

A Review Paper On Health Sector And Its Infrastructural Development In Assam

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Abstract: Health sector is considered to be the major need of a place so that everyone in that place can be disease free. Assam belongs to the seven-sister state of India where people suffers from health problems due to malnutrition, pollution, water contamination and unhygienic conditions. The people of that state have less awareness among the health problems and their access to the hospitals. Recent days the Central Government allotted many welfare schemes for the state and for the development of health care infrastructure. Primary health centers are established even in rural areas for general physical care. Child care, maternity care is given through appointment of doctors and midnurse. All areas of health sector are focused and their infrastructure is developed. This review analyses the complete infrastructure development in the health sector in Assam up to date so that the rural areas of the state also gains more facilities to treat their illness.

Keywords: Health Sector, Assam, Infrastructure, Welfare schemes, development

1. INTRODUCTION

Assam is the land of hills and valleys. The uneven topography of the land, full of hills, plains and rivers contributed to the name “Assam”. The Mongolian Ahom dynasty ruled Assam for more than six hundred years. Analyzing the health care development is an attempt to throw light on the developmental disparities in Health care sector in twenty-three districts of Assam. Infrastructure must integrate the hospital, as the centre for acute and inpatient care, into the broader health care system and should facilitate the seven domains of quality patient experience, effectiveness, efficiency, timeliness, safety, equity and sustainability [DH, 2013; Atkinson S, 2010].

The term ‘access’ refers to patient access to all healthcare services, including mental health support, 10 physical access to healthcare facilities and all relevant hospital information, including clinical service statistics, in electronic, written or audio formats. Access to information should be recognised as an effective way in which to promote both patient and staff wellbeing. There should be equity of access irrespective of age [AMRC, 2008]. Development is a multidimensional process and its impact cannot be captured fully by any single indicator [Ajanta Nath, 2007]. A comprehensive, corporate approach to managing medical equipment, overseen by a responsible lead, ensures that appropriate medical equipment is available and fit-for-purpose, as required for the delivery of high quality clinical services [Linda L, 2015]. The status of development in health care services of Assam has been estimated with the help of composite index based on optimum combination of 35 development indicators [Nath, 2014].

While Assam has made progress in its health indicators, it further needs to strengthen its existing health services especially the rural health care to be able to achieve significant improvement in the status of its women and children [THS, 2016]. The Narendra Modi government’s continued focus on creation of robust health infrastructure through its flagship schemes such as PM Ayushman Bharat Health Infrastructure Mission and the recently announced Ayushman Bharat Digital Mission [A Saikia, 2022].

2. BACKGROUND STUDY

Health infrastructure is regarded as a crucial concept, which needs to be emphasized upon particularly when improvements need to be brought about in medical and health care facilities. In accordance to the research studies, these are more in a deprived state in rural communities as compared to urban communities [R Kapur, 2020]

2.1 Health scenario of Assam

The overall organizational and management structure in Assam is quite similar to the management structure followed across other states. Health is considered as a basic asset because ill health disables us from fulfilling our responsibilities both on social and personal grounds. The objective of the paper is to access the status of health infrastructure, health facilities and expenditure pattern on health sector in the state of Assam. The increase in the number of health care facilities is enough to ensure good health and well being of the people [Kasturi G, 2020]. The state has reported availability of 689 regular specialists, 1723 regular MBBS doctors for these facilities, 70 dentists in regular cadre, 358 Ayurvedic doctors, 5130 ANMs, 1447 GNMs [NRHM, 2008].

Poor habitat and improper sanitation are other major problems in the rural areas. Untreated drinking water from open sources like ponds, wells, rivers etc. are the major causes of various water borne diseases like Cholera, Diarrhea, Dysentery etc. Contamination of drinking water sources in rural areas may be due to the use of pesticides & chemical fertilizers & animal dung in the agricultural field and improper sanitation.

In Assam most of the village people are deprived of proper health care services as the dispensaries and health care centers are not at easy reach. Distribution of free medicine including the life saving medicines & saline are not adequately provided to the poor rural people, many of whom are suffering from indoor air pollution due to the use of biomass fuel [Envis, 2016].

In Assam, nutritional anaemia is recognised as a major health problem as it is widespread among children, adolescent girls and boys, women of reproductive age, pregnant women and lactating mothers in different districts of the State, mirroring overall high rates of undernutrition. As per the Fourth National Family Health Survey (NFHS-4) 2015-16, an estimated 35.7% of 6 to 59-months-old children in Assam are anaemic. Approximately 46.0% of all 15 to 49-years-old adult women in Assam are anaemic [Dharmakanta K, 2020]

2.2 Health and family welfare schemes

Assam launched the National Rural Health Mission (NRHM) in April 2005, and actively trying to support the Directorate of Health and services, both General and Family Welfare by providing effective health care in all the areas of health, especially in the rural areas. The Directorate of Health Services has four different wings namely, Public Health Analyst, Additional DHS, Drug Controller and Joint DHS for each different units/ cell such as Nursing, Technical, Drug Analyst, Malaria, Public Health, Health Education Bureau, Leprosy, TB, AIDS [Indranee D and Shailly B, 2007].

