



Future Health Systems

Innovations for equity

www.futurehealthsystems.org



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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

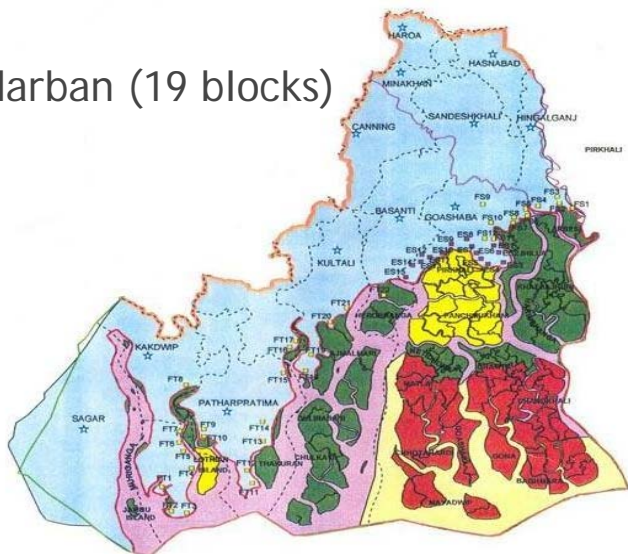
- To generate knowledge on
 - The child health needs
 - Gaps in protecting child health rights
 - The barriers to access of health care services for children
- Find out ways by which health care system can be made more effective in the Sundarbans

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





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Key findings-I

Child health status



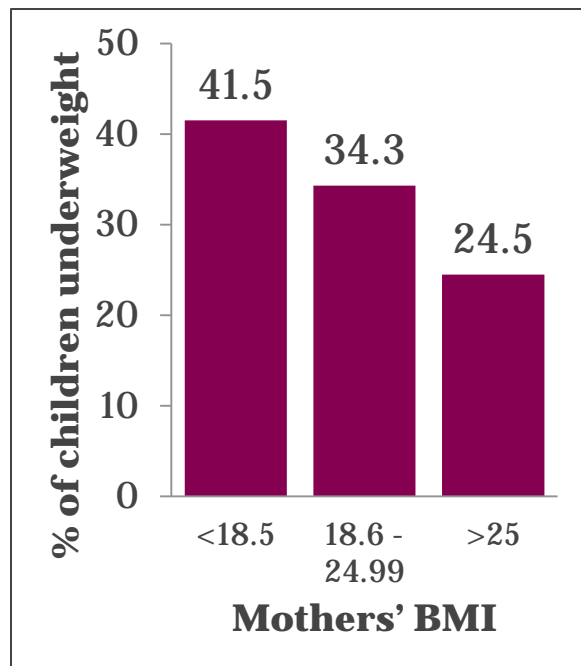
1. Under-nutrition prevails at high level

Indicator	Moderate or Severe	Severe
Under weight (%)	38.6	12
Stunting (%)	35.2	11.7
Wasting (%)	25.2	8.6

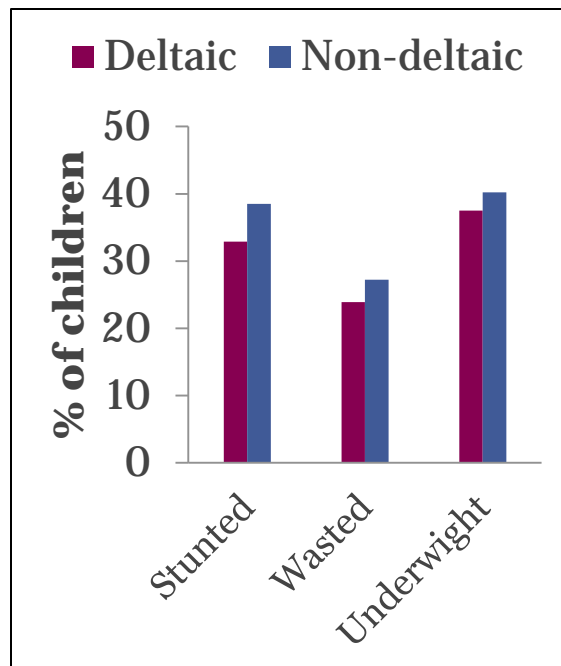
The prevalence of stunting may be as high as 60% if the child is a girl, aged 1-3 years, and born in a poor household

