Equity Matters in Odisha State, India

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Introduction

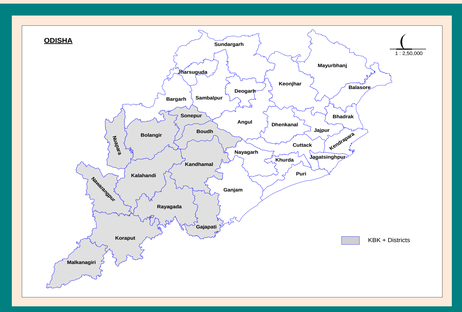
Odisha State in Eastern India is strengthening the health and nutrition systems to achieve greater equity.

One of the poorest states in India, Odisha has:

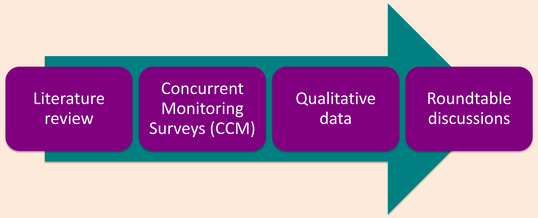
- Population of 41.9 million (Census 2011).
- High Scheduled Tribe (23%) and Scheduled Caste (17%) population.
- Poverty rate of 32.6%. Poverty concentrated among Scheduled Tribes and Scheduled Castes, and in the 11 southern districts known as KBK+ (see map).

Health and nutrition disparities are large and vary:

- Social group: Scheduled Tribes have the worse outcomes.
- Income group: the poorest have lower outcomes than better off.
- Geographical area: KBK+ districts have worse outcomes than others.



Methods



Transformational change

Enabling environment and drivers of change

- Political stability, economic growth and increasing political will to tackle exclusion driving left wing extremism in the South.
- Reform minded leadership, equity sensitive state health policy, enabling national health policy and flexible funds.

New equity strategies

State Health Equity Strategy (2009-12) and Nutrition Operational Plan (2009-2015) both with a strong geographical focus on the underserved KBK+.

Increased budget allocations and targeting resources

- Average annual growth of 28% in government funding of health between 2005-6 and 2010-11.
- Resources targeted to high burden districts and difficult blocks.

Human resources for health

To fill staff gaps and achieve more equitable access to services:

- Newly appointed doctors posted to KBK+ first.
- Place based financial incentives for doctors, doubling the income of those posted to remote and difficult areas.
- Transfer and rotation policy assuring doctors of a fixed time in remote and rural areas, and remote placements mandatory for promotion.
- New public health cadre. Plan to double the number of nurses between 2012-17, and annual scholarships for female nursing students from disadvantaged backgrounds.

Health financing

Social protection is increasing but remains piecemeal.

- Conditional cash transfer programs antenatal care, institutional delivery, postnatal care and full immunisation are increasing demand but the poorest have lower take-up of some.
- National health insurance of the poor covering hospitalisation costs of up to $479 for five family members per year.

Free drugs

- All drugs in public facilities provided free from 2014.
- State drug budget increased more than 6-fold from 2010-11 to 2014-15.

Improving service delivery in underserved KBK+

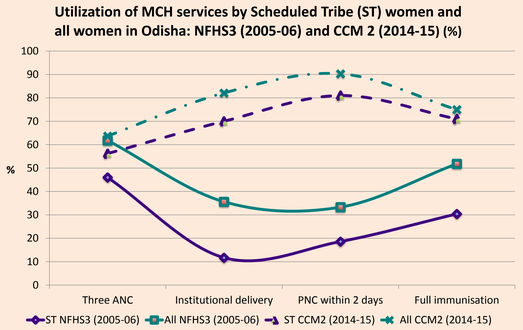
- Accelerated investment in KBK+ funded construction and renovation of facilities, trained community health workers, and introduced mobile health units.

Stronger use of evidence

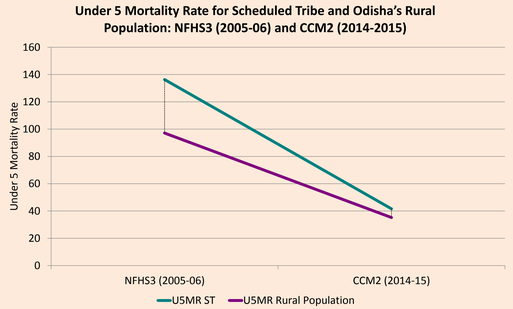
- Concurrent monitoring surveys, nutrition baseline survey, OOPS survey and program evaluations have contributed to policy and practice.

More equitable outcomes

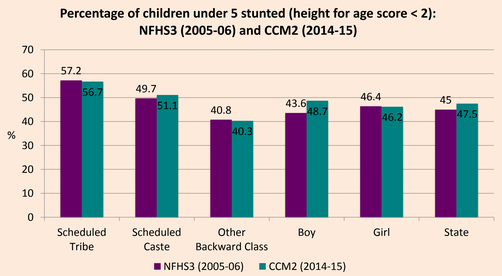
Scheduled Tribe MCH indicators are catching up



The gap between the child mortality of Scheduled Tribes and others is closing.



But malnutrition indicators are harder to budge though differences in methodology of NFHS3 and CCM2 are to be noted.



Conclusions

- The equity gap has narrowed for some but not all services.
- In conflict affected areas which also tend to be poor and geographically isolated, service delivery is made even more challenging.
- The level of child malnutrition is grave and indicators remain stubbornly high for Scheduled Tribe and Scheduled Caste groups and the poor. Sustained political commitment and a multi-sectoral approach will be key to tackling the determinants of malnutrition in Odisha.
- Declining sex ratio, high levels of violence against women and limited attention to women's non-reproductive health need addressing.
- Political commitment, increased budget allocations, and systems strengthening related to information, human resources, drugs and health financing increased the equitable use of health services. The impact of these gains can be amplified with increased attention to quality of care and improved governance.

Further Information

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