Institute Of Rural Research & Development

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"SUSTAINABLE DEVELOPMENT by its nature is a work in progress..."

Suri Sehgal

Institute Of Rural Research & Development
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Preventive and Promotive Health To Mitigate Poverty

IDCA
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Health for All….

Healthcare in India is the responsibility of constituent states and territories of India. The Constitution charges every state with "raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties"

- Local governments must ensure health services for rural poor.
- The maternal mortality in India: Second highest in the world
- Births supervised by health professionals: 42%
- Pregnant women (age 15-49) anemic: 88% (UNDP Human Development Report (1997)
- The lack of toilet facilities –a major health risk.
- Estimated around 700,000 Indians die each year from diarrhoea (WHO 2002)

(Source: Healthcare in India, Wikipedia)

EXPENDITURE ON HEALTH CARE (*Source: www.financialexpress.com/... Tuesday, May 24, 2005)*

Absolute per capita expenditure is lower as compared to other developing countries, according to an ICRA (Investment Information and Credit Rating Agency) report on the Indian healthcare sector.

Per capita total expenditure on health is $80 compared to an average of over $220 by developing countries.

India's total expenditure on health is 5.10% of GDP

Per capita spending is around Rs 320 per year with the major input from private households (75%) and 25% by Government, 3rd party insurance, employers, Municipal Corporation & Foreign donors together according to 1995 World Bank study.

HIGH EXPENDITURE ON HEALTH BY INDIAN PEOPLE

- Households undertook nearly **three-fourths** of all the health spending (according to the Report of the National Commission on Macroeconomics and Health, 2005)

- The exceptionally high burden placed upon households reflects the inadequate quantity and quality of public health service delivery.

- Recent studies of agrarian distress have also found that health expenditures have been significant in causing or increasing the **indebtedness** of farmers, which has in turn been a proximate cause of farmers' suicides.

(Source: Health expenditure in India, C. P. Chandrasekhar & Jayati Ghosh Business Daily from THE HINDU group of publications, Tuesday, Sep 19, 2006)

- Households spend between 4 to 7 times of what the State spends on health care services.

- Most people spend on health care not out of choice but forced by circumstances, especially the non-availability and inadequacy of public health care services.

(Source: Ravi Duggal, MFC Bulletin, No. 173-174, July-August 1991, pp14-16)

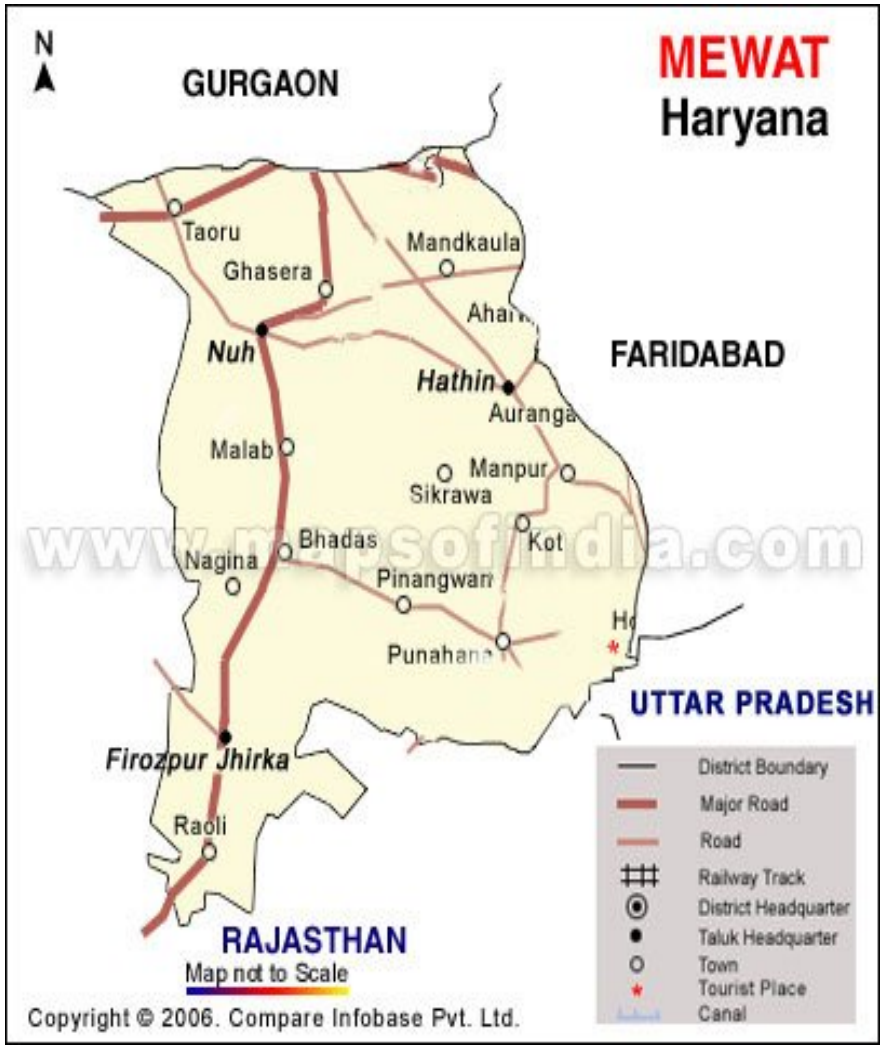
Health status in Mewat

- Poor access to health services
- Very low institutional deliveries (only 5% in IRRAD's intervention villages)
- Females do not access RCH services/Lack of awareness
- Low Immunization among children
- Poor knowledge on menstrual hygiene and personal hygiene.
- Lack of awareness on sanitation.
- Lack of information of Govt. supported schemes.