“Boat clinic” is formulated by Sanjoy Hazarika, managing trustee of the New Delhi-based Centre for Northeastern Studies and Policy Research and adopted by the Assam government, boat clinics provide health services such as immunization, vaccination, prenatal and postnatal care for pregnant women, malaria intervention and Japanese Encephalitis intervention, apart from general health checkups in the remote riverine areas of the state, accessible only by boat [Susmita Priyadarshini, 2016]. This partnership endorses our relentless efforts to make quality healthcare affordable and accessible to everyone in society, irrespective of their social and economic status, especially the most vulnerable populations. Swasthya Mitra operations to 10 districts of lower and middle Assam covering 4000 villages and six million people with the help of SAMRIDH’s support [P Kalita, 2022].

2.3 General health care Infrastructure

The sub-centre with one Auxiliary Nurse Midwife (ANM) and one male Multi-Purpose Worker (MPW) is the most primary health care providing institution in the rural areas and supposed to be at each village for every 5000 population in plain areas and for every 3000 population in hilly/tribal/desert areas. The Primary Health Centre (PHC) is the second tier of health care unit set up by the State government for the rural people with population between 20,000 (hills) to 30,000 (plains) [Pranjal P B, 2015].

The State was provided healthcare to rural population throughout and special focus on districts which have weak public health indicators and for weak infrastructure to bring about reduction in child and maternal mortality. To improve universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women’s and children’s health and universal immunization. To improve access to integrated comprehensive primary health care to bring about population stabilization and to promote healthy life styles [NHM, 2022]

The Assam Government has deployed 130 Mobile Medical Units (MMUs) of which 80 are deployed in the tea garden areas. At present 414 tea gardens are covered by these MMUs every month. MMUs are basically “hospital on wheel” manned with doctor, nurse, paramedical staff equipped with basic free diagnostic services and free medicines. More than 20.31 lakh patients have been treated in 47,020 camps organized by these MMUs from June 2017 to January 2019 [Mukul, 2019]. After witnessing the second wave of Covid 19, the country is all geared up for better health infrastructure and state governments all across the country are trying to notch up the health care facilities. The latest is, Assam government is looking to improve the operations in the government-run medical colleges and hospitals to handle the increasing rush of patients and provide better health care facilities to the people of Assam [Pallavi P, 2021].

Sub Centre has 1 per 5,000 population in general areas and 1 per 3,000 population in difficult/tribal and hilly areas. Primary Health Centre has 1 per 30,000 population in general areas and 1 per 20,000 population in difficult/tribal and hilly areas. Community Health Centre has 1 per 1,20,000 population in general areas and 1 per 80,000 population in difficult/tribal and hilly areas. A new norm has also been adopted for setting up a SHC based on ‘time to care’ within 30 minutes by walk from a habitation has been adopted for selected district of hilly and Desert areas [NHM, 2022].

2.4 Reproductive and Maternity Care

Delivery care depends on such indicators like institutional births, institutional birth in public facilities, birth assisted by a doctor or nurse. These are very important factors for good health i.e. Reduce death rate, IMR. Institutional births in Assam, NEER and India are 70.6, 66.4 and 78.9 percent respectively that Assam and NEER is comparatively less than India [Pranjit K P et al., 2019]. According to NFHS-II, only half of women who visited health facility recently rated it very clean in Assam (47 percent in rural areas), compared to Indian average of 67%. An evaluation of district hospitals by the Assam Medical College confirmed that of the 21 district hospitals, only three (Dhubri, Tinsukia, and Sibsagar district hospitals) were rated as having a good condition of wards and/or operation theatres [World Bank, 2004]

2.5 Child Health care and sterilization procedures

Fixed day sterilization is happening in all the district hospital. The state showed an increase in Non-Scalpel Vasectomy (NSV) cases and regular services needs to be provided at District Hospitals (DH), three gynecologists are posted but laparoscopic tubectomy or routine abdominal tubectomy services are not happening. The only person who knew these procedures have been promoted and two others do not know the procedure. Thus these services are provided through camps [NRHM, 2010].

Assam health minister Keshab Mahanta expressed readiness to tackle a possible third wave of Covid-19 by boosting the infrastructure of child care units across district hospitals. The Government started to complete pediatrics and neonatal ICUs to face new challenges that can be posed by the new variants of the virus [Kangkan Kalita, 2021]

3. DISCUSSION AND RECOMMENDATIONS

Health care is the most important functional body that should present from top cities to the nook and corner of a country. So that all the people can access the health care centers for treatment to their health problems. If it is available only in the main cities rural people cannot access the hospitals for primary treatment to serious illness. Health care infrastructure must include the development in health care departments, medical equipments, building, and easy access. Assam is the north eastern state which is full of mountains, valleys and river. Some deepest part of the state lacks health care centers. Since most of the rural areas have contaminated water bodies, lacks sanitization and hygiene people in that areas may suffer from various types of diseases. As compared to other parts of India Assam is low in health care infrastructure. Many welfare schemes were introduced by State and Central government to bring them up. More Doctors were appointed and continuous awareness programs were conducted for the rural people.

The future recommendations are as follows;

- ❖ Good design and infrastructure must be provided even in Government hospitals
- ❖ More PHC should be established
- ❖ Awareness programs must be conducted for the people
- ❖ Many health care professionals must be appointed

4. CONCLUSION

To conclude this study, the state Assam must be focused more by the government for the development of infrastructure in health care to get sophisticated instruments and equipments for the treatment. They should not move anywhere to access health care centers. Major health problems are experienced by the people of Assam due to many internal and external factors. They face difficulties in maternity care and child care in the rural areas. So the Government has taken enough measures by introducing many welfare programs and allotment of fund for the establishment of health centers. Awareness programs and camps were conducted for the people who live in the interior areas. Major changes in the health care centers were done for the development in the infrastructure.

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