

## **Content**

1. Background
2. Health scenario
3. Policy highlights
4. Appendix- Policy documents/ Government resolutions

## 1. Background

Carved out of Bihar, the state of Jharkhand came into existence on 15<sup>th</sup> November 2000. Its population has been estimated to be 29.2 million with 78% of the population residing in rural areas. Jharkhand is one of the poorest and most backward states in the country with low per capita income, 54% of the population live below the poverty line. 28% of the population is constituted of scheduled tribes. Literacy rate is also very low, particularly among women (40%). The state consists of 22 districts, 35 sub-divisions and 212 blocks.



Jharkhand has 22 districts spread over an area of 79714 Sq. Kms. The state is divided into 5 regions namely **Santhal Parganas, Palamu, Kolhan, North Chhotanagpur and South Chhotanagpur for political and administrative reasons**. Each of these regions has its own distinct cultural identity. Jharkhand has a population density of 338 per square kilometer..

Jharkhand is the richest state in mineral resources and plays leading role in its production. The state boasts high output of coal, mica, iron ore, copper china clay, fire clay and kyanite, bauxite, asbestos, feldspar, quartz, etc. Jharkhand has rich forest reserves. It is a leader in the production of lac contributing to about 40% of total output in the country. The state also contributes in the production of Sal, timber, bamboos and sabai grass.

*Table 1: Demographic profile of Jharkhand*

<b>Sl. No</b>	<b>Indicators</b>	<b>Figures</b>
1	Area	79714 Sq. Km
	a. Districts	22
	b. CD Blocks	211
	c. No. Of Divisions	5
	d. No. Of Sub-Division	32
	e. Village	32,615
2	Population	26,945829 (2001-Census)
	a. Male	13,885037 (2001- census)
	b. Female	13,060792 (2001- census)
	c. Rural Population	20,952,088 ((2001- census)
	d. Urban Population	5,993,741 (22%) (2001- census)
	e. Schedule Tribe Population	7,087,068 (26.3%) ((2001- census)
	f. Schedule Caste Population	3,189,320 (11.9%) (2001- census)
	g. Population Density	338 Per Sq. Km
	h. Sex Ratio (Female/1000 Male)	941 Female per 1000 males
	i. Number of Household	4,799,081
	j. Household Size	5.6
	k. % Girls marriage below 18 years	43.8%
3	Literacy	54.13%
	a. Males	67.9%
	b. Female	39.4%

4	Basic Amenities	
	a. % age of House hold with Electricity	38.7%
	b. % age of Household with Drinking Water facility	54.4%

(\* Source: SRS Bulletin, 2006, DLHS-2002-04)

## 2. Health Scenario

### Performance in important health indicators:

Table II: Health indicators of Jharkhand:

Sl.	Indicators	Figures
1	Decadal Growth Rate	25.7
2	Infant Mortality Rate (IMR)	49 Per 1000 lives
3	Crude Birth Rate	26.3
4	Maternal Mortality Rate (MMR)	504 per 1,00,000 live birth
5	% of children with complete immunization	41% (A2Z-USAID 2005 DEC)
6	Crude Death Rate	9.1 per 1000 population
7	Couple Protection Rate	28
8	% Of pregnant women with any ANC	40
9	% of safe delivery	40
10	Total Fertility Rate	2.83

(\* Source: SRS Bulletin, 2006, DLHS-2002-04)

The above table shows the performance of the state in a few crucial indicators. There has been a marked improvement in certain areas as compared to the performance when the state came into existence in 2000. Department of Health and Family Welfare, Government of Jharkhand has taken some fundamentally strong initiatives to help bring about this change. 'Catch up' round is one such initiative which has helped improve the IMR and MMR indicators. Many a milestones have been achieved.....

**Initiatives undertaken:**

Following are some of the innovative initiatives implemented by the state in order to improve the performance and increase the accessibility of the health care services to the entire population.

