

ENTITLEMENT TO BETTER PUBLIC HEALTH SERVICES: A STUDY IN UDALGURI DISTRICT OF ASSAM

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[The government health centres work as curative and preventive centres and perform other social welfare activities. But still the Indian public health care scenario is not fully satisfactory. In many states there are shortages of doctors or specialists or other para-medical staffs in public sector health centres. The Community Health Centre, Primary Health Centre and Sub-Centre are the basic public health service provider for rural people. For setting up quality health centre, the government of India adopts the norms laid down in the Indian Public Health Standards. The availability of doctors and other para-medical staffs, laboratories and equipments, adequate number of beds, availability of drugs and medicines, follow up treatment facilities, adequate child health units can create healthy environment in the public health sector. Present study is mainly conducted to study the status of government health centres located in rural area of Bodoland Territorial Area Districts (BTAD) of Assam.]

Keywords: *Bodoland Territorial Area Districts (BTAD), Child Health Unit, Health Infrastructure, Health Centres, Mobile Medical Unit (MMU)]*

Introduction

India is a welfare state and in this context delivery of required health services to the people in general and to the rural, tribal and backward area in particular are the basic duties of the national and state government. An assessment of public health facilities is important as they have a cause and effect relationship with morbidity and mortality levels. A better health care delivery is essential for reducing mortality rate and treatment of any type of diseases among the rural people. Further, a better health care delivery can lead to good health status

among the rural masses. Good health is important factor for achieving one's goal. Proper health condition is helpful in overcoming problems which result in socio-economic development of the country. With poor health condition one can not participate in development activities rather it may reduce one's achievement and growth. Poor health condition may result in negative economic growth of the country. The rapid growth of industrialization, transportation and use of chemicals are the main factors for creation of pollution. It is established that

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the pollution and use of unauthorized pesticides and unlimited amount of chemicals, fertilizers on crops are the reasons for increasing the number of diseases and ill health condition. Because of lack of adequate food contents and lack of proper drinking water facility are other causes of poor health condition in rural and tribal areas. Public health care centres are the main players for solving health related problems in these areas. Good health condition can be achieved through adequate health & clinical services along with the basic needs like food, water, sanitation, education and knowledge.

Due to lack of financial resources these people can not access to high cost health cares from private sector health centres. Adequate number of health centres and strong mechanism at the government level can only improve rural health sector. For setting health centres, the government of India adopts the norms laid in the Indian Public Health Standards (IPHS) to be followed by the health centres. The availability of doctors, nurses, specialists and other para-medical staffs, laboratories and equipments, availability of drugs and medicines, follow up treatment facilities, adequate child health units can create healthy environment of the health centres.

This paper examines the status of health centres provided by the government within the study area.

Study Area

Present study is conducted in Udalguri district of Bodoland Territorial Area Districts (BTAD) also known as Bodoland

Territorial Council (BTC), Assam. The Bodoland Territorial Council (BTC) was constituted in the year 2003 within the four Bodo inhabitant districts of Assam, namely- Kokrajhar, Chirang, Baksa and Udalguri. Udalguri district falls in eastern part of the BTAD area. The district is bounded by Bhutan and Arunachal Pradesh in the north, Sonitpur district in the east, Darrang district in the south and Baksa district in the west. The district was created on 10th February, 2003. Total geographical area of the district is about 1,985.68 sq. km and the population density is 381 persons per sq. Km (Source: Statistical Hand Book of BTC, 2010). The total population of the district as per 2011 census is 8,31,668; (794094 in rural area and 37574 in urban area) where male and female population are 4,21,617 and 4,10,051 respectively. The literacy rate as per 2011 census is 66.6%. The district has two sub divisional offices, namely- Udalguri and Bhergaon. Further it has three health blocks, namely- Udalguri, Khoirabari and Orang. The district is mainly inhabited by the Bodo community. However, communities including Assamese, Bengali, Nepali, Santali, Muslims, tea tribe communities, etc. also play an important role in the district.

Conceptual Framework

Health infrastructure includes both health care activities known as service infrastructure and health educational infrastructure. Health care activities can be done through various health centres namely Hospitals, Community Health Centres (CHCs), Primary Health Centres (PHCs), Sub-Centres (SCs), dispensaries,

pharmacies, etc. which provide basic curative and preventive services. On the other hand, health educational infrastructure basically means academic courses related to medical line such as MBBS, BDS, MDS, nursing course, para-medical courses, etc. Present study covers service infrastructure in health only i.e. hospitals, Community Health Centres (CHCs), Primary Health Centres (PHCs), Sub-centres, dispensaries, pharmacies, etc. situated under the district. Though medical colleges also provide basic curative and preventive health service to the society, there are no such institutions in the district. The services provided to the public towards the health can be classified as allopathic, homeopathic and ayurvedhic in the district.

