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Development of Health Infrastructure in Tripura

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Abstract:

Investment in social infrastructure like health and education constitutes the core of economics of human resources. It is the quality of the people in terms of their physical and mental ability that ultimately determine the success of development and policies. No planner can afford to be oblivious of the pivotal role played by human resources for the purpose of economic development. For this sustainable development of a region, both economic infrastructure and social infrastructure are important. But for managing physical infrastructure, an efficient human capital is needed. According to Schultz, there are five ways of developing human resources. One of the ways is health facilities and services which include all the expenditures that affect the life expectancy, strength, stamina and the vigour and utility of people. In this present paper the authors have analysed present health infrastructure in Tripura. The paper has also highlighted the role of Government for developing health infrastructure in the state. The main source of data for the present paper is secondary consisting of books, journals various Government reports and websites. The main finding of the present paper is that in terms of different health parameters, Tripura lags behind many other states of India. The paper has also included some policy recommendations for the development of health infrastructure in the state.

Introduction: Health is a fundamental human right and a worldwide social goal in every country. Health is necessary for a realization of basic human needs and to attain the status of a better quality of life. Healthcare is one of India's largest sectors, in terms of revenue and

employment, and the sector is expanding rapidly. One driver of growth in the healthcare sector is India's booming population. The federal government has begun taking steps to improve rural healthcare. Among other things, the government launched the National Rural Health Mission 2005-2012 in April 2005 with the aim to provide effective healthcare to India's rural population, as per National Health Family Survey-3 (National Rural Health Mission, 2005), infant and child mortality rates in India are higher in rural areas. In 2001-05, the infant mortality rate was 50 per cent higher in rural areas (62 deaths per 1,000 births) than in urban areas (42 deaths per 1,000 births). Children whose mothers have no education are more than twice as likely to die before their first birthday as children whose mothers have completed at least 10 years of school. Also, children from scheduled castes and tribes are at greater risk of dying than other children. The infant mortality rate (deaths per 1,000 births) for births less than 2 years apart is 86, dropping to 50 for births 24-35 months apart, and to 30 for births 36-47 months apart. By state, infant mortality is highest in Uttar Pradesh (73) and lowest in both Kerala and Goa (15). Nationally, a girl child's disadvantage with regard to survival is most evident in the under-five mortality rate: 79 girls per 1,000 births die before their fifth birthday, compared with 70 boys per 1,000 births (NHRM, 2005). Investment in social infrastructure like health and education constitutes the core of economics of human resources. It is the quality of the people in terms of their physical and mental ability that ultimately determine the success of development and policies. No planner can afford to be oblivious of the vital role played by human resources for the purpose of economic development and for sustainable development of a vision although both economic infrastructure and social infrastructure are most important.

In this present paper the authors have analysed present health infrastructure in State of Tripura. The paper also highlighted the role of Government for developing health infrastructure in the State.

The main source of data for the present paper is secondary consisting of books, journals, various government reports and websites.

The main findings of the present paper are that in terms of different health parameters, Tripura lags behind many other States of India.

The paper has also included some policy recommendations for the development of health infrastructure in the State. In the backdrop of this information the present study is titled "Development of Health infrastructure in Tripura". Tripura is one of the smallest states of Union of India. It is located in the north-eastern part of the country. With hilly terrains, fertile low-land, steady rain fall but has suffered from infrastructure bottlenecks, which has adversely affected the economic development of the State. The high incidence of poverty and backwardness are also telling on the health condition of the State.

Table- 1: Health Profile of Tripura along with all India figures:

Indicator	Tripura	India
Total Population (In crore) (Census 2011)	0.37	121.01
Decadal Growth (%) (Census 2011)	14.75	17.64
Crude Birth Rate (SRS 2011)	14.3	21.8
Crude Death Rate (SRS 2011)	5.0	7.1
Natural Growth Rate (SRS 2011)	9.4	14.7
Infant Mortality Rate (SRS 2011)	29	44
Maternal Mortality Rate (SRS 2007-09)	NA	212
Total Fertility Rate (SRS 2011)	NA	2.4
Sex Ratio (Census 2011)	961	940
Child Sex Ratio (Census 2011)	953	914
Schedule Caste population (in crore) (Census 2001)	0.056	16.6
Schedule Tribe population (in crore) (Census 2001)	0.099	8.4
Total Literacy Rate (%) (Census 2011)	87.75	74.04
Male Literacy Rate (%) (Census 2011)	92.18	82.14
Female Literacy Rate (%) (Census 2011)	83.15	65.46

(Source:http://mohfw.nic.in/NRHM/health_profile.html#tri)

The population of Tripura is 37 lakhs according to 2011 census and scattered over 8 Districts,

40 blocks and 1040 villages. It constitutes 0.3 percent of India's population. The sex ratio of the State is 961 females per thousand males, higher than the national ratio 940. The Infant Mortality Rate is 29. Comparative figures of demographic indicators are given in table 1.

