Public Private Partnership in Uttar Pradesh Health Care Delivery System- UPHSDP as an Initiative

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I. Introduction

Health as one of the Fundamental Human Right has been accepted in the Indian Constitution. Healthy population is an essential requirement for promoting socio economic development in the society. The public sector is the most dominant contributor to the health services in India. No country in the world is committed to universal health care at affordable cost without the active participation of the government. Even the World Bank and other supporter of the free market economy recognizes that health is one of those areas, where public sector must continue to have a very important role because the market forces may prevail in other sector, health is an area of market failure. Therefore public sector continues to have a very important role but unfortunately, as we know, has not delivered with the level of efficiency it should have. It has serious bureaucratic hurdles and managerial inefficiencies. It also had resource constraints and therefore we have had major issues of inadequate performance by public sector. The outreach of the services has been very poor. With the primary health care services not being as efficient as they were designed to be and many of the public primary health centers are not adequately staffed resourced in terms of equipments and drugs and even emergency treatment is often not available, even in the best of the cities.

The private sector is certainly far more efficient in its delivery mechanism and has been increasing its role and its outreach. In recent years 80 per cent of health care expenditure in India, is out pocket expenditure and much it goes to private health care providers. Even the poor often tend to access the private health care providers, because they may not want to lose a working day's wage by queuing up in the government hospitals. The private sector however has limitations because it is driven by profit maximization and unless there are regulatory mechanisms, which direct and discipline the private sectors. This sector can often become abusive in the absence of active government regulatory mechanism.

The Government of Uttar Pradesh like other state governments is committed to provide high quality, affordable and accessible, preventive, curative, primitive and comprehensive health care services to the population. But unfortunately the performance of the state on various health parameters is not encouraging. Although an extensive infrastructural network of Medical and Health services in the government as well as private sectors has been created over the years, the available health infrastructure is inadequate to meet the demand for health services in the state. The problem is more serious in rural areas as compared to urban areas. The rural population primarily depends on government infrastructure and on private health services providers or mainly on quakes. The availability of physical health infrastructure in the state still lags behind the

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national average. Apart from this, non availability of staff and medical services at these health facilities is another issue of major concern As a result the state is facing a great challenge to fight communicable and non communicable diseases,, maternity and child health malnutrition and newly emerging fatal diseases like AIDS.

The objective of the study is to find out the primary reason to encourage public private participation in health care delivery system in Uttar Pradesh and the study also aim to analyse UPHSDP -a World Bank project.

The paper has been organized in such a manner: After a brief introduction in section I, section II presents status of health across the states, analysis of health infrastructure and health care delivery system in Uttar Pradesh .Section III gives an overview on the need for public private partnership in health care system and government's role. Section IV analyses World Bank's project UPHSDP as PPP in health care delivery system and finally section V will conclude the paper with
findings and suggestions.

II (A). Health Status across the States

Status of health at national as well as across the state has improved during the course of time but still it is far from satisfactory if we compare it from other countries. Across the state we find that states which have higher level of per capita income are spending more on health expenditure and they have better health indicators and HDI ranks (Table1). Kerala tops the HDI rank as their health indicators i.e. birth rate (15per thousand), death rate (7 per thousand), infant mortality rates (15 per thousand) are low and life expectancy 74 years are very much improved.

Table 1: Inter State Comparison of Level of Income, Health Expenditure and Health Indicators in India in 2004-06

	HDI rank	States	PCNSDP 2004-05	PCTH exp(Rs)	HE as % of THE (%)	PE as % of THE (%)	OE as a % of THE (%)	BR 2006 Per 000	DR 2006 Per 000	IMR 2006 Per 000	Life Ex 2001-05 years
Developed States											
	1	Kerala	24053	2952	86.3	10.8	2.9	14.9	6.7	15	73.9
	2	Panjab	27851	1813	76.05	18.02	5. 95	17.8	6.8	44	69.2
	3	TamilNadu	23358	933	60.67	26.61	12.72	16.2	7.5	37	66
	4	Maharastra	29204	1576	73.34	22.1	4.55	18.5	6.7	35	66.9
	5	Haryana	29963	1786	85.03	10.56	4.4	23.9	6.5	57	65.9
	6	Gujrat	26979	1187	77.51	15.78	6.71	23.5	7.3	53	63.9
Developing states	7	Karnataka	21697	997	70.36	23.18	6.46	20.1	7.1	48	65.1

