



Healthcare

action plan

Healthcare Action Plan

Vision

By 2030, good health and well-being will be ensured for all citizens of the state by attaining robust child and maternal health, reduction or elimination of communicable and non-communicable diseases as well as expansion of healthcare services.

Specific Goals

- To reduce maternal mortality and child mortality
- To reduce the incidence of communicable diseases such as TB and malaria
- To tackle the incidence non-communicable disease with the help of alternative medicines such as ayurveda, yoga, homeopathy, naturopathy, Unani, Siddha etc. (AYUSH)
- To increase universal health coverage and reflection in Antenatal Care, Post-natal Care, share of institutional delivery, etc.
- Plug the gaps between the health services personnel requirement and availability









Uttarakhand's Healthcare at a Glance

Key Health Status & Impact Indicators

Indicators	Uttarakhand	India
Infant Mortality Rate (IMR)	27	30
Crude Death Rate (CDR)	6	6
Crude Birth Rate (CBR)	17.1	19.7
Maternal Mortality Ratio (MMR)	99	113
Neo Natal Mortality Rate (NNMR)	22	23
Under Five Mortality Rate (U5MR)	33	36
Still Birth Rate	8	4
Total Fertility Rate (TFR)	1.8	2.2
Life expectancy at Birth	70.9	69.4
Sex Ratio at Birth	840	899




Human Resource Index of Uttarakhand

Category	Required (R)	Sanctioned (S)	In-Place (P)	Vacancy (V)	Actual GAP (R-P)	Ranking: HR GAP Index
 MPW	4554	3548	1962	1586	2592	58.01
 Staff Nurse	5700	3262	1596	1666	4104	
 Lab Technician	1290	728	286	442	1004	
 Pharmacists	962	1548	1408	140	0	
 MO MBBS	1367	1612	1447	165	0	
 Specialist	1162	1237	524	713	638	



Human Resources for Health

Specialist Cadre Available in the state (Y/N)	No	
HR Policy available (Y/N)	No	
Implementation of HRIS (Y/N)	No	
HR Integration initiated (Y/N)	Yes	
Public Health Cadre available (Y/N)	No	
 <p>Overall Vacancies (Regular + Contractual)</p>	Specialists (%)	66
	Dentists (%)	45
	MO MBBS (%)	65
	Nurse (%)	32
	LT (%)	50
	ANM (%)	26

UTTARAKHAND

HRH Distribution	Sanctioned	In Place
Doctors (MO & specialists) to staff nurse	1:1	1:1
Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system	7 per 10K	4 per 10K
Regular to contractual service delivery staff ratio	6:1	5:1

KEY DOMAIN INDICATORS

ASHA	UTTARAKHAND	INDIA
Total no. of ASHA targeted under NRHM	10470	946563
Total no. of ASHA in position under NRHM	10392	904211
% of ASHA in position under NRHM	99.26	96
Total no. of ASHA targeted under NUHM	1181	75597
Total no. of ASHA in position under NUHM	1181	64272
% of ASHA in position under NUHM	100	85



Challenges in the Health Care Services Sector

General Population

- Inadequate Health Infrastructure especially in the upper reaches
- Delayed Emergency Response
- Lack of awareness about schemes policies, disease prevention etc.

Administrators & Policy Makers

- Inefficient Data sharing between agencies
- Lack of timely alert on disease outbreak
- Lack of Human Resources
- Inefficient medical procurement
- Lack of Funds
- Inefficient monitoring and performance evaluation at each level

Actionables

- Access to Health Care
 - Saturation coverage of Universal Health Care Schemes
 - Ayushman Bharat Digital Health Mission (ABDM) Health Card to each family
- Quality of Health Care
 - Statewide Implementation of State of the Art Health Care Information Management System HIMS
- Information Communication & Education
 - ICE activities for both Health Care Professionals as well as General Public
- Capacity Building
- Healthcare Spend/Funding

Saturation coverage of Universal Health Care Schemes

Actionables

Access to Healthcare

- So far 45 Million Enrollment has been done, this figure needs to be enhanced to 100% of eligible population
- ABDM Health ID to be issued to each member of a family
 - Family to be treated as a unit
 - Ease of health care management
- Uttarakhand has a stellar record in enrolling beneficiary and providing health care under Universal Health Coverage Schemes

Ayushman Cards Yearly Progress since inception till 21st Sep. 2022



Under Ayushman Yojna

	National	Expected Conversion as per National Figures (1% of National Population)	Uttarakhand	Comparison to National Average
Total Ayushman Cards issued (in lakhs)	1900	19.0	48.4	more than 2 & half times
No. of Hospital Admissions (in lakhs)	356	3.6	5.7	1.5 times