Table -2: Health Infrastructure of Tripura

Item	Required	In Position	Shortfall
Sub-centre	903	719	184
Primary Health Centre	135	79	56
Community Health Centre	33	12	21
Health worker (Female)/ANM at Sub Centres & PHCs	798	1169	*
Health Worker (Male) at Sub Centres	719	543	176
Health Assistant (Female)/LHV at PHCs	79	155	*
Health Assistant (Male) at PHCs	79	140	*
Doctor at PHCs	79	119	*
Obstetricians & Gynecologists at CHCs	12	0	12
Pediatricians at CHCs	12	0	12
Total specialists at CHCs	48	0	48
Radiographers at CHCs	12	7	5
Pharmacist at PHCs & CHCs	91	92	*
Laboratory Technicians at PHCs & CHCs	91	72	19
Nursing Staff at PHCs & CHCs	163	1098	*

(Source: RHS Bulletin, March 2011, M/O Health & F.W., GOI)

The present status of health care infrastructure in Tripura is shown in table above table no 2 depicts that there is a shortfall of 184 Sub centre, 56 Primary Health Centers and more than half the required community Health centers that is 21 Community Health Centre shortfalls out of the required number of 33 Community Health Centre in the State. In the case of manpower in the health care services in the State 176 male health workers are falling short. This initial analysis depict that there is inadequacy in the health care services in Tripura.

Table- 3: Other Health Institutions in the State:

Medical College	2
District Hospitals	2
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	1
Ayurvedic Dispensaries	55
Unani Hospitals	-
Unani Dispensaries	-
Homeopathic Hospitals	1
Homeopathic Dispensary	93

Source: Ministry of Health & Family Welfare, Govt. of India

Tripura has 154 other health institutions to strengthen and support health care services in the state which are shown in the table 3 above. Though there is growing importance of health care services in India but there are shortages of health personnel, mounting up in the problems of health care system in Tripura. With the goal to ensure 'Health for All' the state government had been relentlessly striving to reach out to the people with better health care services in the form of both preventive and curative measures. In this drive, special emphasis has been laid to meet the health care needs of people particularly in area dominated by tribal population as well as the people living in backward areas. Steps have already been taken to further expand the health care infrastructure right from primary level up to state level ensuring adequate supply of medicines, human resources along with opening up of avenues for medical and paramedical education within the state.

Table-4: Development of Health Care Services in Tripura during 1972-2012

Subject	1972	1978	1998	2012	Remarks
No of Medical Colleges	Nil	Nil	Nil	2	
State level Hospitals	2	2	6	6	
District Hospitals	2	2	2	2	
Sub-Divisional Hospitals	7	8	11	11	
Community/ Rural Health Centers	2	2	10	14	
Primary Health Centers	22	29	73	77	
Health Sub Centers (Allopathic)	103	228	539	719	
Dispensaries (Homeopathic)	7	7	65	77	
Dispensary (Ayurvedic)	2	2	32	36	
Pharmacy College (RIPSAT)	Nil	Nil	1	1	
B.Sc Nursing College	Nil	Nil	Nil	1	
Paramedical Institute	Nil	Nil	Nil	1	
Nursing Training Institute(GNM)	1	1	2	2	
Auxiliary Nursing Training Institute	Nil	Nil	2	2	
Blood Bank	1	-	5	7	
Blood Storage Centers	Nil	Nil	Nil	7	
Extension of Tele-medicine services to rural areas through GBP, Cancer and IGM Hospitals	Nil	Nil	Nil	17	
Tele-Ophthalmology services through IGM Hospital	Nil	Nil	Nil	40	
Number of Medical Officers					
1) Allopathic				731	
2) Ayurvedic				53	
3) Homeopathic				51	
4) Dental Surgeons				39	
Number of Specialist Medical Officers					
1) Allopathic	40	77	145	269	
2) Ayurvedic				20	
3) Homeopathic				13	
4) Dental Surgeons			5	6	
Number of Staff-Nurse			737	1516	
Para- Medical Staff				2167	

Source : Compiled on the basis of National Rural Health Mission (NRHM)'s reports and handouts.

