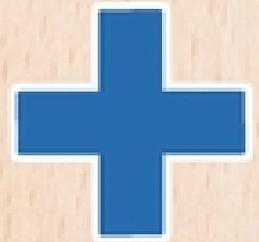


Availability and Accessibility to Health Care Services in Jharkhand



24 Hours



KAILASH SATYARTHI CHILDREN'S FOUNDATION

September, 2021

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Published by:

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Introduction

Health is defined in the Constitution of the World Health Organization as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”¹ The Government of India in 2017 introduced the National Health Policy, which envisages attaining the highest possible level of health and well-being for all, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence². However, even today, India’s healthcare system has been battling with various issues, including the low number of service delivery institutions, lack of treatment and medical care facilities in the institutions, poor doctor-patient ratio, and patient-bed ratio for quite a while now.

Healthcare in Jharkhand

As per the Rural Health Statistics (RHS), 2019-2020 Jharkhand at present has 3848 Sub Centre’s (SC), 291 community health centers (CHC) in rural and 60 in urban areas and 171 primary health centers (PHC) in rural and 6 in urban areas.

Table 1: Number of health care facilities in the State

Type of Health care facilities	2019		2020	
	Rural	Urban	Rural	Urban
Sub Centre	3848	0	3848	0
Primary Health Centre	171	7	171	6
Community Health Centre	298	6	291	60

Source: Rural Health Statistics, 2019-2020

The availability of manpower is one of the important pre-requisites for the efficient functioning of health services. Data shows that the state of Jharkhand has a shortfall of 505 specialist doctors in CHC’s in 2020 as compared to a shortfall of 618 in 2019. Whereas in PHC’s there were more than the required number of doctors in 2019 which reduced substantially in 2020 leading to a shortfall of 69 doctors.

¹Constitution of the World Health Organization.

² National Health Policy, 2017

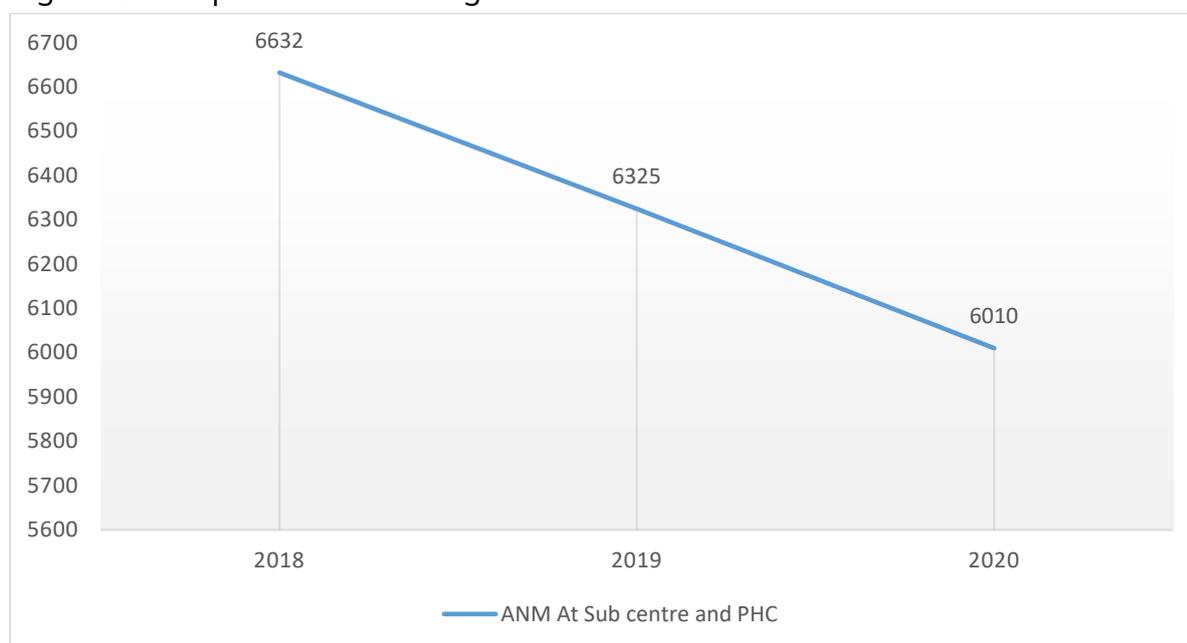
Table 2: Doctors and Specialists in PHC and CHC of Jharkhand

Year	Doctors in PHCs			Total Specialists in CHCs		
	required	in position	Shortfall	required	in position	Shortfall
2019	298	336	Surplus	684	66	618
2020	291	222	69	684	179	505

Source: Rural Health Statistics 2018-19 & 2019-20

Similarly, since 2018 the number of ANM's at sub-centre's and PHC's has decreased by nine percent, for reasons unknown. Whereas the number of doctors at PHC's since 2018 has decreased by 35 percent in 2020. (from 340 doctors in 2018 to 222 in 2020).