Objective of the Study

The present study is conducted mainly to examine the status of public health care centres in Udalguri district of Assam. In the district, there are five levels of public health centres. These are Sub-Centre, PHCs, CHCs, Civil Hospitals and FRUs.

Sub-Centre (SC): This is the first contact point between primary health care and the society at grass root level. It acts as a provider of basic services to the locality which include maternal and child health care, family welfare, nutrition, immunization, diarrhoea control and control of communicable diseases and programmes that will lead to behavioural change of the community.

Primary Health Centre (PHC): This is the first contact point between the medical officer and the village community. It

basically involves curative, preventive and family welfare services to the society.

Community Health Centre (CHC): The Community Health Centre (CHC) is the 30 bedded next higher level of health care service provider. It generally provides services to those which are referred by PHCs or Sub-centres.

Civil Hospital: Civil hospital is the sub-divisional hospital provided within the population of 5-6 lakh. They act as First Referral Units in providing emergency obstetrics care and neonatal care and help in bringing down the Maternal Mortality Rate and Infant Mortality Rate. They form an important link between SC, PHC and CHC on one hand and District Hospitals on other hand.

First Referral Units (FRU):

FRUs are district wise sub-divisional health care facilities where specialists are engaged like Gynaecologist and Obstetrician, Anaesthetist and Paediatrician; and provide facilities for obstetric care, blood transfusion, anaesthesia, Paediatric care, ceasarean works, etc.

Present study covers the status of these health centres.

Limitations of the Study

The limitations for the present study have been stated below-

- a. Present study is limited to Udalguri district of BTAD only and its observation may not be applicable to that of other regions.
- b. Present study is confined to Government health centres only.

Methodology

Present study is primarily conducted on the basis of secondary data. The sources of secondary data include the Statistical Handbook of Bodoland Territorial Council published by Joint Director of Economics and Statistics, Kokrajhar and the data provided by the Joint Director of Health Service of Udalguri district, BTAD (District Level). Besides, information is collected from some other sources like-reports, articles, books, etc.

Results and Discussions

Total number of public health centres under the study area:

The public health centres are the core point for the rural masses towards getting their health services. Since, the rural people are more inclined to the facilities provided under the Government health centres, there should be adequate number

of health centres to cover all people of the place. The poor people particularly BPL (Below Poverty Line) are prone to more illness in comparison to the rich (Garg and Karan, 2009; Gupta, 2009; Ghosh, 2014 and Berman, 2014). They can not afford necessary amount of expenditure for the treatment under private health centres. So, they primarily prefer government health centres. However, for any critical condition they have to consult with the private hospitals though it is difficult for them to afford the required expenditure. Naturally they have to approach their relatives or by taking informal loans from others. So, there should be adequate number of public health centres with required number of manpower and laboratory equipments. The available number of public health centres under the study area is presented under the following Table-I.

Table - I: Number of Govt. Health Centres in Udalguri district and BTAD

Area	Civil Hospitals	CHC	FRU	PHC	Sub-Centres	Total Population
Udalguri District	1	4	4	23	142	8,31,668
Total in BTAD	4	15	15	137	552	31,51,047

Source: Director, Health and Family Welfare Department, BTC

Table - I shows that there are 1 Civil Hospital, 4 Community Health Centres, 4 First Referral Units, 23 Primary Health Centres and 142 Sub-centres functioning in the district. However, based on the population and number of villages, there

should have been more health centres. The comparison between all India average and Udalguri district on the basis of norms followed has been presented in the Table- II.

Table-II: Rural health infrastructure - Norms and level of achievements (India and Udalguri district, a comparison)

S.No	Indicators	National Norms		Actual Position		
		General areas	Tribal areas	Average Coverage in India **	Average Coverage in Udalguri*	
1.	Rural Population (Census 2011- Provisional) covered by:	Sub-Centre	5000	3000	5615	5857
		Primary Health Centre (PHC)	30000	20000	34641	36159
		Community Health Centre (CHC)	120000	80000	172375	207917
2.	Number of Sub Centre per PHC	6		6	6	
3.	Number of PHC per CHC	4		5	6	
4.	Average Number of Villages covered by a:	Sub-Centre			4	6
		Primary Health Centre (PHC)			27	35
		Community Health Centre (CHC)			133	200

Source: Statistical Profile of Schedule Tribes in India, 2013.

