Executive Summary

The Health and Population Policy of Uttarakhand was formulated in December 2002. Now more then five years down the lines, time has come to review and evaluate the policy guidelines. The reviewing of the state health and population policy is also to foster an improved enabling environment for health. Policy Implementation Assessment Tool was applied to review the health policy. The study was conducted in the month of June and July 2008. The field data was collected from the districts of Haridwar, Udham Singh Nagar, Uttarkashi and Almora. As the policy did not have any operational plan knowledge of NHRM and its operational part were asked to elicit the responses on various issues, which directly or indirectly fall under the orbit of the policy. In depth interviews were conducted of officials who were involved in the making of the policy and at the other level, persons who were involved in the implementation of the policy and the NRHM programmes. Focus Group Discussions were held with groups who are implementing the same at the field level and finally with the beneficiaries at the village level. The basic thrust was to assess if the policy was addressing the health and population issues of the state and if these objectives were realistic within the given timeframe. The constraints faced in terms of human resources, infrastructure and logistics. At the societal level-socio-cultural, socio-economic and political aspects which were a hindrances and or the facilitation to the existing policy and or the programmes, were also examined.

No separate plan was made as per the policy objectives, as the state was more engrossed with the centrally funded NRHM programmes. The only action taken under the policy were two government orders (GOs), one was the formulation of State Health and Population Policy Coordination Committee (SHPPCC) and the other State Health and Population Policy Implementation Committee (SHPPC). This committee did not go further then issuing of GOs.

It was felt that the policy is addressing all the key issues, viz. Family Planning, Maternal Child Health and that the goals are comprehensive. Senior doctors at the state health directorate found the health policy relevant to the state. The policy makers felt the extensive involvement of the stakeholders in policy formulation, though others felt limited involvement.

The policy makers felt that the policy was widely disseminated, but not below the district level. There was no follow up and no meeting on this policy document at the district and the level below. The policy needs renewed

emphasis, feels a senior civil servant. The implementers felt that the policy dissemination to various implementing agencies was not done and was at the most limited.

Social factors like the religious practices and beliefs were a hindrance in achieving the policy objectives. Religious beliefs are there and hence the involvement of local, religious leaders and community participation is being promoted. Gender is an issue, as there is an adverse sex ratio in the state and son preference is an issue; influence the female feticide and thus the adverse sex ratio. Women have a lot of household responsibilities and that is their priority. Underutilization of services among the SC/ST population is an issue of concern. In case of cultural practices, like cases of not giving first milk, late initiation of breast feeding, in-laws not encouraging ANC and institutional delivery.

The coordination was not effective among various organizations that are implementing strategies designed to achieve the policy. In practice coordination is taking place with primarily with ICDS and not with others departments. Better coordination and monitoring is needed in the field.

It is agreed that that there are facility level barriers to effective delivery of services. The manpower shortage at various level and non-availability of service providers especially in rural areas is matter of concern. No system of performance based rewards/punishment and no accountability. There need for better HR policy and mechanisms. The providers need to be motivated and sensitized to provide quality services.

Policy makers feel that leaders are indifferent and the support is minimum, though we have them in many health committees. Implementers feel that there is support among opinion leaders and institutions, particularly the politicians at all the level. In public forums, they support all the programmes of the government.

At the field level ASHAs are having conflict with Aganwadi workers due to duplication of tasks/roles, which needs to be sorted out. Aganwadis are being neglected by Health department due to ASHA factor. There is lack of coordination between ANM, AWW and ASHA. ANMs and AWWs given lot of paper works to do, which needs to be reduced.

While there has been improvement in overall Infrastructure and equipment position in the state, there has been mismatch between providers and equipment.

There has been a JSY disbursement problem and complains have started coming. These problems along with and poor facilities and poor behavior of health providers will influence the institutional delivery in future.

ANC needs improvement and hardly any check up in the Neonatal period due to cultural practices.

The recommendations that have come up during conversations with officials and others in the state and district level survey are varied. A policy division at the directorate level, which can have planning cell, along with an evaluation and monitoring cell, which can also fix roles and responsibility. Feedback on the performance should be regular and methodical.

There is a need for decentralization at every level and to fix responsibility at all level.

AYUSH needs to be incorporated into the mainstream of Public health delivery system**.**

The policy initiative in the area of mental health, on Geriatrics, and on Adolescent health, has come up clearly from the field.

Public private partnerships and the involvement of private sector has come out clearly.

Need for manpower planning to look into the issue of Human resources, particularly doctors and specialist.

There is a need for coordination with all agencies working in health sector, particularly the civil society organization and to ensure the community participation through the PRI involvement.