Figure 1: Manpower functioning



Further, according to a health review ordered by the Chief Minister of Jharkhand in 2020, it was seen that the state has only six doctors per lakh population and 85 percent of its specialist doctor posts are lying vacant.³

Looking at the health indices of the state, since the last health survey in 2005, the state of Jharkhand has drastically improved in some of its health parameters. According to the NFHS-3, only 34 percent of the children aged 12-23 months were fully vaccinated. This percentage was almost doubled in the NFHS-4 conducted in 2015-16 (increased from 34 percent to 62 percent). Similarly, the percentage of institutional deliveries has increased from a mere 18% 2005-06 to 70% in 2015-16.

³ <https://indianexpress.com/article/india/jharkhand-health-review-flags-doctor-shortage-lack-of-access-7090181/>

Rationale and Objective

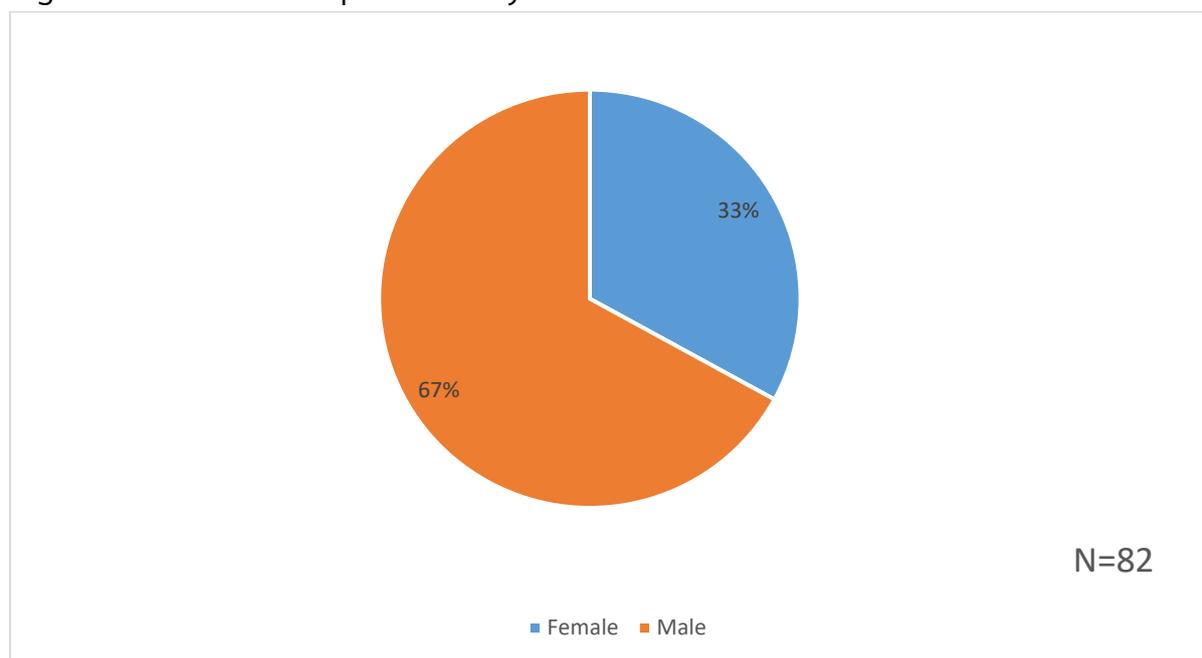
The Kailash Satyarthi Children's Foundation (KSCF) envisions a world free of violence against children in all its manifestations where all children are safe and healthy. Keeping this mandate to improve the quality of lives of children and the poor health care parameters of the State of Jharkhand in view, a need was felt to conduct a rapid household survey focusing on availability and accessibility to health care services in the state. The survey was also aimed at assessing the preparedness of the State in terms of Novel Coronavirus 2019 (COVID-19) related care and awareness. Along with this, relevant information pertaining to the health care infrastructure were also collected from the district health officials. The present study was conducted in two districts of Jharkhand, namely; Koderma and Giridih.

Findings from the Study

1. Respondent & Household Particulars

The survey was conducted with 82 households from the Giridih and Koderma districts of Jharkhand. More than two-thirds (67 percent) of the respondents were male, and 33 percent were females. The mean age of the respondents was 38 years.

Figure2: Sex of the respondents by District



Occupation of the Primary Earning Member

Further, when the respondents were asked about the main occupation of the primary earning member of the household, they were mainly (48 percent) daily wage labourers, followed by farm cultivation (agriculture) being the main occupation for 34 percent of the primary earning members. Also, it was seen that majority (51 percent) of the households had more than 6 members in the family.