	8	West Bengal	20896	1118	78.38	17.27	4.36	18.4	6.2	38	64.6
	9	Rajastha n	14748	808	70	24.5	5.5	28.3	6.9	67	61.7
	10	Andhara Pradesh	20757	1118	77.38	19.39	7. 29	18.9	7.3	56	64.1
Back ward states	11	Orissa	12388	995	79.04	18.02	2.93	21.9	9.3	73	59.2
	12	Madhya Pradesh	14011	1200	83.41	13.63	2.9	29.1	8.9	74	57.7
	13	**Uttar Pradesh**	**10637**	**1152**	**84.28**	**13.02**	**2.7**	**30.1**	**8.6**	**71**	**59.8**
	14	Assam	13139	1347	80.84	17.78	1. 38	24.6	8.7	67	58.7
	15	Bihar	5780	1497	90.17	8. 3	1. 53	29.9	7.7	60	61.4
India								23.5	7.5		63.9

Source: Economic Survey 2007-08

As far as backward states are concerned specially UP and Bihar their health indicators are very poor and thus their HDI ranks are very low. Over all the analysis reflects that high income states are enjoying better health outcomes and low income states are deprived of good health. This in turn reflects the state government's policy, efforts and concern in this direction.

II (B). Health Care Infrastructure in Uttar Pradesh

Uttar Pradesh has made significant investment in health infrastructure in the last few decades. UP has a large public as well as private health care infrastructure. At present, seven Medical Colleges at Agra, Jhansi, Meerut, Gorakhpur Kanpur, Allahabad, a medical university at Lucknow and a Super Specialty hospital, SGPGI, Lucknow are being run by the state government(Table 2). In addition to these, two medical colleges are also functional which are owned by the government of India. The state has also one King George Dental University at Lucknow (Govt.)

The state is also in process of developing four more Super Specialty Hospitals viz. Balrampur Hospital, Civil Hospital, and Dr. Ram Manohar Lohiya Hospital at Lucknow and Saifai Hospital at Etawah.

Besides that the state has also 53 district hospitals, 13 combined hospitals, 388 community health centres, 823 block PHC's,2817 additional PHC's apart from 20521 sub centers.

In the private sector, the state has three full fledged private medical colleges and Hospitals, more than twenty dental colleges and 4193 male /female hospitals/ nursing homes at district level. However there are large numbers of registered and non- registered medical practicenors in the state and they play an important role in providing medical service to the rural and urban populations.

Table 2: Public Health Infrastructures in the State, (Urban and Rural)

Sl.No.	Urban Areas	No. of Facilities	Sl.No.	Rural areas	No. of Facilities
1	super speciality institute	5*	1	CHC's	315
2	Medical Colleges	7-govt.	2	BPHC's	823
		2- central govt.			
		3 - private	3	Additional PHC's	3640
3	District male /female hospitals	53	4	Rural PPC's	147
4	Combined hospitals	13	5	Sub Centres	20521
5	Urban family welfare Bureau	5			
6	Urban Family Welfare centres	61			
7	Health posts	136			
8	District Level PPC's	63			

Source: Eleventh Five Year plan Documents, Annual plan 2007-08
*Note;*1 super specialty Hospital SGPGI, is functional at Lucknow,3 more institute at Lucknow and one at Safai, Etawah are in process of Development.*

Despite all these, the Physical Health Infrastructure in the state is still below the country‘s average. For instance the population covered by sub centre in state is 7080 and the average distance is 3.4 Km. While the country average is 5109 and 1.3 Km. It is estimated that 11% of the people in Uttar Pradesh are not able to access medical care due

to locational reasons. Further, even when accessed, there is no guarantee of sustained care. Several other factors such as bad roads, unreliability of findings of health providers, cost for transport and wage loss etc. make it cheaper for a villager to get some treatment from local quacks.

Uttar Pradesh is known for several healing techniques, which form part of alternate medicines such as Ayurveda, unani &homeopathic. There are 24650 medical centers, 2108, Ayurvedic centers, 253 unani centres & 1483 homeopathic centres.

Medical Education in U.P.

Most of the quantitative increase in hospitals/ dispensaries took place in the 1970's and 1980's where as PHC and sub centers expended rapidly in 1980's. Although impressive on most counts it was barely able to keep pace with the increase in the population. There are only 11 medical colleges in U.P. – 7 in Public Sector and 3 in Private Sector (as mentioned above). Based on the norm of one medical college for every 50 lakhs population, there ought to be 35 medical colleges in the State. Thus, there is deficit of 24 medical colleges in the state in order to address this deficit, the State Government is opening a new medical college at Saifai and it is proposed to establish another Rural Post-Graduate Medical Institute at Azamgarh.

