

Strengthening Healthcare at Grassroots Levels in India Enquiry into the International Data and Significance of Rural Local Bodies (Panchayati Raj Institutions)

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Abstract

Good health is essential for a high quality of life, as it impacts our ability to enjoy life and engage in daily activities. However, as climate change becomes more pervasive in our daily lives, the implementation of resilience and mitigation measures to address its repercussions on health significantly influences India's commitment of 2030 Agenda of Sustainable Development Goals (SDGs) which, inter-alia, includes SDG 3 of 'Good Health and Well-Being'. Government at the Central and State level are taking necessary interventions towards this objective, however, local governments can always play a significant role in governance at grassroots levels. In this context, Elinor Ostrom's Nobel Prize winning analysis is instrumental which puts significant importance to community actions which can solve problems in the absence of national and State level programmes through trust factor which can be durably built at local level. Within this context, rural local governance units termed as Panchayati Raj Institutions (PRIs) in India, have emerged as pivotal agents of change in facilitating the realization of SDGs. India is predominantly a rural country with about 60% of people residing in more than 6 lakh villages with 70 per cent of its workforce living in rural areas that contribute to about 46 per cent of the economy. These villages are amalgamated into around 2.6 lakh Gram Panchayats (GPs) with 31.65 lakh elected representatives. These are institutions of local self-governance at grassroots levels having key role in planning, implementation and monitoring of large number of flagship programmes.

By virtue of the Constitutional mandate, Panchayats provide enabling platform for planning and implementation of activities on key subjects such as Health, Nutrition, Education, Drinking Water and Sanitation etc. having direct and indirect bearing on public health. This Paper presents the facts that in both global and Indian contexts, there has been progress in key health indicators with the interventions of government and stakeholders. However, the progress can be further catalyzed through empowerment and enablement of Panchayats across six critical pillars namely, Framework, Functions, Finances, Functionaries, Capacity Building, and Accountability for overall development of women.

Keywords: Healthcare and Panchayats; Role of Panchayats in Realizing Sustainable Development Goal 3; Panchayat and Health Sector

Abbreviations

SDGs: Sustainable Development Goals, PRIs: Panchayati Raj Institutions, GHS: Global Health Security

Global Status of India in Health

Global Status of India on Key Health Indicators

India's global status on key health indicators shows a mix of progress and challenges. As per the 'World Population Prospects' (2022) data of United Nations, the life expectancy of a person in India is 68 years on an average as compared to global average of 72 years. A comparative status of India vis-à-vis world is shown in Figure 1.

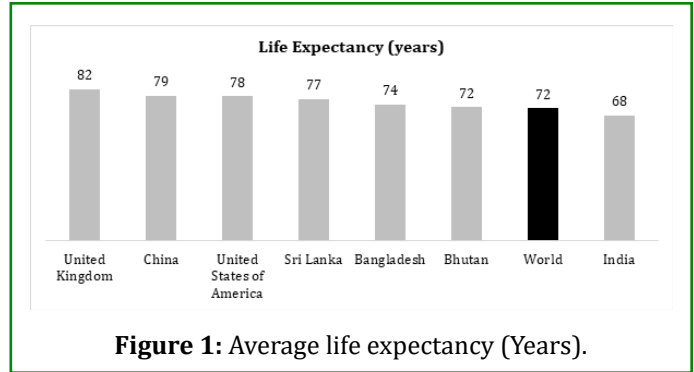


Figure 1: Average life expectancy (Years).

An in-depth review of few western hemisphere and neighbouring countries on two negative and three positive health indicators, as per the 'World Population Prospects' (2022) data of United Nations, is given in Tables 1 and 2.