Availability of Healthcare Infrastructure in the Study Area

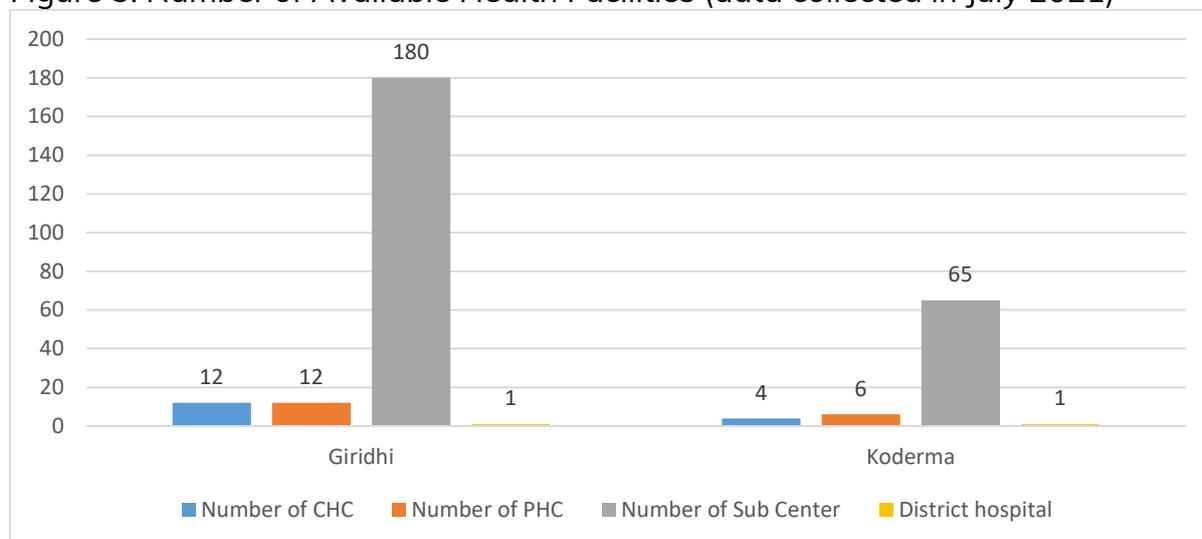
In order for people to avail healthcare services it is essential for the necessary infrastructure to be in place. Table 3 shows the number of health care facilities in Giridih and Koderma as per the Rural Health Statistics, 2020.

Table 3: Health Care Facilities in the Study Area

Type of Facility	Giridih		Koderma	
	2019	2020	2019	2020
Sub Centre	177	179	62	65
PHC's	17	17	6	8
CHC's	11	11	6	4
Sub Divisional Hospitals	0	0	0	0
District Hospitals	1	1	1	1

As per the data collected by field researchers, even though the number of sub centers match with the data provided in the RHS, it can be seen that in Giridih as per our data collection in July 2021 the number of PHC's have reduced to 12. Similarly, in Koderma the number of PHC's in 2021 are 6. According to the Rural Health Statistics a Sub Centre at an average covers 4 villages in a district. Thus, since Koderma has 717 villages the number of available sub centers as well as other health facilities is very low.

Figure 3: Number of Available Health Facilities (data collected in July 2021)



2. Accessibility to Healthcare Services

3.1 Distance from Care Centre's

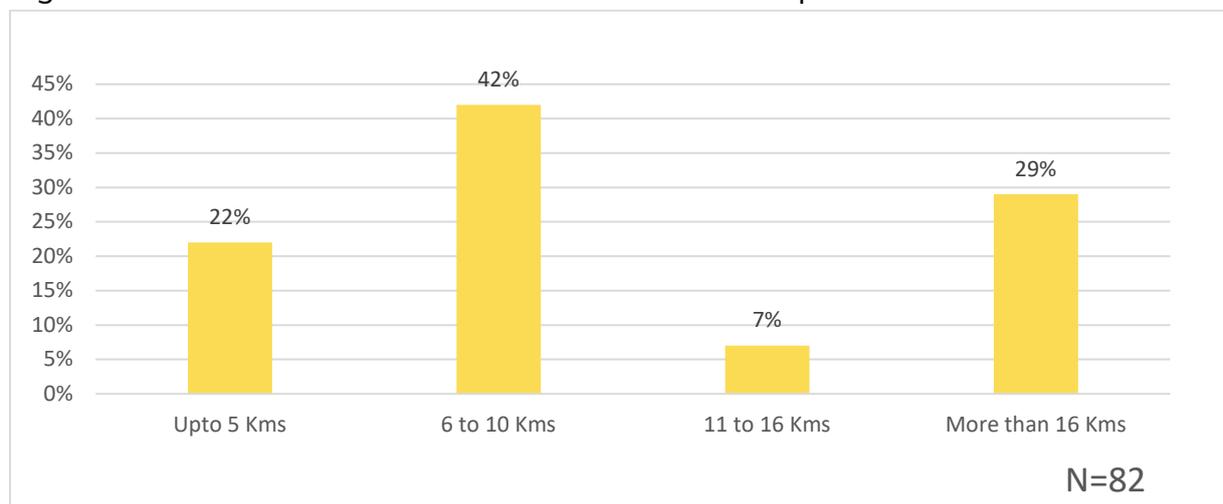
An ideal healthcare system would focus on key parameters like availability, accessibility, inclusiveness, affordability and quality. As the sustainability of healthcare depends on the latter two, State Governments need to focus on how it can be made accessible for the larger and deprived sections. However, accessibility to quality healthcare would mean that people — irrespective of their economic status or geographical location in a country are able to easily afford

