HEALTH

INFORMATION PACK

Gujarat CSR Authority

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1. Health in India

The UNDP report ("India and the MDGs") dated February 2015 suggests that in order to improve health services in the country, more efforts are needed to fill existing staff vacancies; tackle governance issues to reach unserved and remote populations; conduct better monitoring of programmes; improve the quality of health services; encourage states to pay more attention to health and help improve their capacities.[1]

Immediate measures that can give quick results include integrating disease-specific services and programmes developed through the National Rural Health Mission (now integrated with the NUHM under the National Health Mission), Rashtriya Swasthya Bima Yojana (RSBY) and other schemes - at both policy and implementation levels.

Better use of resources by more effective implementation and management of programmes, and appropriate and transparent accountability over health facilities have also been suggested. Quality of health services has been suggested to be improved. Price regulation, procurement and supply systems, especially on essential drugs, should be strengthened and enforced, and generic medicines should be popularized. The report advises that such measures need to be taken by both the Centre and the states at the earliest.[2]

The capacity of states to implement health programmes will require to be vastly improved. Active support of communities and civil society will have to be sought to improve oversight and health outcomes. Other interventions such as improvements in nutrition, women's education and empowerment; as well as better water quality and sanitation are also needed to be worked upon.

As a budgetary allocation, India remains a country with limited spending on health (India's public health expenditure as a % of GDP is only 4%, when compared to the highly developed nations which spend about 9-10% of their GDP on health), as per figures released by World Bank in the Human Development Report for 2015.

The Indian data on states, though a bit dated, cites Gujarat as spending 0.57% of its GDP on health as per the National Health Account 2004-05, with public expenditure contributing towards 20.8% of the total expenditure (the national average is at 28%)[3]. In such budgetary constraints, the impact that funds leveraged through CSR can create has a huge potential. This information pack accordingly attempts to lay down the national / state / regional status of health indices and captures some of the learning experiences (within the state and beyond) that can be adapted by companies to help execute impactful CSR projects.

[1] http://www.unic.org.in/items/India_and_the_MDGs_small_web.pdf
[2] Ibid pg 10-11
[3] National Health Accounts, 2004-05

1.1. Key statistics

1.1.1. Key statistics-India & other countries-HDI

Table 1: Comparison of Health outcomes-Human Development Index (HDI) among countries

Health Outcomes-Human Development Index(HDI)[4]														
	Infants exclusively breastfed		**Infants lacking immunization**		**Mortality rates**		**Adult mortality rate**		**Deaths due to**					
			(% of one-year-olds)		(per 1,000 live births)		(per 1,000 people)		(per 100,000 people)		**HIV prevalence, adult**	**Life expectancy at age 60**	**Physicians**	**Public health expenditure**
Country	(% ages 0–5 months)		DTP	Measles	Infant	Under-five	Female	Male	Malaria	Tuberculosis	(% ages 15–49)	(years)	(per 10,000 people)	(% of GDP)
	2008–2013	a	2013	2013	2013	2013	2013	2013	2012	2012	2013	2010/2015 b	2001–2013 a	2013
India	46.4	c	12	26	41.4	52.7	158	239	4.1	22.0	0.3	17.0	7.0	4.0
Bangladesh	64.1		1	7	33.2	41.1	126	156	13.9	45.0	0.1	d 18.4	3.6	3.7
Bhutan	48.7		3	6	29.7	36.2	212	219	0.0	14.0	0.1	19.5	2.6	3.6
Cambodia	73.5		5	10	32.5	37.9	157	210	3.7	63.0	0.7	23.8	2.3	7.5
South Africa	8.3	c	31	34	32.8	43.9	320	441	2.2	59.0	19.1	16.0	7.8	8.9
Viet Nam	17.0		17	2	19.0	23.8	69	189	0.2	20.0	0.4	22.4	11.6	6.0

[4] UNDP Human Development Report 2015, page 239-241 refer E-Glossary for further information.