It may be noted that all the four better performing states in the sphere of health, i.e., Kerala, Andhra Pradesh, Tamil Nadu and Karnataka have more than the required number of medical colleges. Against the norm of 11, Karnataka has 31 medical colleges, Andhra Pradesh has 27 against norm of 16; Tamil Nadu has 20 against requirement of 13 and Kerala has 14 medical colleges against requirement of 7. U.P. has only 1262 medical seats .There are 801 MBBS seats in the Government Medical Colleges and another 350 MBBS seats in the four medical colleges in the State. There are 21 private Dental Colleges in the State and the total numbers of BDS seats in these colleges are 1940. In addition, there are 583 post-graduate seats in the Government Medical Colleges.

Under the Indian system of medicines and homeopathy, there are altogether 17 medical colleges in the state. There are eight Ayurvedic Medical Colleges in the State and the total number of BAMS seats in these colleges is 320. Like-wise there are two Unani Medical Colleges in the State and there are 76 BUMS Seats for the students of the state. In addition, there are seven State Homeopathic Medical Colleges and these have 285 BHMS seats.

Human Resources

Severe shortage of manpower at all levels in the public health delivery system, stands out as another challenge. Every health functionary is under a lot of pressure on account of large numbers that he/she is expected to serve. This has a direct bearing on the quality of services rendered and uptake services. The ratio of doctors per thousand populations for U.P. is much below the national figure of 1 and although the ratio of beds is almost the same as the all-India figure of 0.7, their geographical distribution is highly skewed in favour of urban areas (Table 3).

Table 3: Ratio of Doctors and Nurses (Allopathic) to Population across the states in the year 2001.

Sl.no.	States	Doctors	Nurses
1	Andhra Pradesh	1:2511	1:965
2	Assam	1:1836	1:12437
3	**Bihar**	**1:13347**	**1:12359**
4	Gujarat	1:1517	1:524
5	Haryana	1:8526	1:1569
6	Karnataka	1:079	1:685
7	Kerala	1:1141	1:542
9	MP	1:4283	1:998
10	Maharashtra	1:1213	1:955
11	Orissa	1:2614	1:955
12	Punjab	1:761	1:1326
13	Rajasthan	1:2772	1:2521
14	Tamil Nadu	1:947	1:1010
15	**UP**	**1:4202**	**1:10796**
16	West Bengal	1:1615	1:1130
17	**All India**	**1:1855**	**1:1455**

Source: www.indiastat.com,downloded on 02.02.09

In UP this ratio is 1:4202 and 1: 10796 respectively whereas all India average is1:1855 and 1:1455. In Kerala doctor –population ratio is 1:1141 and Nurse -Population ratio is 1:542 only. This shows the heavy population pressure on doctors and nurses in UP. In Bihar situation is worst among all states

The current position of doctors and paramedical staffs in UP is shown in Table 4. The table depicts that despite the sanctioned posts health personnel are not available to the government sector which again create pressure in the health care delivery system in the government sector whereas they are very much available in the private sector.

Table 4: Position of Doctors and Paramedical Staffs in UP

Human Resource	Sanctioned*	Filled*
Medical Officers		
Male (General)	6468	4940
Male (Specialist)	4128	3694
Female (General + Specialist)	1740	1319
Paramedical Staff		
Pharmacist	5078	4695

Staff Nurse	4528	3678
ANM	23656	21944
Optometrist	923	833
Lab. Technician	1915	1442
X-Ray Technician	514	452
Dark Room Assistant	163	102
Physiotherapist	19	16

Source: Eleventh Five Year Plan Documents. Planning Commission GoUP , 2007-12.

The situation is grave in terms of requirement of medical personnel vis-à-vis their availability specially doctors and specialists. Although the state also has a large presence of private health providers, it is mostly concentrated in urban areas and is largely focusing on curative aspects. A survey of hospitals in the private sector, commissioned by the Government of U.P. revealed that there are 2,592 private hospitals with the total bed capacity of 47,269. There are 2,321 general hospitals that account for 92.4 per cent of beds in the private sector, 201 nursing home with 2,506 beds that offer maternal and child health services exclusively and 70 hospitals with 1,010 beds that offer specialty services.