Sl.No.	Location	Population Growth Rate (%)	Crude Birth Rate (births per 1,000 population)	Total Fertility Rate (live births per woman)	Composite Average
1	Bangladesh	1.04	17.48	1.95	6.82
2	World	0.84	16.8	2.31	6.65
3	India	0.69	16.27	2.01	6.32
4	Sri Lanka	0.3	13.78	1.97	5.35
5	Bhutan	0.64	12.33	1.4	4.79
6	United States of America	0.47	11.03	1.66	4.39
7	United Kingdom	0.34	10.04	1.57	3.98
8	China	-0.01	7.54	1.18	2.9

Table 1: World Population Prospects (2022)- Status of Few Countries on Three Key Positive Health Indicators.

Sl.No.	Location	Infant Mortality Rate (infant deaths per 1,000 live births)	Death rate (%)	Composite Average
1	United Kingdom	3.21	0.91	2.06
2	United States of America	5.04	0.93	2.98
3	Sri Lanka	5.47	0.73	3.1
4	China	5.88	0.74	3.31
5	Bangladesh	20.37	0.53	10.45
6	Bhutan	20.66	0.64	10.65
7	India	26.31	0.91	13.61
8	World	27.53	0.84	14.18

Table 2: World Population Prospects (2022) - Status of Few Countries on Two Key Negative Health Indicators.

The data in Tables 1 & 2 above shows that India is performing well above on health indicators in general however, the key issues remain with the child-health and overall mortality rate.

Sustainable Development Goals Index

India is vigilant on its SDG ranking globally owing to its commitment to 2030 Agenda of Sustainable Development and taking intrinsic measures to realize this aspect at local

level through its various programmes, schemes and support of stakeholders. In the global context, score of few western hemisphere and neighbouring countries in SDG 3 – ‘Good Health and Well-being’ as per SDG Index dashboard [1,2] is given in Figure 2.

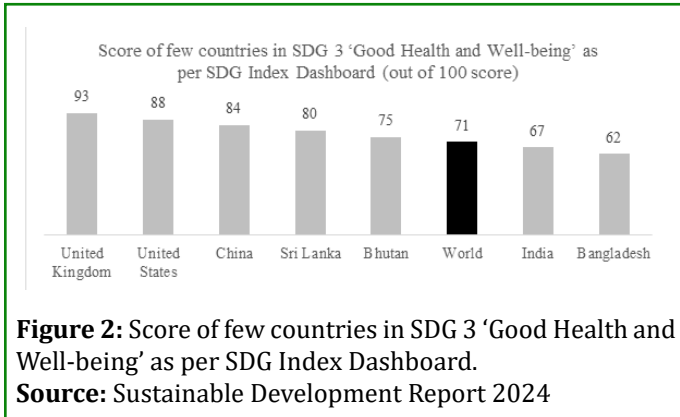


Figure 2: Score of few countries in SDG 3 ‘Good Health and Well-being’ as per SDG Index Dashboard.

Source: Sustainable Development Report 2024

The key inference from this figure is that India at present is lagging behind which can be improved through focussed interventions in health sector. However, alternatively, score of India in SDG has significantly improved during the past years as shown in Figure 3.

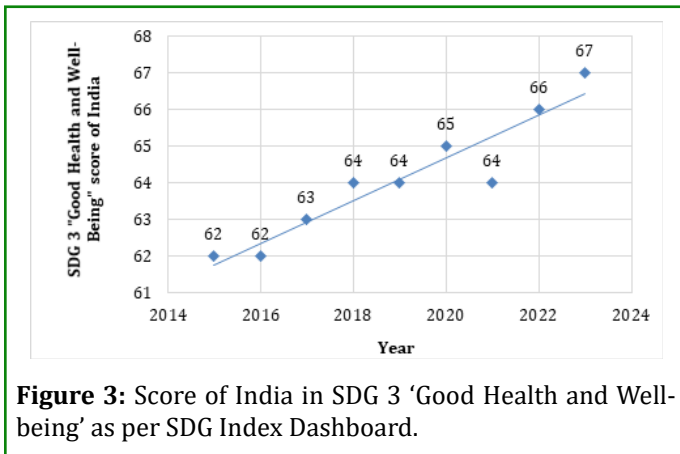


Figure 3: Score of India in SDG 3 ‘Good Health and Well-being’ as per SDG Index Dashboard.

