

Necessity of Decentralization for the improvement of Health in India

2,300 years back Buddha tells his disciples "to spread not only message about Buddhism but also make the people educated and help them to be healthy by treating common diseases". Teaching nobody practices today.

The health scenario of the country changes since Independence, we achieved something but not up to the expectations.

Indicator		Level as quoted in NHP	Goals			Achievement		Latest available
			1985	1990	2000	1985	1990	
Infant mortality rate		125	106	90	< 60	97	90	72 (1998)
Perinatal mortality		67	-	-	30-5	53.8	49.6	42.5 (1994)
Crude death rate		14	12	10.4	9	11.7	9.6	8.9 (1997)
Life expectancy at birth (yrs)	M	52.6	55.1	57.6	64	58.1	58.1	64.1 (2001-6)
	F	51.6	54.3	57.1	21	59.1	59.1	65.8 (2001-6)
Crude birth rate		35	31	29.1	21	32.9	30.2	27.2 (1997)
Growth rate (annual)		2.24	1.9	1.66	1.2	2.07	1.87	1.66 (96-2016)
Pregnant mother receiving antenatal care (%)		40-50	50-60	60-70	100	40-50	60	65.4
Deliveries by trained birth attendant		30-5	50	80	100	30-5	40-50	35 (1999)
Immunization status coverage by %								
TT (for pregnant woman)		20	60	100	100	80.6	78.16	78.7 (1996-7)
TT (for school children)		-	40	100	100	82	60.5	55.1 (1996-7)
DPT (Children below 3 years)	10 y	20	60	100	100	92.7	86.45	47.6 (1996-7)
Polio (Infant)	16 y	25	70	85	100	96.2	98.19	89.3 (1996-7)
BCG (Infant)		5	50	85	100	93.9	98.86	90.7 (1996-7)
DT (New school entrants 5-6 y)		65	70	85	100	47.3	101.5	97.1 (1996-7)
Typhoid (New school entrants 5-6 y)		20	80	85	100	112	1	58.7 (1996-7)
		2	70	85	85	70.3	82	-
							62.6	

Source:

India: Raising the sights – better health systems for India's poor, World Bank 2001. After independence the manpower in the health is also increased, but not satisfy needs of the society i.e. still our children are dying due to preventable diseases.

	1951	2000
Doctors	61,840	11,09,853
Nurses	16,550	8,67,184
Sub-centers	--	1,31,900
Primary Health Centers	725	22,975
Hospital beds	1,17,178	6,23,819
Hospitals	2,694	15,097
Medical Colleges	28	146 (1993)

The goal of education is individual development and to satisfy the needs of society but our medical education plan cannot satisfy our needs.

Necessity of Decentralization for the improvement of Health in India

After independence the per capita income is increased, we have surplus grains in the godowns we are producing highest number of technically skilled people in the world but lakhs of children are dying before the first birthday, every 1 out of 3 new born are LBW, for every 1 minute 1 person is dying due to TB, most of the people are dying due to preventable and easily treatable disease. 70% of Indian people are living in rural areas. The Health services they are getting are very less and mostly they are getting primary health services from private sector. Because of this people are becoming poorer and poorer.

Percentage of treatment by Government and Private, 1986 & 1987

State	Out patient			Inpatient		
	Government	PHC	Private	Government	PHC	Private
A.P.	15.8	3.2	74.7	28.9	1	68.6
Tamilnadu	31.3	4.9	56.5	55.5	0.6	41.8
Assam	36.8	16.2	35.4	82.5	7.5	8.3
Maharashtra	15.5	10.4	70.7	40.7	2.9	53.5
West Bengal	13.4	6.0	75.8	76.8	14.9	7.5

In India for health people are spending 85% of money from the pockets and state contribution is 15% only. **More than 35% of the people selling their properties just for hospitalization for one time and they are falling to below poverty line from above.**

There is a large gulf between rural Bharat and urban India. The below table shows the health expenditure is not towards the needy but towards urban areas.