** Computed data based on population census 2011

*Data provided under Director, Health and Family Welfare Department, BTC.

Population coverage by health centres

As per Revised Indian Public Health Standards- 2012, the coverage of population by one sub-centre is 5000 in general areas and 3000 in tribal areas. But Tabel II shows that the national average population coverage under each sub centre in India is 5615 and it is 5857 in the district under study. So, there is the need to increase the number of sub-centres. The Govt. should establish more sub-centres after selecting proper places in the district.

Primary Health Centre (PHC) is another health service provider for rural people.

As per the norms set, there should be 30,000 and 20,000 population per PHC for general and tribal areas respectively. However, the table II shows that the national average population coverage under each PHC in India is 34641 and it is 36159 in the district. The average population coverage under each PHC in the district is higher than the national level coverage as well as norms set. The health officer at PHC opines that 90 percent of the patients are from very disadvantageous group and they do not understand the self care mechanism to

maintain a good health. According to the officer, it is necessary to provide them simple health care education.

In case of Community Health Centre (CHC) also the population coverage in each centre is larger than the national average which is not a good sign for a better health service facility. Table II shows that the average number of population under each CHC centre is 1,72,375 at national level. However, it is 2,07,917 in the study area. The CHC is an important health centre where basic focus is laid on maternity care and child care initiatives. Needy women can access to regular health check-up and can have follow-up treatment under the centre. The children's basic immunisation facility is also provided through CHCs. But, the above table reveals that the average population in each CHC is 2,07,917 in the district which is very much higher than national average level. So, the Governments both state and central including BTC council should take necessary steps to establish required number of CHCs within the district.

From the Table II, it is clear that there should be 6 sub-centres under each PHC as per national norms. The number of sub-centre per PHC in case of Udalguri district also shows same norms approximately in comparison to national norms. However, the availability of PHC is not upto the required norms. So it can

be concluded that though the sub centre in each PHC is as per norms but there is the need of establishing at least two PHCs under each CHC in Udalguri district.

Average Number of Villages covered by a Sub-Centre, PHC and CHC

The average number of villages covered by each sub-centre, PHC and CHC under the district is also higher than the national level. Table II shows that the average number of villages covered at national level by each sub-centre, PHC and CHC are 4 villages, 27 villages and 133 villages respectively. On the other hand, the average number of villages covered in the district by each sub-centre, PHC and CHC are 6 (approx.), 35 (approx.) and 200 villages respectively. This also demands that additional Sub-centre, PHC and CHC should be established in the Udalguri district.

Availability of Public Health Centres' beds in the District

Hospital beds are the most important facilities in the health centres for proper treatment of the patients. Sometimes in some public health centres it is seen that due to huge number of patients there arise shortage of beds and patients are treated on the floor. This is an unwanted situation in a health centre. It is against the human rights norm also. So, there should be sufficient and adequate number of beds in health centres.

Table - III: Total number of beds in public health institutions in the district

Health Centre	Total number of Beds
Sub-Centre	100
PHC	80
CHC	120
Total	300

Source: Director Cum CHD, Health and Family Welfare Department, BTC, 2015-2016.

As per Indian Public Health Standards (Revised 2012), norm for 80,000 rural population the required beds are 30 at each CHC centre. There is 8,31,668 population in the district. So, the required number of beds as per population norm at all CHC level in the district is 312. But table III shows that there are only 120 (38%) beds at CHC level in the district. The reason for shortage of beds at CHC level in the district is due to less number of such institution. So it is suggested that the state government should establish required number of CHCs in the district. As per Indian Public Health Standards (Revised 2012), the required number of beds under each PHC is 6. There are 23 number of PHC in Udalguri district. So, the required number of beds should be 138. However, the above table shows that there are only 80 beds at PHC level in the district which is very much low comparing to the norms. In the case of

Sub-centre, the number of beds is based on type of such centre. If it is Type-A then there should be one bed and 4 beds are essential for Type-B sub-centre. No single Type-B sub-centre is established in the district. The available number of sub-centre in the district is 142. Taking all the sub-centres in the district as Type-A sub-centre, then total number of required beds should be 142 (i.e. 1 bed per sub-centre) in the district. But, Table III shows that there are only 100 beds at sub-centre level in the district.

