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DEVELOPMENT OF HEALTH INFRASTRUCTURE IN TRIPURA

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ABSTRACT:

Health Care Service comes under the marketing of services. 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 government of India evolved a National Health policy based on primary health care approach. The most effective and acceptable form of health care delivery system for the people in the developing world has to be evolved by the community itself. Primary Health care should not be understood as primitive care. 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, following rivers and streams this state enjoys the benefit of a pleasant Tripura, being located in south-west corner of the North-Eastern Region, has suffered due to infrastructure and other bottlenecks, which has adversely affected the economic development of the Tripura. The State is also suffering due to shortage of appropriate health manpower. However, due to concerted efforts made by the State government, there has been a positive change in the health scenario in Tripura state. It is in this backdrop of growing importance of health care services in rural India and the shortages of health personnel and other problems in Tripura, examining the issues related to health care services, plan and action can be formulated for better health care services in Tripura.

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 pivotal role played by human resources for the purpose of economic development and for sustainable development of a nation although both economic infrastructure and social infrastructure are most important.

In this present paper the authors have analysed and represent 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 it 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 above.

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 & Gynaecologists 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 personal, 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 leaving in backward areas. Steps have already been taken to further expand the health care intra-structure 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.

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 addresses 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.

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: NHRM, Tripura

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 Assurances 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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