Predictors of undernutrition

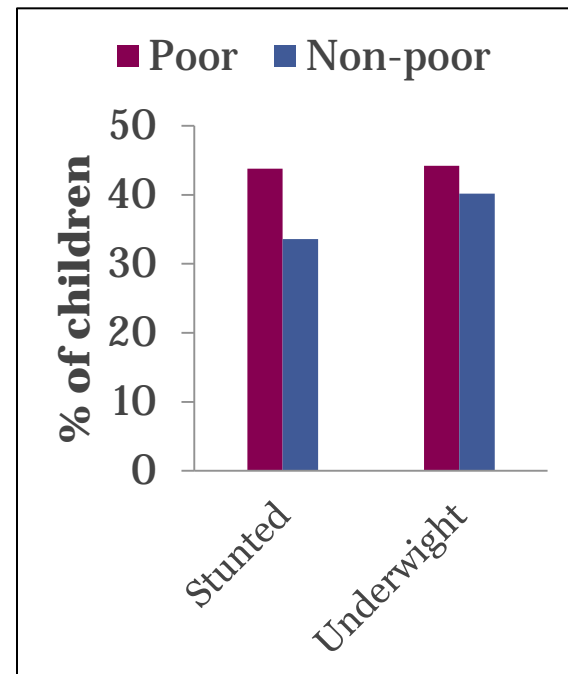
Mother's health



Geography

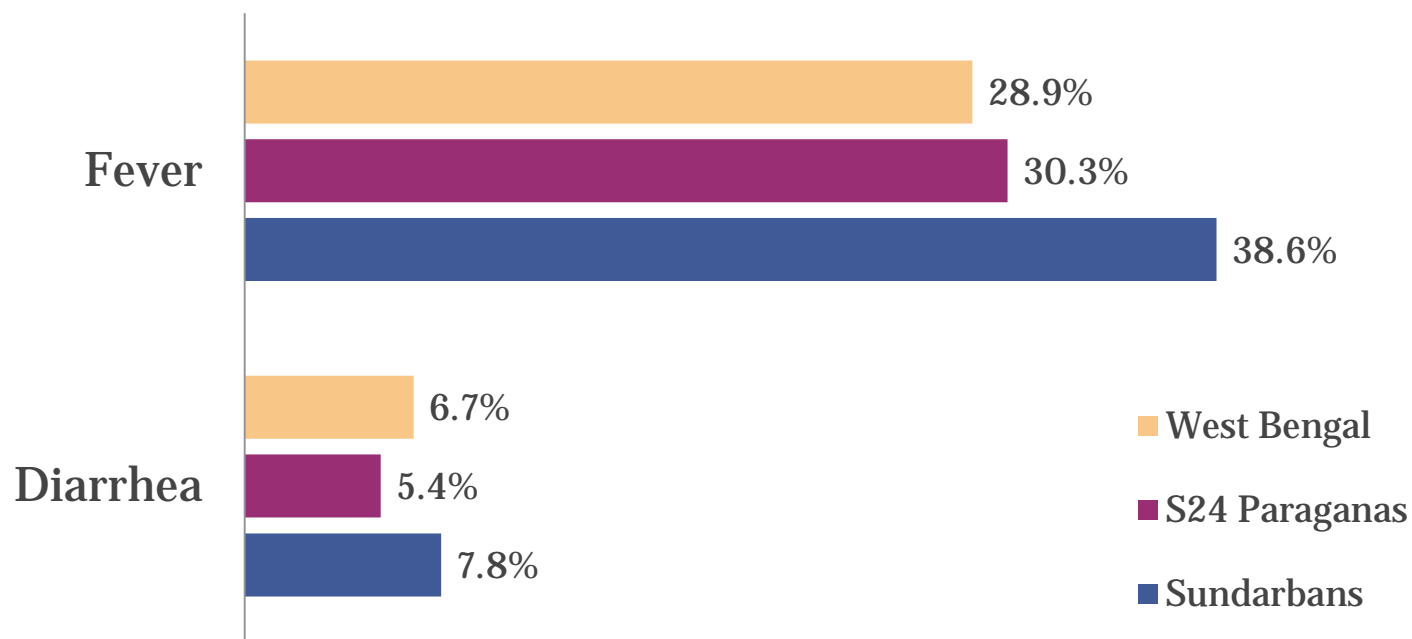


Food security



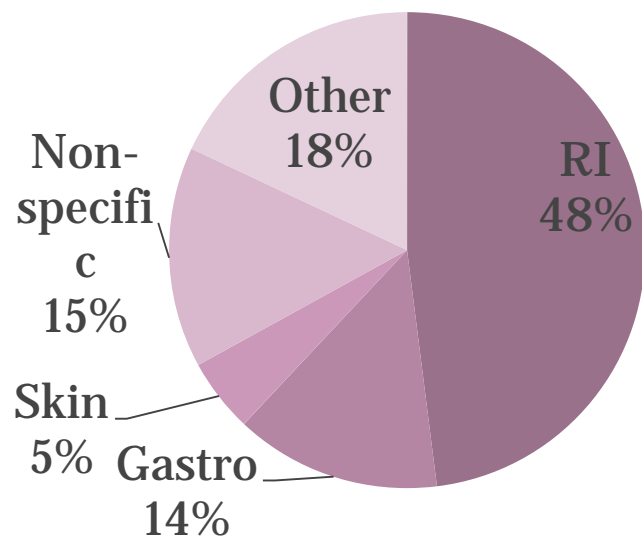
2. Extra burden of morbidity

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

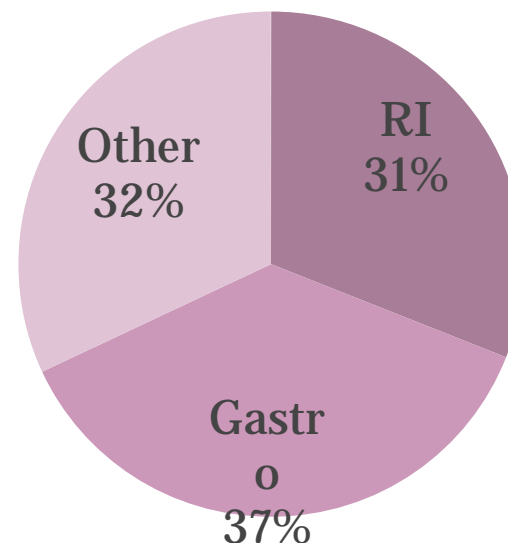


Environment-linked ailments hold the major share

Distribution of cases based on reported symptoms



Distribution of cases based on reported hospitalization





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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

	FHS 2012	FHS 2009-10	DLHS3 (WBENGAL)
% who had ANC during pregnancy	98.6	95.7	96.1
% who had ANC in the first trimester	60	60.3	42.5
% that received PNC	50	23.8	56.9
% received supplementary nutrition during pregnancy	62	53.2	