Table-5: Physical status of National Rural Health Mission in Tripura as on April, 2014

Facility	Category of Construction	Status of All work			
		Target Since inception	Achieved	In progress /taken up	Not yet Started
Sub-centre	Construction of new Health Sub-centres	278	272	3	3
	Construction of new Health Subcentre in AMC	16	16	0	0
	Construction of new SC for building less SC	62	61	0	1
	Up gradation of Health Sub-centre to IPHS	50	49	0	1
	Minor Repair of SC	20	20	0	0
PHC	Construction of new PHC	17	8	8	1
	New building at existing PHC	8	4	0	4
	Up gradation of PHC to IPHS	19	12	7	0
	Up gradation of PHC to SDH as FRU	1	0	1	0
	Up gradation of PHC to CHC	9	5	3	1
	Renovation (24x7 Service) of PHC	48	43	1	4
CHC	Up gradation of CHC to IPHS	9	9	0	0
SDH	Up gradation of SDH for FRU	7	6	0	1
	Renovation of SDH	8	8	0	0
DH	Up gradation of Dis. Hospital	2	2	0	0
Other activities	Construction of State Institute of H&FW	1	0	1	0
	Construction of District Warehouse	1	1	0	0
	Up-gradation of ANM Training Institute	2	2	0	0
	Neo-natal Care Unit (NCU) in DH / SH	2	2	0	0
	Neo-natal Intensive care unit (NICU) in SDH	5	4	0	1
	NBSU in SDH	2	2	0	0
Total		567	526	24	17

Source: Ministry of Health & Family Welfare, Govt. of India

The National Rural Health Mission (NRHM) has been launched on 12.04.05 by Prime Minister of India with special focus on 18 States including Tripura. Over the years, the NRHM has brought the entire state of Tripura under it and the programme is being implemented. The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. The NRHM further aims to provide overarching umbrella to the existing programmes of health and family welfare including kala azar, T.B, leprosy, malaria, blindness and many more. Further, it address the issue of health in the context of sector wise approach addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health in order to have greater convergence among the related social sector departments.

Conclusions and Recommendations : Due to concerted efforts made by Tripura government, there has been a positive change in the health scenario in recent years. However, the health care system in the state lack behind in terms of many parameters like doctors per lakh and shortage of appropriate health manpower in spite of all the above developments. It is evident that the state government is fully committed to deliver best possible health care services to the people with the limited financial resources, especially the primary health care services. Side by side special attention is being paid to preventive and primitive aspects of healthcare, in addition to the curative measures. Benefits are also given under Tripura State Illness Assistances Fund to the BPL patients for treatment of diseases like heart, kidney, brain, neurological and eye diseases requiring surgical intervention outside the state. State health service system is neither of the capitalist type nor socialist type but a mixture of the two. Public health service and private health service systems co-exist in the state. Though, the state have inadequate resources to provide health services to all the stakeholders, it has done better in terms of birth rate, death rate as well as infant mortality rate in comparison with national average. Setting up two Medical Colleges improve the quality treatment in Tripura since a good number of the patient are going outside the state for treatment. However, specialist healthcare services need to be augmented for quality life. Moreover, attempts should be made for providing safe drinking water, sanitation as well as proper disposal of water to reduce the infection diseases especially in rural and hilly areas. It may be appropriate to start

District Health Knowledge Institutes in all the eight districts; so that it will enhance the quality of health workers education and training. These institutes should start with degree and diploma courses to gather detailed information regarding health status. Many posts including general doctors and specialists are vacant in public hospitals. The availability of human resource for health should be improved, why because, even if the vacant posts is fill up; availability of human resource for health in Tripura is low in comparison with the all India average. So, it may be suggested that number of doctors, nurses, community health workers should be increased in the State.

To conclude, the central level institution that is medical college, district hospitals, sub-division hospitals, not only provides highly specialized care, but also sustains primary health care as a part of a comprehensive national health system. At the intermediate level, more complex problems compared to primary health care are dealt with. The sub divisional and district hospitals usually constitute this second level. They provide support to the primary health care institutions. The primary level is the point of contact between individuals and the health system, where primary health care is delivered. The primary health centres and mini primary health centres including their sub centres located almost entirely in rural areas constitute this level of health care service in Tripura.

