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Health To All: Policy Intervention Through Aspirational Blocks Programme in India

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Abstract

Sustainable Development Goal 3 of the "2030 Agenda for Sustainable Development" is to "ensure healthy lives and promoting well-being for all at all ages". The Constitution of the World Health Organization clearly states, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". Health being the public good and that too a merit good, state intervention becomes an essential activity for ensuring and guaranteeing it to the commonest of the commonest. In a country like India, the right to health is not explicitly recognized in the Indian Constitution, but it is considered a fundamental right under Article 21. This means that the state is obligated to provide health services and ensure access to healthcare. Thus, in the federal structure in India, the public health falls under the State domain. Good health is also clearly determined by other basic human rights including access to safe drinking water and sanitation, nutritious foods, adequate housing, education and safe working conditions.

In this regard, the Aspirational Blocks Programme (ABP) was launched on January 7, 2023, focuses on improving governance to enhance the quality of life of citizens in the most difficult and underdeveloped blocks which earlier were addressed by the Aspirational Districts Programme (ADP). The switch over from Districts to the Blocks is going deeper into the assurance of better quality of life at the micro level. This is because, the macro picture is many times quite different from the micro picture. An Inter-Ministerial Committee in consultation with States identified 500 blocks from across 27 states and 4 Union Territories of India under this programme.

This paper brings out the efficacy of this programme as a tool to transform the health conditions in one of these Aspirational Blocks in Maharashtra, Talasari in Palghar district which was not listed under the ADP. It primarily focusses on Health and Nutrition as one of the themes under this programme which is the most weighted theme at 30% with 14 sub-indicators. This paper would thus offer an overall picture of the Palghar district and more specifically about Talasari block with reference to the challenges in attaining the objective of Health and Nutrition to all as a part of the SDGs based on the secondary data sources.

Keywords: ABP, health, nutrition

Introduction

As per the World Health Organization (WHO) estimates, the current population of India is 1,438,069.596

(2023) and with a projected increase of 17% it is expected to reach 1,679,589,259 by 2050. Having such a huge population actually is the huge resource availability for an economy, however needs more articulated approach from the point of health and nutrition for this ever increasing resource. This is because, if we look at the population pyramid of India, with reference to the age, we find that around 80% of the population constitutes the productive labour force (15-64 years) followed by the child population (0-14 years) at around 12% leaving just 8% population with 65 plus years of age. From the point of reaping the so called demographic dividend[1] thus India needs to invest in the health of its working population along with the newly entering components of the labour force, that is the child population. As per the data of 2021, in India the government expenditure on health is around 3.28% of the GDP. This expenditure is very important from the viewpoint of health as a public good. Over past years every country including India was trying for increasing the life expectancy which means average number of years a person is expected to live at the birth. But with the objective of Health to all under United Nations Development Programme(UNDP) and Sustainable Development Goals[2] (SDGs), the new concept of Healthy Life Expectancy has evolved which means average number of years that a person could expect to live in "full health" from birth. The government has continuously been trying for the provision of Universal health coverage to all and more specifically the vulnerable sections of Indian population.

Health being the public good and that too a merit good, state intervention becomes an essential activity for ensuring and guaranteeing it to the commonest of the commonest. In a country like India, the right to health is not explicitly recognized in the Indian Constitution, but it is considered a fundamental right under Article 21. This means that the state is obligated to provide health services and ensure access to healthcare. Thus, in the federal structure in India, the public health falls under the State domain. Good health is also clearly determined by other basic human rights including access to safe drinking water and sanitation, nutritious foods, adequate housing, education and safe working conditions.

In this regard, a major step was taken as a policy intervention with reference to the Aspirational District programme (ADP) in 2018 for developing some of the districts in India who have potential for development but need more assistance for realising it. As an extension of this programme further, the government launched the Aspirational Blocks Programme (ABP) on January 7, 2023 to focus on improving governance to enhance the quality of life of citizens in the most difficult and underdeveloped blocks which earlier were addressed by the Aspirational Districts Programme (ADP). The switch over from Districts to the Blocks is going deeper into the assurance of better quality of life at the micro level. This is because, the macro picture is many times quite different from the micro picture. Maharashtra, one of the leading progressive states in India had 4 districts listed in ADP but had 27 Blocks listed under ABP. The highest number of blocks (four) were in the districts of Nandurbar and Palghar. Of these two, Nandurbar is common in ADP as well as ABP but district Palghar in terms of blocks appeared directly under the ABP. This probed our research into the ABP in details for Palghar district. There was a slight change with reference to the themes and their weightages for ADP and ABP.