Financing of Health Care (Percentage wise)

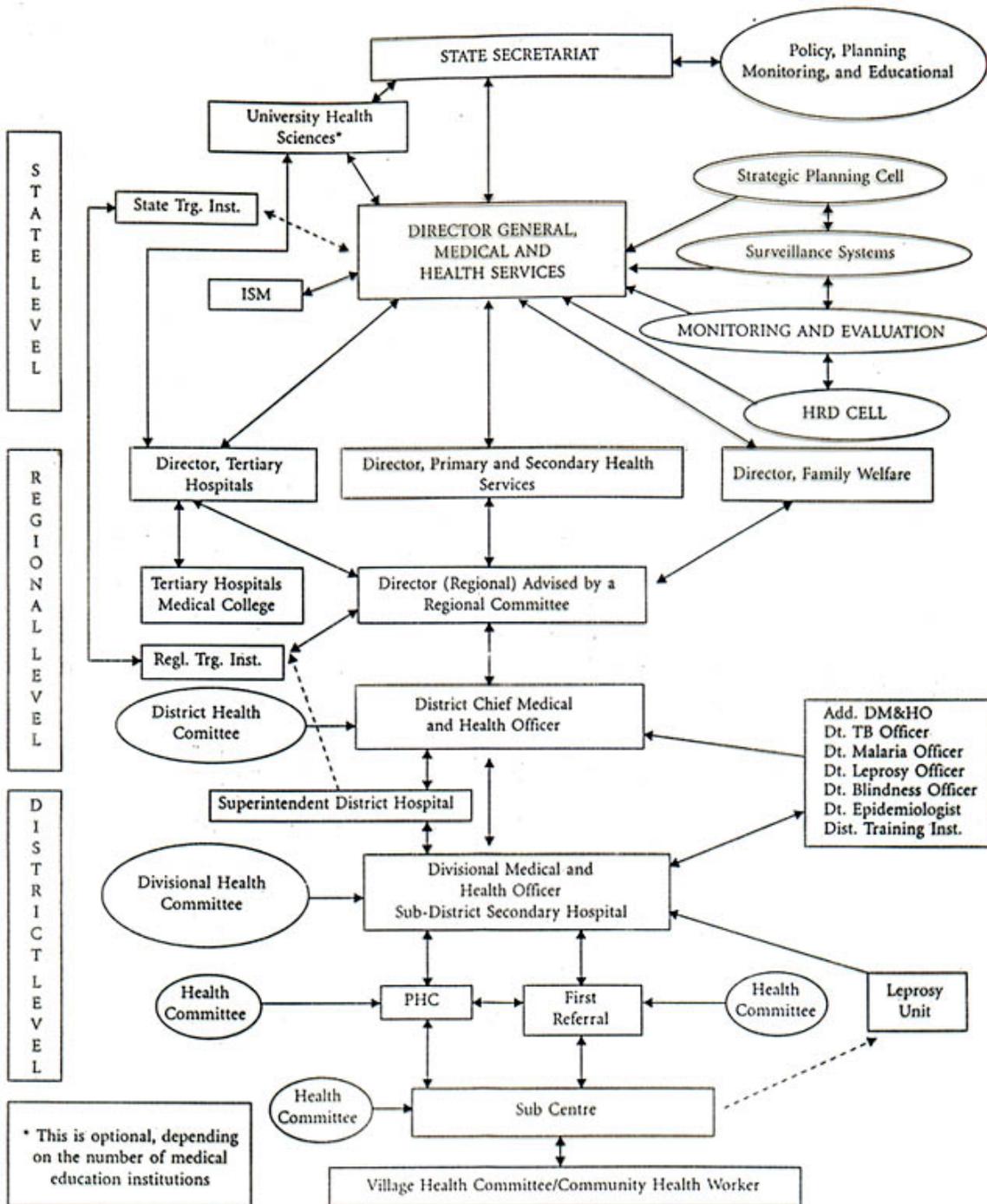
	% Of total Health expenditure (1)	Urban as % of 1	Rural as % of 1
Curative care	40	80-85	15-20
Medical education	8	100	-
Disease Control Program	15	40	60
Family planning	10	80	20
Health insurance	5	100	-
Health Administration	13	80	20
Other systems (Ayu, Homeo)	9	70	30

At the same time even with less economical development people around Jamkhed and in Kerala are having better health, what made them healthier than the rest. Why we cannot apply Jamkhed model through out the country and why lakhs of children are dying before first birthday.