- **Recruitment on contractual basis** of 2400 medical officers and 2200 paramedical staff
- Organization of the **Catch up Round** to address the issues of the left outs and the drop outs in routine immunization
- Setting up of Village **Health Committees (VHC)** in all the villages to strengthen the Sahiyya movement
- **Mapping exercise** of all local health sector NGOs, CBOs, Charity based organizations and Faith based hospitals operating in the state
- Setting up of a **State Fund for Medical assistance** to the Below Poverty Line (BPL) population, with a yearly allocation of Rs. 15 million (\$ 2.9 million)- 2002
- Doubling of the **Health Budget** in order to bridge the infrastructure gap (2005-2006)
- Introducing effective and sustainable **Public Private Partnership models** in the management of public health facilities
- **Mukhya Mantri Janani Swasth Suraksha Yojana (MMJSSA)**- A Voucher based scheme to improve the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) by promoting Institutional delivery
- **Kala azar eradication**- A unique intervention as a part of public private partnership involving various Faith Based Organizations (FBOs) to provide Institutional care and support to the Kala azar patients
- **Malaria Control: Postmen as Drug Distribution Centres (DDC)**- Postmen shall distribute Chloroquin Phosphate tablets, as a part of first aid, to patients having fever

during their routine visits to distribute the post. It is an excellent example of Public Public Partnership

- **Health Programme and Information Management System (HPIMS)-** Envisages development of a comprehensive Health Information Management System conceptualizing and operationalizing the integration of all the activities/programs of the Ministry of Health and Family Welfare (MoHFW) so as to facilitate and streamline the sharing and analysis of the knowledge and information which in turn will eventually help improve the accessibility and quality of the service delivery.
- **Institute of Public Health (IPH)-** Conceptualized as a hub of knowledge and technical expertise. All the National and International knowledge, best practices shall be routed through this institute. It shall also impart capacity building courses to the public as well as the private sector\
- **Infrastructure initiatives-**
  - Location planning
  - Empanelment of concept designers
  - Empanelment of PSUs
- **Public Private Partnerships-** PPP has been envisaged in Jharkhand in a broad perspective encompassing public public partnerships also as the state boasts a large presence of public corporate sector viz; CCL, BCCL, SAIL etc.
  - Diagnostic centres
  - Tribal health
  - Family planning
  - Developing a structure for sustainable partnerships

### Many more milestones to be achieved...

Table III: Comparative performance:

<b>Indicator</b>	<b>Jharkhand</b>	<b>India</b>	<b>Best performing State</b>
Full Immunization	46%	67%	98% (Kerala)
Institutional Delivery	32%	58%	96% (Kerala)
Safe Delivery	40%	73%	99% (Kerala)
Infant Mortality Rate (IMR)	49	58	12 (Kerala)
Maternal Mortality Rate (MMR)	504	540	78 (T.N)

As is seen in the above table Jharkhand has improved performance in the IMR and MMR indicators as compared to the National average. That is a reason enough to be proud of the state's performance but there is surely a long way to go if the indicators of the best performing states and the achievements envisaged under the Millennium Development Goals (MDG) are taken into consideration. It is a fact that India is a very diverse country in all aspects such as socioeconomic status, geography, culture, literacy rates etc. But the indicators of the best performing states suggest that they have been achieved overcoming various hurdles through careful, systematic and analytical planning.

Jharkhand has a difficult geographical terrain, poor socioeconomic status of the population, poor literacy rates and lack of sufficient infrastructure. To achieve the desired and satisfactory performance levels, it is pertinent that the state comprehensively assesses its existing infrastructure (physical, human resources et al) and identifies the gaps in it to be able to undertake bold and fundamentally strong initiatives, complimentary to those which have been already taken.

**Infrastructure gaps:**

Bold and daring initiatives are being taken in the state of Jharkhand in the health sector. Priority areas have been identified and firm steps are being taken and logical plans institutionalized to meet the challenging situation. One of the priority areas identified is the infrastructure creation and development. While undertaking steps to streamline the infrastructure, the difficult geographical terrain and the unique and diverse socio-economic profile of the state have to be kept in mind. All the initiatives are being conceptualized and planned considering these important factors. The prime objective while creating the infrastructure is to provide uniform, standardized, good quality health care services to the entire population of the state, notwithstanding the geographical location, culture, class, caste or creed. Ultimate goal while fulfilling the targets envisaged in the Millennium Development Goals and the policies of RCH Phase II is to realize the dream of Health Jharkhand, Happy Jharkhand.

Before moving ahead on filling in the gaps in the infrastructure, a assessment of the existing gaps has been undertaken and following is a summary of the same.