"Awareness on Promotive & Preventive Health can reduce expenditure on Curative care"

IRRAD'S AREA OF OPERATION

HARYANA



High Health cost leads to more poverty

" *Ill health is both a cause and effect of poverty*" **: Poverty leads to poor health status and poor health leads to poverty.**

Cause

- Poor Living Conditions
- Poor Sanitation and hygiene practice
- Poor intake of nutrition
- Poor access to health services

Effect

- Reduces the number of working days
- Reduces the productivity of an individual
- Reduces family income, if the person is breadwinner
- Increases Expenditure on curative care

MEWAT : KEY HEALTH INDICATORS

• Sex ratio	893 /1000
• Access to toilet facility	12.2%
• Girls married before 18 years	50%
•Women with 3 ANC	15.3%
•Institutional Births	13.9% (Haryana-30%)
•Home delivery by trained personnel	1.4%
•Children (12-23 months) fully immunized	12.2%
•Children Breastfed within 1 hour	7.8%
•Children exclusively breastfed	0.9%

(*Source: Fact Sheet, DLHS III-2007-08*)

Rural Health Program of IRRAD

Objective:

Promoting health conscious communities on Reproductive and Child Health (RCH), hygiene and sanitation and better utilization of health care services and schemes available in villages by reviving and strengthening Village Level Health Committees (VLCs) which will also focus on various other health issues.

Activities:

- Promote Reproductive & Child Health
- Awareness on Sanitation & Hygiene
- Awareness on Water borne & Vector borne diseases
- Linkages for Services and Schemes of Government
- **Revival of Village Level Health Committee.**

ROLE OF IRRAD

- IRRAD works as a catalyst (*Delivery Hut/ Sub center functional*)
- Believes in 'Small intervention Big impact" (*Linking Govt. services with the community, Rights, Governance*)
- Knowledge creation institute (*Awareness generation*)

DELIVERY HUT in Village

Objective: To promote and increase institutional deliveries in rural areas.
Promotion of clean and safe delivery practices

Salient Features:

- Facility of 24 hour delivery service system, availability of full time ANM.
- Services available like ante-natal check-up, immunization, (mother & child) birth registration and high risk referral.
- Also supports services like spacing methods.
- The ANM encourages early registration of all pregnant women and maintain ante-natal care (ANC) records.

DELIVERY HUT- NOTKI MODEL VILLAGE (Block Nagina)

- **Functional:** Since April 2009
- **Deliveries Conducted: 49** (27 F and 22 M) (from April 2009 to Jan.2010)
  - From Notki Village: 26 deliveries
  - From Nearby Villages: 23 deliveries
- **Number of nearby villages covered**: 7 approx.
- **Linkages with Govt.:** ANM, Supplies, Records

This D/H is functioning as a Sub-Center.

Notki Delivery Hut is a sustainable/ replicable model :

Panchayat+ Government+ Community

DELIVERY HUT, -NOTKI MODEL VILLAGE (Block Nagina

GOVT. DELIVERY HUT- RANIYALA VILLAGE (Block Ferozpur Jhirka)

- Govt. functional Sub-Center with dedicated Delivery Hut
- IRRAD supported in construction of Bathroom & Toilet.
- Mobilized full time ANM from Government.
- Mobilized Panchayat and Health authorities to make it completely functional
- **Deliveries Conducted: 23** (7 F and 16 M) (Since July 2009 to Dec.2009)
  - From Raniyala Village: 16 (5 F/11 M) deliveries
  - From Nearby Villages: 7 (2 F/ 5 M) deliveries
- **Number of nearby villages covered**: 10 approx.

GOVT. DELIVERY HUT, RANIYALA VILLAGE

Conclusion….

Delivery Hut

- Nearby RCH services
- Prevents from long distance traveling
- Timely immunization
- Promoting Institutional deliveries

Others

- Improved health services and information of govt. health schemes
- Improved Sanitation conditions by promoting latrine construction & its use
- Awareness on various preventive diseases

RECOMMENDATION

- **Create awareness in the community about the RIGHTS "Good Governance"**
- **It is possible to mobilize the Government and bring changes.**
- **In Health, work should not be duplicated but should be strengthened**
- **Work on Small interventions and Big impact**

ONE WAY OF ADDRESSING POVERTY IS FOCUSSING ON PREVENTIVE & PROMOTIVE HEALTH THUS REDUCING CURATIVE COST…

"***For us, this delivery hut is like what All India Institute of Medical Sciences (AIMS) is for Delhi***" **- A Notki Villager**

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