Table 5: Number of doctors and hospital beds, both public and private sector

Details	**Government Sector**	**Private Sector**	**Total**	**Ratio per 1000 population**
Allopathic Doctors	9950	29000	38950	0.2
Total Beds Urban Rural	54193 31646 22547	46269	100462	0.6

Table 6: The magnitude of various private health providers in the state (2001-02) is as under

Hospitals	Physicians & Specialists (Allopathic)	Nurse, Physio-Therapist & Paramedical	Ayurvedic	Unani	Homeo	Diagnostic/ Pathological Labs
4424	29000	53280	27042	5192	19861	5957

The problem of shortages is further compounded by the absenteeism of public sector health personnel in the state. A World Bank study captures the overall percentage of absenteeism and reasons for absence in different stages of the country. Shortage of

manpower is only one dimension of the problem. 45 per cent of the doctors were found absent from duty in U.P. Interestingly 14 per cent out of this 45 per cent were on leave; 8 per cent of them were absent without reasons; and 22 per cent (i.e. almost half of the total absenteeism) of doctors were absent from the post because they were on the official duty. It raises questions regarding the work schedule which forces absence of doctors in doctor scarce state. It also apparently raise question regarding compromised system of accountability of the health functionaries where absence can be camouflaged as field visit, etc.

Rural Health Infrastructure across the States

Availability of rural health services across the states is not uniform in the country. UP has the maximum number of sub centers, PHC's and CHC's .However when we look at the average rural population which these centers are catering to the situation is far from satisfactory.

Table 7: Availability of Health Services and Prescribed Norms in the Rural Areas of Selected States (2007)

State	**Health facilities(Nos.)**			**Average Rural Population (2001)Covered by a**		
	Sub Centre	PHC	CHC	Sub centre	PHC	CHC
Andhra Pradesh	12522	1570	167	4424	35287	331743
Assam	5109	610	100	4544	38059	232163
Bihar	8909	1648	70	8342	45095	1061667
Gujrat	7274	1073	273	4364	29581	116267
Haryana	2433	411	86	6177	36568	174759
Himachal Pradesh	2071	443	71	2647	12375	77216
Karnataka	8443	1679	254	4285	20780	137358
Kerala	5094	909	107	4628	25934	220322
M.P.	8834	1149	270	5024	38626	164374
Maharastra	10453	1800	407	5336	30988	137046
Orissa	5927	1279	231	5279	24462	135443
Panjab	2858	484	126	5632	33257	127750
Rajasthan	10612	1499	337	4080	28881	128465
Tamil nadu	8683	1181	236	4022	29570	14793
Uttar Pradesh	**20521**	**3660**	**386**	**6416**	**35972**	**341084**
West Bengal	10356	922	346	5576	62634	166904
All India	**145272**	**22370**	**4045**	**5111**	**33191**	**81432**
Norms				5000	30000	120000

Source: Directorate General of Health Services, Bulletin on rural health statistics in India, 2007

Each sub centers in UP is covering as many as over 6400 population against the prescribed norm of 5000 (see Table 7). In fact among the sixteen states listed in the table, UP occupied 15th rank only better than Bihar. The state is slightly better in the case of rural population covered by PHC.UP ranks at 11 among the states in terms of population per PHC. The rural population covered by each CHC's in UP is 341084 which

are almost three times the norms laid down for PHC and CHC. Only three states fulfill the norms of CHC's & seven states fulfill the norms of PHC's out of 16 states major states.

Table 8 & 9 shows the clear picture of physical infrastructure in PHC's and CHC's across the states. If we hire attention to Uttar Pradesh, we find that the situation is very pathetic. Out of surveyed PHC's only 36% of had water supply, 41% had electricity connections(not sure about the hours of supply),only 20% had labour room,30% had labs,2% had telephone connectivity and only 14% had vehicle in working condition. Situation of CHC's in UP is a little bit better but not very satisfactory.

Table 8: Status of Infrastructure in PHCs in Selected States (2002-03)