1.1.2. Key statistics-Health

Table 2: Key health statistics of India and Gujarat

Indicator	Gujarat	India
Total population (In crore) (Census 2011)	6.03	121.01
Decadal Growth (%) (Census 2011)	19.17	17.64
Infant Mortality Rate (SRS 2013)	36.0	40.0
Maternal Mortality Rate (SRS 2010-12)	122.0	178.0
Total Fertility Rate (SRS 2012)	2.3	2.4
Crude Birth Rate (SRS 2013)	20.8	21.4
Crude Death Rate (SRS 2013)	6.5	7.0
Natural Growth Rate (SRS 2013)	14.3	14.4
Adult HIV prevalence (15-49 years) (India HIV Estimations Technical report 2015) [5]	0.42	0.26
Percentage of institutional delivery (DLHS 3: 2007-08)	56.5	47.0
Percentage of children who received full immunization (DLHS 3: 2007-08)	54.9	54.0
Pregnant women who received full antenatal care(DLHS 3: 2007-08)	19.9	18.8
Percentage of women(15-49years) ever married who are anaemic (NFHS 3)[6]	55.5	56.2

1.1.3. Schemes and Programmes: National targets[7]

India's efforts mainly through the adoption of the National Health Mission have accelerated the progress in child and maternal health. However, while the maternal mortality target is likely to be achieved, the targets on infant and child mortality are not expected to be met. The NHM adopts a targeted approach focusing on underserved rural areas and lagging states and emphasized health of women and children and improving service standards. More vigorous and sustained efforts on improving child and maternal health are still needed, especially to meet the new global targets of preventable child deaths and a much sharper reduction in maternal deaths by 2030.

Beyond 2015, newer emerging challenges in health will also need to be tackled. Apart from traditional diseases, new non-communicable diseases (NCDs) such as heart attacks, strokes, other cardio vascular diseases, chronic respiratory diseases, diabetes and cancer are gradually on the increase. To tackle them effectively, the UN Country Team for India has recommended targeting a reduction by one third of premature mortality from NCDs by 2030. The SDG Goal # 3 i.e. ensure healthy lives and promote well-being for all at all ages. This Sustainable Development Goals[8] (SDD) highlights the following targets (*excerpted from the total list, by 2030*):

- *reduce the global maternal mortality ratio to less than 70 per 100,000 live births*
- *end preventable deaths of newborns and children under 5 years of age*
- *end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases*

[5] http://naco.gov.in/upload/Surveillance/Reports%20&%20Publication/Technical%20Report%20India%20HIV%20Estimates%202010.pdf -India HIV Estimations Technical report 2015-NACO pg 2

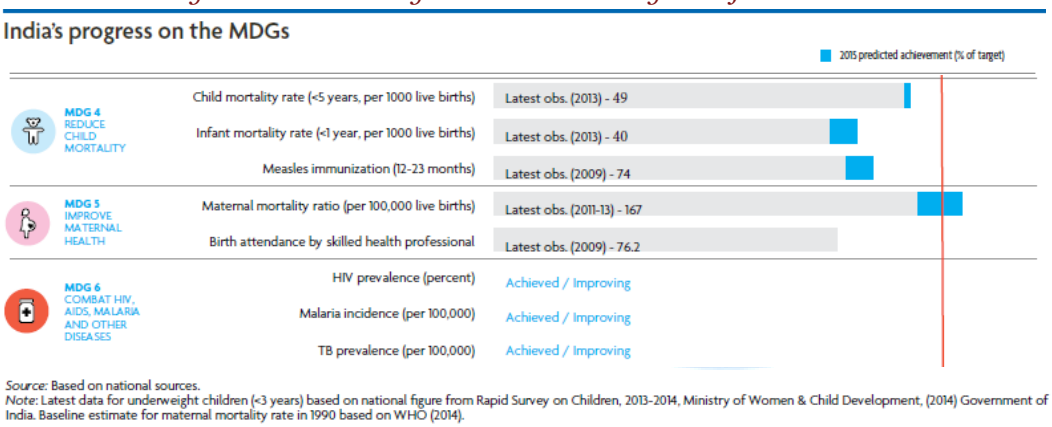
[6] http://rchiips.org/nfhs/factsheet.shtml

[7] http://www.unic.org.in/items/India_and_the_MDGs_small_web.pdf

[8] http://niti.gov.in/writereaddata/files/SDGsV20-Mapping080616-DG_0.pdf

- *reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being*
- *ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes*
- *achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all*
- *substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination*
- *substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries*

