



Millennium Development Goals and Status of Health Services in Morigaon District of Assam

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ABSTRACT: The proposal of the Millennium Declaration in 2000 by all United Nations Member States marked an historic moment, as world leaders committed to tackle extreme poverty in its many dimensions and create a better life for everyone. The Millennium Development Goals (MDGs) translate this commitment into a framework of measurable goals and targets by which progress can be measured. The Millennium Development Goals (MDGs) are eight international development goals that all 193 United Nations member states and at least 23 international organizations have agreed to achieve by the year 2015. The goals are eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equality and empowering women reducing child mortality rates, improving maternal health, combating HIV/AIDS, malaria, and other diseases, ensuring environmental sustainability, and developing a global partnership for development. Among these eight goals three goals are directly related to human health.

As a first step in Assam's Model District, Morigaon, the project has created a multi-sectoral team of health, nutrition, water, and education officials to focus activities on maternal and child health. The project also focused on improved training for Accredited Social Health Activists (ASHAs), the critical community based health workers that mobilize women and children for health services within the villages. The project will also focus on training nurses in better antenatal care delivery, which is vital for lowering the risk of maternal death, and will introduce mobile phone technologies so that data can be collected—and mothers and babies tracked—throughout rural areas that are difficult to access.

KEYWORDS: Development, Health Sector, Health Indicators

I. INTRODUCTION

The proposal of the Millennium Declaration in 2000 by all United Nations Member States marked an historic moment, as world leaders committed to tackle extreme poverty in its many dimensions and create a better life for everyone. The Millennium Development Goals (MDGs) translate this commitment into a framework of measurable goals and targets by which progress can be measured. The Millennium Development Goals (MDGs) are eight international development goals that all 193 United Nations member states and at least 23 international organizations have agreed to achieve by the year 2015. The goals are eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equality and empowering women reducing child mortality rates, improving maternal health, combating HIV/AIDS, malaria, and other diseases, ensuring environmental sustainability, and developing a global partnership for development. Among these eight goals three goals are directly related to human health.

India is increasingly recognized as a global power in key economic sectors. There have also been positive trends on certain social indicators, particularly those that respond to vertical, campaign-like approaches: the near eradication of polio; a significant increase in literacy rates; and the enrolment of both boys and girls in primary school. However, progress has been slow in areas requiring systemic changes, such as in the provision of good quality services (i.e. primary health care and community-based nutrition services). There has also been limited change in the practice of key behaviours related to child well-being, such as hand washing and exclusive breastfeeding. The HIV/AIDS epidemic continues to spread and poses a significant threat. Issues related to child protection, including trafficking and child labour, are becoming more pronounced. Government of India has adopted ambitious targets related to children that are in line with, and at times more ambitious than, the MDGS. Centrally-sponsored schemes have increased public resources to key sectors, notably the Sarva Shiksha Abhiyan in education (the national policy to universalize primary education), the Reproductive and Child Health Programme II, the National Rural Health Mission and the Integrated Child Development Services. The challenge remains to convert these commitments and resources into measurable results for all children, especially those belonging to socially disadvantaged and marginalized communities.



Health is an important component of Human Development Index (HDI). Human Development of Index is a composite index measuring average achievement in three basic dimensions of human development- a long and healthy life, knowledge and a decent standard of living. Health may be defined as a state of complete physical, mental, social well being and it may be envisaged as a fundamental right

II. OBJECTIVE OF THE STUDY

The main objective of the study is to examine the status of health services and health indicators in Morigaon district in the context of millennium development goals.

III. METHODOLOGY

The study is based on both primary and secondary data. The secondary data are collected from various sources like Joint Directorate of Health, Morigaon, Economic Survey, Assam, 2010-11. Statistical Hand Book, Assam, 2010. National Rural Health Mission, Assam.

The primary data are collected with the help of a structured questionnaire. The primary data are collected in the Mayang development block of the district.

The collected data are analysed with the help of descriptive statistics.

IV. STUDY AREA

The area chosen for the study is the Morigaon district of Assam.

Morigaon district is situated on the south bank of the Brahmaputra river in Assam Valley. It was a sub division of the Nagaon district and upgraded to a full fledged district in September, 1989. The district has around 9,31,839 population. It has five blocks and five revenue circles.

V. HEALTH SERVICES

The health services of Morigaon district include hospitals, PHC, dispensaries, rural family welfare planning centre and sub centre. The health services in the district may be conceived from the following tables.

Table V.I. Health services in the Morigaon District

Health Services	Number
Hospital	1
PHC	26
Dispensaries	13
Hospital Beds	190
Sub Centres	125
CHC	2

Source: Economic Survey Assam, 2010-11

Table V.II Health infrastructure in the Morigaon District

Civil Hospital	1
PHC	3
CHC	2
SHC	8
State Dispensary	15
Rly. Hospital	1
HPC	1
Tea Estate	1
Total	32

Source: Economic Survey Assam, 2010-11



The district has only one civil hospital which is in the Morigaon. It has also one railway hospital and a hospital in the Nagaon paper mill both of them are in Jagiroad.