*Table IV: Physical infrastructure:*

<b>Type of facility</b>	<b>Gap status</b>
Sub Centers	2053
PHCs	854
CHCs	200

*Table V: Human resources:*

<b>Positions</b>	<b>Number required as per norms</b>	<b>Number in position</b>	<b>Gaps</b>
MOs	7165	3350	3815
ANMs	6074	4709	1365
PHN	610	274	336
BEE	193	41	152
Grade A Nurses	974	840	134

*Human Resources:*

The state has accepted that in providing quality health care services to the entire population of the state, major thrust has to given in to filling in the human resource gaps, both skilled and unskilled. While doing so, the training status of these staff and their motivational level has to be maintained through carefully designed and on going capacity building measures.

In context of the above, the Department of Health and Family Welfare, Government of Jharkhand, has initiated some concrete steps to address the gaps in the skilled human resources area. Concept notes have been drawn out for establishing Superspeciality hospitals, Medical colleges, Nursing schools/ colleges and Para-Medical institutes.

### 3. Policy highlights

With the noble notion of providing health care services to all with special attention to the underprivileged sections of the society, Government of Jharkhand has decided to assign the Health sector the status of an industry. This would help bring in the much needed professionalism within the DoHFW. To realize this Jharkhand government has drafted policies in the specified areas to create a pool of skilled manpower in the state. The thrust would be on attaining the goals conceptualized in these policies through effective and sustainable public private partnerships. Following are the highlights of such policies envisaged:

#### 1. Establishment of Superspeciality Hospitals:

There is dearth of such hospitals in the state and to rectify the situation the government has already formulated a resolution on vide no. 119(12) dated 23-08-06. These hospitals will cater to severe debilitating and life threatening illnesses like; Cancer, Cardio-respiratory, Renal, Neurological etc. There are three schemes proposed under the public private partnership initiative for operationalization of these facilities. General mandatory requirements for all the 3 schemes are:

- The charges levied on the patients should not be more than those of AIIMS, New Delhi. These rates shall be procured every year on 30<sup>th</sup> November and revised accordingly
- Representation of a representative of the Civil Surgeon of the respective district and/or a nominee from the state is mandatory on the Managing Committee of the hospital

Following are the scheme wise salient features:

a. **Scheme 1 (Provision of land)-**

- The Government will make available land up to 25 acres (maximum)
- Proposals to be scrutinized by an 'Expert Committee' and a 'Proposal Approval Committee'
- Partnering agency will have to complete the project within a maximum duration of 3 years
- Creation and maintenance of the physical and the human resource infrastructures to be the responsibility of the private partner
- Other mandatory requirements and conditions are detailed in the policy documents attached

b. **Scheme 2 (Soft loan for the purchase of equipments and machines)-**

- Soft loan provided will be 90% of the total estimated budget but within a maximum limit of Rs. 5 crores only
- Specifications and quotations to be procured from reputed manufacturers and as per Central and State government norms applicable at the time
- Other mandatory requirements and conditions are detailed in the policy documents attached

c. **Scheme 3 (Soft loan for procurement of land purchase of equipments and machines)-**

- Government will provide soft loan for land measuring to a maximum of 25 acres and 90% of the total estimated budget for the purchase of equipments and machinery but within a maximum limit of Rs. 5 crores only
- Other mandatory requirements and conditions are detailed in the policy documents attached

## **2. Establishment of Allopathic Medical Colleges:**

Jharkhand has 3 Medical Colleges with a current total strength of 190 students per year. This inadequate capacity has laid to students applying in other states and also has caused financial drain from the state. The Government has drafted the district resolution no. 248(2) dated 22.08.06, for the establishment of new Medical colleges in the state.

a. General mandatory requirements for eligibility are:

- Ownership papers of the 25 acre mandatory land (single plot) requirement for establishing the college/ hospital
- The hospital attached to the college shall levy charges on the patients based on a approved business model but not exceeding the charges levied by AIIMS, New Delhi. The charges of AIIMS shall be procured annually, on every 30<sup>th</sup> November, and incorporated accordingly
- All the other mandatory requirements/ conditions laid down by MCI, Government of Jharkhand and Government of India (as detailed in the policy document attached) shall have to be fulfilled by the organization

b. For smooth and effective implementation of this policy, the 22 districts of Jharkhand have been divided into following categories:

- **Category A-** The most backward districts; Chatra, Simdega, Jamtara, Latehar, Pakur and Saraikela-Kharsawan
- **Category B-** Less backward as compared to A; Garhwa, Gumla, Godda, Sahibganj, Koderma and Lohardagga
- **Category C-** Less backward as compared to B; Dumka, Deoghar, Giridih, Hazaribagh, West Singhbhum and Medininagar (Daltonganj)
- **Category D-** Comparatively developed districts of the state; Ranchi, East Singhbhum, Bokaro and Dhanbad

- c. Five schemes have been laid down by the government for attaining effective and sustainable partnerships. Salient features are:
- **Scheme 1-** No financial assistance from the government
  - **Scheme 2-** One time financial assistance (Cash Grant option)
  - **Scheme 3-** One time cash grant and provision of land (maximum 25 acres)
  - **Scheme 4-** One time cash grant, provision of land (maximum 25 acres) and making available the basic infrastructure viz; Roads, Electricity, Water etc.
  - **Scheme 5-** One time cash grant, provision of land (maximum 25 acres), making available the basic infrastructure viz; Roads, Electricity, Water etc. and Providing the hospital building
- d. Financial assistance has been classified according to the category of the district as follows:

Type of plan	Category of districts and admissible grant (per student)			
	A (200% of D)	B (150% of D)	C (125% of D)	D
Scheme 2	Rs. 15,00,000.00	Rs. 11,25,000.00	Rs. 9,36,500.00	Rs. 7,50,000.00
Scheme 3	Rs. 6,00,000.00	Rs. 4,50,000.00	Rs. 3,75,000.00	Rs. 3,00,000.00
Scheme 4	Rs. 5,00,000.00	Rs. 3,75,000.00	Rs. 3,12,500.00	Rs. 2,50,000.00
Scheme 5	Rs. 3,00,000.00	Rs. 2,25,000.00	Rs. 1,87,500.00	Rs. 1,50,000.00

### 3. Establishment of Nursing Schools/ Colleges:

Likewise comprehensive guidelines have been formulated for establishing or managing the administration and functioning of the Nursing Schools/ Colleges in the state. The guidelines are based on the norms laid down by Nursing Council of India (NCI). Nursing staff is the backbone of any Medical institution/Hospital and with more such institutions/Hospitals being planned; the requirement for nursing staff would increase manifold. The state government has come up with a detailed

resolution, no. 27(12) dated 05-06-06 to meet the above increasing demand.

General mandatory requirements for eligibility are:

- a. All the norms laid down by the Government of India, Government of Jharkhand, Nursing Council of India (NCI) and any other regulations applicable during the said period have to be fulfilled.
- b. Institutes applying should fall under either of the following category mentioned:
  - Recognized by/ Affiliated to Government of Jharkhand and/or Government of India
  - Registered under the Societies Registration Act [1860 (2/1862)]
  - Religious/ Charitable Trust registered under Trust Act- 1882 (2/1882) or WAKFS Act 1954 (29/1954)
- c. The 'qualifying criteria' and the 'clinical criteria' detailed by the Nursing Council of India (NCI) have to be fulfilled.

#### **4. Establishments of Paramedical Institutes:**

A Paramedical Council has been constituted in the state to streamline and standardize the education and training of the paramedical personnel. Requisite guidelines have been formulated to ensure that these institutions impart and maintain the quality of teaching and training thus eventually producing good paramedics. The salient features of activities to be undertaken by the council are:

- a. Registration of all the paramedics in Jharkhand, after scrutinizing the eligibility.
- b. Establishment of institutes through the public sector or through public-private partnerships and formulating their norms and other modalities
- c. Developing the courses for these paramedical institutes and supervise and monitor their course conduct and exam processes

*Government of Jharkhand allots prime importance in establishing institutes which would help bridge the gap in the skilled human resources and make the state self sufficient in this area. This would provide opportunities to the local youth and also attract revenue from other states. This would ultimately help in providing quality health care throughout the state in uniformity and thus realize the dream of 'Health Jharkhand, Happy Jharkhand'*