Sl. No.	States	No.of PHCs surveyd	Infrastructure						
			Water	Electricity	Labour Room	laboratory	Telephone	Vehicle Working	Deep Freezer
1	Andhra Pradesh	622	323	597	255	348	56	162	554
2	Assam	333	256	273	123	20	10	37	240
3	Bihar	339	210	105	51	64	3	92	64
4	Gujrat	614	239	602	332	571	344	497	534
5	haryana	73	56	69	10	69	52	4	60
6	Karnataka	854	615	786	495	521	188	179	512
7	Kerala	790	632	751	190	150	111	142	608
8	MP	386	224	235	66	42	8	35	135
9	Maharastra	645	510	632	555	626	335	387	632
10	Orissa	505	389	303	167	111	15	86	192
11	Punjab	26	26	26	23	25	20	20	24
12	Rajasthan	484	310	344	252	286	24	44	295
13	Tamil nadu	672	437	665	417	457	128	289	632
14	**Uttar Pradesh**	**486**	**175**	**199**	**97**	**151**	**10**	**68**	**112**
15	West Bengal	825	363	635	594	33	149	99	347
	Total all states	7654	4765	6222	3627	3474	1453	2141	4941
	% all states		62.3	81.3	47.4	45.4	19.0	28.0	64.6
	% U.P.		36.0	40.9	20.0	31.1	2.1	14.0	23.0

Source: India Infrastructure Data Base

Table 9: Status of Infrastructure in CHC's in selected States (2002-03)

		No. of CHCs Surveyed	Infrastructure							
Sl. No.	**States**		**water**	**Electricity**	**Opration Theater**	**Labour room**	**Laboratory**	**Generator**	**Telephone**	**Vehicle working**
1	Andhra Pradesh	63	45	57	59	27	31	38	41	18
2	Assam	24	8	20	14	4	5	6	1	11
3	Bihar	2	1	2	2	0	1	1	0	1
4	Gujrat	97	85	94	84	14	69	31	86	70
5	haryana	10	9	8	10	1	9	7	10	7
6	Karnataka	69	59	66	67	39	33	41	53	46
7	Kerala	108	103	105	98	37	56	71	83	83
8	MP	46	10	42	30	5	29	6	10	31
9	Maharastra	71	54	71	70	13	66	68	64	57
10	Orissa	69	14	55	50	8	31	4	11	32
11	Punjab	107	80	98	96	24	80	56	52	35
12	Rajasthan	55	39	53	49	27	42	20	24	37
13	Tamil nadu	41	36	33	27	5	17	17	14	17
14	Uttar Pradesh	24	18	23	23	12	14	23	14	10
15	West Bengal	65	45	59	55	13	25	49	58	59
	Total all states	851	606	786	734	229	508	438	521	514
	% all states		71.2	92.4	86.3	26.9	59.7	51.5	61.2	60.4
	% U.P.		75.0	95.8	95.8	50.0	58.3	95.8	58.3	41.7

Source: India Infrastructure Data Base

We have 20,251 sub-centers in rural areas of the state (mentioned earlier also). All sub-centers are manned by one ANM. As per the Plan, every sub-centre will have two ANMs. Thus the state will require another 20,521 ANMs. In addition the state envisages establishment of additional 14,000 ANMs (norm of two ANMs per sub-centre) in the coming years. Accordingly we will have a gap of around 34,000 ANMs in the coming five years.

This shortage needs to be appreciated in the backdrop of the fact that availability of trained ANMs in the state is almost negligible as the training centers have not been conducting training since 1992. During 1992-94 pre-service training of ANMs has not taken place. It was only in 2004 that efforts were made and training was restarted in 2004. At present there are 40 ANMs training Centers in the State (each with the capacity

of 60 per batch) 30 centers have been made partially functional. Problem of availability of PHNs tutors continues to be a major challenge and affects the quality of training. Also there are 30 District training centers. These centers are non-functional at present.

Nursing care is important component for quality medical care. State has nine Nursing Training Schools in government sector with capacity to train 453 staff nurses each year. Another 2 training schools are run by Central Government with a training capacity of 44 staff nurses. Apart from these, there are 33 schools with a training capacity of 1060 nurses in private sector.

Out of 813 blocks in state 399 Community Health Centers are functioning. Construction of 134 CHCs is under progress. Each CHC have sanctioned post of 3 staff nurses. In order to provide effective medical care and mother and child care services round the clock, for 140 FRUs, the actual requirement is for 9 nurses per CHC as per IPHS standards. Hence 840 additional nurses are required for FRUs only. To facilitate round the clock delivery services at 270 Block Primary/ Community Health Centers, there is additional need of 810 nurses as well. Many districts have adequate bed strength for nurses training for establishing Nurses Training Schools.

III. Public Private Partnership in Health Care Delivery System and Government's role

Before independence the health care sector was in dismal condition with high morbidity and mortality rates and prevalence of infectious diseases. Since independence emphasis has been put on Primary Health Care and India has worked continuously to improve its health care system in the last several decades. Considerable progress has been made in expanding the public system and reducing the burden of disease. But the government funded facilities were not enough to meet to the growing demand of population, whether it was primary, secondary or tertiary care, which necessitated the need for alternate source of funding in the healthcare sector.