Health Preparedness of India as per Global Health Security Index

The Global Health Security (GHS) Index measures the capacities of 195 countries to prepare for epidemics and pandemics with international panel of experts from organizations such as Bill & Melinda Gates Foundation, World Bank, All India Institute of Medical Sciences (India) and others. The GHS Index includes six categories, namely prevention, detection and reporting, rapid response, health system, commitments to improving national capacity, financing, and global norms and risk environment. A comparative score of India vis-à-vis few other countries as

per the GHS Index Report (2021) is shown in Figure 4.

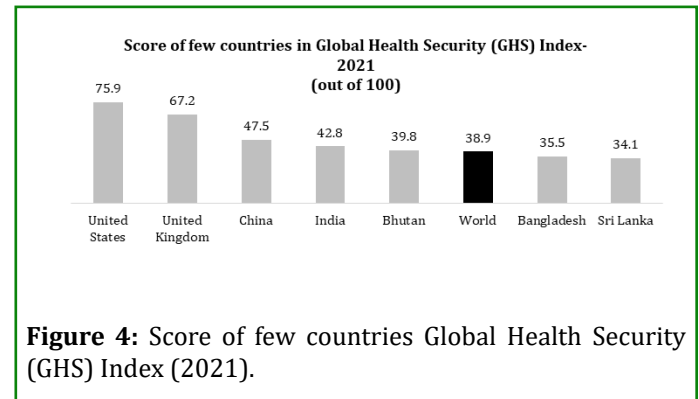


Figure 4: Score of few countries Global Health Security (GHS) Index (2021).

The data shows that while India lags behind in SDG 3 “Good Health and Well Being” score on global aspect as shown in Figure 1 above, its health preparedness as per GHS Index is above global average.

Significance of Women’s Health in Particular

Globally, women’s empowerment is a critical imperative for sustainable development. In India, notably, 48 percent of the population in rural areas are women (according to Census 2011), with a Women’s Labour Force Participation Rate of 41.5% (15 years and above) in 2022-23 as per Periodic Labour Force Survey Report (2022-23). Recognizing this demographic significance is crucial, as women play vital roles in various developmental aspects of a nation. International Monetary Fund Chief Christine Lagarde and Norway’s Prime Minister Erna Solberg, have highlighted the prospect of a 27 percent increase in India’s GDP through the attainment of gender parity in the labor force [3]. In a separate analysis by United Nations, by 2025, global annual Gross Domestic Product could increase by as much as 26%, equivalent to US\$28 trillion, if women assumed roles in labor markets identical to men [4]. While this aspect is intriguing, however, one of the critical from the fact that around 10 percent of women do not enter the labour force only because of the health care issues [5].

Global Status of India in Women’s Health

“When women suffer, so does everyone around them” is what Global Women’s Health Index (Year 2022) impresses upon. This index is developed in collaboration with international public health and medical experts and the Gallup World Poll research team. This Index measures the score of the countries in five key areas namely, preventive care, emotional health, opinion of health & safety, basic needs and individual health. Score of few developed and neighbouring countries in Global Women’s Health Index is given in Figure 5.

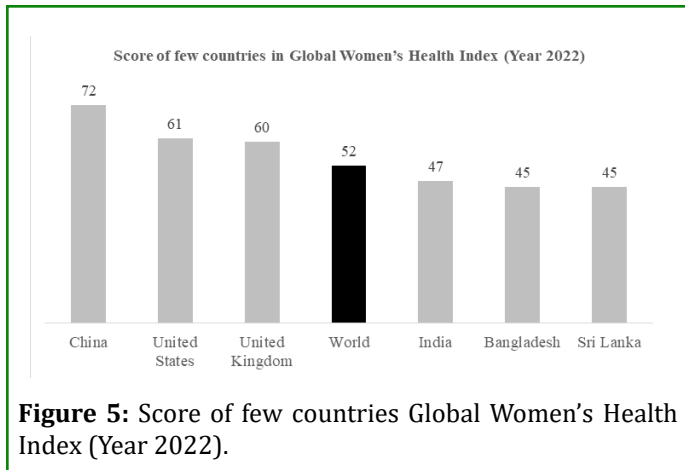


Figure 5: Score of few countries Global Women's Health Index (Year 2022).