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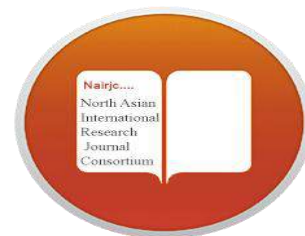
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DEVELOPMENT OF HEALTH SERVICE UTILISATION IN SELECTED VILLAGES OF RURAL TRIPURA

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INTRODUCTION

Health is an inalienable human life. The well being of human life is largely depends on this “term”. Keeping in mind the importance of this term to make human life meaningful the right to good health and medical care is incorporated within the purview of article 21 of the Indian constitution which deals with “Right to LIFE and Personal Liberty.”

But it can be traced that exercise of this fundamental right is not equal in all states and all places due to several factors. In urban areas and private sectors health unit these health service utilization are much better than that of rural and public sector medical institution.

The gap in the standard of care in these areas and institutions results because of several factors like rural and government funded hospitals provide basic care only and often lack adequate infrastructure. They can also be crowded and waiting times can be long. Government hospitals are also often understaffed. Though the cost of care is less at these medical institutions, but the standard is inferior compared to private one. In this research paper endeavor is made to give a brief notion about the health care service utilization system prevailing in India with Special Reference to Rural Tripura., its provision, its actual limitation and suggestion to improve the system.

OBJECTIVES OF THE STUDY

To find the kind of health services sought by different economic strata and the type of health centres approached by them to meet their health needs in rural Tripura.

METHODOLOGY

There are eight districts in Tripura. From each district one village will be selected at random. Thus the present study covers eight villages. A listing of all the households in the all eight villages will be carried out and information regarding education and income of the households will be collected. Then the household will be stratified into three groups 1) High Income 2) Middle Income 3) Low Income. Out of that 20% of the population will be selected for the present study. Keeping in mind the objectives of the study interview schedule will be drafted and after pilot survey it will be administered among the selected samples.

Scope of the Study: The outcome of the study may be highly useful for improving health care service utilization in Tripura in particular and India in general with reference to quality health care services, which is the need of the hour. The study may pave the way for the policy maker for better decision in health sector. The study may also bring greater awareness across the section of society, particularly Tripura.

Limitation of the Study:

The main problems of the lower economic classes to utilize health services are –

- a) They are not fully aware of the available health services in rural areas
- b) They do not perceive the need for health services
- c) All health care facilities are not within the reach of the lower economic classes of the society

2. In rural areas also various specialized type of health services available for the low economic classes. But virtually these varieties of health services are not properly integrated. Each government hospitals are functioning independently and there is no proper referral system between them. Further the primary health centres which functions at the village level are no coordinated with the district level hospitals the lack of coordination leads to duplication of health services

Sampling:

Stratified random sampling was used to select the respondents for this study. This was found to be a more suitable sampling technique, because the study involved a comparison of three economic classes. If simple random sampling technique might have been used for this study, there was a possibility that some of the economic classes would have been under represented or over represented in the sample, and this would affect the study.

Collection of Data

An interview schedule was used to collect data from the respondents. The questions of the schedule were formulated in such a way to examine the objectives of the study. It was mostly a structured one consisting of different parts. The first section of the schedule had a list of questions dealing with the general characteristics of the respondents and their household members which included their sex, age education, marital status, occupation, and income and housing facilities. The next section of the schedule investigated the perception of symptom, disease and treatment. The final section of the schedule consisted of questions enquiring the income of the household, medical expenditure, available medical benefits and the priority set for medical expenditure along with other domestic expenditure. So this interview schedule had a wide range of questions formulated to suit the objectives of the study.

Name of the Eight Districts and Selected Eight Villages

Name of the Districts	Name of The sample village	No of Households
West Tripura	Badharghat	199
Shepahijala	Aralia	198
Khowai	Ramkrishna Pur Para	184
Gomati	Matabari	194
South Tripura	Rupaichari	184
Dhalai	Chawmanu	197
Unokati	Bhagaban Nagar	167
North Tripura	Kadamtala	177
Total		1500

Source: Information collected from Goan Panchayat Office

Classification of Household as per income groups

Income group	Total number of household	Sample household
High	450	90
Middle	670	134
Low	380	76
Total	1500	300

Source: Field Survey

Classification of income group

Income group	Family income
High	Above 1 lakh
Middle	25001 – 99999
Low	Upto 25000

Table 1: Income group wise number respondents

Annual Income group	Total
Above 1 lakh	90 (30.00)
25001 – 99999	134 (44.67)
Upto 25000	76 (25.33)
Total	300 (100.00)

Source: Field Survey

Table 1 shows that out of classification of respondents based on their economic status. It is found that highest numbers of respondents are from the income group of 25001-99999. While it is lowest in case of income group up to 25000 annual incomes.