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

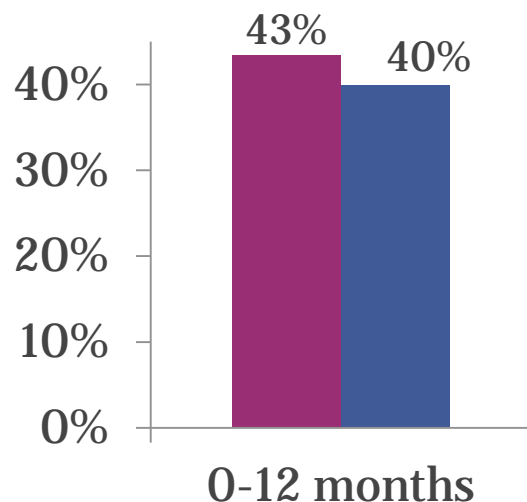
- About 53% of the births were delivered at home (last 5 years). The rate reduced to 46% in 2011-12.
- Only 5% of home deliveries were assisted by qualified professionals.
- 3 out of 4 illiterate mothers delivered births at home assisted mostly by untrained hands.

Right 3: I should receive very special care during the 1st month followed by full preventive care

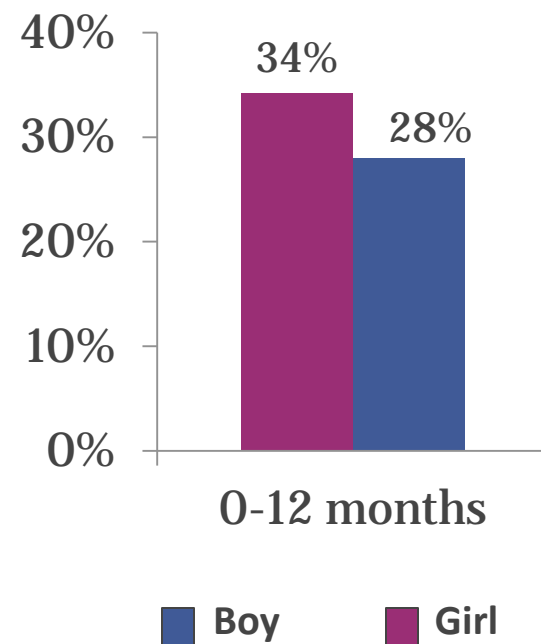
- At least a quarter of all children aged 1-12 months took births and spent the first week of their lives without any supervision from any health worker.
- 87% of the children (12-23 months) were fully immunized, but timeliness needs attention.

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'.