The total government doctors in the district under study area are 71. Dispensaries are over crowded with patients. In summer season, some of the dispensaries like Nelie state dispensary have to handle 150 patients a day by a single doctor. The district has more than 70 private practitioners doctors. Some of the people of the district reported to the present researchers that the government doctors of the district are more interested in private practice rather than attending patients in the dispensaries. The overall result of health services offered in the dispensaries, hospital, PHCs are not satisfactory. There is poor utilization of health resources and the rural health infrastructure. The health facilities offered in the private sector is also not satisfactory. It is reported that the private practitioners prescribe too many medicines. During flood, the death rate among the pregnant women is high owing to road transportation problems, people have to take the patients to the nearest health centres using various inconvenient means like boats, bullock cart etc. There is also shortage of specialists like surgeons, pediatricians, gynecologist etc in the health centres of the district.

VI. HEALTH INDICATORS

In this study we have taken five health indicators in the district. These are literacy rate, infant mortality rate, birth rate, death rate and sex ratio.

VI.I Literacy Rate:

Literacy rate is one of the most important indicators of human resource development. In Census 2001, literacy rate is defined as ‘a person aged 7 and above who can both read and write with understanding in any language is to be taken as literate. A person who can only read but cannot write is not literate. As per 2001 census the literacy rate of the Morigaon district was 58.83 percent- the male 64.15 percent and female 51.15 percent. The rural literacy rate was 57.01 percent and urban literacy rate was 84.21 percent. It is observed that when literacy rate increases the health status of the people also improves.

Table VI.I										
Indicators from Annual Health Survey 2010-11										
<i>(Reference period of estimates: 2007-2009)</i>										
Sr. No.	State / District	CBR	CDR	IMR	Neo- natal Mortality Rate	Under Five Mortality Rate	MMR	Sex Ratio at Birth (SRB)	Sex Ratio (0-4 Years)	Sex Ratio (Total)
ASSAM		21.9	7.2	60	39	78	381	925	956	953
1.	Barpeta	20.8	6.7	48	33	65	366	887	941	936
2.	Bongaigaon	19.7	6.2	53	31	68	366	931	984	948
3.	Cachar	26.5	7.5	57	36	79	342	929	953	974
4.	Darrang	20.8	8.3	69	39	90	366	953	918	954
5.	Dhemaji	23.0	4.5	44	27	52	367	950	972	949
6.	Dhubri	22.1	7.1	72	50	91	366	893	960	930
7.	Dibrugarh	20.1	7.5	55	37	71	430	912	950	953
8.	Goalpara	22.5	6.9	56	39	74	366	878	957	946
9.	Golaghat	21.9	8.0	62	47	82	430	923	955	959
10.	Hailakandi	32.1	7.0	55	36	91	342	810	874	942
11.	Jorhat	20.0	8.2	57	43	71	430	962	983	975



12.	Kamrup	18.7	5.9	46	30	57	366	947	960	909
13.	Karbi Anglong	21.2	6.9	59	36	77	342	930	926	946
14.	Karimganj	25.8	6.6	69	46	83	342	913	933	964
15.	Kokrajhar	23.1	7.7	76	41	103	366	892	1017	953
16.	Lakhimpur	24.4	6.9	56	41	68	367	984	1010	950
17.	Marigaon	23.5	8.5	72	44	93	367	920	944	956
18.	Nagaon	24.6	8.1	66	41	86	367	943	952	964
19.	Nalbari	18.8	7.4	64	48	88	366	937	987	1039
20.	North Cachar Hills	18.6	5.5	58	35	78	342	884	940	935
21.	Sibsagar	19.7	8.1	58	37	79	430	926	952	959
22.	Sonitpur	19.8	6.5	68	46	80	367	949	977	968
23.	Tinsukia	21.1	7.5	55	39	74	430	942	956	962

Source: Annual Health Survey (2010), Govt of India

VI.II Infant Mortality Rate:

The infant mortality rate refers to the death rate of newly born babies in a particular region during a particular period of time. The infant mortality rate serves as the most sensitive indexes of health conditions of the general population because the risk of death is always greater during first year of life than in later years of life. The infant mortality rate of Assam was 61 in 2009 whereas it was 50 for all India level. The infant mortality in Morigaon district is 72 in 2009 as shown in the above table VI.I. The high infant mortality rate in Morigaon district reflects poor public health service, negligence in the pregnancy period and also poor natal care. To improve the situation, it is prerequisite to provide clean and safe drinking water, provision of better sanitation facilities, 100 percent immunization and attendance of trained personal during deliveries.

VI.III Birth Rate:

The birth rate depends on marriageable age, fertility period, and family formation period. The birth rate in Assam was 23.6 in 2009 whereas in 22.5 for all India level. The birth rate in Morigaon district was 27 in 2001 census. Low rate of family planning, increase in mean age of marriage, the fertility of the population are the major factors responsible for high birth rate in the district.