Table 2 : Gender wise total respondents

Male	Female	Total
166 (55.33)	134 (44.67)	300 (100.00)

Source: Field Survey

Table 2 show the total number of respondents of the study is 300. Out of 55.33 % are male while 44.67 % respondents belong to female category.

Table 3: Types of health centers in Tripura

Item	Required	In Position	Shortfall
Sub-centre	903	719	184
Primary Health Centre	135	79	56
Community Health Centre	33	12	21

(Source: RHS Bulletin, March 2011, M/O Health & F.W., GOI)

It is observed form the table 3 that there is a huge gap in the requirements of health centers in Tripura. Highest number of shortfall of health centers are sub-centers while it is lowest in case of Community Health Centre.

Table 4: Kind of health services sought

Name of medical services	Number of respondents
First Aid	243
Treatment of common diseases	298
Treatment to injuries caused by accidents	278
Basic Laboratory services	276
Provision of essential basic medicine	270
In patient ward services	267

Referral services	98
24*7 services	132
Surgery services (Operative)	211

Source: Field Survey

Table 4 shows the kinds of health services sought in the rural people of Tripura. Questions are asked to the respondents regarding requirement of different health services. Thus, it is observed that majority of the respondents raised the above mentioned services are most important.

Table 5: Types of Health centers sought and approached by rural people

Types of health centers	Number of respondents	Percentage
Allopathic	135	45.00
Ayurvedic	82	27.33
Homeopathic	53	17.67
Unani Medical care	30	10.00
Total	300	100.00

Source: Field Survey

Table 5 shows that types of health center sought and approached by the respondents. It is observed that highest number of respondents said that they required Allopathic health centers while only 10 percent of the respondents required Unani Medical care center.

Table 6: Gender wise health center approached

Allopathic		Ayurvedic		Homeopathic		Unani Medical care		Total
Male	Female	Male	Female	Male	Female	Male	Female	
91	44	43	39	20	33	12	18	
135		82		53		30		300

Source: Field Survey

Table 6 shows that gender wise number of respondents approached to different health centers. It is found that, in Allopathic and Ayurvedic categories of health care centers male respondents are more than female while in case of Homeopathic and Unani Medical care Female respondents are more.

Table 7: Types of health centers approached according to income groups

Annual Income group	Allopathic	Ayurvedic	Homeopathic	Unani Medical care	Total
Above 1 lakh	42	25	23	-	90
25001 – 99999	74	22	18	20	134
Upto 25000	35	17	16	10	76
Total	181	64	57	30	300

Source: Field Survey

Table 7 shows that income group wise number of respondents approached to different health care center. It is observed that highest number of respondents belonging to the income group of 25001-99999. While lowest numbers of respondents are from the income groups of Upto 25000. Among the Allopathic health center highest number of respondents are from 25001-99999. In case of Ayurvedic and Homeopathic the numbers of respondents are highest in case of Above 1 lakh. Lastly, in case of Unani Medical care the numbers of respondents are more from the income group of 25001-99999.

CONCLUSIONS AND RECOMMENDATIONS

Due to concerted efforts made by Tripura government, there has been a positive change in the health scenario in recent years. However, the health care system in the state lack behind in terms of many parameters like doctors per lakh and shortage of appropriate health manpower in spite of all the above developments. It is evident that the state government is fully committed to deliver best possible health care services to the people with the limited financial resources, especially the primary health care services. State health service system is neither of the capitalist type nor socialist type but a mixture of the two. Public health service and private health service systems co-exist in the state. Though, the state have inadequate resources to provide health services to all the stakeholders, it has done better in terms of birth rate, death rate as well as infant mortality rate in comparison with national average. Setting up two Medical Colleges improve the quality treatment in Tripura since a good number of the patient are going outside the state for treatment. However, specialist healthcare services need to be augmented for quality life. Moreover, attempts should be made for providing safe drinking water, sanitation as well as proper disposal of water to reduce the infection diseases especially in rural and hilly areas. It may be appropriate to start District Health Knowledge Institutes in all the eight districts; so that it will enhance the quality of health workers education and training. These institutes should start with degree and diploma courses to gather detailed information regarding health status. Many posts including general doctors and specialists are vacant in public hospitals. The availability of human resource for health should be improved, why because, even if the vacant posts is fill up; availability of human resource for health in Tripura is low in comparison with the all India average. So, it may be suggested that number of doctors, nurses, community health workers should be increased in the State. The primary health centres and mini primary health centres including their sub centres located almost entirely in rural areas constitute this level of health care service in Tripura.

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