttarakhand, viz., the Pradhan Mantri Swasthya Suraksha Yojana(PMSSY), and theIntegrated Child Development Services (ICDS) for attaining the targets by 2030.
• To ensure safe delivery and reduce delivery-related complications, there is a need to increase the number of delivery facility points that can work round the clock, with a special focus on the rural areas in the state.
• To reduce the burden of non-communicable diseases, there is need to focuson the establishment of District Wellness Centres in all hospitals for achieving early detection, treatment and referral of NCDs.
• It is expected to have good linkages with there ferral facilities below the district levels, that is, Sub-divisional Hospitals (SDHs), CHCs, and PHCs, as well as external institutions run by NGOs and private voluntary health organisations.
• Lack of manpower, institutional and other facilities also play a major role in not achieving the desired results and also Logistic management needs to be improved so that the projects can deliver the desired outcomes.
• To increase number of doctors and health personnel, especially in the hilly districts. Access in the hills is a major challenge and retention of doctors is even more of a hurdle.

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