VI.IV Death Rate:

The death rate in Assam was 8.4 in 2009 whereas it was 7.3 for all India level. The death rate in the Morigaon district was 8 in 2001 census. The high death rate in the district is recorded due to poor diet, unsafe drinking water, and poor health facilities.

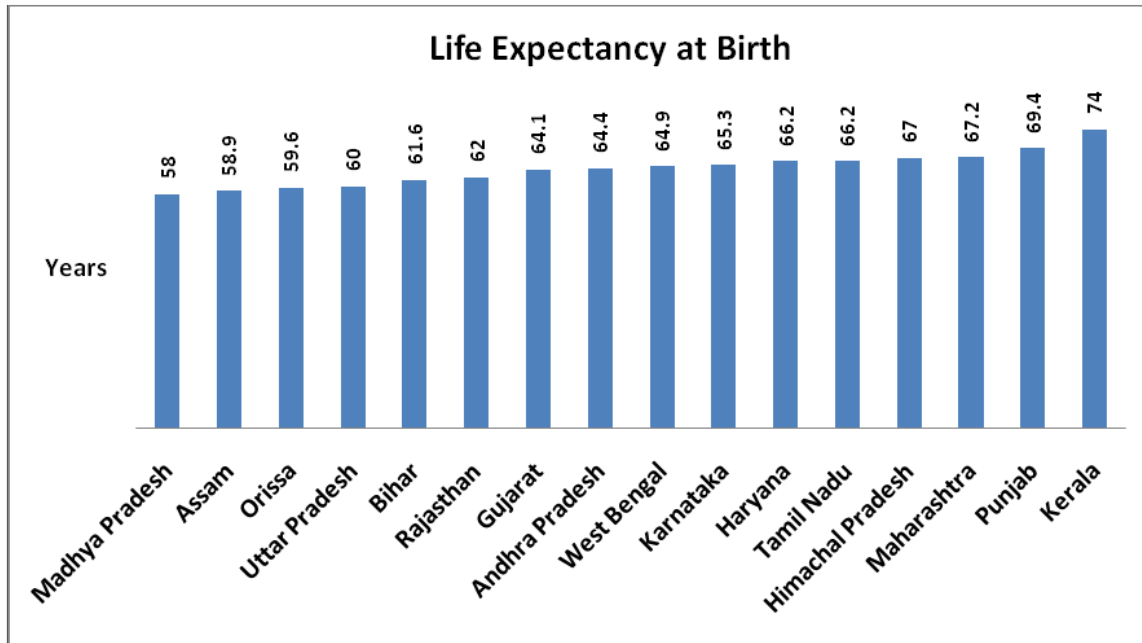
VI.V Sex Ratio:

The sex ratio means number of female per thousand male population. The sex ratio Assam was 935 in 2001. The sex ratio depends on a number of parameters like poverty level, high infant mortality rate, provision of poor medical facilities and absence of pre natal and post natal care along with the literacy rate.

The life expectancy at birth in Assam is only 58.9 which is one of the lowest among the states as shown in the following fig (VI.I)



Fig V.I



Source: Ministry of Health and Family Welfare (2011)

Table 3.1: Health Indicators of Assam

Particulars		Assam	India
Birth Rate (2004)		21.2	24.1
Death Rate		8.8	7.5
IMR(2004)		66	58
MMR(1998)		409	407
Life Expectancy at Birth (1998-02)	Male	57.7 years	61.6 years
	Female	58.1 years	years 63.3
Of Institutional Deliveries		17.6	33.6
Percentage of children Fully Immunized		17	42

Source: Ministry of Health and Family Welfare (2011)

VII. MORIGAON AS A MODEL DISTRICT

On September 27, 2010 the Model Districts Health Project launched in its first “model district” in Morigaon, Assam, which will serve as a pilot for India’s Northeast states. The Columbia Global Center, South Asia, in conjunction with The Earth Institute at Columbia University and India’s Ministry of Health & Family Welfare, will be creating five Model Districts in total across the country to improve maternal and infant healthcare in rural India. India has the highest number of maternal deaths in the world as well as staggering rates of infant and child mortality. One of every 15 children in India dies before they reach their fifth birthday. In addition, India is home to 46% of the world’s underweight children. Despite these challenges, the WHO ranks India 171st out of 175 countries for public health spending. The Model Districts seek to implement targeted improvements to the National Rural Health Mission, in an effort to demonstrate to state and national government officials how current public health operations and spending can be improved upon to accelerate national progress towards the United Nations’ Millennium Development Goals on maternal health, child health, and nutrition. The Model Districts’ team of public health researchers is based out of the Columbia Global Center, South Asia, and will be providing technical advising, policy recommendations, and monitoring and evaluation for all five sites. As a first step in Assam’s Model District, the project has created a multi-sectoral team of health, nutrition, water, and education officials to focus activities on maternal and child health. The project will also focus on improved training for Accredited Social



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