Actionables

- Quality of Health Care
- Implementation of Integrated HIMS for the use of patients as well as health care professionals and decision makers
- State of Art Technology Platform
- Connected with the lowest to the highest unit of patient care (PHC-Medical College)
- Specific Modules

- Demographic Details
- Patient Information
- Health Records
- Appointments
- Grievance Redressal
- Remote Counseling/Telemedicine
- Health Care administration
- Tracking and Monitoring



Benefits

- Improving Quality & Safety of patient care
- Augmentation of operational efficiency by eliminating data redundancy
- Cost Savings
- Health Care Access to remote areas to tele-consulting
- Ease of Health Care Administration
 - Digitization of Enrollment
 - Patient Health Records
 - Day to day administration
 - Grievance redressal
- Reporting and Monitoring
 - Easy to track progress on macro as well as micro level
 - Access to performance data to
 - Health Care Workers
 - Administrators
 - Policy Makers
- Health Care Analytics
 - Track Quality of Services
 - Disease Outbreak
 - Preventive measures etc
 - Access to performance data to

Actionables

• Information Communication and Education

- Awareness about Govt Policies and schemes
- Preventive Measures for Outbreak prevention
- Life Style Changes
 - Stress/Diabetes
- Sanitation, Water Born Diseases
- Vaccination
- Nutrition
- Health Check Camps
- Information dissemination to media platforms
 - Digital
 - Television
 - Print

• Capacity Building

- Ongoing Process at each level
- Special Initiative for Capacity Building on Remote/Tele-Consultation
- Training for Health Care Workers in
 - Change Management/Acceptance
 - Technological Interventions
 - Patient Care/Compassion
 - Preventive Care
 - Nutrition, Lifestyle, Wellness
- Training for Administrators/Policy Makers
 - Data Interpretation
 - Information Dissemination
 - Emergency Response
 - Procurement Best Practices
 - Institutional Strengthening
 - Forward & Backward linkages of technological platforms
 - Project optimization

• Health Spending & Funding

- Per capita spending on Healthcare is below national average
- % of GSDP spend on Health Care is sub 2%
- Government Health Care Spend to total government spend around 5%

• Two major Sources of Health Care Spend

- Central Government Sponsored Schemes NHRM & NHUM
- States own finances
- 2023-24 budget allocation stands at Rs 4435 cr. 7 percent below 2022-23 Revised Budget Estimates

Healthcare Financing

National Health Account (NHA) 2017-18	UTTARAKHAND	INDIA
Per Capita Govt. Health Expenditure (in ₹)	1625	1753
Govt. Health expenditure as % of GSDP	0.8	1.35
Govt. Health expenditure as % of GGE	5.1	5.15
OOPE as a Share of Total Health Expenditure (THE) %	41.7	48.8

* GSDP - Gross Domestic Product

* GGE - General Government Expenditure

Budget Provisions

Sectors	2021-22 Actual	2022-23 BE	2022-23 RE	2023-24 BE	% change from RE 22-23 to BE 23-24	Budget Provisions
Education, Sports, Arts & Culture	8694	10,896	10,541	10,907	3%	Rs 3300 cr. has been allo. for govt. primary schools
Agriculture & Allied Activities	3612	4059	3820	5037	32%	Rs 296 cr. has been allocated towards Agri Research & Edu.
Rural Development	3378	4922	4883	4845	-1%	PMGSY has been allocated Rs 1000 cr.
Social Welfare & Nutrition	3188	4572	4667	4558	-2%	Rs 608 cr. has been allocated towards women's welfare
Health & Family Welfare	3020	4416	4793	4435	-7%	Rs 1418 cr. has been allocated towards rural health services & Rs 1101 cr. towards urban health services

Actionables

- Cost rationalization through Universal Health Coverage AB-PMHM & AAUM
 - Aim for Saturation Coverage
- Optimal usage of NHM Funds for Healthcare infrastructure & Capacity Building
- Implementation of Technological Solutions for cost cutting
 - Integrated Health Management Information System
- Encouragement of Private Participation in Health Infrastructure Creation
 - Attractive incentive policy for health infra build in remote areas
 - Implementation of Viability Gap Funding based projects, HAM, modified HAM etc.
 - Promotion of PPP projects
- Tapping International Agencies
 - World Bank ADB
 - JICA
 - International Grants & Soft Loans
- Leveraging CSR Funds for health infra creation

- Investment in Health Education
 - Nutrition
 - Preventive Care
 - Lifestyle
- Identifying and Developing Synergies between various government departments to leverage central government schemes
 - PM Poshan Abhiyan
 - Mid-day Meal scheme
 - Anemia Mukt Bharat Abhiyan
 - Pradhanmantri Matru Vandana Yojana