Manpower status in Health Centres

Manpower relating to health i.e. general doctors, specialists, para-medical staff like- GNM, ANM, laboratory technician, radiographer, pharmacists and other staffs are the backbone of these health centres. The manpower status in the district of Udalguri is presented in Table - IV

Table - IV: Manpower status in Govt. Health centres in Udalguri district

Category	Position	Number
Doctors	MBBS	79
	Homeopathic	6
	Dental	6
	Ayurvedic	14
	Total	105
Para Medical Staffs	GNM	138
	ANM	301
	Lab Technician	44
	Radiographer	04
	Pharmacist	64
	AFW	54
	Ophthalmic Assistant	08

Source: Joint Director of Health Service, Udalguri, BTAD, Assam.

The Table-IV shows that a total number of 105 doctors consisting 79 MBBS, 6 Homeopathic, 6 Dental and 14 Ayurvedic are working in the district. The doctor-population ratio in the district is 1:7920. According to World Health Organisation this ratio should be 1:1000 whereas the national norm is 1:2000 as per National Education Commission Bill, 2016, the reasons for shortage of doctors include the expenditure on health sector in India which is very low and it is only little over 1.5 percent of the GDP (Economic Survey, 2016-17). Further, General observation on the doctors' perception is that they are less interested to serve in rural health centres. It is manifested from their low response in rural recruitment. When recruitment for doctors is advertised, the number of candidates appeared are less than the available seats advertised. Limited seats in medical colleges and capitation fees in

private medical colleges have largely affected the health sectors towards the availability of doctors. So, the central government along with the state government should establish additional medical colleges to increase the number of doctors. In this context the initiative of Assam Government in establishing new medical colleges is praiseworthy.

Mobile Medical Unit (MMU)

Mobile Medical Unit (MMU) is another important health service provided mainly to those people who are not covered by the health centre and can not reach at time to the health centres. There are 3 Mobile Medical Unit (MMU) functioning in the district. There are 19 ambulances in the district. Considering remoteness of the villages in BTAD, more Mobile Medical Units are required to serve the rural people in a better way.

Accredited Social Health Activist (ASHA)

An ASHA is the female health worker or representative. Their performance in rural area is an important factor for a healthy rural scenario as most of the rural people are illiterate. ASHA is the only female person who acts as guidance, care taker, informer and many more. They provide various duties and services among the

rural people. Maternal care including duties on report and immunisation of infants are the main activities to be done by them. Besides, they act as a Dot provider for TB patients and other medicine to the needy villagers. The availability of ASHA in the district is shown in the following table - V.

Table - V: Total number of ASHA workers in Udalguri district

Area coverage	ASHA Workers
Udalguri district	1045
Total in BTAD	4006
Total in Assam	31955

Source: Director, Dept. of Health and Family Welfare, Assam, 2015-16

There is 1045 numbers of ASHA workers comprising 514 in Udalguri Health Block, 253 in Khoirabari Health Block and 278 in Orang Health Block. There should be one ASHA for every revenue village with a population of 1000 in rural areas. However, in urban areas the population norm is 1000-2500 and if the population exceeds more than the norm specified, then there is requirement for one additional ASHA. In Udalguri district the total population is 8,31,668 and therefore the required number of ASHA as per norms is 832. But from the Table V it is clear that the availability of ASHA in Udalguri district is 1045. In this case, the district is in a satisfactory position. However, it can be noted that the norms for availability of ASHA is also based on

the availability of households and villages. In Udalguri district it is seen that in every village there is one ASHA worker and if the village is large with regards to population size and geographical area, one additional ASHA is engaged. So, in case of ASHA, the district scores good status.

