Executive Summary

Health Care status in Uttaranchal is seriously handicapped by inaccessibility of essential health services and facilities, low utilization and poor delivery of public health system. Besides lack of priority by community towards health needs, socio demographic determinants of health like poverty due to out migration and gender differential, 'double burden' of diseases - endemic and communicable like tuberculosis, water borne diseases, malaria, leprosy etc. and chronic ailments like degenerative arthroses, psychosomatic maladies among rural and disadvantaged population compound the situation. Predilection toward ethno/traditional therapeutics including magico-religious rites that are not always the best of the practices prevail. There is a huge burden of reproductive and child health problems with high-risk pregnancies, RTI/STI, non-institutional deliveries, anaemia, malnutrition etc. that lead to considerable maternal and child morbidity/mortality.

The government has a rudimentary health infrastructure that is scarcely adequate for effective coverage and most importantly largely inaccessible to far out reaches in the mountains. Though the government has developed ambitious plans for achieving health targets, it has to address many challenges within its system viz shortage of personnel buildings, equipments and the like. Health system efficiency is sub optimal in terms of provider capacity, motivation and quality of care. Cost effective, sustainable models/strategies for delivery of care are yet to be made functional.

The subcentre at village-level, catering to the health needs of a population of 3000, are either faced with difficult geo-topography in making available services accessible or limited in capacity/resources

in providing essential care to the community that seek services. Community impression about the primary health centers is poignantly striking-'these are deemed as mere 'referral centres in nexus' with private institutions and operated by a team of apathetic and lethargic staff indifferent to health needs of the community'.

The health conditions of women are overt pointers to considerable gender bias practised in the mountains. Burdened with gathering 'food, fuel and fodder', they remain biologically and socially vulnerable to a host of reproductive health problems including malnutrition. Child bearing, delivery and rearing all take place amidst unhygienic surroundings with little or no pre, per or post natal care. Most of the deliveries are conducted by untrained dais, leading to post natal complications such as prolapse of uterus, vaginal discharge, genital ulcers etc. Besides, they are subject to male violence frequently resulting from alcoholism. Chronic degenerative arthroses ail most of the elderly women.

This is the picture that does emerge from the present study on health care status of Uttaranchal done through review of available literature and community impressions gathered by Community Participatory Exercises (PRA/PLA) and interactive sessions with key health and development providers.

The study report has been organized into seven chapters: Chapter 1 introduces the study with genesis, objectives of the study and material and methods; Chapter 2 reviews the historical perspective and demographic and socio economic determinants of health care. Chapter 3 provides a review of health care scenario including health and nutrition status, disease burden, health care delivery systems including programs and polices; Chapter 4 analyses predictors for health care seeking behavior; Chapter 5 considers stakeholder consultations in the form of house hold survey, interactive sessions

and community impressions (FGDs); Chapter 6 incorporates a discussion along meta-analytical approach with different available data sources to derive empirical association between relevant health variables and health care status; and Chapter 7 identifies 'niche areas' for support for programs/interventions.

'Prioritized gaps' in programs/policies/strategies representative of 'niche' areas for support are, ensuring equitable access to services for population settlements in 'hemlets' or 'majras' with atypical geotopography; reinforcing the provider base in between the community and available service with a 'link worker' and facilitating coverage and service utilization for primary health care and essentially, reproductive health problems as the only viable alternative to reduce disease burden; addressing increasing burden on non communicable diseases; potential 'risk situations' for HIV; caring for the disabled; combating dependency / alcoholism; harnessing best practices of indigenous systems of medicine; empowering panchayat raj institutions; ensuring male involvement; enhancing urban health systems; building strategies for meaningful partnership; improving monitoring and surveillance; addressing cost of health care and generating livelihood options. The study findings were disseminated in a workshop with representatives from all stake holders; group observations on 'niche' areas have been incorporated as part of the study process.

With Sir Ratan Tata Trust already supporting initiatives in water and sanitation sector in the state, further initiatives could be moving further on to address water borne diseases, focusing on women, adolescent and child health issues and enabling services to reach in these hard to areas by enabling trained staff to be there, use of innovative transportation mechanisms, use of modern means of communication, developing innovative insurance based schemes and last but not the least focusing on

alternate systems of medicine and investing in preventive issues will go a long way in ensuring the health of the state.