[1]**Demographic Dividend is the advantage enjoyed by a country when its working age population is larger than its non-working age population.**

[2] **The 2030 Agenda for Sustainable Development, adopted by all United Nations members in 2015, created 17 world Sustainable Development Goals. The aim of these global goals is "peace and prosperity for people and the planet" – while tackling climate change and working to preserve oceans and forests.**

Table 1 Themes and Weightages compared of the ADP and ABP

ADP		ABP	
Themes	Weightage	Themes	Weightage
Health & Nutrition	30%	Health & Nutrition	30%
Education	30%	Education	30%
Agriculture & Water resources	20%	Agriculture &Allied Services	20%
Financial Inclusion and Skill Development	10%	Social Development	5%
Basic Infrastructure	10%	Basic Infrastructure	15%

Source: ADP and ABP documents

Here, the weightages for Health and Nutrition, Education and Agriculture remained same but the weightage of Infrastructure is increased in case of the ABP. The Financial Inclusion and Skill Development is replaced by the Social Development with a lower weightage. These changes are very important at the Block level.

Looking at the weightages given to Health and Nutrition in both these programmes, we are focusing this theme for the Palghar district now.

Palghar is a recently created 36th district in Maharashtra in 2014. Palghar District's total population is around 29,95,428 (2011 Census) which constitutes just 2.66% of the total population in Maharashtra. The district has eight talukas: Jawahar, Mokhada, Talasari, Vasai, Vikramgad, Palghar, Dahanu and Wada. Of these 8 Talukas, half of them appeared in the ABP as is mentioned above. Palghar district has more tribal population around 40% in general and more than 90% in Talasari, Vikramgad, Wada and Jawahar talukas. Of these tribal dominant talukas, three of them that is Talasari, Vikramgad and Jawahar appeared in the ABP. The remaining AB, Dahanu has 70% tribal population. This district has better Sex Ratio at 934 females per 1000 males which is slightly higher than 929 females per 100 males for Maharashtra. The Literacy Rate is 77% in general while it is 70% for the females. Let us have a look to the overall comparison of these four blocks now.

Table 2 Profile of ABs in Palghar District (general indicators 2024)

ABs	Number of villages and cities	Literacy Rate in percentage	ST Population percentage
Dahanu	183/02	51.15	69.11
Talasari	46/zero	47.33	90.61
Vikramgad	94/zero	53.60	91.82
Jawahar	101/01	47.88	91.64

Source: https://palghar.gov.in/

Table 3 Health related data of ABs in Palghar District (2024)

ABs	Number of Rural Hospitals	Number of Doctors/Nurses	Number of PHCs	Number of sub-centres
Dahanu	01	77/216	09	65
Talasari	01	20/59	04	29
Vikramgad	01	27/55	03	23
Jawahar	01	46/143	04	31

Source: https://palghar.gov.in/ District Social and Economic Review Palghar 2024

When it comes to ABP, the parameter Health and Nutrition takes into account 14 indicators and the total weightage for this parameter is 30% of the total. These 14 indicators and their values are listed in the following table. In this regard it is interesting to see the overall picture of all these ABs in Palghar district.