It is widely accepted that the deficiencies in the public sector health system require significant reform. The need for India's health sector reform has been emphasized by successive plan document since eighth five year plan in 1992, by 2002 National Health Policy and by international donor agencies.

The World Bank emphasized that, now is the time to carry health sector reform in India. But there is no single strategy that would be best option. The proposed reforms are not cheap, but the cost of not reforming is even greater.

The World Health Organization defined health sector reform as, '…. a sustained process of fundamental change in policy and institutional arrangements of health sector usually guided by government…' It is designed to improve the functioning and performance of health sector and ultimately the health status of the people.

Reform strategy include-

- Alternative financing

- Institutional management
- Public sector reform
- Collaboration with the private sector(PPP)

After reviewing the health sector of India, the World Bank (2001) and National commission on macroeconomics and health (2003, 2005) strongly advocated the harshening of private sector. The private sector is not only India's unregulated sector but also untapped sector.

Although inequitable, expensive, the private sector is easily accessible, better managed and more efficient than its public counter parts. It is assumed that collaboration with the private sector in the form of public private partnership will improve equity and efficiency, accountability quality and accessibility of the entire health system.

Uttar Pradesh is the country's largest state and we have to take it on the fast track of development. Having realized that the biggest resource for Uttar Pradesh is its 19 crores population and that there is an urgent need to invest in human capital if the state has to improve its ranking on Human Development Index and also help the country to attain Millennium development Goals by 2015. Now, we have to speed up the pace of development and fulfill the aspiration of the people. Infrastructure is the biggest need of every state. We cannot achieve the desired growth rate till there is the development of infrastructure. Improvement in the quality of life of people should be the basis of infrastructure development. We have to give the people of this state clean drinking water, better health, good education, good transport system and better roads.

From the above discussion it is very much clear that since independence Uttar Pradesh government has made a huge investment in health infrastructure so that people may get good and cost effective health care services in both rural and urban areas. Now it has been realized that government is unable to provide qualitative, effective and adequate health services to the huge population of UP. As a result people lose faith in public health system and diverted to private health providers. We cannot build many SGPGI& AIIMS. We cannot even bear their running expenses as the government has so many other priorities also. But we want that people of the state should have access to have health services. The district hospitals, operation theaters are in pathetic situation, their instruments etc. which are rusted and environment is so dirty that one wonders if it hygienic to get operation done here. Do the people no right to get good operation theater, even when they are willing to pay reasonable user charges? Uttar Pradesh government or any other Government cannot transform or modernize all the hospitals over night. It requires huge amount of money. Our private sector is now capable and confident. The time has come now, when at this juncture we can facilitate the development of the country by giving a new dimension and a new confidence to public private partnership. We can invite private sector to invest and modernize these public hospitals and use government hospital buildings for delivering health services and allow charging some nominal fees.
The involvement of private sector in health sector is a viable option, which is being explored by a number of states such as Tamil Nadu, Gujarat, Maharashtra, west Bengal,

Rajasthan, Punjab and Delhi to mitigate the problem of adequate resources in curative and tertiary care services.

Public private partnership is becoming a popular mode of implementing government programmes and schemes throughout the country in all the sectors of the economy. There are various areas, where we consider PPP. Health services are our biggest priority. Over the last few years there have been many initiatives to improve the efficiency, effectiveness and equity in provision of healthcare services in the country.

In this context World Bank assisted Uttar Pradesh Health system Development Project (UPHSDP) launched to gear up delivery system of the existing health care infrastructure to provide high quality, effective and responsive health services to the rural people.

IV. The project: Uttar Pradesh Health system Development Project (UPHSDP)

Time frame: July 2000 to Dec.2005 **Project cost**: US$ 109.65 million (Rs 478.07 crores)

Project coverage area: Entire Uttar Pradesh **Model health units**: 28 districts, **117 Facilities**

Components: a) Infrastructure development b) Capacity building

Mission: UPHSDP is committed to improve the delivery system through policy initiatives, institutional and human resource development and build partnership to provide high quality, affordable, accountable, responsive and integrated healthcare in the state of Uttar Pradesh.