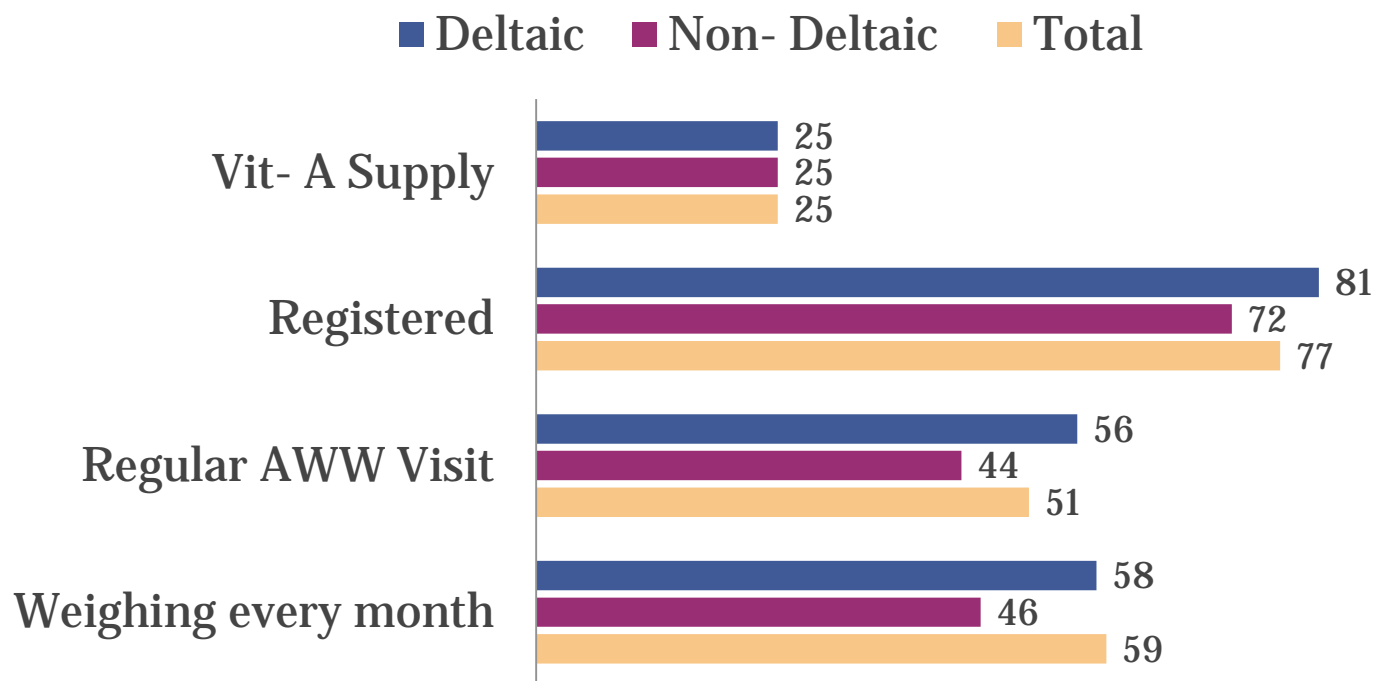
	RMP	Govt. Facilities	Pvt. Qualified
% of ailing children used the services of	85.1%	4.1%	6.4%
Median Distance travelled (km)	1	3	12
Median Travel Time (min)	15	25	80
Median Out of pocket Expenditure (Rs)	220	460	550