Figure 1: India's Progress on the Health goals of MDG



**Source: India and the MDGs (Feb 2015) pg. 20*

Table 3: National goals in Health

Programme	Goals/ Targets
National Health Mission[9]	1. Reduce MMR to 1/1000 live births 2. Reduce IMR to 25/1000 live births 3. Reduce TFR to 2.1 4. Prevention and reduction of anemia in women aged 15–49 years 5. Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases *(Targets for communicable and non-communicable disease will be set at state level based on local epidemiological patterns and taking into account the financing available for each of these conditions.)* 6. Reduce household out-of-pocket expenditure on total health care expenditure 7. Reduce annual incidence and mortality from Tuberculosis by half 8. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts 9. Annual Malaria Incidence to be <1/1000 10. Less than 1 per cent microfilaria prevalence in all districts 11. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

[9] http://nrhm.gov.in/nhm/about-nhm/goals.html

2. Gujarat: Health issues

2.1. Issues and concerns-Health[10]

The indicators such as life expectancy and IMR for Gujarat indicates improvement over time at absolute level, but the relative standing among other states (9th among 17 major states) has remained low. The life expectancy increased from 57 years in 1981 to 68.2 years during 2009-13. **Maternal Mortality Rate** has reduced significantly from 202 in 1999-2001 to 112 per 1 lakh in 2011- 13. Currently Gujarat is 5th in state ranking with lower MMR among 19 major states. The **Infant Mortality Rate** has also reduced from 54 infant deaths per 1000 live births in 2005 to 35 in 2014 (12th among 22 major states). Among the other vital indicators such as **Neo-Natal Mortality rate** (NNR) and **Under-5 Mortality Rate** (U5MR), among 22 major states, Gujarat ranked 9 and 13 respectively during 2014, and ranked 14th for birth rate and 8th for death rate respectively (SRS, 2014). This relatively lower performance of Gujarat raises various concerns and issues regarding the healthcare system. The following concerns need to be addressed on a priority to improve the health performance:

- high incidence of neo natal (NN) deaths - reduction of IMR and U5MR needed through control of NN deaths
- improving immunization indicators with an emphasis on improving coverage of children under complete vaccination.
- improving quality of antenatal care (ANC) services and post-natal care (PNC) services
- put in significant efforts in terms of the public expenditure in the healthcare sector as well.

2.2. Regional disparities: data for different geographies

In the Statistical report 2014 of Sample Registration System, Registrar general and Census commissioner, Government of India has published the data of crude birth rate (CBR), crude death rate (CDR) and infant mortality rate (IMR) as per natural Division level data which is shown in the following table.

Table 4: District wise disparities on health indicators

Sl. No	Natural Division	CBR	CDR	IMR	Districts covered
1.	South Eastern	22.8	5.8	43	Panch Mahals, Dohad, Vadodara, Narmada, Bharuch, The Dangs, Navsari, Valsad, Surat, Tapi
2.	Plain Northern	19.8	6.5	35	Mahesana, Sabarkantha, Gandhinagar, Ahmedabad, Anand, Kheda
3.	Dry Areas	21.9	7.3	38	Banaskantha, Patan, Kachchh
4.	Saurashtra	17.7	5.9	18	Surendranagar, Rajkot, Jamnagar, Porbandar, Junagadh, Amreli, Bhavnagar

[10] What Determines Performance Gap Index of Healthcare in Gujarat? (May 2014) http://www.iimahd.ernet.in/assets/snippets/workingpaperpdf/3253542092014-05-03.pdf