“Is it really due to the doctors of the present age became ruthless than the doctors in 1940 and 1950? Today's politicians are worst than the politicians in 1950 & 60's? Or is it due to the failure of the centralized health planning and administration?”

The centralized health system people are approaching the health system.

A.P. Health System



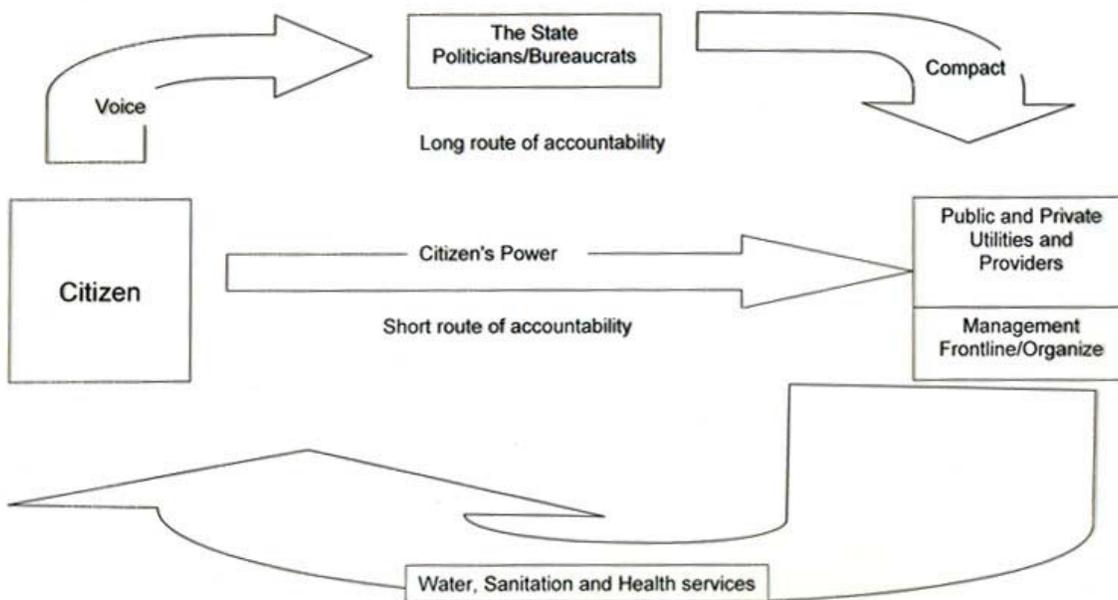
Implementation.

Govt. signed THE ALMA ATA DECLARATION "HEALTH FOR ALL BY 2000 A.D". Health for all means: it is not giving health to the people by Govt. It is gaining of health by the people i.e. "**health of the people, health by the people, health for the people**". How can we achieve this without participation of the people?

Necessity of Decentralization for the improvement of Health in India

But people in Jamkhed are informed and then decided what they want. They participated in planning and implementation, so the project (CRHP) became successful. People have health standard like that of the developed countries with less health expenditure. It is mainly the failure of the centralized health system.

