



## ORIGINAL RESEARCH PAPER

Economics

## ISSUES AND CHALLENGES OF RURAL HEALTH CARE IN INDIA

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Dr.N.Kannan

Assistant Professor in Economics, Urumu Dhanalakshmi College, Tiruchirappalli, Tamilnadu.

A.Arockiyaraj

Part time Research Scholar, Urumu Dhanalakshmi College, Tiruchirappalli, Tamilnadu.

## INTRODUCTION

Rural Health care is one of biggest challenges facing the Health Ministry of India. With more than 70 percent population living in rural areas and low level of health facilities, mortality rates due to diseases are on a high. Download our Whitepaper Rural Health Care- Towards Healthy Rural India, on how technology can be leveraged for improving health care in Rural India, excerpts are below.

## REALITY OF HEALTHCARE IN RURAL INDIA

Healthcare is the right of every individual but lack of quality infrastructure, dearth of qualified medical functionaries, and non-access to basic medicines and medical facilities thwarts its reach to 60% of population in India. A majority of 700 million people lives in rural areas where the condition of medical facilities is deplorable. Considering the picture of grim facts there is a dire need of new practices and procedures to ensure that quality and timely healthcare reaches the deprived corners of the Indian villages. Though a lot of policies and programs are being run by the Government but the success and effectiveness of these programs is questionable due to gaps in the implementation. In rural India, where the number of Primary health care centers (PHCs) is limited, 8% of the centers do not have doctors or medical staff, 39% do not have lab technicians and 18% PHCs do not even have a pharmacist.

India also accounts for the largest number of maternity deaths. A majority of these are in rural areas where maternal health care is poor. Even in private sector, health care is often confined to family planning and antenatal care and do not extend to more critical services like labor and delivery, where proper medical care can save life in the case of complications.

## THE PROBLEMS

Due to non accessibility to public health care and low quality of health care services, a majority of people in India turn to the local private health sector as their first choice of care. If we look at the health landscape of India 92 percent of health care visits are to private providers of which 70 percent is urban population. However, private health care is expensive, often unregulated and variable in quality. Besides being unreliable for the illiterate, it is also unaffordable by low income rural folks.

To control the spread of diseases and reduce the growing rates of mortality due to lack of adequate health facilities, special attention needs to be given to the health care in rural areas. The key challenges in the healthcare sector are low quality of care, poor accountability, lack of awareness, and limited access to facilities.

Various organizations are coming together for improvements in health care and technology plays a crucial role to facilitate this. Information and communications Technology provides hosts of solutions for successful implementation of these changes.

## TECHNOLOGY FOR RURAL HEALTH CARE

Several organizations are working alongside the government and NGOs to help relieve the burden on the public health system using mobile technology. India has over 900 million mobile phone users and this fact can be leveraged to employ better practices in even the remote areas. Leading global organizations of healthcare

industry are using our mobile technology to enhance the quality of care and bridge the gaps in healthcare services.

Gram Vaani provides cutting- edge mobile and IVR solutions to automate processes and applies best practices in the field. Our services cater to health care sector, social sector, and corporate organizations for connecting with the difficult to reach markets at bottom of the pyramid.

By improving the systems and functions of our clients we have impacted thousands of lives in rural India. Through mobile and IVR services we have an extensive reach across the demography. Our initiative is focused on delivering best tools and solutions to our partners for reaching out to the rural markets and gives a platform to be directly connected to them. Leading global organizations of healthcare industry are using our technology to enhance the quality of care and bridge the gaps in healthcare services in rural India.

## IMPROVING HEALTHCARE ON THE GROUND

They are employing mobile technology in several healthcare projects for leading global organizations. In partnership with the White Ribbon Alliance for Safe Motherhood, for a program of Merck for Mothers, we are working to upgrade the quality of maternity healthcare in India. There's growing evidence from developing countries confirming that patient's perception of quality of care and satisfaction with care are critical to utilization of health services. To this end, we are building a quality-of-care checklist for expectant mothers (and their families) to answer using mobile phones and rate on factors such as whether they were treated with respect during the delivery, whether they got entitlement for institutional delivery, whether the transportation provided was of good quality, etc.

## This tool is constructive for:

- Making women aware of their rights to demand good quality of care,
- Bringing accountability by highlighting lapses in the health delivery process, and,
- Increasing uptake of appropriate health services at the right venues

## CAMPAIGNS FOR HEALTHCARE ACCOUNTABILITY

In association with Grand Challenges Canada, we conducted a Health campaign to review health services for accountability in Jharkhand. In this campaign on Mobile Vaani we invited opinions, experiences, information and feedback from public on current Government health facilities in Jharkhand.