Objective: Through structural and qualitative changes, the project aim to present the medical and health sector into a modern responsive and accountable system that will provide high quality, affordable and integrated services to the masses. The basic objective of the project is to establish a well managed health system that delivers more effective services through policy reforms, institutional development and investment in health services. The project aims at covering all the districts of the state for strengthening and management of health services through public private partnership. The capacity building of government health facilities and infrastructural development have been the thrust area of intervention. The project has also played catalytic role in making appropriate policy reforms in health sector in Uttar Pradesh. The restructuring and redesigning of organizational structure of health department by merging the family welfare department with comprehensive human resource policy is one of the major steps conceived by the project authorities. Thus the project is based on four pillars which are as follows:

1. Policy reform
2. Strengthening and renovation of existing resources
3. Skill development of human resources, and
4. **Private and public partnerships.**

The importance of public private partnership has been effectively conceptualized during the planning phase of the project. A close analysis of the project logo itself recognizes the

collaborative efforts of public and private sectors to improve and regulate the health sector and regulate the health sector delivery. To fulfill this ultimate objective of the project, an innovative scheme has been started in 2003. The scheme aim at providing limited curative and preventive health care services to the disadvantaged section of the society, especially women, and the poor in remote areas which are identified which are served as un-served areas by the district health authorities. The services include prenatal, natal, post natal care, immunization of children, health education and linkage with government /private sector for its referral services, in order to reduce maternal and infant death rates. The scheme is being implemented with the help of local level support organizations/ NGOs who are supposed to create sub centre level health infrastructure called "Abinav Swastha Kendra" at the selected village locations to cover the population of 5000 to 10000.

In principle the project aim at covering all the districts of UP, but for creating sub centre level health facilities in remote and in accessible areas under "innovative Scheme" of the project,28 backward districts have been selected in the first phase. The Eastern region and Bundelkhand region have been given weightage in selection due to their backwardness. Remoteness, inaccessibility, location un-served by any type of health facilities were identified by the reporting of the respective medical incharge of primary health centers on the basis of average distance covered to reach sub centers, PHC, CHC and district hospitals, condition of road, transports facilities, connectivity of villages during rainy season.

The availability of health services vary across the region in the state. This implies that the existing government facilities are not at easy reach. Therefore, the project aim to provide only limited curative and preventive services at these un-served locations under such innovative scheme through **partnership with private / non government organizations**.

Only 40 percent of the selected villages had pucca road on an average, the problem is more serious in eastern and central region. About 42 percent of the selected villages get disconnected from the mainland and that too for more than two months. This shows that project has really penetrated deep into inaccessible areas to provide health services.
The health posts created by the Uttar Pradesh Health System Development Project under its own innovative scheme in remote rural areas is supposed to cover a population of 50,000 to 10, 00,000.

Table 10 : Average population covered by health posts in innovative schemes

Region	Total population	BPL population	%BPL	
Western	10303	4160	40.4	
Eastern	4575	2343	51.2	
Central	8794	5938	67.5	
Bundelkhand	5952	3325	55.9	

Total	6975	3729	53.5	

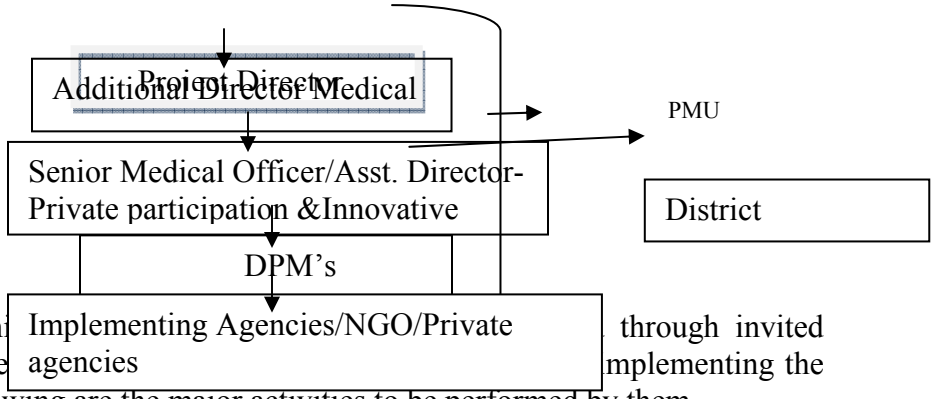
Source: As reported by Dr. Jabir Ali and Neena shukla in the paper, "Public Private Partnership for delivering health services in remote village in UP".

On an average, a population of about 7000 has been covered by a health post. More than 50% populations in all these villages belong to below poverty line (BPL) group (Table 10).

A total budget of Rs 8.34 crores was allocated to innovative scheme. An annual budget of3.5 lakhs was allocated to each implementing agency for establishing the health posts.