In the present scenario the marginalized people are not getting proper services which is their right. But in centralized state mostly urban rich and organized sector like Govt. employees get more benefit and they are concentrated mostly in urban areas. These people are mainly voiceless. The Rural people cannot organize themselves due to illiteracy, cultural barity. We cannot expect them to organize if at all they organize it is only for a fraction of time. In total they are voiceless. **How to give the voice to the voiceless poor.**



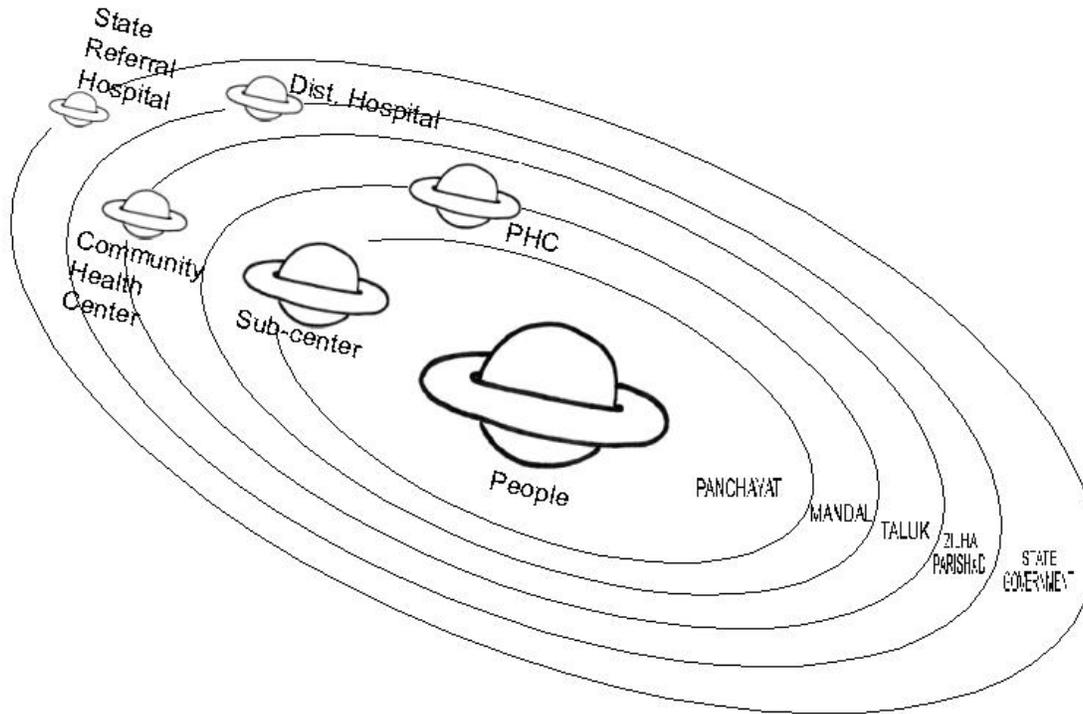
How to break this long route of accountability and make services work for poor.

The only option is **Decentralization.**

"DECENTRALISATION IS THE SINGLE GRATEST QUALITY OF DEMOCRACY IN THE PRESENT AGE"- Dr. Ram Manohar Lohia

After Independence we leave the basic concepts of Gandhism i.e. GRAMSWARAJYA (Village republic) and we prefer more centralized governance. The result is present health status of the people.

DECENTRALISED HEALTH SYSTEM



the

people. In the decentralized system citizen have direct relationship with service provider. The government should spend money in order of priority i.e. PHC > CHC > Dist. Hospital > State Referral Centers. But in Andhra Pradesh now Govt.80% of the health budget is going to 10 hospitals. THEN VOICELESS people can get voice, so better services for poor.

MEDICAL CARE:

1. One of the major problems in primary health center is absenteeism of Doctors and other staff. At any given time 50% of the staff are absent. And 90% of the staff is staying out of the Headquarters. In Kerala after decentralization the absenteeism of staff is greatly decreased and vacancies are filled. (Before handovering of PHC the vacancies of doctors are 484 but now there are only 8 vacancies] the drug procurement is high.
2. Another major problem is corruption in family planning incentives, drugs and even the diesel for generator not properly managed. We can prevent this by handing over of PHC to local Govt's. So that people directly know what's happening.
3. In some of the states the govt. handover of PHC to health committee, which is headed by elected persons. (The heads of local govt.) They did not have any financial and administrative powers. The Mandal President did not have power to issue memo for the staff working in the PHC.