effective healthcare services. However, if access was no longer the primary issue — then 50.6 million people in India would not have been pushed below the poverty line due to out-of-pocket spending on healthcare between 2004 and 2014⁴.

One of the key factors influencing access to healthcare is 'distance'. Often people residing in the rural and tribal belts are deprived of quality healthcare merely because of the lack of **availability** of healthcare near them. This means they often have to travel a great distance to reach a state healthcare facility.

In the current study, respondents were asked about the distance of the nearest Government health facility. Data shows that for the majority (78 percent) of the respondents, the nearest healthcare facility for them was at a distance of six or more than six kilometers.

Figure 4: Distance from the nearest Government Hospital

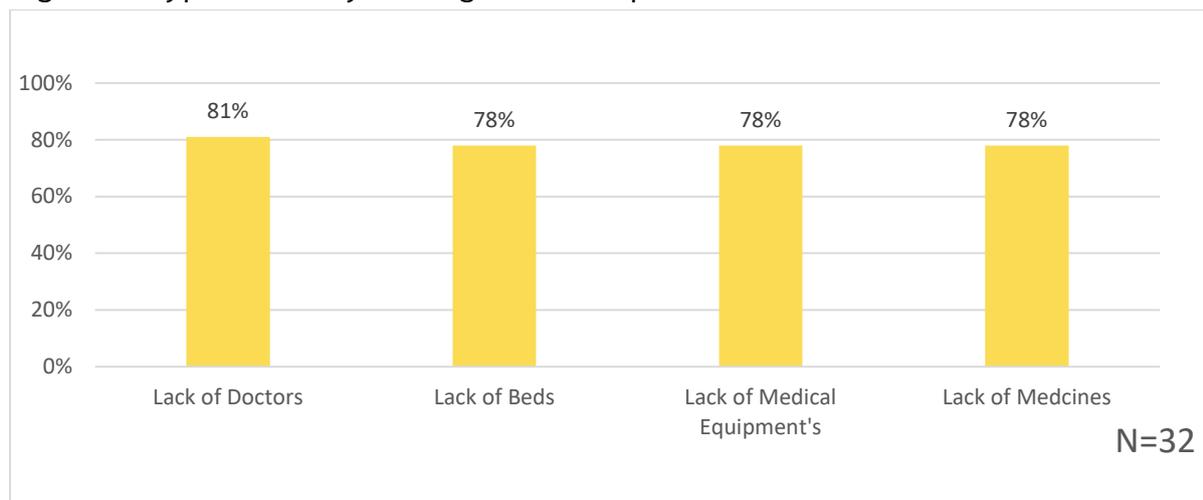


3.2 Availability of necessary services

The respondents during the survey were asked if the nearest government health facility to them had the necessary services or not. To which about two-fifth (39 percent) of the respondents shared that the nearest government health facility did not have necessary services. Out of the 32 respondents reporting government hospitals having inadequate services, 81 percent said that the hospitals lacked doctors, 78 percent said that the hospital lacked beds, whereas another 78 percent reported about lack of availability of medical equipment's in the hospital. Almost all respondents who shared about the lack of necessary services in the hospital were from Koderma.

⁴ Accessed on 15/7/2021: <https://www.newsclick.in/why-access-healthcare-bigger-problem-quality-india>