Hospitalization

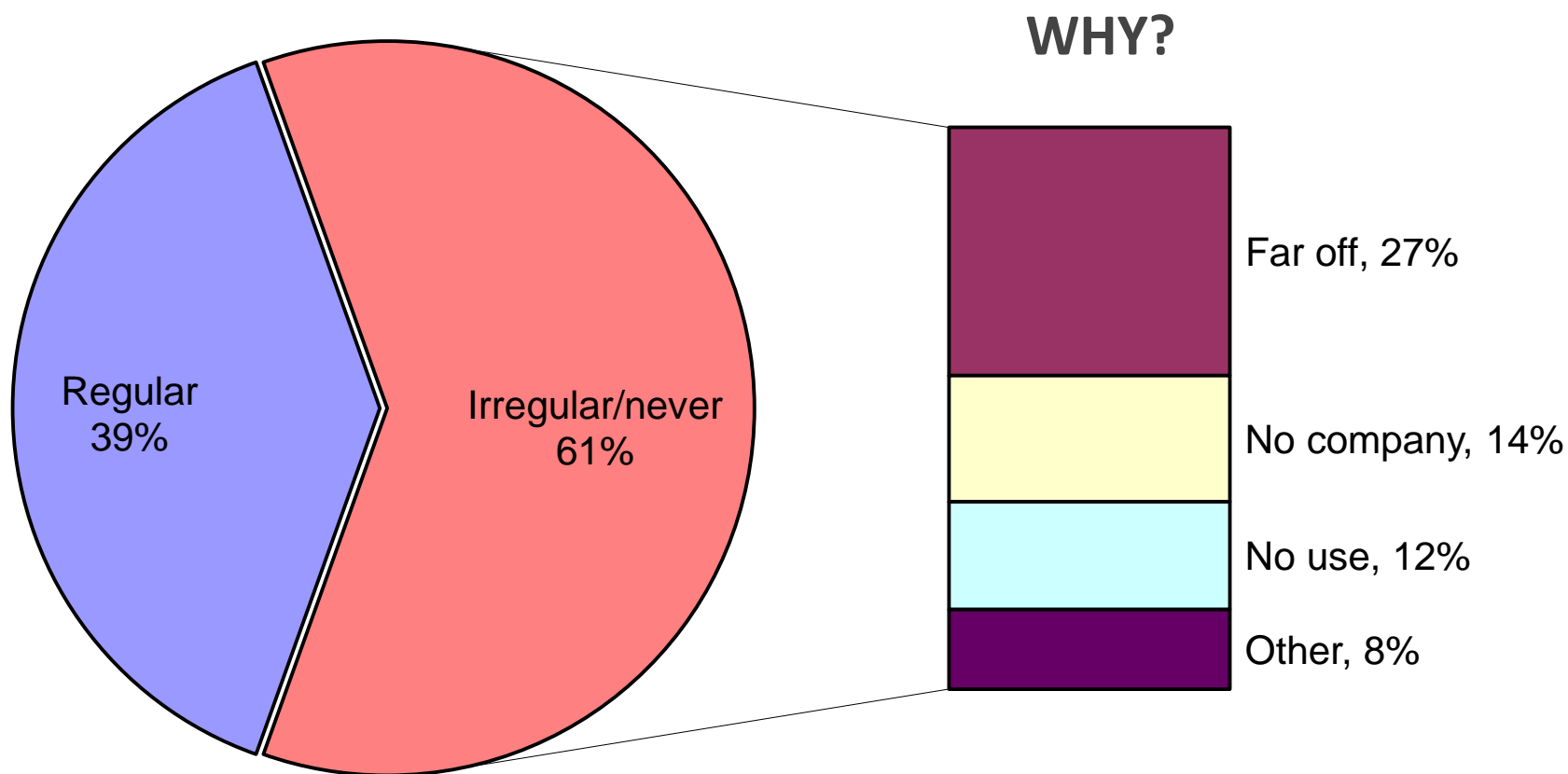
- Hospitalization rate of children 5.4% (in a year)
- 75% of them were admitted in public hospitals
- But only 1/3rd of them were treated at local BPHC

Right 6: I should receive regular supplementary nutrition during my childhood.

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



Children 3-6 years: mostly irregular or non-user of ICDS services