Necessity of Decentralization for the improvement of Health in India

If the servant in your house is appointed by the neighbor and servant also gets the salary through the neighbor then the servant is going to follow not your orders but the neighbors. This is now happening in PHC management.

4. The local govt. enjoyed more freedom at the time of British ruling the country .In 1921 Calcutta Municipal election Chittaranjan Das became Mayor, later he argue with the Governor for the appointment of Municipal Commissioner. Governor tells him". He has choice to appoint any ICS officer in the country "but he refuses. He says I am elected persons need to have freedom to decide who I want to appoint as a Commissioner". Then the Governor accepts so he appointed a young dynamic man who later fought for Indian Independence -Subhash Chandra Bose. But now a days under the ruling of our brown bosses the local Govt's did not have power to appoint even an ANM.

The State govt. should hand over PHC to local govt. (both financial administrative and planning)

FINANCE

People can contribute towards their health systems by giving donations to built primary health centers and through user charges. In Andhra Pradesh the people donated money and land towards the construction of PHC buildings, but doctors and other staff are not willing to stay in their villages.

PLANNING:

"The solution to many of today's problems will not be found in the research laboratories of our hospitals but in our parliaments for the prospective patients, the answer may not come by incision at the operation table, but prevention by decision at the cabinet table."- Sir George Young

Most of the people think health means curative part but they don't know about preventive part. Improvement of health involves women empowerment, social changes like overcoming caste discrimination, cultural changes, increasing the literacy, economical upliftment etc. **its not just prescribing pills**

In Kerala where decentralization initiative has been relatively successful local bodies and people prepared through a six phase program of capacity building over a period of one and half years.

First phase	Intensive advocacy among people through GRAMA SABHA'S.
Second phase	Training elected representatives through Seminars over a period of 3 days.
Third phase	Forming and training task forces at local level to prepare projects.
Fourth phase	Formulating grass route level plans by Panchayat.
Fifth phase	Preparing plans for block and district level
Sixth phase	Plan appraisal by voluntary technical groups.

The amount of people's participation is directly related to quality of information they are getting.

VILLAGE HEALTH WORKERS (VHW)

In 1980's govt. gave training for 4,00,000 VHW'S, but the policy is fail due to lack of political support and professional support. The people think that these VHW'S are part of a govt. system, so the community is also not supported them. In most of the places VHW'S are not selected by GRAMSABHA, these are henchmen of Sarpanch, or other political leaders. Later these VHW's fought with the govt. to take them as a regular employee. So the govt. vested with VHW'S and remove them. With the decentralized system we can revive this excellent program.

In Madhya Pradesh, after decentralization in 2001 Govt. started Swasthya Jeevana Seva Guarantee Yojana program. According to that the Health centers run by Health Committees. These Health Committees consists of 50% of the people from SC's, ST's and other backward class and 33% will be women from self-help groups.

This program includes one trained Jana Swasthya Rakshak (VHW) in every village by June 2002. One trained Birth attendant in every village, for immunization, antenatal care, safe drinking water, sanitation and nutrition cover for infants, children less than 3 years old, lactating / pregnant mothers. After state govt. handover PHC's and CHC's to local govt's within 1-year institutional deliveries are increased to 37% from 23% and immunization rate is increased.

CLEAN DRINKING WATER:

Most of the people in India have access to water but not clean drinking water.

POPULATION COVERED WITH DRINKING WATER AND SANITATION FACILITIES: 1985, 1990, and 1995

	1985	1990	1995
DRINKING WATER			
Rural	56.3	73.9	82.8
Urban	72.9	83.8	84.9
SANITATION			
Rural	0.7	2.4	3.6
Urban	28.4	45.9	47.9

- It is mostly due to
- Lack of funds
 - Corruption

"To whom the water board is accountable?" question asked of the managing director of the Hyderabad Water Board by a consumer, Hyderabad, Sept. 2002.