The data in the figure above shows that India lags behind the world average in the women's health parameters. However, just as India lags behind in health aspect of global scale as per SDG Index but its health preparedness is above global average as per Global Health Security Index, similarly, India's

has shown a progress of around 33 percent in key parameters relating women's health as discussed in subsequent section.

Status of women's health in India on key parameters

The National Family Health Survey (NFHS) of India shows that there has been a significant increase in key maternal and child healthcare parameters including those mitigating indoor air pollution. An in-depth analysis, details of which are not presented here, shows a 4 percentage points decrease in prevalence of anaemia in women which could have impacted a 4.6 percentage point reduction in the neonatal mortality rate [NFHS-4 (29.5%), NFHS-5 (24.9%)] and a 5.5 percentage point reduction in the infant mortality rate [NFHS-4 (40.7%), NFHS-5 (35.2%)]. Table 3 shows the progress of around 33 percent on 10 key women's health indicators; 9 relating to NFHS 4 (2015-16) and 5 (2019-21) surveys & one relating to social infrastructure (year 2013 versus 2024).

Sl.No.	Women's Health & related social infrastructure Indicator	Year (2015-16) - (%)	Year (2019-21)-(%)	Percentage point change	Change (%)
1	Women who received Ante-natal care	84	85.1	1.1	1
2	Pregnant women with institutional deliveries	79	89	10	13
3	Households using clean fuel for cooking (Electricity, LPG/natural gas, biogas)	44	59	15	34
4	Total fertility rate (children per woman)	2.2	2	-0.2	-9
5	Pregnant women receiving any service under ICDS	54	70	16	30
6	Breastfeeding women receiving any service under ICDS	49	66	17	35
7	Non-anemic women*	47	43	-4	-9
8	Women covered under health insurance or a health scheme (Central or State Govt.)	20	30	10	50
9	Population living in households that use an improved sanitation facility	70	49	21	43
10	Rural Households with Functional Tap connections (eliminating need to travel far for water collection in villages)**	31	74	43	139
Average Score		48	57	13	33

Table 3: Progression in Women's Health & related social infrastructure Indicator as per NFHS 4 (2015-16) and NFHS 5 (2019-21).

Key Challenges of Health Sector in India

India's health sector faces significant challenges due to its

large population, incidences of poverty, and inadequate infrastructure. Few critical challenges are listed in Table 4.

Sl.No	Challenge	Status	Source
1	Insufficient Infrastructure	There is a shortfall of 46,140 Sub Centres (24%), 9,231 Primary Health Centres (29%) and 3,002 Community Health Centres (38%) across India.	https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1220&lid=190
2	Shortage of Healthcare Professionals	There are 7 medical doctors available per 10,000 population far low as compared to western countries like United States of America (36), United Kingdom (31) and neighboring countries like Sri Lanka (12) and China (25).	https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-(per-10-000-population)
3	Low Public Health Expenditure	Current annual per capita health expenditure (Year 2021) is US\$ 74.04 (Rs.5,624 - w.r.t. Year 2021) as compared to global average of US\$1386 (Rs.1.05 lakh)	https://apps.who.int/gho/data/node.main.GHEDCHEpcUSSHA2011?lang=en
4	Health Facility compliance	Indian Public Health Standard facilities with >80% compliance (as per sample assessment): District Hospital: 2% Sub-District Hospital: 5% Community Health Centre: 1% Primary Health Centre: 19% Sub-Health Centre: 31%	https://indianexpress.com/article/india/120-district-hospitals-assessed-only-2-meet-health-standards-finds-ministry-9419718/

Table 4: Key challenges of Health Sector in India.

