CHAPTER 30

HEALTH AND FAMILY WELFARE

The health of the population is a matter of serious national concern. It is highly correlated with the overall development of the country.

An efficient Health Information System is a prerequisite for effective administration of health services and achieving the stated goal of “Health for All”. Not only health information relating to aspects of health, such as, the existing health condition of the population, morbidity, availability of health facilities, availability of specialists, doctors and other paramedical personnel is essential for this, but demographic data, data on environment and socio-economic variables of the population are also very important for preparing a good health plan and implementing the same. These data are required for assessing the existing conditions and the resources for specification of goals and targets in terms of measurable output and for a continuous evaluation of achievements, when the plans are implemented. In brief, a good system of collecting health and other related statistics is absolutely necessary for: (a) preparing effective short and long term health plans, (b) effective administration and coordination of curative, preventive and other community health programmes, (c) studying the problems of health and disease which have implications for the administration of health services, and (d) evaluation, that is, an assessment of the effectiveness and efficiency of various health programmes.

Health-related data for any population should provide insights into following areas:

(a) Demographic data: population by age and sex, rural/urban classification, geographical distribution, occupational classification, literacy, religion, marital status, migration, etc.;

(b) Vital statistics: birth and death rates, infant mortality rates, life tables, general fertility rates, etc.;

(c) Diseases: mortality rates by age and cause of death, morbidity data by age, sex, prevalence of communicable diseases, deliveries and statistics of anti-natal and post-natal care.;

(d) Facilities: hospitals, dispensaries, clinics, nursing homes, diagnostic centres, laboratories, equipments-X-ray and other diagnostic equipments, ambulances, beds, etc.;

(e) Manpower: doctors, specialists and practitioners in allopathic, homeopathy and other Indian systems of medicine, nurses,

pharmacists, lab technicians other supporting staff (their number, qualification, geographical distribution, availability per unit of population);

(f) Finance: GNP, Government Revenue and Expenditure, allocation for health, budget estimates, sources of health finance, expenditure on health by voluntary agencies and other NGOs, private expenditure on health, etc.

To coordinate and advise on the development of health information in the country, at the national level, a small Bureau existed since 1937. This bureau was organized in 1961 into the Central Bureau of Health Intelligence (CBHI) in the DGHS, Ministry of Health & Family Welfare,. At the national level, it is the sole organization dealing with collection, compilation, analysis and dissemination of health data for the country as a whole. Since 2005, CBHI disseminate this information regularly in a form of regular publication "National Health Profile (NHP).

Apart from CBHI, the Rural Health Division of DGHS compiles and publishes Rural Health Statistics. This is a six-monthly bulletin, containing information on Government health infrastructure and manpower deployment in the rural areas. This publication also presents data at State and UT level. The National AIDS Control Organisation (NACO) under Department of Health collects data on cases and deaths due to AIDS/STD and publishes these in its Annual Update. This is not a statistical publication in the strict sense. CBHI also takes the data on important items from the Rural Health Division and NACO as well as from Department of Family Welfare and Department of ISM&H and publishes the same in Health Information of India.

The Department of Family Welfare is responsible for implementing programmes for population control and maternal and child health now renamed as Reproductive and Child Health. The Family Welfare programme is a Centrally-sponsored programme implemented by the respective States and UTs. The information flow starts from the peripheral level where the service delivery takes place. In the sub-centers, ANMs are responsible for the maintenance of records in respect of acceptance of family planning methods, services to pregnant women and immunization for vaccine preventable diseases in respect of infants. The information flows to PHCs, and from PHCs to districts where it is consolidated for the district. From the district, the information in the prescribed form is expected to flow to the State and Centre through NICNET.

While in general, data on medical and health infrastructure (education and treatment) and manpower information are generated as a by-product of administrative and regulatory procedures, a source for morbidity data is the notification of Communicable Diseases, which is primarily meant for preventive control. Presently, data are also collected from selected surveillance centers in the country on the prevalence of HIV positive rate from random blood samples in

the adult population. The hospital returns are analysed according to the list of diseases provided in the International Classification of Diseases (ICD) and a

number of case-finding programmes for detection of cases on specified diseases like malaria, filarial, trachoma, goiter and leprosy are also available. The National Sample Survey also conducts demographic surveys, which have been providing information on some aspects of mortality and morbidity and household expenditure on health services and facilities. The license registers for various categories of doctors, dentists, pharmacists, nurses, health visitors, etc provide data about manpower and are consolidated by statutory councils such as the Medical Council of India, Dental Council of India, Nursing Council etc.