People from different districts of Jharkhand left messages on various issues in health care facilities, such as; health facilities available at PHCs, Laboratory testing and Delivery facilities at Government Health Centers, availability of clean toilet and drinking water at PHCs, and distance of the nearest health center from the Village.

Within the first 4 weeks of the campaign, more than 1600 callers from 12 districts of Jharkhand called in and participated. Lot of important facts were brought forward in the campaign. 50 percent of the people informed that there was no facility of

Laboratory Investigation or Delivery available at their nearest Health Centers. While a total of 86 percent callers shared that the facility of drinking water and public toilet was not available in the Government Health centers.

#### THE CAMPAIGN ENABLED US TO:

- Understand the present scenario of health facilities in Jharkhand
- Identify major issues that people are facing while seeking health services.
- Review the state of PHC infrastructure and its connectivity to nearby villages
- Build awareness about accountability in health care
- To bring about a change in the existing healthcare system we took the voices of people to the Government authorities. We collated data from our campaign and communicated the real picture to the district collectors and state health department for action.

#### RURAL HEALTH DEVELOPMENT PROGRAMME

Access to health care remains difficult for the rural and tribal poor of India due to their remote location, poor knowledge, poverty, and lack of trained personnel — leading to high infant and maternal mortality rates, rampant spread of communicable diseases such as malaria and tuberculosis, and other ills. This is compounded by the emergence of non-communicable diseases like cancer and diabetes, and trauma/injuries.

The Sir Ratan Tata Trust & Navajbai Ratan Tata Trust has sought to address the above problems under their Rural Health programme. Partnering with health care organisations, Tata Trusts provides basic health care services in the rural and tribal districts. Currently, its work is operationalised in Maharashtra, Chhattisgarh and Tamil Nadu.

The thrust of the programme is on training community and women health volunteers, prevention of child mortality and malnutrition and provision of low-cost rational curative services through rural hospitals. Development of low-cost and appropriate technologies for use at the community level to prevent, diagnose and manage illnesses is an important component of the programme. Field-level research in public health problems and accessible and appropriate health care facilitate constant learning and improvement of services. The programme also focuses on building the capacity and knowledge of medical and para-medical health professionals.

#### NEW SCHEMES PROPOSED UNDER THE XITH PLAN

Some new schemes viz., State Rural Road connectivity, State Rural Housing, State SGSY, Training, Master Plan and Sutradhar are proposed for Xith Five Year Plan period. The provision made under new schemes for 2007-12 is Rs. 18,110.60 lakhs and for 2007-08 is Rs. 6,720.00 lakhs. Scheme-wise activities have been described briefly as follows-

**Working Plan for Water Storage:** It is a plan on the basis of a survey of the catchment areas and flow of water direction. On the basis of watershed specificities, identification and cost estimation of the probable water harvesting structures is done. On the basis of this study, the master plans have been prepared for all the districts of the State. On the basis of the master plan, works of nature of pond deepening and renovation, check dam construction and other watershed activity will be taken up in a planned and systematic manner in 14 districts not covered by NREGS and BRGF. For the implementation of works, according to the Master Plan, an outlay of Rs.5 crores is proposed for the 2007-08.

**Sutradhar Yojana:** The establishment of the kiosks has been planned to facilitate access in rural areas to electronic communication and information and government schemes and programmes. These kiosks will facilitate provisioning of up to date information about Centre/State Government organizations and schemes. For this scheme, Rs. 0.1 crore is proposed for the annual plan 2007-08. An outlay of Rs. 7, 17,783.60 lakh for the Xith Five Year Plan is proposed. Out of this, Rs. 18,110.60 lakh is proposed

under new state schemes. An outlay of Rs. 1, 29,196.60 lakh is proposed for Annual Plan 2007-08, of which Rs. 6,720.00 lakh has been allocated for new schemes.

#### SUGGESTIONS AND CONCLUSION

Although concerted efforts have been initiated by the Government of India through several plans and measures to alleviate poverty in rural India, there still remains much more to be done to bring prosperity in the lives of the people in rural areas. At present, technology dissemination is uneven and slow in the rural areas. Good efforts of organizations developing technologies, devices and products for rural areas could not yield high success. Experiences of many countries suggest that technological development fuelled by demand has a higher dissemination rate. However, in India, technology developers for rural areas have been catering to needs (with small improvement), rather than creating demand. There is no industry linkage machinery to create demand-based-technology market for rural communities. Besides, there is also an imbalance between strategies and effective management programmes. Propagation of technology/schemes for rural development is slow and there is a lacking in wider participation of different stakeholders. An ideal approach may therefore, include the government, panchayats, village personals, researchers, industries, NGOs and private companies to not only help in reducing this imbalance, but also to have a multiplier effect on the overall economy.

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