Key Interventions of Government of India Towards Public Health

Several key initiatives and schemes have been launched

by the Government of India to support the healthcare and related infrastructural needs of its citizens. Some of these key schemes are listed in Table 5.

Sl.No.	Some of Key Flagship Schemes	Ministry /Department	Annual Budget (2023-24; or the latest year available) (Rs. in thousand crores)
<i>Total budget of all Ministries for year 2023-24 (Rs. in thousand crores) = 4500</i>			
1	POSHAN Abhiyan/ ICDS	Department of Women & Child Development	20.55
2	Jal Jeevan Mission (JJM)	Department of Drinking water Sanitation	70
3	Swachh Bharat Mission – Grameen (SBM-G)	Department of Drinking water Sanitation	7.2
4	National Health Mission	Department of Health & Family Welfare	29.09
5	Janani Suraksha Yojana	Department of Health & Family Welfare	2.03
6	Pradhan Mantri Matru Vandana Yojana	Department of Women & Child Development	2.59
7	Ayushman Bharat (Pradhan Mantri Jan Arogya Yojana (PMJAY))/ State Specific Scheme	Department of Health & Family Welfare	7.20
8	Pradhan Mantri Ujjawala Yojana (LPG Subsidy)	Ministry of Petroleum and Natural gas	22.57
Total			161.23

Table 5: Some of the key healthcare and related infrastructural schemes.

Sl.No.	Key intervention	Related scheme / support
1	Financial support to pregnant women and lactating mothers (Rs.5000) for child birth	Pradhan Mantri Matru Vandana Yojana (PMMVY)
2	Institutional, free and cashless deliveries and post-natal care services	Janani Suraksha Yojana (scheme) Janani Shishu Suraksha Karyakram (scheme)
3	Health field functionaries/workers	> 10 lakh Accredited Social Health Activists Around 10 lakh Auxiliary Nurse Midwives operating at Health Centres Honorarium provided for health services to mother and child
4	Mother and Child Tracking System	Registration and follow-up of pregnant women and children for antenatal, postnatal, and immunization services.
5	Health Insurance schemes	Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY) – Rs. 5 lakh per year per family Pradhan Mantri Surakshit Matritva Abhiyan - free comprehensive and quality antenatal care to all pregnant women on the 9th of every month
6	Functional household tap water connection	Jal Jeevan Mission – 15/20 crore rural households provided tap water connection
7	Clean cooking fuel	Pradhan Mantri Ujjwala Yojana/Scheme -Clean cooking fuel / deposit free LPG connections to poor households Around 10/20 crore rural households provided deposit free connections provided to poor households

Table 6: Mother and child healthcare related initiatives of Government of India.

Significance of Panchayati Raj Institutions in Health Sector in India

The 2030 Agenda considers that local governments across the world are key actors to fulfill SDGs. People's confidence and trust in public institutions at all levels, and in the people, who lead such institutions, is critical. While progress is being made at national level towards achieving good health as discussed above, it can be further catalysed at local level.

Particularly in the context of India, the Panchayati Raj Institutions, especially GPs, play a significant role in local governance because of their omnipresence as the Constitutional local self- governance units comprising of 60 percent of country's population in more than 6 lakh villages. The 73rd Constitutional Amendment Act, 1992 mandates these Panchayats to function as institution of self-governance to plan and implement activities on 29 subjects listed in

Eleventh Schedule of the Constitution which includes subject with critical bearing on human health such as 'Health and sanitation, including hospitals primary health centres, and dispensaries', 'Family welfare' and 'Women and child development'. Therefore, their association has the necessary potential of getting people involved in all possible measures on an institutionalised basis.