Child Health Unit in Udalguri district

Child health unit is the service or facility provided in case of new born babies. In order to reduce infant mortality rate, neo-natal mortality rate and managing the under-weight and over-weight of new born infant, the government has introduced new born care under National Health Mission (NHM). The facilities include New Born Care Corner (NBCC),

New Born Stabilization Unit (NBSU), Special Newborn Care Unit (SNCU) and Nutrition Rehabilitation Centre (NRC). New Born Care Corners (NBCC) includes 1 bedded room attached to the operation theatre and labour room for provision of essential newborn care at birth. New Born Stabilization Unit (NBSU) is provided for sick or under-weight new born babies. These are basically provided at CHCs/FRUs with four bedded units. The sick newborns is stabilised with trained doctors and nurses. Special Newborn Care Unit (SNCU) is 12-20

bedded unit with 4 trained doctors and 10-12 nurses for daily continuity of services (Source: Revised Indian Public Health Standards guidelines, 2012). Every state government have been asked to set up at least one SNCU in each district. Accordingly one SNCU has been established in the district. Nutrition Rehabilitation Centre (NRC) is basically set up in CHCs and district hospitals with 10-20 bed capacity. The children with Severe Acute Malnutrition (SAM) are admitted and managed under NRC.

Table - VI: Status of Child Health Units in Udalguri district and Assam

Facilities →	NBCC	NBSU	SNCU	NRC
Udalguri*	16 (2.31)	03 (2.17)	1 (6.25)	1 (10)
Average no. in each district in Assam	26 (3.7)	5.11 (3.7)	0.59 (3.7)	0.04 (0.4)
Assam	692 (100)	138 (100)	16 (100)	10 (100)

Source: Regional Resource Centre for North Eastern States, Ministry of Health & Family Welfare, Government of India, Guwahati, Assam. *Joint Director of Health Service, Udalguri, BTAD, Assam.

Note:- The figures in the parentheses represent share of percentage to the total.

Table - VI reveals that the total number of NBCC units in Udalguri district is 16 as against the average number of 26 units per district in Assam (there are 27 districts in the state). Thus, there are less number of NBCC units in the district. Due to this reason many pregnant women have to consult with the private practitioners spending huge amount of money. There are only 3 NBSUs functioning in the district which is also below the state average. The Central Government has

asked every state government to establish at least one SNCU but it is found that only 16 numbers of such units are established in Assam. However, it is seen that one SNCU has been launched in Udalguri district. Further, there is only one NRC unit under the district.

Conclusion

Of late, the various types of diseases are increasing day by day and their curative measures are also taken by various health

stakeholders. However, in Assam it is found that health sector provided by the government is not fully facilitated in every district. The health scenario of Udalguri district is characterised by shortages of health centres like- CHC and PHC; general doctors and specialists and other health stakeholders and well-equipped laboratories. In rural areas, however, the government health centres play an important role which leads to minimisation of risk of life among rural masses and reducing huge amount of health expenditure. The various services provided by public health departments include day-to-day treatment for the public through sub-centres, PHCs and CHCs where more focus is laid on regular immunisation to the children and maternity. The maximum number of pregnant women register themselves in the Govt. health centres and get regular check up and follow up treatment. Besides maternity health, other incentives and schemes are also being provided by the Government through public health centres. But it is found that for any critical treatments, the district does not have adequate infrastructure towards health manpower and well equipped laboratories in the health centres. As per the constitution, the subject health is under state list. But, in practice every state government has to depend on Central Government regarding financial matter and for other policies implementation. So, for taking up any initiatives towards the health issue it

becomes lengthy process. The state government should play important roles in this regard.

References

- Deodhar, N. S. (1982): 'Primary Health Care in India', Journal of Public Health Policy, Published by: Palgrave Macmillan Journals, Vol. 3, No. 1 (Mar., 1982), pp. 76-99.
- Economic Survey- 2016-17, Ministry of Finance, Department of Economic Affairs, Economic Division, Government of India, January, 2017.
- Indian Public Health Standards (IPHS), Revised Guidelines for Sub-Centres, PHC and CHC- 2012, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India.
- Kumar, Avneesh and Gupta, Saurav (2012), 'Health Infrastructure in India: Critical Analysis of Policy Gaps in the Indian Healthcare Delivery', *Vivekananda International Foundation*, occasional paper, July, 2012.
- Nayar, K. R. (1999): 'Health in the Ninth Plan' *Economic and Political Weekly*, Vol. 34, No.8 (Feb. 20-26, 1999), pp. 455-457.
- Pandey, Seema (2015): 'Women in contemporary Indian society', Rawat Publications, Satyam Apartments, sector-3, Jawahar Nagar, Jaipur.
- Phadke, Anant (2003): 'Right to Health Care: Towards an Agenda' *Economic and Political Weekly*, Vol. 38 No. 41 pp. 4308-4339.
- Statistical Hand Book of Bodoland Territorial Council 2011, Director of Economics and Statistics, Kokrajhar, Assam.