Article 213 of Indian constitution says" if the city population is more than 2,00,000 then WARD COMMITTEES must be elected. But the Govt. removes that article by amendment. Establish water committees so that people can take care of themselves. **For the problems in democracy the solution is further more democracy but not centralization.**

Ex: in Gangadevipalli village, Warangal dist.

SEWAGE

Most of the time the Gramsevak or municipal employee not work properly but the people are facing problems of bad smell and other vector born diseases if the employee is under the control of ward committee they can take care of swage problem very effectively and efficiently. Only 3-5% of rural households have accessibility to lavatory facilities. It is mostly a cultural problem it must be tackled as community, not individual oriented.

This approach is practiced by **Village Education Resource Center and Water Aid** in Bangladesh. An external group triggers. Community wide recognition of the need for better sanitation practices. So people recognize the problem without any external aid. To built toilets rich people in the village help the poor.

In India most of the times the Govt. give Rs. 2,500/- to individual for building sanitary latrines. 45% of the lavatories constructed with govt. subsidy are not used by the people. The Gadge Baba scheme in Maharashtra aim towards the community so within less span of time people built one lakh lavatories. For each Rs. 1/- Govt. spending for campaigning people spends Rs. 35/- to built sanitary lavatories.

SCHOOLS

Education is necessary for the development of society. The health seeking behavior is more in literates and infant mortality etc. are less. But in India the literacy rate is still swinging around 60% but it is not increasing even by the special drives. The govt. schools are not working properly. In Andhra Pradesh up to 1960's the schools are run by local govt. then literacy rate is steeply increased, because every teacher stays in the headquarters. And holidays for schools are at the time of harvesting, sowing and not in summer and other festival holidays like Dasara & Sankranti. If the schools are run by local govt. we can change the time of holidays (most of the absentees the secondary school is around sowing or harvesting it is one of the main cause for drop outs in secondary school

If the teacher in school comes daily dropouts are less. Most bothering people about the children's education are parents. You must give power for maintaining school to Parents committees. Then they can show why not Govt. schools run properly!

My village school had a big science laboratory; I did not find such a big science laboratory in Hyderabad public school (where most of the politician's children and children of the professionals are studying). In 1960's the science teachers in my village explains to the illiterate poor and middle class people "why the laboratory is necessary for children to learn science". They contributed by giving bags of jowar, bajra, chillies etc. Now the Lab. is not working due to lack of chemicals and others (the state govt. is running the school in the name of Zilla Parishad)

OTHER DEVELOPMENTAL ACTIVITIES: -

1. One of the main reason for loses in the farming is due to lack of proper information in usage pesticides, fertilizers, seeds, post harvest storage. The person appointed for this work i.e agriculture officer is not working properly. He is not responsible for local govt. and if a person is appointed by the local govt. and working under the control of local govt. he works properly so people get better information, the productivity will be more. If agricultural improvement then nutrition levels of the people automatically improves. The economical upliftment will be there.
2. The developmental activities must be hand over to Panchayat then people can identify the problems and work for it in GRAMSABHA. **Then people can understand relation between health & development.** (40% of State development funds are directly giving to Panchayat in Kerala.)
3. Most of the time in the govt. subsidy program corruption is more. Our ex- PM Rajiv Gandhi says for every one rupee we are spending only 16 paisa reaching the people. It is mainly due to centralized system.90% of the people in A.P had white ration cards. (According to the law the people who are under BPL only are eligible) like this the corruption is more.

In the decentralized system only people have direct relationship with the service provider and they can control the service provider. Then people can understand relation between their taxes and services. In the decentralized system only poor can understand power of vote, relation between vote and their welfare.

In decentralization people can directly participate in planning and in implementation. The improvement of health not only the medical services but improvement in social and in economic factors is also necessary. This is possible in decentralized system only.

In summary the decentralization i.e. devolution of power must be accompanied with right to information, recalling power to people. Decentralization is necessary for the improvement of health in India without this health status of people will not change.

JAI HIND

This paper is presented by Dr. G. Srinivas (House Surgeon) in “**Comprehensive Rural Health Project**” at **Jamkhed, Maharashtra**