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Key findings-III

Child health care: by whom, how
much, and where?



Public health network is grossly inadequate for comprehensive child care

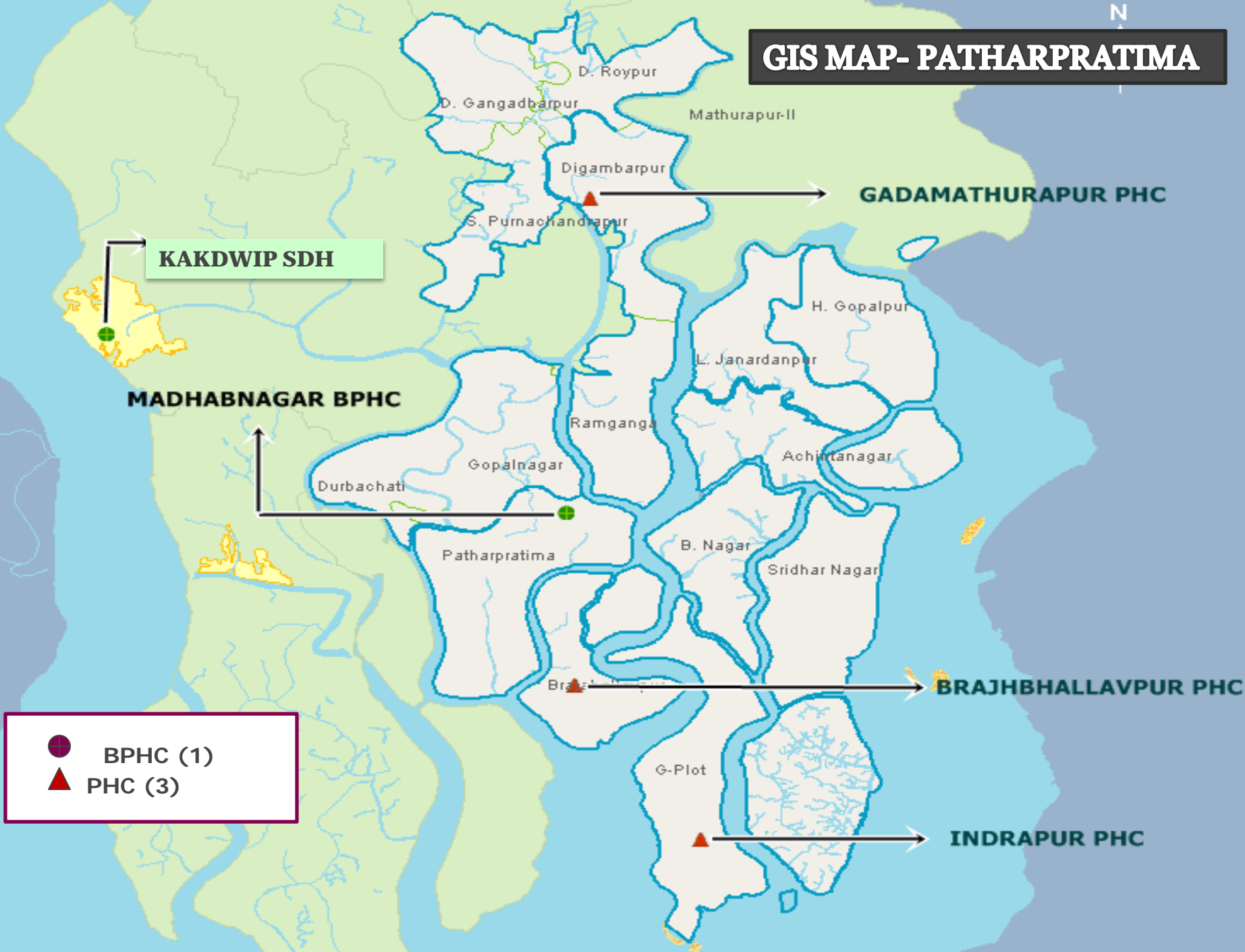
- Sub-centres are adequate but mostly address preventive care
- Number of PHCs and BPHC are inadequate, but more importantly, due to lack of critical inputs, not all of them properly function
- Facilities are not adequately child focused