Table 4 ABP Theme Health and Nutrition with 14 indicators for all Blocks in Palghar District

Sr. No.	Indicator	Dahanu	Talasari	Vikramgad	Jawahar	Maharashtra
1	Percentage of ANC registered within the first trimester against total ANC registrations	90	91.2	90.3	91.8	88.9
2	Percentage of institutional deliveries against total reported deliveries	99.6	99.3	99.6	99.4	88.9
3	**Percentage of low-birth weight babies (less than 2500g)**	**31.2**	**37.2**	**40.1**	**39.9**	**13**
4	Percentage of Tuberculosis (TB) cases treated successfully against TB cases notified a year ago	NA	NA	NA	NA	NA
5	**Percentage of National Quality Assurance Standards (NQAS) certified facilities in Block**	**0**	**0**	**0**	**2.3**	**0.5**
6	Percentage of person screened for Hypertension against targeted population in the Block	67.2	62.2	86.0	98.8	20.2
7	Percentage of person screened for Diabetes against targeted population in the Block	67.2	62.4	86.2	98.5	20.2

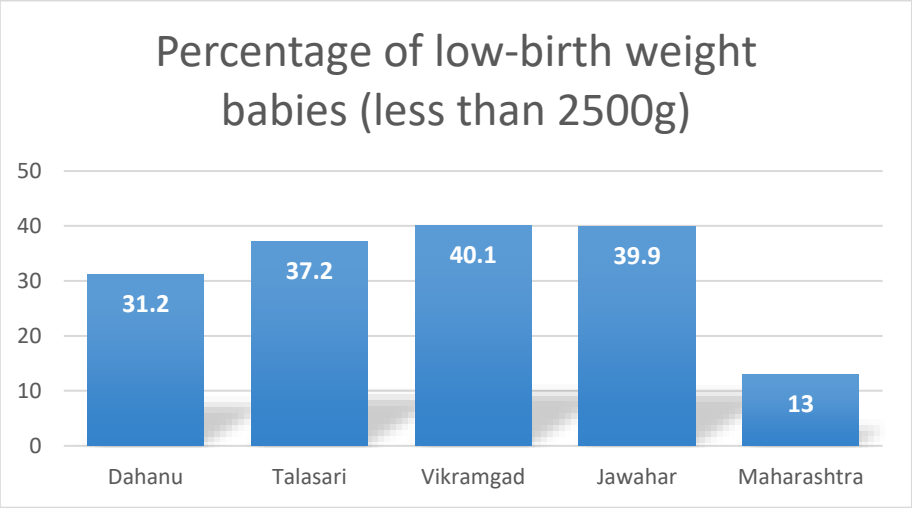
8	**Percentage of pregnant women taking Supplementary Nutrition under the ICDS programme regularly**	**2**	**1**	**1.6**	**23.4**	**43**
9	**Percentage of children from 6 months to 6 years taking Supplementary Nutrition under the ICDS programme regularly**	**1.3**	**1.2**	**0.4**	**12.3**	**30.5**
10	Measurement efficiency of children enrolled at Anganwadi Centres during the reporting month	66.0	69.4	57.5	73.5	76.3
11	**Percentage of children under 5 years with Severe Acute Malnutrition (SAM)**	**0.8**	**0.3**	**0.9**	**1.5**	**1.5**
12	**Percentage of children under 5 years with Moderate Acute Malnutrition (MAM)**	**2.8**	**1.5**	**3.7**	**5.7**	**3.8**
13	**Percentage of operational Anganwadis Centres with functional toilets**	**21.6**	**45.6**	**5.8**	**16.6**	**33.1**
14	**Percentage of operational Anganwadis Centres with drinking water facilities**	**18.3**	**43.5**	**4.5**	**9.9**	**30**

Source: Champions of Change website

It is very clear from the above table that when compared to overall picture in Maharashtra, these ABs are far away from the development especially in case of the Health and Nutrition parameter of the ABP. Out of 14 indicators, half of them are alarming for these ABPs. Some threatening results from this database are as follows:

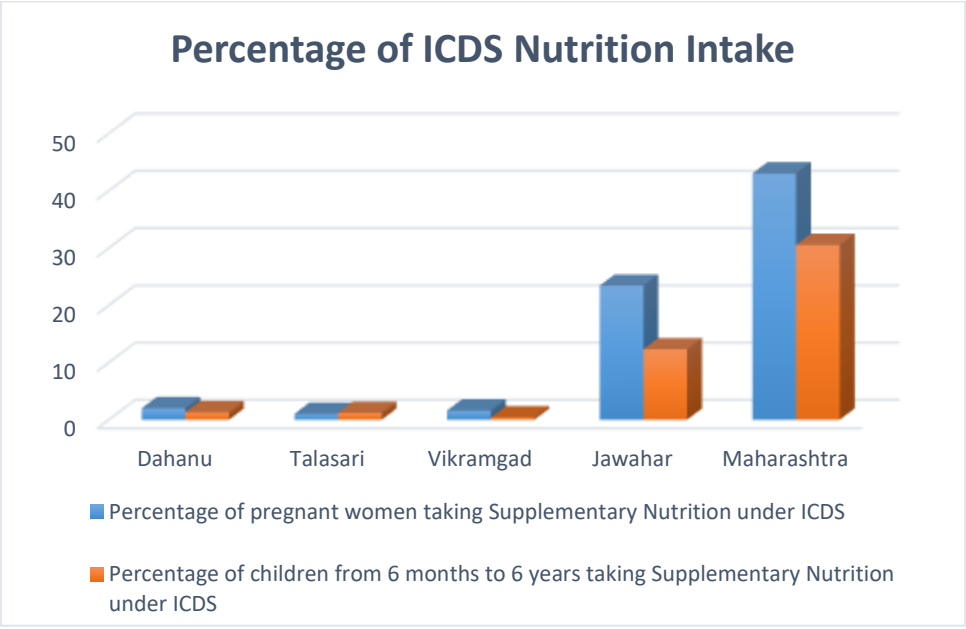
- Percentage of low-birth weight babies (less than 2500g) which is quite higher when compared to overall Maharashtra figures (around 40% in three Blocks except Dahanu against 13% for Maharashtra) and that makes a strong case for ABP which is expected to provide funding for these ABs. The performance of this indicator is severely bad across all these Blocks and special efforts are needed in this direction with the provision of nutritional security to the women being pregnant. The mal-nutrition and under-nutrition of mothers is the key reason for these low-birth weight babies.

Graph 1



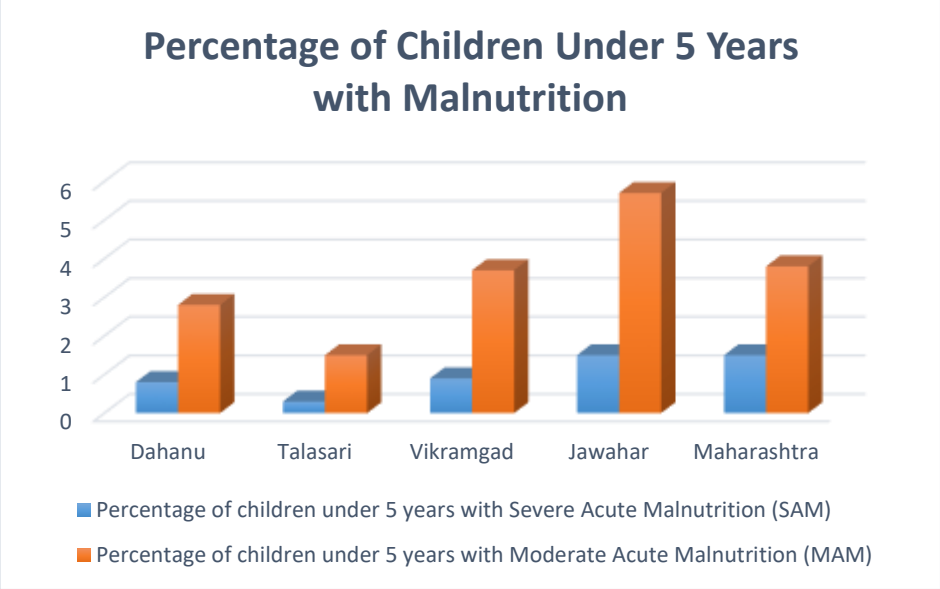
- Similarly, for the indicators, Percentage of pregnant women taking Supplementary Nutrition under the ICDS programme regularly and the Percentage of children from 6 months to 6 years taking Supplementary Nutrition under the ICDS programme regularly also show the deviation to quite a larger percentage (around 1 or 2% except Jawahar as compared to 43 and 35% respectively) when compared to overall Maharashtra picture. The graph below shows that the performance of Talasari block is more threatening as compared to other blocks in the district.

