

PRIVATE PARTNERSHIP FOR MANAGEMENT OF PRIMARY HEALTH CARE SERVICES: ARUNACHAL PRADESH

A model of remote, difficult to access and sparsely populated regions of the country

Problem Statement

India has one of the highest maternal mortalities in the world. National estimates for Maternal Mortality Ratio are 212 deaths per 1, 00,000 live births per year¹. More than a decade ago, India made a commitment to the Millennium Development Goals (MDG), and in order to achieve MDG-5 and reduce MMR by three-quarters before 2015, prioritising universal access to reproductive healthcare services and improving women's health have been one of the key interventions².

Arunachal Pradesh, geographically, the largest State in North East India, is nestled in the Himalayan Ranges within altitudes ranging from 150 and 7300 metres above sea level. The State comprises of 16 districts and shares international borders with Bhutan, China and Myanmar. Due to its distinct topography and difficult terrain, there is widely dispersed settlement pattern of the population, with average density of only 17 persons per Sq. Km, of which 80% reside in rural areas. The major challenge for provision of comprehensive healthcare including maternal health in these difficult-to-access underserved areas is deficient infrastructure and acute shortage of health personnel.

Studies have shown that maternal health indicators in Arunachal Pradesh lag behind the National Average. NFHS-3 (2006) reported 63.3% first antenatal check-up among pregnant women in Arunachal Pradesh

compared to the National Aggregates of 75.2%. NFHS-3 also reported 31.7% institutional deliveries in the State, which is below the National Figures of 40.8%^{3, 4}.

Program Description

To ensure universal access to maternal health care, the Government of Arunachal Pradesh piloted a PPP Project in 2005-06, by outsourcing management of 16 hard-to-reach PHCs and 29 Sub Centres, one from each district⁵, to 4 NGOs with financial support from NRHM.

Infrastructure & Human Resources: Facility Survey reveals that since the initiation of the PPP scheme, the 16 PHCs which were hardly functional due to lack of proper infrastructure, healthcare personnel, and incomplete record keeping were all operationalized. OPD, Wards, Laboratory and Labour Room are well equipped with NRHM funding and functional.

Service Delivery: Maternal Healthcare including Antenatal Care (ANC) and 24X7 Institutional Delivery (ID) among other services is provided on a regular and continuous basis along with treatment for communicable diseases, and non-communicable diseases, among others.

¹ Ministry of Health and Family Welfare (2011). NRHM Health Information System (HMIS) Portal. Available at: <http://nrhm-mis.nic.in/> (accessed on 02.12.2011)

² WHO (2007). Maternal mortality ratio falling too slowly to meet goal. Available at: <http://www.who.int/mediacentre/news/releases/2007/pr56/en/> (accessed on 3.10.2011)

³ State Program Implementation Plan 2011-12 for Arunachal Pradesh

⁴ International Institute of Population Sciences (IIPS) and Macro International (2007) National Family Health Survey (NFHS 3), 2005-06: India; Volume 1 Mumbai: IIPS; 2007.

⁵ The 16 districts of Arunachal Pradesh are Anjaw, Changlang, Dibang Valley, East Kameng, East Siang, KurungKumey, Lower Dibang Valley, Lohit, Lower Subansiri, Papum Pare, Tawang, Tirap, Upper Siang, West Kameng and West Siang