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



GIS MAP- PATHARPRATIMA



GIS MAP- PATHARPRATIMA

N

BPHC (1)

PHC (3)

SC (65)

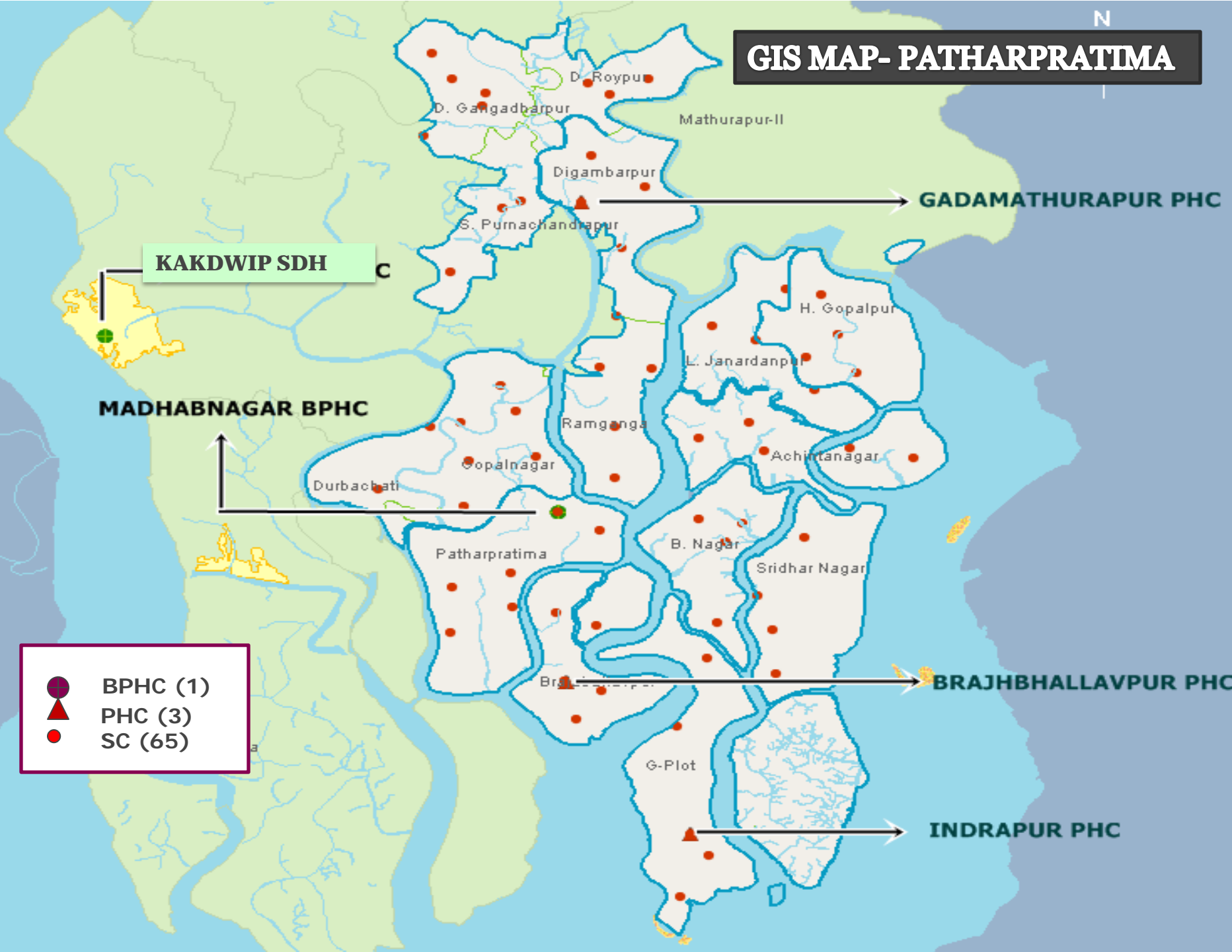
KAKDWIP SDH

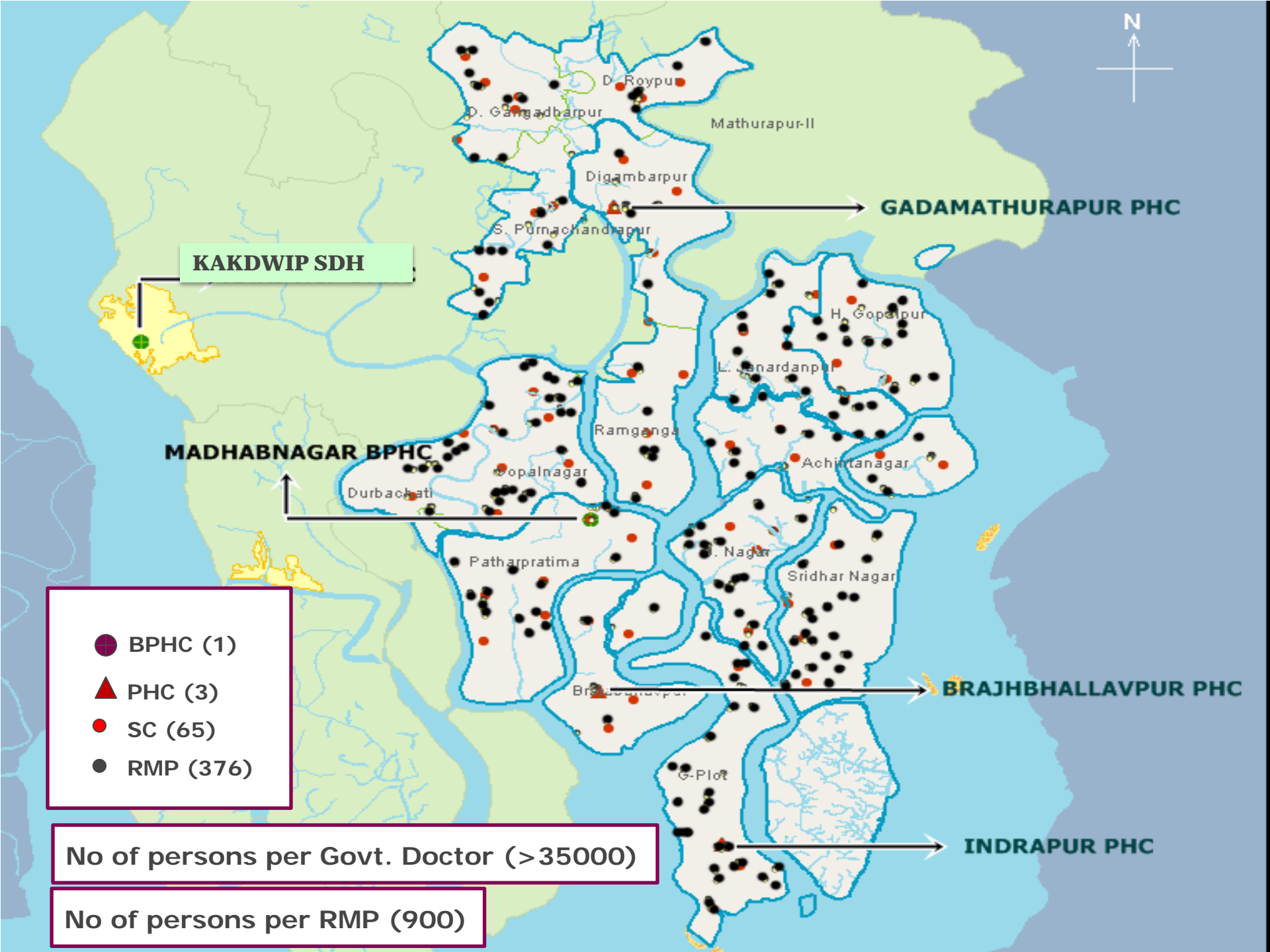
MADHABNAGAR BPHC

GADAMATHURAPUR PHC

BRAJHBHALLAVPUR PHC

INDRAPUR PHC





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.