Graph 2



- All these Blocks further are the victims of Severe and Moderate Acute Mal-nutrition for the children below 5 years' age even though these figures are less than Maharashtra.

Graph 3



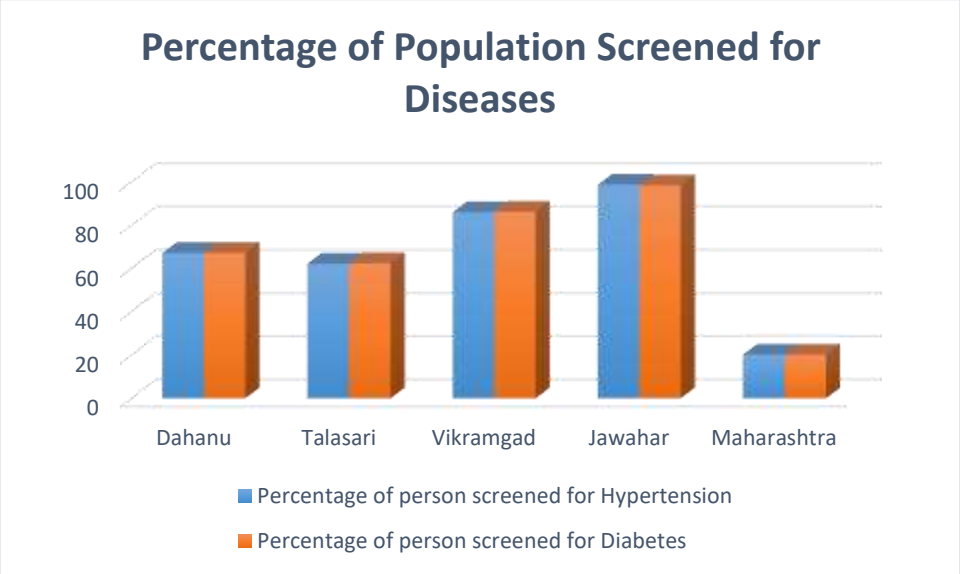
The performance of Talasari block is better as compared to other blocks in the district.

- In case of the ABP, various agencies and departments are expected to work in collaboration such as Ministry of Health, Child Welfare and so on. In this regard the role of Anganwadis and the Accredited Social Health Activist (ASHA[3] workers) is very crucial when it is related to maternal and child development of these tribal blocks. The ASHA workers are the community health worker employed by the Ministry of Health and Family Welfare (MoHFW) as a part of India's National Rural Health Mission (NRHM) that was launched in 2005. These ASHAs also serve as a key communication mechanism between the healthcare system and rural populations particularly for ABPs.
- Similarly, Anganwadi is a type of rural child care centre in India. It was started by the Indian government in 1975 as part of the Integrated Child Development Services (ICDS) program to combat child hunger and malnutrition. The Anganwadi centre provides basic health care in a village. It is a part of the Indian public health care system. The Basic healthcare activities include contraceptive counselling and supply, nutrition education and supplementation, as well as pre-school activities for the children. Looking at the acute shortage of the hospitals, doctors and health care staff in the rural set-up, these Anganwadi centres bridge this gap between demand and supply of health care in India.
- Toilets and safe drinking water availability at these centres are critical for rural populations and indicator 13 and 14 in the above table respectively are the Percentage of operational Anganwadis Centres with functional toilets and Percentage of operational Anganwadis Centres with drinking water facilities. With this connection, the percentages of these two facilities seen in case of all Abs in Palghar are threatening. They are ranging between 6 and 22% against 33% at Maharashtra level for Percentage of operational Anganwadis Centres with functional toilets and ranging between 5 to 18% against 30% for Maharashtra where Talasari Block has outperformed even Maharashtra with more than 43% which is truly an achievement.