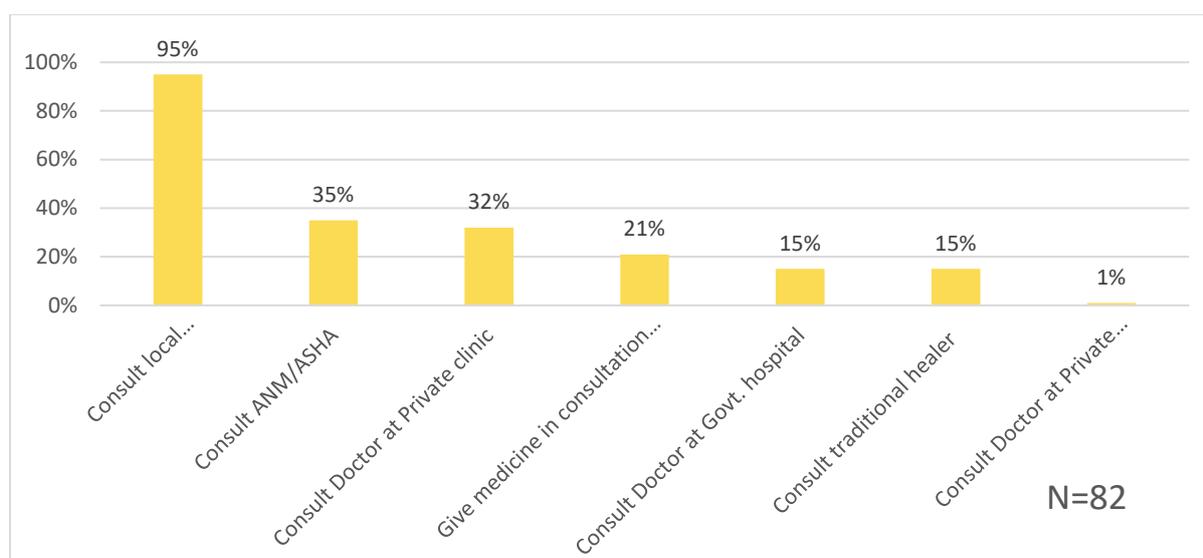
Figure 5: Type of facility lacking in the hospital



3.3 Treatment of common health problems

As per the Census 2011, majority (76 percent) of the population in Jharkhand resides in the rural areas. Thus, assuming that for many people government and private hospitals might not easily be accessible many due to distance. Thus, the respondents were asked about how they treated common health problems faced by them or their family members. To which 95 percent of the them stated that they consulted local quack/RMP/Bangali/Jhola chhap doctors for treatment of common ailments. Whereas there was a third, who reported consulting a doctor at a private clinic.

Figure 6: Source of treatment for the common ailments



Since just a little more than one tenth of the respondents shared that they consulted a doctor at the government healthcare facility, the respondents were further asked

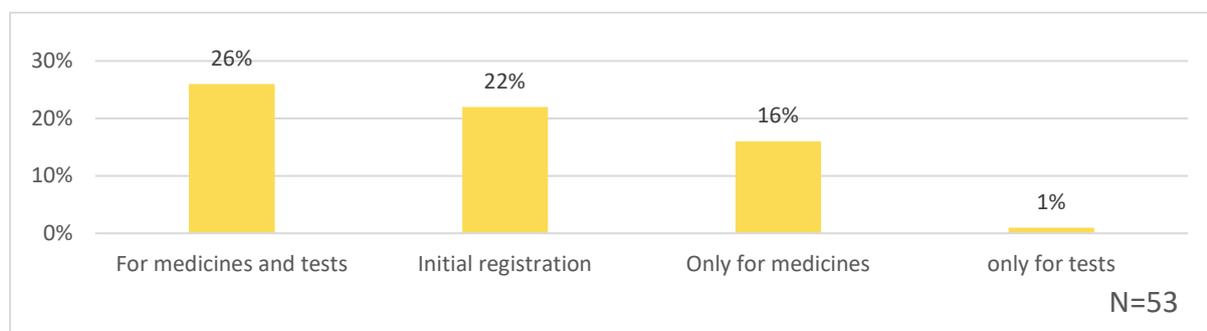
about the reason for not consulting a doctor at a government facility. For this, 72 percent mentioned distance as the main reason for not going to a government healthcare centre. An article published in the Times of India in May 2021 stated that people in districts such as Simdega, Dumka, Godda of Jharkhand that share their borders with other states—Chhattisgarh, Odisha, or West Bengal prefer to step across the border to avail medical assistance only because those healthcare centres are closer and can also provide effective services.⁵

3. Out of Pocket Expenses at the Hospital

In the present study respondents were asked if they had to pay for anything at the government hospital in order to avail services. **Even though services at government hospitals are free of cost yet more than three-fifth (65 percent) of the respondents responded that they have to pay for services at the government hospital. Furthermore, 84 percent of the respondents stated that the expenditure on the treatment in the hospital adds to the financial burden in the family.**

Out-of-pocket expenditure (OPE) often drives families to debt. Lack of access to free quality healthcare, can remove a person from the active workforce, disproportionately affecting the informal sector, which does not have access to health financing or insurance schemes. Children often are the victims to this, as their parents or relatives lose the ability to support them. The lack of cash inflow forces families to ignore or pay less attention to health issues. At present, India is ranked 182 out of 191 countries in terms of out of pocket expenditure on health⁶. According to the Economic Survey 2020-21, increasing the Government expenditure on health to 2.5-3 percent of GDP can reduce the Out Of Pocket Expenditure to 30 percent, from 65 percent⁷.