VIRTUAL JOURNEY- PATHARPRATIMA

ROUTE 2

TIME: 115 Minutes

Day Fare:
26 INR

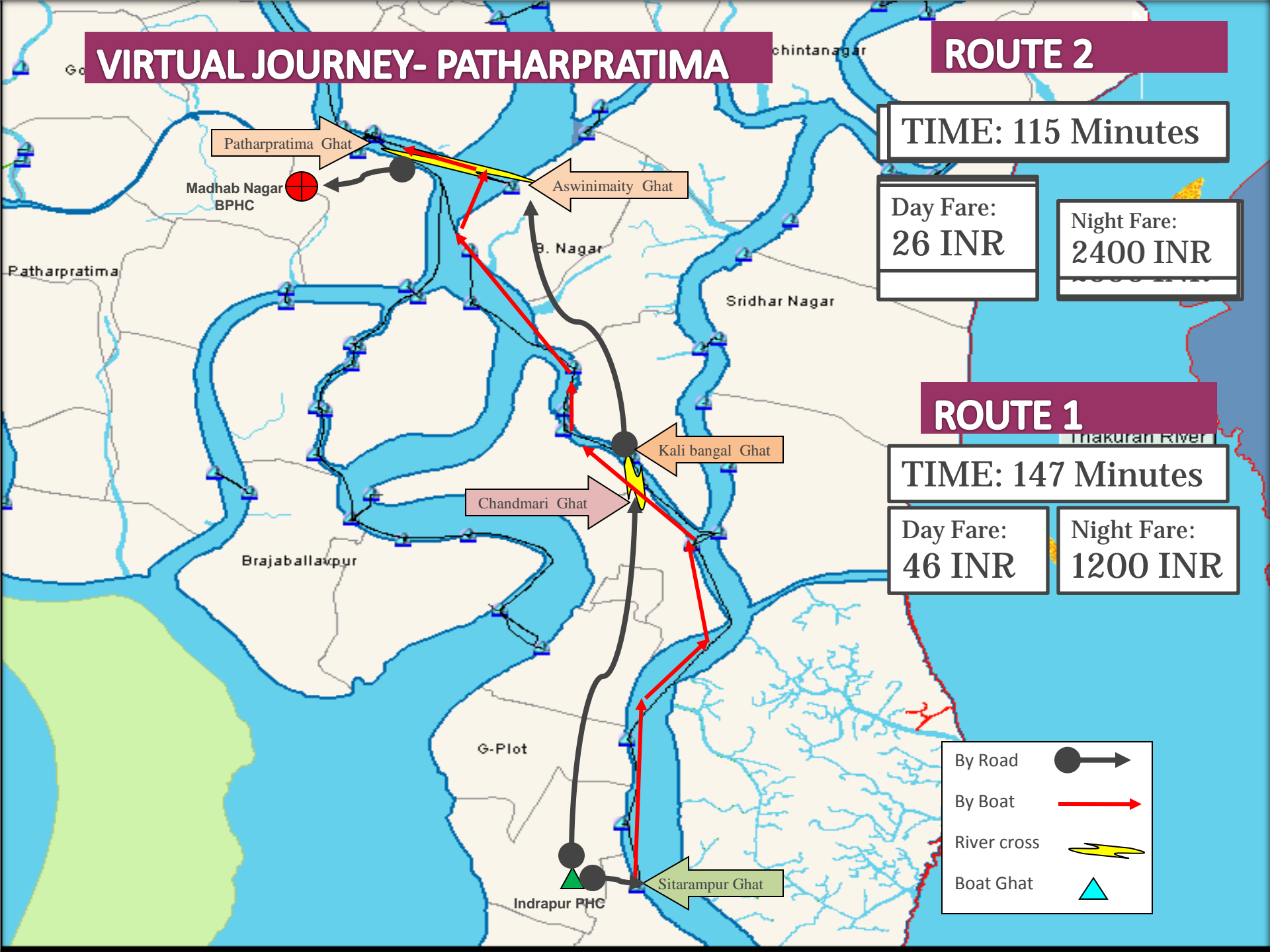
Night Fare:
2400 INR

ROUTE 1

TIME: 147 Minutes

Day Fare:
46 INR

Night Fare:
1200 INR



By Road



By Boat



River cross



Boat Ghat



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

- Riddhi Uddalak
- 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