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Cell : 9595 359 435, Ph No: 02172372010 Email: ayisrj@yahoo.in Website: www.aygrt.isrj.net**



GRT HEALTH SCENARIO IN INDIA : AN ANALYSIS

Mala Sharma

Abstract:It is deem imperative for any nation to have improved health status of its people. Realizing this in 1946 the first formal healthcare policy was laid out by Bhore committee report. Later, a series of policies were introduced in various plans like "Health for all by 2000 AD". In 1977, National Health Policy 1983, National Health Policy 2002, recently introduced national rural health mission 2005 laid stress in improvement in the health of people, to increase financial and material inputs, to increase quality of health services, to facilitate move equitable health care. But, national family Health survey 2005-06 reveals certain starting facts that 79.2% children in the age of 6 + 35 months were found to be anemic and this percentage was higher for rural areas (81.2%) 56% of married women in the age group 15 – 49 years were found to be anemic. Percentage of children who are stunted (too short for age) was 38, and those who were wasted (too thin for height) was 19. In 2004 20% of the population was under household, low birth rate babies (weight less than 2.5 kg at time of birth) were of the order of 30%. (Indian economy, Dutt & Sundaram, 2008). In 2005-06 only 44 percent of children of 12 to 23 months were fully immunized. (Sherly jurien, 2008). Data from NFHS – III reveal that only 26% of children with diarrhea were given oral dehydration salt (ORS) and barely two – thirds (64%) of children suffering from acute respiratory infection or fever taken to health facility

Keywords:Health Scenario , healthcare policy , Health survey .

INTRODUCTION:

The two main reasons for such devastating health conclusions in India can be non availability of nutritious food to masses and poor availability of basic amenities and health facilities. Rapidly growing population requires adequate food, and there is no doubt that there is marginal increase in per capita availability of food grains, due to rapid increase in population. Moreover there was a decline in per capita availability of food grains to 445 gm in 2006. Table below help us to understand the phenomenon.

It is clear from table that net availability of food grains increased from 76 MT to 189 in 2002 but declined to 169 MT in 2006. Similarly per capita availability also shows a decline.

Poor availability of basic facilities is another area contributing towards poor health status of people. Data below confirm this.

Table 44
Net availability of food grains

Year	Population (in million)	Net availability of food grains (MT)	Per capita availability (in gms)
1961	442	76	469
1990	833	145	476
1997	960	176	503
2000	1014	168	454
2002	1001	189	494
2003	1068	159	438
2006	1120	169	445
2007	1136.6	183.7	-
2008	1153.1	183.5	-
2009	1169.4	189.5	-
2010	1185.8	189.8	-

Note: Net availability includes net domestic production plus net imports plus change in government stock.
Source: Dutt and Sundaram, 2008

We can see that the net availability 183.7MT in the year 2007-08 and 2008-09 but has increased to 189.5 and 189.8MT in the year 2009-10 and 2010-11. It is to be carefully noted that health not only includes the availability of food to the masses but availability of safe drinking water , pucca houses, toilet and sanitation facility. It is well known to everyone that india has very poor ranking compare to globe which is reflecting poor healthstatus

Data below shows percentage of household with basic amenities

Table 45
Percentage of household with basic amenities (2005-06)

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Table 45
Percentage of household with basic amenities (2005-06)

	Total	Urban	Rural
Have Electricity	67.9	93.1	55.7
Use piped drinking water	42.0	71.0	27.9
Have access to toilet facility	44.5	83.1	25.9
Live in a pucca house	41.4	74.1	25.5

Source: National family health survey (2005-06)

Data shows only 68% of household have electricity. Piped drinking water is available to only 42%. It should be remembered that 80% diseases are waterborne. Toilet facility is available to only 45% of population and 42% live in pucca houses.

Decomposed data for rural and urban population shows that rural India is severely deprived of basic facilities only 28% have piped drinking water, 26% are accessed with toilet facilities and 26% live in pucca houses. Hence, poor sanitation, unhygienic surrounding, impure water results in increased health problems.

Apart from lack of civic amenities, poor health care infrastructures is added factor for poor health status. Though there has been a steady increase in health care infrastructures in various plan period, still the masses face the problem due to non availability of dispensaries, hospitals medicine, doctors etc. National health profile 2006, health system still lack infrastructure and manpower.

Table 46
Trends in Health Care Infrastructures

	1991	2005/2006	2010
SC / PHC / CHC (March 2006)	57353	171567	175,277
Dispensaries and Hospitals (1-4-2006)	23555	32156	24943
Nursing Personal (2005)	143887	1481270	1702555
Doctors (Modern System)	268700	660801	816,629

Note: SC – Sub Centre
PHC – Primary Health Centre

CHC – Community Health Centre
Source: Economic Survey 2011-12

data shows that in March 2006 there were 171567 SC/PHC/CHC in India, but as per data, there is shortage of 20,903 sub centres 4803, primary health centre and 2653 community health centre as per 2001 population norms. The number of SC/PHC/CHC has increased to 175,277. Further almost 50 percent of the existing health infrastructure is in rented buildings (Economic Survey 2008). In rural areas, poor upkeep and maintenance of buildings and instruments and high rate of absenteeism in manpower is a severe problem.

The number of dispensaries have reduced to 24943 in the year 2011-12. In case of nursing and doctors the number has increased.

Since health is a major social sector and Indians do not receive adequate health services, government increased the health expenditure in absolute terms but we find in percentage there is decline in pre reform period 0.8 percent of GDP was allowed to health which increased to 0.92 in 1989-90 but declined to 0.76 in 1997-98. Recent trends in health expenditure will make analysis more clear.

Table 47
Trends of Health expenditure by government (centre and state govt.combined)

Year	As % of GDP	As % of total exp
2001-02	1.25	4.4
2002-03	1.28	4.5
2003-04	1.26	4.4
2004-05	1.25	4.5
2005-06	1.41	5.0
2006-07	1.39	4.8
2007-08	1.22	4.6
2008-09	1.31	4.6
2009-10	1.36	4.8
2010-11(RE)	1.35	4.6
2011-12(BE)	1.30	4.8

Source: Economic Survey 2006-07

Data above shows a marginal increase in Health expenditure in recent years.

It is sad to note that the expenditure on health as a percentage of GDP is declining from 1.39% to 1.30% from 2008-09 to 2011-12, whereas in case of as percentage of total expenditure is showing upside down trend.

Greater attention needs to be given to health policy of our country. A policy which can focus on imbalances in actual and required health facilities will be of great help to the masses. Health being a primary need is also necessary to increase the productivity and efficiency in country.



Mala Sharma

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258/34 Raviwar Peth Solapur-413005, Maharashtra
Contact-9595359435
E-Mail-ayisrj@yahoo.in/ayisrj2011@gmail.com
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