Figure 7: Facilities that required payment in order to be availed



⁵ Accessed on 15/7/21: <https://timesofindia.indiatimes.com/blogs/developing-contemporary-india/what-can-we-learn-from-jharkhands-covid-19-response/>

⁶ A Report of High Level Group on Health Sector (2019). Submitted to Fifteenth Finance Commission of India.

⁷ Economic Survey 2020-2021. Ministry of Finance, Government of India.

4. Healthcare Infrastructure for COVID Care in the Study Area

The current health pandemic has exposed our health care system and has in turn brought to light the urgent need to focus on health infrastructure. The COVID-19 pandemic has exacerbated the flaws in the State’s ability to deal with a health crisis.

The figure below shows the available infrastructure for COVID-19 care in Koderma and Giridih. However, there are no dedicated hospitals for COVID-19 infected patients in both the districts.

Figure 8: Number of available COVID-19 care centers in Koderma and Giridih

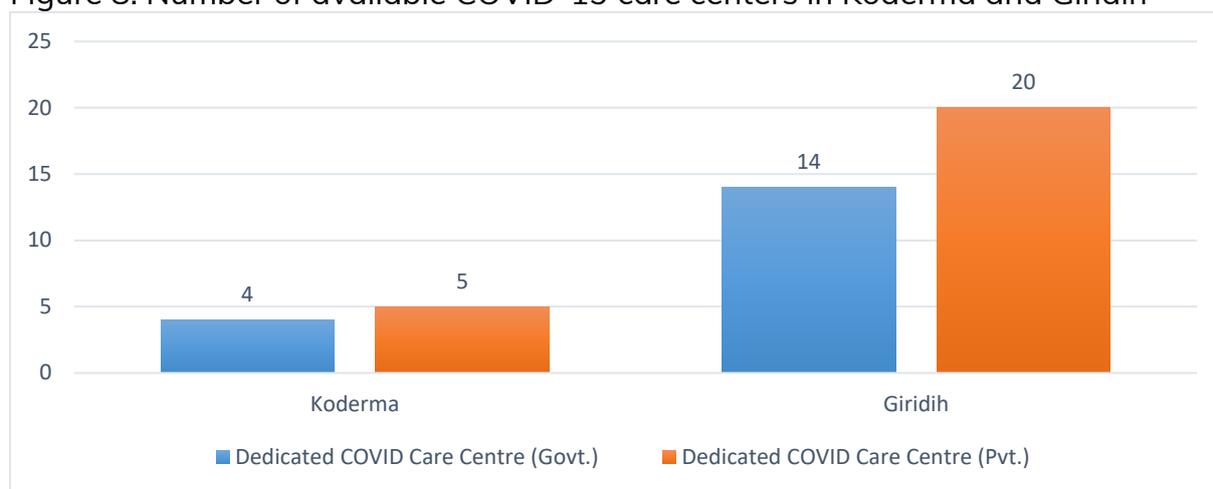
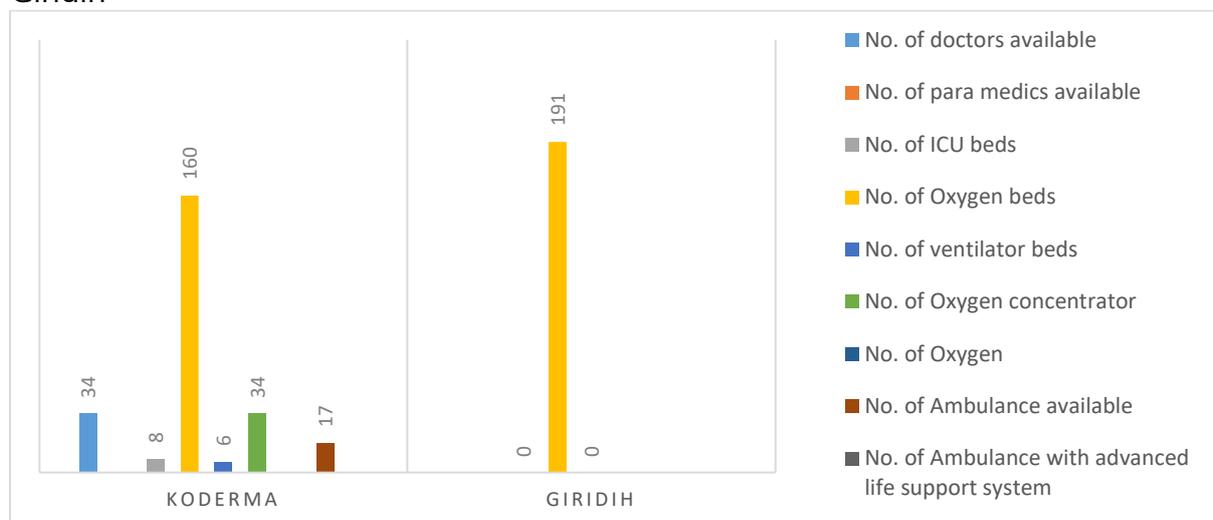


Figure 9 shows the available facilities in Government COVID-19 centres in Koderma and Giridih. Unlike Koderma, data shows that there is no information available for number of doctors, ventilator beds, number of oxygen beds, etc. in Giridih.