People's perception on significance of GPs towards ensuring public health

People generally perceive GPs crucial for development due to their universal grassroots presence. However, to corroborate this, Ministry of Panchayati Raj (MoPR) has collected sample perception data from 4,281 individuals in 252 GPs of 19 States/UTs (Year 2023) on importance of role of GPs in various sectors including health sector. The data in respect of health sector is presented in Table 7.

Sl.No.	State/UT	How effectively do you think your GPs is addressing issues related to health?
1	Arunachal Pradesh	0.60
2	Assam	0.36
3	Bihar	0.85
4	Chhattisgarh	0.50
5	D&NH and D&D	0.71
6	Gujarat	0.79
7	Jammu & Kashmir	0.55
8	Karnataka	0.76
9	Kerala	1.00
10	Madhya Pradesh	0.75
11	Maharashtra	0.58
12	Manipur	0.38
13	Meghalaya	0.45
14	Mizoram	0.70
15	Nagaland	0.82
16	Odisha	0.67
17	Rajasthan	0.82
18	Tamil Nadu	0.74
19	Telangana	0.70
Average		0.67

Table 7: Perception Report: Average value of response of individuals as “Very Effective + Effective” in 19 States (252 GPs; 4281 individuals) - Response value: Yes (1) and No (0).

Source: MoPR records

Data presented in Table 7 shows that a majority of people recognize GPs as vital catalysts for implementing schemes and key indicators relating to health. Provided that Panchayats are empowered and enabled, they can play a catalytic role in implementing these indicators through active participation.

Empowered Panchayats Can Ensure Good Health

Empowered and enabled Panchayats can effectively implement schemes and policies of the Government relating

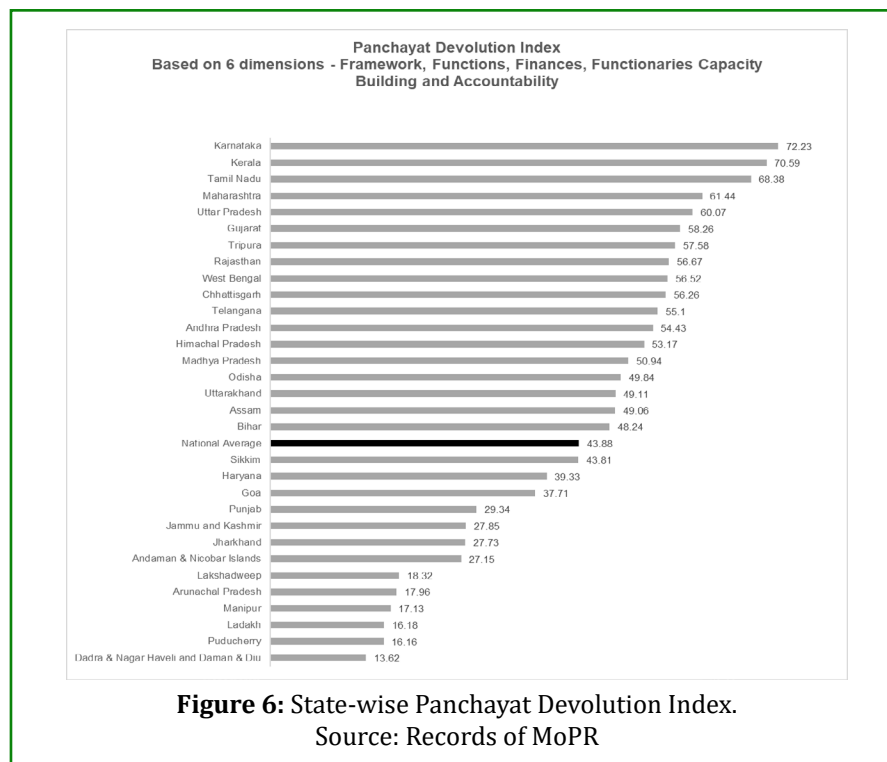
health, education, infrastructure facilities etc. through community participation and optimizing resource utilization. The 73rd Amendment to the Constitution mandates States to devolve funds, function and functionaries to Panchayati Raj Institutions under 29 subjects including the ones relating to health to enable them function as institutions of local self-governance. However, in essence, there are 6 key pillars of empowerment of Panchayats as defined in the report of MoPR on “Status of Devolution to Panchayats in States” (2024) as shown in Table 8.

