How healthy are the children of Indian Sundarbans?

The First Health Watch report
1st August, 2013
What Future Health System (FHS) research initiative wants to do?

• Generate and push streams of evidences on the health service delivery system in the Sundarbans especially for children.

• Create a knowledge platform to generate new ideas on how to provide better health services to disadvantaged children.

• Strengthen capacity of interested partners (govt, non-govt, and development agencies) to design and evaluate new interventions.

• The first Health Watch report, based on a series of recent studies, is a step towards this direction.
Focus of the report

• To generate knowledge on
  - The child health needs
  - Gaps in protecting child health rights
  - The barriers to access of health care services for children

• Find out ways by which health care system can be made more effective in the Sundarbans
Data

• Primary data collected from one block (Patharpratima) through
  □ Household survey (focused on children)
  □ Facility assessment
  □ Exit interviews
  □ RMP interview
  □ Ethnographic studies and case studies

• GIS mapping of all providers
• An earlier FHS report on Sundarbans (2009) based on data from all 19 blocks.
Sundarban —> Patharpratima

Sundarban (19 blocks)

Patharpratima block
The human face of the Sundarbans

- 4.5 million people
- Subsistence agriculture and forest/river products
- Chronic poverty with dualistic development
- Difficult to access
- Man-nature conflict
- Environmental threat
Key findings-I
Child health status
1. Under-nutrition prevails at high level

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Moderate or Severe</th>
<th>Severe</th>
</tr>
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<tbody>
<tr>
<td>Under weight (%)</td>
<td>38.6</td>
<td>12</td>
</tr>
<tr>
<td>Stunting (%)</td>
<td>35.2</td>
<td>11.7</td>
</tr>
<tr>
<td>Wasting (%)</td>
<td>25.2</td>
<td>8.6</td>
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</tbody>
</table>

The prevalence of stunting may be as high as 60% if the child is a girl, aged 1-3 years, and born in a poor household.
Predictors of undernutrition

Mother’s health

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Non-deltaic</td>
<td>41.5</td>
<td>34.3</td>
<td>24.5</td>
</tr>
</tbody>
</table>

Geography

<table>
<thead>
<tr>
<th>Type</th>
<th>Deltaic</th>
<th>Non-deltaic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunted</td>
<td>33.8</td>
<td>24.0</td>
</tr>
<tr>
<td>Wasted</td>
<td>29.4</td>
<td>20.5</td>
</tr>
<tr>
<td>Underweight</td>
<td>28.6</td>
<td>19.5</td>
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</tbody>
</table>

Food security

<table>
<thead>
<tr>
<th>Type</th>
<th>Poor</th>
<th>Non-poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunted</td>
<td>39.5</td>
<td>30.6</td>
</tr>
<tr>
<td>Underweight</td>
<td>37.3</td>
<td>28.4</td>
</tr>
</tbody>
</table>
2. Extra burden of morbidity

Morbidity burden among 0 to 6 year children in the last 30 days (self-reported)

Fever
- West Bengal: 28.9%
- S24 Paraganas: 30.3%
- Sundarbans: 38.6%

Diarrhea
- West Bengal: 6.7%
- S24 Paraganas: 5.4%
- Sundarbans: 7.8%
Environment-linked ailments hold the major share

**Distribution of cases based on reported symptoms**
- RI: 48%
- Gastro: 14%
- Skin: 5%
- Non-specific: 15%
- Other: 18%

**Distribution of cases based on reported hospitalization**
- RI: 31%
- Gastro: 37%
- Other: 32%
Key findings-II
Child health rights: from a child’s viewpoint
Right 1: My mother should have adequate health and nutrition when I am inside her

<table>
<thead>
<tr>
<th></th>
<th>FHS 2012</th>
<th>FHS 2009-10</th>
<th>DLHS3 (WBENGAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% who had ANC during pregnancy</td>
<td>98.6</td>
<td>95.7</td>
<td>96.1</td>
</tr>
<tr>
<td>% who had ANC in the first trimester</td>
<td>60</td>
<td>60.3</td>
<td>42.5</td>
</tr>
<tr>
<td>% that received PNC</td>
<td>50</td>
<td>23.8</td>
<td>56.9</td>
</tr>
<tr>
<td>% received supplementary nutrition during pregnancy</td>
<td>62</td>
<td>53.2</td>
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</tbody>
</table>

Good progress in ANC, but low coverage of supplementary nutrition during pregnancy and PNC
Right 2: I should be born in a safe environment and at a safe hand

• About 53% of the births were delivered at home (last 5 years). The rate reduced to 46% in 2011-12.