Figure 9: Available facilities in Government Covid care facilities in Koderma and Giridih



The team visited the Government COVID-19 care facilities to assess the availability of basic amenities. The District Chief Medical Officers were asked to assess and

inform if resources were adequate or not. During this, it was observed that the availability of personal protective equipment (PPE) kits in Government COVID-19 facilities in Koderma were inadequate.

Table 4: Availability of basic amenities in Government care center's for COVID

Districts	Availability Masks	Availability Gloves	Availability PPE kits	Availability Essential Medicines for COVID treatment	Availability Waste disposal mechanism	Dead body management
Giridih	Adequate	Adequate	Adequate	Adequate	Yes	Yes
Koderma	Adequate	Manageable	Inadequate	Manageable	Yes	Yes

5. Healthcare during COVID

COVID-19 pandemic has starkly exposed the faultline of the primary healthcare system in India. The number of people requiring medical care and emergency support in rural areas during this second wave increased, and the PHCs and CHCs which are managed with poor infrastructure, inadequate manpower failed to provide the necessary support and services. As with many other states, PHCs and CHCs are a neglected component of the Jharkhand health system. They are often understaffed as well as under-utilised. This was also covered in a Times of India news stating that “many PHCs in Jharkhand are staffed only with ANMs, and as a result, laboratory and pharmacy services are often unavailable due to a lack of technical manpower. There is a significant shortage of medical officers, nurses, and paramedical staff in the state, and trained human resources. Health care facilities of a few districts or in some blocks within a district are adequately equipped to function properly and deliver services”⁸.

Table 5: Shortfall of health facilities in Jharkhand as on 1st July 2020

Shortfall of health facilities in Jharkhand											
Sub Centres				PHC				CHC			
R	P	S	% Shortfall	R	P	S	% Shortfall	R	P	S	% Shortfall
6848	3848	3000	44	1091	291	800	73	272	171	101	37

Source: Rural health Statistics, 2019-20, R=Required, P=In Position, S=Shortfall

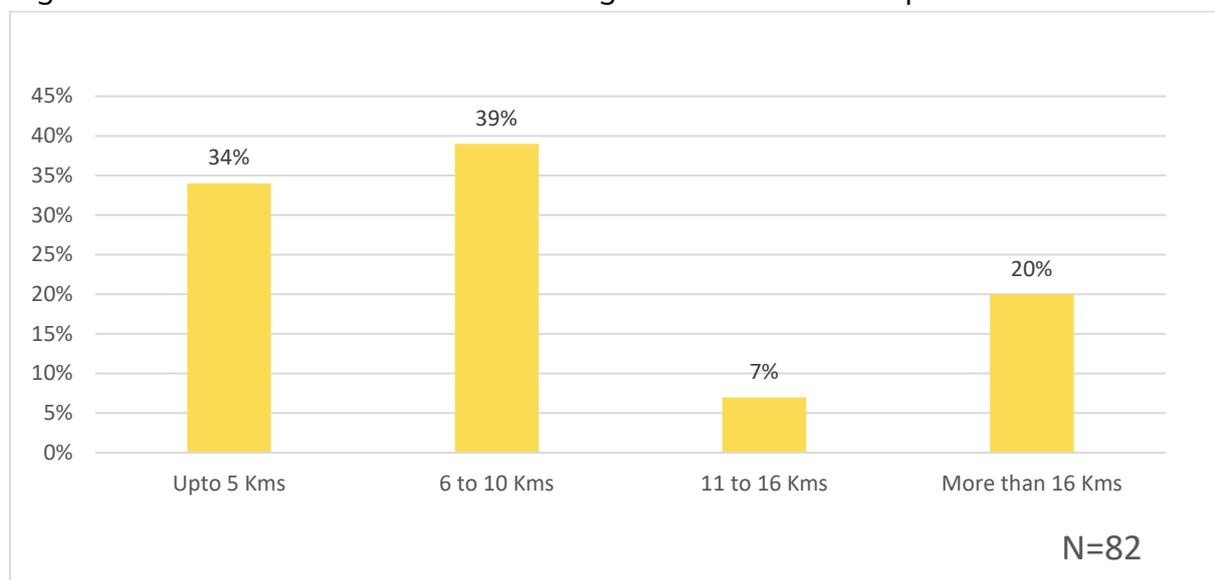
⁸ Accessed of 20/7/21 <https://timesofindia.indiatimes.com/blogs/developing-contemporary-india/what-can-we-learn-from-jharkhands-covid-19-response/>

6.1 Awareness generation and Testing Centre's for COVID

The respondents in our survey were asked if during the pandemic ANM/ASHA workers visited their household to guide them or tell them about the necessary precautions needed for protection against the COVID-19 virus. To which majority (52 percent) of the respondents shared that they weren't guided by the ASHA or ANM workers about the necessary precautionary measures.