Sl.No.	Key pillars of Panchayats empowerment	Brief description
1	Framework	Implementation of provisions of Part IX of the Constitution such as timely conduct of Panchayats Elections (Article 243K), reservation of seats for SC/ST and Women (Article 243D) etc.
2	Functions	Assigning of funds, functions and functionaries relating to 29 subjects in Eleventh Schedule of the Constitution and its Activity mapping etc.
3	Finances	Devolution of Central and State Finance Commission Grants to Panchayats, Empowerment of Panchayats to Impose and Collect Revenue etc.
4	Functionaries	Physical Infrastructure (GP Bhawan), e-Connectivity (Computers), manpower etc.
5	Capacity Building	Basic and Specialized trainings of elected representatives, establishment of Panchayat resource centres
6	Accountability	Auditing of Panchayat accounts, social audit, conduct of Gram Sabhas etc.

Table 8: Key Pillars of Panchayats Empowerment.

Based on scoring of States out of 100 on the above mentioned 6 key pillars in this study, a State-wise “Panchayat Devolution

Index” has been calculated as presented in Figure 6.



The key inference from the figure above is that the empowerment status of Panchayats in the States are at varying degrees. In the States, especially below national average of 43.88, timely interventions regarding effective devolution of funds, function and manpower to Panchayats, implementation of related Constitutional provisions, providing curated capacity building & training to elected representatives of Panchayats for better accountability may enable them function as institutions of local self-governance.

Symbiotic Implications of Health and Poverty

Poverty is a major cause of ill health and hinders access to essential health care. Financially, impoverished individuals cannot afford necessary items like nutritious food and medical care. Additionally, factors such as lack of information on health-promoting practices and limited influence to ensure social services work in their favor contribute to the problem. Alternatively, ill health significantly contributes to

poverty. Health care costs include out-of-pocket expenses for consultations, tests, medications, transportation, and informal payments to providers. In developing countries, illness often results in substantial income loss for both the breadwinner and family members who may need to stop working or attending school to care for a sick relative. Poor families facing illness might be forced to sell assets, borrow at high interest rates, or incur debt to cover medical

expenses. Since it is perceived that health and poverty have intricate relationship with each other, it is worthwhile corroborating this statement. Accordingly, SDG India Index score (Year 2020) on SDG 3 - Good Health and Well Being is corroborated with National Multidimensional Poverty Index (2021)[6] which measure poverty across three equally weighted dimensions i.e. health, education, and standard of living Table 9, both metrics brought out by NITI Aayog.

Sl.No.	State/UT	SDG India Index score (SDG 3 - Good Health and Well Being)	Multidimensional Poverty Index (% of poor population)
1	A&N Islands	68	4
2	Andhra Pradesh	77	12
3	Arunachal Pradesh	64	24
4	Assam	59	33
5	Bihar	66	52
6	Chhattisgarh	60	30
7	D&N Haveli	80	27
8	Daman & Diu	80	7
9	Goa	72	4
10	Gujarat	86	19
11	Haryana	72	12
12	Himachal Pradesh	78	8
13	Jharkhand	74	42
14	Karnataka	78	13
15	Kerala	72	1
16	Lakshadweep	78	2
17	Madhya Pradesh	62	37
18	Maharashtra	83	15
19	Manipur	68	18
20	Meghalaya	70	33
21	Mizoram	79	10
22	Nagaland	61	25
23	Odisha	67	29
24	Puducherry	70	2
25	Punjab	77	6
26	Rajasthan	70	29
27	Sikkim	62	4
28	Tamil Nadu	81	5
29	Telangana	67	14
30	Tripura	67	17
31	Uttar Pradesh	60	38
32	Uttarakhand	77	18
33	West Bengal	76	21
Average		72	19
Correlation coefficient			

Table 9: State-wise scores/values on SDG India Index (2020) and National Multidimensional Poverty Index (2021).