Highlights:

- The number of Government hospitals under allopathic system increased from 11613 in 2009 to 12760 (9.9%) in 2010 and came down to 11993 in 2011 whereas, its' bed-strength increased from 540 thousand to 577 thousands and then 758 during the same period.

- As on 1st January, 2012, maximum number of Government Medical Hospitals are in Maharashtra 11.4 % of total Hospitals followed by Uttar Pradesh (7,2%) and Rajasthan (6.9%).

- The number of hospitals under AYUSH systems was decreasing continuously since 2001 (3842) to 2004(3006), but from 2005 onwards an increasing trend for hospitals under AYUSH is noticed. An increase from 3019 hospitals under AYUSH to 3193 hospitals under AYUSH has been observed, accordingly the number of beds under AYUSH have also increased during the same period. Maximum number of Hospitals in 2011 under AYUSH are in Uttar Pradesh (62%) followed by Tamil Nadu (8%).

- Under Central Government Health Scheme (CGHS), the number of card holders decreased by 40596 in 2011 as compared to 2010. As per record of 2010, maximum number of beneficiaries are in Delhi (41.1%), followed by Kolkatta (8%) and then Mumbai (5.7%).

- As per records of 2011, as far as rural health infrastructure is concerned maximum number of District Hospitals (11.3%) and Sub-Centers (13.9%) are in Uttar Pradesh. .

- In 2010, maximum number of Registered Practitioners under Ayush Systems are in Bihar (18.6%) followed by Uttar Pradesh (11.6%), Madhya Pradesh (8%).
- According to the record, the number of General Nursing Midwives (GNMs) increased from 1073.63 thousand in 2009 to 1238.87 in 2010. As per record, in 2010 maximum number of General Nursing Midwives (GNMs) are in Tamil Nadu (15.7%) followed by Karnataka (13.2%) and Andhra Pradesh (12.3%). Maximum, around (19.2%) of Auxiliary Nursing Midwives (ANMs) are in Andhra Pradesh, whereas health visitors and health supervisors are maximum in West Bengal (23.3%).

  There is an increasing trend for the number of allopathic medical colleges

and the number of admissions in 1st year of MBBS course since 2000-01 to 2011-12, the number of admissions in 1st year of MBBS course increased from18.17 thousand to 39.47 thousand during the same period. Similar trend can be seen in the number of colleges imparting BDS courses (increased from 135 in 2000-01 to 291 in 2011-12), the number of admission therein increased from 8.34 thousand to 23.8 thousand, whereas, the number of colleges imparting MDS course increased from 49 to 140, the number of admission therein increased from 859 to 3418 from 200o-01 to 2011-12.

In 2011, maximum number of sterilization are in Andhra Pradesh (760742), followed by Madhya Pradesh (658005). Other States which are having more than 5 % of total sterlisation in India are Bihar, Gujarat, Karnataka, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal. During the same period, maximum number of IUD insertion (28.45%) of total IUD insertion are in Uttar Pradesh followed by Gujarat (10.9%). Other States in which IUD insertion are more than 5% of total IUD insertion are Andhra Pradesh(6.5%), Madhya Pradesh(6.6%), Maharashtra (6%), Rajasthan(7.2%) and Tamil Nadu (6.3%)

- Tetanus immunization for Expectant Mothers was achieved for around 24-25 million in 2000-01 to 2009-10 and came down to 22.8 million in2010-11.

- More than 4 millions of people have been vaccinated (maximum in number) in Uttar Pradesh for each of Tetanus immunization for Expectant Mothers, D.P.T. Immunization, POLIO, B.C.G. and Measles in 2011-12. Other States, in which more than 1 million of people have been vaccinated in 2011-12 are Andhra Pradesh, Gujarat, Bihar, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu, West Bengal

- The data on the number of death due to Acute Diarrhea Diseases, Malaria, Japanese Encephalitis, Viral Hepatitis and Acute Respiratory Infection does not reflect any specific trend during the period from 2000 to 2009. However, in 2011 cases reported for Acute Diarrhea Diseases are much more than in 2010, but deaths due to Acute Diarrhea Diseases is less than 2010. Similar trend can be seen for Acute Respiratory infection. During 2011, maximum number of deaths are reported to have occurred in West Bengal due to Acute Diarrhea Diseases (288), Acute Respiratory Infection (528) and Viral Hepatitis (105); Maharastra due to Malaria (114) and Uttar Pradesh due to Japanese Encephalitis (579).