Also, when asked about the distance of a COVID testing centre from the respondent's house, a little less than three-fourths (73 percent) of respondents reported that the testing-centre is available within 10 kms distance from their house.

Figure 10: Distance of a Covid-19 testing centre from the respondent's house

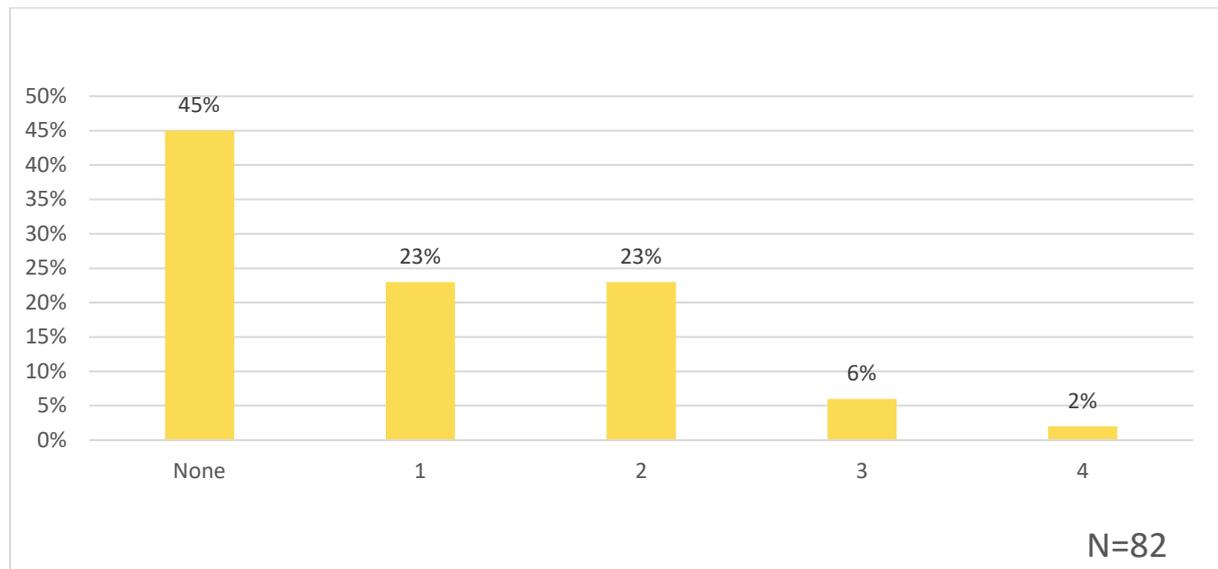


6.2 COVID-19 infection, Hospitalisation and Vaccination

The respondents were also asked if they or anyone related to them was ever infected with COVID-19. Almost all respondents stated that neither them nor any of their family member was infected with COVID. However, they were also asked if anyone showed symptoms like fever or cough 1 year prior to the survey to which most of them stated of not having such symptoms yet there were 22 out of the 82 who said that they and others from their family did have fever and cough in the last 1 year.

The respondents were also asked about the number of family members been vaccinated. More than two-fifth (45 percent) respondents shared that none of the family members at the time when the survey was conducted (July 2021) were vaccinated.

Figure 11: Number of family members been vaccinated



Conclusion

While the country is still battling to improve its health services and infrastructure, it seems that accessibility to adequate healthcare still remains a distant dream for people residing in the rural belt of Jharkhand. Further, the novel coronavirus (COVID-19) disease has brought several lessons in its wake. For India, it has served as a wake-up call to strengthen its public health infrastructure. It is time the center and state governments cater to issues like lack of awareness, accessibility to healthcare in order to protect its people. Thus, while the country is anticipating the third wave of COVID-19, it is important for states to be better prepared in order to deal with the situation better.

The current study has brought to light the high levels of out-of-pocket expenditure despite government hospitals being free of cost. Also, people's preference of visiting private clinics over government hospitals must be taken into consideration. The faith of getting better treatment despite high out of pocket expenditure reflects the low quality of services given in government health facilities. Moreover, in a state like Jharkhand which majorly constitutes of rural and tribal population that cannot afford to spend much on private treatments, it becomes even more important for the State Government to strengthen its public health infrastructure.



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