[3]**ASHA are the health activist(s) in the community who create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services.**

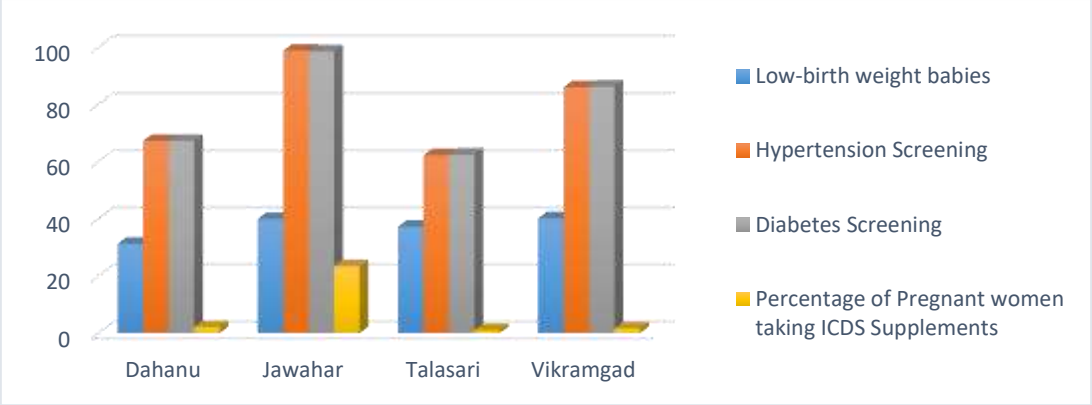
- On a positive note, the indicators Percentage of person screened for Hypertension against targeted population in the Block and the Percentage of person screened for Diabetes against targeted population in the Block are doing well for all these Abs against that of Maharashtra. All of them have outperformed Maharashtra and indicate the outreach of the medical screening.

Graph 4



But this also probes into the increasing occurrence of these life style related diseases in the tribal blocks. The comparative analysis of these Blocks based on all the above indicators collectively is presented with the following bar-diagram.

Graph 5



Broadly speaking, the 'Health and Nutrition' indicators in Aspirational Blocks Programme are targeted with the following aspects: Maternal health, Child health, Anganwadi infrastructure, Effectiveness of ICDS scheme, and incidence of various diseases in the population.

It is important to note that some prenatal indicators of maternal health are very good for all four blocks of Palghar district. However, the percentage of the number of women taking ICDS supplements, is very poor for all blocks. Jawahar performs best amongst the group, yet it is just 23%. Talasari has the worst performance, with just 1% of such women.

Apart from malnutrition indicators, nearly all indicators of child health are poor for Palghar district blocks. Even though the incidence of severe and acute malnutrition is low, it does not mean that the children are healthy. In fact, the incidence of underweight babies ranges between 30-40% for all the above blocks. This means that every two out of five children are born underweight. To exacerbate the matter, even the post-natal nutrition is missing in the population. Except Jawahar, the rest of the blocks perform abysmally in providing nutrition supplements to infants and children under ICDS.

Anganwadi infrastructure shows a somewhat mixed picture in all four blocks of Palghar. Talasari block, which in fact, performed poorly in ICDS supplements disbursal, is a top performer in operational Anganwadis with sanitation facilities. Even then, percentage of these Anganwadis is below 50%.

One good outcome in Health and Nutrition section is the percentage of screening of population for various diseases. In all blocks, more than 60% people are being screened for Diabetes and hypertension. Jawahar outperforms the rest of the blocks and screens around 98% population, while Vikramgad is soon catching up with more than 85% screening. However, Dahanu and Talasari still have a long way to go.

Thus to conclude, a closer analysis of the performance of Palghar district under ABP brings out some interesting findings. The most prominent finding is that the Anganwadi infrastructure and the implementation of ICDS scheme at the grassroots has left a lot to be desired. The functioning of Anganwadis needs to be more effective and efficient. The benefits of this will be wide-ranging and compounding. Focus on improving maternal health as well as infant and child health is important for improving the quality of human capital of the country in terms of reaping the so called demographic dividend for India. Lastly, the penetration of health infrastructure, in form of PHCs, Hospitals etc. is important. Regular screening of population for diseases, timely and affordable vaccination, antenatal care infrastructure etc. should be structuralised. It is a fit and healthy population that will turn the demographic composition into demographic dividend for the country and here the policy intervention through newly designed ABP is commendable as compared to ADP.

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