Organizational Structure

To ensure functioning of and monitoring of the project activities, a project Management Unit (PMU) has been created at the head quarter level, based at Lucknow.



The implementing organi through invited applications at regional le mplementing the Innovative Scheme. Following are the major activities to be performed by them-

- To conduct base line survey of the villages and assess the health status of the population, number of persons below poverty line, number of referral unit in the area, list of ANMs and trained dais in the village etc.
- To establish health care units at the selected project village with sub central level infrastructure. Health post should consist of a registered doctor, registered ANM, trained dais and a peon to provide limited curative and preventive health care services.
- To generate demand n the issues related to reproductive and child health in the community.
- To strengthen the linkages of the community with private and government sector, mobilizing community support for developing emergency transport for referral.

Results/ Achievements

1. Curative:
   - During the year, curative treatment was given to over 1.44 lakh clients constituting about 16 percent of the total project population
2. ANC:
   - Registration of pregnant women doubled;
   - three ANC checkups gone up by five times,
   - distribution of IFA tablets increased six folds;

- TT-2 doses increased over seven times; and identification of high risk women also went up significantly

3. Delivery:
    - Institutional delivery has shown an increase of over fivefold
    - Safe delivery gone up by over three times;
4. Referral:
    - Number of referrals by NGO efforts gone up by seven folds;
5. Family Planning:
    - Increased both for men and women.
    - Spacing users went up significantly as compared to permanent method.
6. Awareness camps:
    - Over 1800 demand generation cum awareness camps were held through NGOs.

V. Conclusion and policy implications:

Recently national and internal policies/agencies are pressurising low income states or low HDI ranked states to improve their health indicators for that they need huge extra resources which cannot be possible at least in short run as these states have no capacity to generate extra resources .These poor states have developed a huge physical public health infrastructure over the time but they have not sufficient man power to deliver health care services efficiently and their utilization is very low because of sub standard quality. On the other hand these poor states have huge private health personal (health potentials) which are very competent and very much being in demand by the public but they are not coming forward to join public health sector because of lack of incentives and clear cut government policy. To get rid of this lacuna Public private partnership is becoming a popular mode of implementing government programmes and schemes throughout the country. Over the last few years there have been many initiatives to improve the efficiency, effectiveness and equity in provision of healthcare services in the country. Thus it is not only the **lack of funds** but also lack of **political**, **managerial and technical ability in** government health care delivery system that requires Public private partnership.

The innovative scheme of UPHSDP, Lucknow is no doubt a very bold step in the direction of providing curative and preventive health care services in the remote and un-served areas of the state to serve poor and disadvantaged group particularly women through Private / NGO participation. It has some encouraging results also but it lacks practicality on various grounds. Firstly, the scheme was not focused towards any particular scheme moreover it contains too much components of service delivery (117 facilities) which cannot be maintained as far as quality is concerned. Secondly, Doctors are not ready to live in village because of poor infrastructure facilities, namely electricity, road, schools, markets are not developed in most of these villages. Doctors, nurses and other paramedical also want to live in towns and cities and enjoy better social life. After 73rd amendment doctors at Sub Centers, PHC, CHC, have to report Gram Pradhan

(Village Representative) and which is again a prestige and ego issue for doctors and other technical qualified persons.

UPHSDP is unable to give a concrete or a model solution to the problem. It cannot be a replicated to urban and semi urban areas. Achievements and results of implementation of innovative schemes are due to the active participation of ANMs and trained dais and people's participation. Selection of NGOs/private agencies is also a very time taking.

Monitoring and evaluation of the project is again great challenges in its own Coordination between different regulatory components are week. Simultaneous operation of NRHM and other government health schemes diluted the idea and enthusiasm of UPHSDP in the state.
We can say UPHSDP as just an initiative to PPP in Uttar Pradesh. Government is now inviting private sector/NGOs to help in delivery mechanism of health system. Private Medical collages/Dental colleges are coming up which may increase the supply of doctors and other health personals but it is again doubtful whether these health personals live and serve the village.

Till date Uttar Pradesh lacks in any effective PPP model in health care delivery system. Government officials of health department are making strategy for involving private sector through Public Private Partnership (PPP), the state government has already engaged consultant to explore the possibility and finalise the bid papers for handing over as many as six projects to private companies. It is hoped to give rich dividends. There is urgent need to devise a new pattern of Public Private Partnership in the health care delivery in order to streamline the public health system and reach the urban/semi -urban and rural areas of the state.

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