• Only 5% of home deliveries were assisted by qualified professionals.

• 3 out of 4 illiterate mothers delivered births at home assisted mostly by untrained hands.
Right 3: I should receive very special care during the 1st month followed by full preventive care

- At least a quarter of all children aged 1-12 months took births and spent the first week of their lives without any supervision from any health worker.

- 87% of the children (12-23 months) were fully immunized, but timeliness needs attention.
Right 4: I should be fed according to the universally accepted good feeding practice

% of children of age 0-12 months who were immediately breastfed after birth

% of children of age 0-12 months who were exclusively breastfed for 5-6 months
Right 5: I should be taken to a ‘proper’ doctor when I am ill and require ‘treatment’.

<table>
<thead>
<tr>
<th></th>
<th>RMP</th>
<th>Govt. Facilities</th>
<th>Pvt. Qualified</th>
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</thead>
<tbody>
<tr>
<td>% of ailing children used the services of</td>
<td>85.1%</td>
<td>4.1%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Median Distance travelled (km)</td>
<td>1</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Median Travel Time (min)</td>
<td>15</td>
<td>25</td>
<td>80</td>
</tr>
<tr>
<td>Median Out of pocket Expenditure (Rs)</td>
<td>220</td>
<td>460</td>
<td>550</td>
</tr>
</tbody>
</table>
Hospitalization

- Hospitalization rate of children 5.4% (in a year)
- 75% of them were admitted in public hospitals
- But only 1/3rd of them were treated at local BPHC
Right 6: I should receive regular supplementary nutrition during my childhood.

% of children received services through ICDS (0-2 years)

- **Vit- A Supply**
  - Deltaic: 25
  - Non-Deltaic: 25
  - Total: 25

- **Registered**
  - Deltaic: 81
  - Non-Deltaic: 72
  - Total: 77

- **Regular AWW Visit**
  - Deltaic: 56
  - Non-Deltaic: 44
  - Total: 51

- **Weighing every month**
  - Deltaic: 58
  - Non-Deltaic: 46
  - Total: 59
Children 3-6 years: mostly irregular or non-user of ICDS services

- Regular: 39%
- Irregular/never: 61%

WHY?
- Far off: 27%
- No company: 14%
- No use: 12%
- Other: 8%
Future Health Systems
Innovations for equity

Key findings-III
Child health care: by whom, how much, and where?
Public health network is grossly inadequate for comprehensive child care

• Sub-centres are adequate but mostly address preventive care

• Number of PHCs and BPHC are inadequate, but more importantly, due to lack of critical inputs, not all of them properly function

• Facilities are not adequately child focused
The parallel (underground) providers fills in the gap

- Overwhelming dominance of RMPs in curative care
- Easy availability, instant medicine, proximity, and people’s trust make them a formidable competitor
Quality of care of RMPs: unregulated, questionable and often puzzling

- RMPs: Up-to-date knowledge about modern medicines

- But quite incompetent in diagnosis and rational use of drugs
  - 47% of RMPs could not correctly answer a single question (total 5 questions) about ‘how a newborn should be cared’.

- They successfully hide their incompetency by making their clinical procedures visibly indistinguishable from that of qualified providers.
Many NGOs but too little for child health

• About half of the NGOs working in Patharpratima are committed to health care (totally or partially)

• But, except for a few nutrition care initiatives, child health is not really focused.
Unique geographical challenges compound the barriers to access health facilities

- The deltaic topography makes it extremely difficult for the people to access health facilities.

- People living in the remote islands have to depend on multi-modal transportation.

- The costs in terms of time and transportation are often prohibitively high.
Climatic shocks trigger ill health and malnutrition

- Direct effects
- Indirect effects
  - Loss of livelihood
  - Migration of male members
  - Alternative livelihood seeking by mothers
Summary: the gaps

- Basic (quality-assured) curative care
- Nutritional care – institutional and at home
- Neonatal care - institutional and at home
- Referral linkage
Way forward....

• Bring Child Focused Lens in public health Programs.
• Effective partnerships with development agencies and Non-state actors.
• Stimulating, identifying and up scaling innovative health programs using low-cost modern technology.
• Providing usable scientific evidence for better decision making.
Special thanks

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• Sabuj Sangha
• Mr. Dilip Ghosh, Ex Special Secretary, DoHFW
• Dr. M N Roy, Ex Principal Health Secretary, DoHFW
• Terre Des Hommes, Save the Children, CRY
• Health officials of District South 24 Parganas and Patharpratima block
• People and many other organizations of the Sundarbans
THANK YOU