Source:

- National Multidimensional Poverty Index (2021) [7] by NITI Aayog
- SDG India Index (2020) [8] score computed by NITI

Aayog

The data in the Table 9 above shows that the both metrics are inversely correlated with a correlation coefficient of -0.4 as depicted in Figure 7.

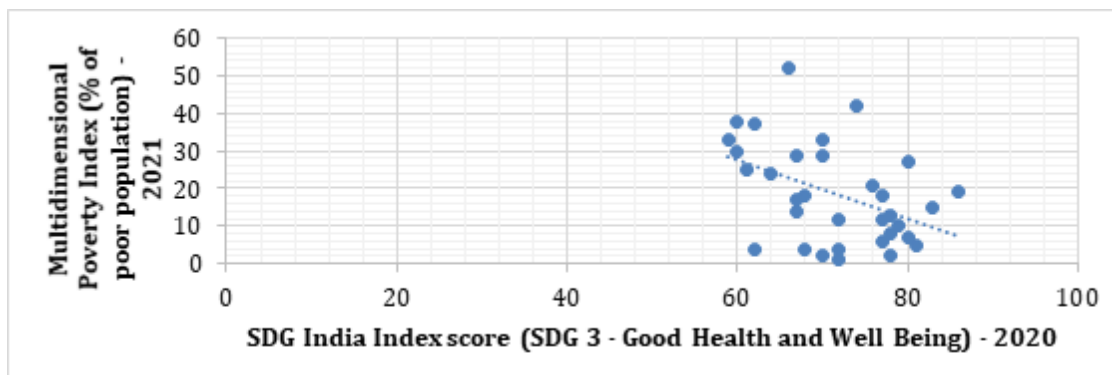


Figure 7: Correlation between SDG India Index score (SDG 3 - Good Health and Well Being) and Multidimensional Poverty Index (% of poor population).

Source: Records of MoPR

Strategic Grassroots Level Measures for Health and Poverty: SDGs Based Planning at Grassroots Levels

Notably, MoPR has adopted a thematic approach towards India's commitment for achieving 2030 Agenda of SDGs in a time bound manner and has enabled GPs to prepare theme-based Gram Panchayat Development Plans (GPDPs), including under the theme of 'Healthy Village' and 'Clean and Green Village'. These are two of the 9 Localisation of

SDGs (LSDGs) themes [9] amalgamated from 17 SDGs by Ministry for making them easily relatable and understood by the rural masses. This enables GPs to cater to national and international agendas simultaneously through community-based planning.

Resultingly, many GPs took substantial number of activities under their annual GPDP for the year 2023-24 as given in Table 10.

LSDG theme	Number of GPs taken activities in GPDP 2023-24	No. of activities taken in GPDP 2023-24	Resource envelope under GPDP 2023-24
Healthy Village	33 thousand	22 lakh	Rs.13 thousand crores
Clean and Green Village	2.49 lakh	29 lakh	Rs.27 thousand crores

Table 10: Number of activities and resource envelope under Gram Panchayat Development Plans (2023-24).

Source: MoPR records

Additionally, MoPR also incentivizes the GPs for their achievements made under these themes through annual National Panchayat Awards supplemented with financial incentives.

Conclusion

There is a disparity in public health sector, globally and more in India. However, there is a visible progress on these indicators as well. Government interventions at national and state level in India with enhanced support for healthcare infrastructure, manpower and finance is required [10-

12]. However, for accelerating the progress on improving health indicators in India with more than 60 percent rural population living in more than 2.6 lakh GPs, Panchayats need to be empowered and devolved with adequate funds functions and manpower to enable them implement schemes and interventions of the Government and accordingly realise the 2030 Agenda of United Nations.

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