

Abstract

Reaching Health to the Poor: The Supply side Constraints in Orissa

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One of the prime objectives of any health system is to provide quality health care to its citizens. This is primarily done by strengthening the service delivery mechanism and improving systems and processes. In spite of this, the quality of the nation's health care varies widely across geographic areas, populations, and levels of care. The health policy 1983 and 2002 have emphasized on improving the health status of the people by creating efficient and effective public provisioning of health care in the country. Many studies and particularly the RCH- facility surveys have revealed the inadequacies of public health facilities and how the public health system has become inaccessible to majority of its citizens. Among many other factors the inadequacies at the facilities affect the outputs and these are policy induced and states with improved output indicates sound and organized transmission mechanism than others. With improved governance and innovations, the level of output can be varied even with existing level of inputs. A case in point being, the successful implementation of education guarantee scheme (EGS) [Successful Governance Initiatives and Best practice experiences from Indian states, Planning Commission, Government of India, (2003)].

In spite of the efforts, Orissa has one of the lowest human development indicators and in health front the IMR of Orissa stands at 65 against 58 for India. The percent of underweight children is 44 percent in Orissa against 46 percent for the country as a whole. Even the percentage of institutional births is as low as 38.7 percent for Orissa in comparison to 40.7 for the country as a whole. (NHFS III).

Given the fact, this paper makes an attempt to examine the nature and quality of health care facilities in Orissa. It also discusses the governance process and transmission mechanism of service delivery in the state. It looks into the infrastructure, tools and equipments and manpower in the health care facilities and how this functions to improve the service delivery at the primary and secondary level. The supply side issues have been discussed in the light of organizational structure and institutional arrangements made to strengthen the service delivery system.

This is based on review of primary data collected from sample health care institutions in two districts of Orissa. The two districts have been selected on the basis Human development Index (HDI) and one district with highest HDI and other lower HDI have been selected. Among the districts three blocks have chosen on the basis of distance criteria and from each block, headquarter institution and 50 percent of the PHCs and 30 percent of the sub centers have been selected. Information were collected through a structured questionnaire on different aspects of functioning of health care institutions, constraints faced and steps taken to fill the gap. In order to find out the changes in the system and processes, a series of discussion were held with the key officials and chief district medical officers and other functionaries in the state.

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The paper is organized in to three sections. Section I discusses the introduction and methodology, second II describes about transmission mechanism of health care and policy variables. This also focuses on the facilities available at the health care institutions and constraints faced. Section III concludes the paper.