# 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 year<sup>1</sup>. 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 interventions<sup>2</sup>.

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 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%<sup>3</sup>,<sup>4</sup>.

# **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 district<sup>5</sup>, 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, among others.

<sup>&</sup>lt;sup>1</sup> Ministry of Health and Family Welfare (2011). NRHM Health Information System (HMIS) Portal. Available at: <a href="http://nrhm-mis.nic.in/">http://nrhm-mis.nic.in/</a> (accessed on 02.12.2011)

<sup>&</sup>lt;sup>2</sup> 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)

<sup>&</sup>lt;sup>3</sup> State Program Implementation Plan 2011-12 for Arunachal Pradesh

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

<sup>&</sup>lt;sup>5</sup> 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

Table 1: District wise Infrastructure, Human Resource and Service Delivery in PHCs under PPP

			SERVICES		HUMAN RESOURCE IN PLACE					STATUS OF ANTE-NATAL CHECK-UPS RECEIVED			TYPE OF DELIVERY			
SI. No	District	Name of PHC	ANC	24x7 ID	МО	ANM in PHC	ANM in SC	Pharma cist	Lab Tech	1 ANC		3 or More ANC		HD	ID	Total No. of respondents
			Y/N	Y/N	No.	No.	No.	No.	No.	No.	%	No.	%	No.	No.	
1	Anjaw	Walong	Υ	Υ	2	2	4	1	1	10	91	7	63	4	7	11
2	Changlang	Khimyong	Υ	Υ	2	3	1	1	1	27	100	18	66	5	22	27
3	Dibang Valley	Etalin	Υ	Υ	2	2	4	1	1	10	71	8	57	11	3	14
4	East Kameng	Bameng	Υ	Υ	2	4	4	1	1	33	66	18	36	44	6	50
5	East Siang	Sille	Υ	Υ	2	5	2	1	1	47	83	31	54	31	26	57
6	KurungKumey	Sangram	Υ	Υ	2	3	5	1	1	46	71	22	34	55	10	65
7	Lower Dibang Valley	Wakro	Υ	Υ	2	6	4	2	2	22	79	12	43	15	13	28
8	Lohit	Anpum	Υ	Υ	2	3	4	1	1	42	82	19	37	21	30	51
9	Lower Subansiri	Deed Neelam	Υ	Υ	2	2	6	1	1	29	81	24	67	22	14	36
10	Papum Pare	Mengio	Υ	Υ	2	2	3	1	1	28	93	22	73	17	13	30
11	Tawang	Lumla	Υ	Υ	1	3	4	1	2	31	77	21	53	32	8	40
12	Tirap	Wakka	Υ	Υ	2	2	4	1	1	56	92	42	69	16	45	61
13	Upper Siang	Jeying	Υ	Υ	2	1	4	1	1	14	58	10	42	17	5	24
14	Upper Subansiri	Nacho	Υ	Υ	2	4	4	1	1	16	53	11	37	20	10	30
15	West Kameng	Thrizino	Υ	Υ	1	5	1	1	1	11	55	3	15	10	10	20
16	West Siang	Gensi	Υ	Υ	2	2	6	1	1	29	97	22	73	14	16	30
Total					30	49	60	17	18	451	79	290	51	334	240	574
*Y -Ye	es .	*N – No			*No – Number				*HD - Home Delivery			*ID - Institutional Delivery				

#### **Program Impact**

Positive results yielded by the first exploration of improving healthcare delivery including maternal healthcare through the PPP initiative in managing PHCs in remote, difficult-toaccess underserved areas of Arunachal Pradesh. Non-functional facilities in these areas have been operationalized and skilled personnel are in place, delivering good quality services. Results show 60-90% ANC coverage more than 40% Institutional Deliveries (NFHS-3: 31.7% ID in the State and National Figures of 40.8%) within 3 years in most PHCs, in areas where no such services were available earlier. This model reveals that with intensified management under the PPP, otherwise non-operational health facilities in difficult-to-access underserved areas can deliver effective health care. Increasing trends in utilization of healthcare services in these facilities is an indication that with ensuring availability of quality care at health facilities,

healthcare seeking behaviour can be positively influenced.

## **Scalability**

Although this initiative has not translated into achievement in terms of sheer numbers, as this project was implemented in a State with population density of 17 persons/ sq km, yet this project has brought much needed relief to populations residing in very remote and difficult to access, sparsely populated areas. The success of this project highlights the need for more such project in remote, sparsely populated regions of other States, where the outcome measure should not be merely the number of patients served, but the quality of services provided.

#### **Contact Person**

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