2.3. Schemes and Programmes in the State of Gujarat

Table 5: Central / state programmes and schemes: Health

Programmes/ Schemes	Description
Chiranjeevi Yojana[11]	Government of Gujarat has initiated this scheme involving private sector specialist for providing safe delivery services, primarily for economically weaker sections i.e. BPL and non-income tax paying ST. Under this scheme, the obstetricians are paid Rs.3, 80, 000/- for a package of 100 deliveries (@ Rs.3,800/- per delivery). The package of 100 deliveries includes normal, complicated deliveries and cesarean section deliveries also. The beneficiary has not to pay any type of charges related to delivery, medicine, anesthesia, laboratory investigations or operation. If the enrolled Private Gynecologist offers C-section services in the Government Hospital Rs.2,500/- per delivery is payable.
Janani Suraksha Yojana	Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor women.
Janani Shishu Suraksha Karyakaram (JSSK)	Janani Shishu Suraksha Karyakram (JSSK) is an initiative of Govt. of India & Govt. of Gujarat to assure completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick Infants (up to 1 year after birth) in Government health institutions.
Mamta Ghar	This schemes facilitates access to the women in need of help to a continuum of care, including appropriate management of pregnancy, delivery, post-partum care and access to life-saving obstetric care when complications arise are crucial to Safe Motherhood.
School Health Programme (SHP)	The School Health Programme (SHP) is the single, largest time framed health programme operating in the State of Gujarat since 1997. Every year more than 1.50 Cr. Children are being examined and provided free treatment.
Bal Sakha Scheme	Gujarat government is committed to provide affordable, accessible and quality health services to the residents of Gujarat. Slow decrease was seen in the child mortality over the years and much of this can be attributed to the less number of pediatricians in the government system. Non-availability of pediatrician had badly affected the service delivery to the poor and needy children. Neonatal mortality accounts for majority of child deaths and many of these happen within the seven days of birth. Bal Sakha Yojana was launched in January, 2009 to make accessible expert care by private pediatrician to all BPL and tribal children born under the ambit of the Chiranjeevi Yojana or in Government Health Care institution. It is also meant for all the children up to 1 month age identified at risk by Mamta Abhiyan and IMNCI trained health worker and ASHA as per protocols. 182 doctors are registered for providing services to newborn under the scheme. The Scheme is also now applicable to newborns of neo-middle class with annual income of Rupees 2 lakh.
Rashtriya Swasthya Bima Yojana[12]	In August 2008, Government of Gujarat, in collaboration with the Ministry of Labour and Employment, New Delhi, initiated the innovative Social Health Insurance scheme of "Rashtriya Swasthya Bima Yojana" (RSBY). The Scheme provides medical insurance to the BPL families in Gujarat (both Urban & Rural) and offers them protection, and covers up to 5 members per BPL family (head of the family, spouse and 3 dependents). Each of the enrolled BPL families is provided health insurance coverage of Rs 30,000/- per annum, on a family floater basis. The Insurance Premium is shared in the ratio of 25:75 with 25% being the state share and 75% central share. In the current policy year 2015-16, a total 18.76 lacs BPL families are issued smart cards. There are 1,367 hospitals (Public 437 and private 930 hospitals) are empaneled under the scheme. 41971 Building and Other Construction Workers and 4.17 lacs MGNREGS workers, 415 Railway Porter have also included under the scheme.
Mukhyamantri Amrutum (MA) and	"MA" Yojana provides cashless treatment and coverage of catastrophic care targeted at the BPL population. This scheme is providing tertiary medical treatment available to the BPL families of State and is covering critical illnesses such as cardiovascular surgeries,

[11] http://www.nhp.gov.in/gujarat_pg
[12] https://gandhinagardp.gujarat.gov.in/Gandhinagar/english/Health-Branch-Schemes.htm

Programmes/ Schemes	Description
MA- VATSALYA Yojana	neurosurgeries, burns and poly trauma, malignancies (cancer), renal (kidney) and neo-natal (newborn) diseases. The scheme is not as insurance basis, but direct payment for treatment to hospitals by a special body/ agency and monitored by the Govt. Looking at the warm response of the scheme, the Gujarat Government has extended MA yojana up to the families having annual income up to Rs. 1.20 lakhs as MA- VATSALYA yojana from 15th August, 2014. Under this scheme up to 11th September, 2016, more than 39.70 lakh families have been enrolled and 3,26,448 claims worth Rs 476.50 crore has been claimed.
"Kasturba Poshan Sahay Yojana - Conditional Cash Transfer	The State Govt. has launched the "Kasturba Poshan Sahay Yojana - Conditional Cash Transfer" on 29th February 2012 with the goal of reduction of morbidity and mortality linked to malnutrition and Anemia in the entire State of Gujarat for BPL mothers. Nutrition during pregnancy is very important. Mothers from poor family do not get adequate nutrition and spend more calories in hard labor job. Conditional cash transfer is a nutrition intervention which shall ensure the coverage of services, access to nutritious food and micronutrient supplement during the vital period of pregnancy. To facilitate adequate nutrition and rest during pregnancy, a cash support to all the BPL mothers of Rs. 6000/- per pregnant woman is to be given under the schemes.
Other national public health programmes	National Vector Borne Disease Control Programme, Pulse Polio Immunization (PPI) Program, Revised National T.B Control Programme, National Leprosy Eradication Programme, National Blindness Control Programmes, Integrated Diseases Surveillance Programme (IDSP), National Mental Health Programme (NMHP), National Programme for Health Care of the Elderly (NPHCE) , National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Strokes (NPCDCS) and National AIDS control Programme

Some Initiatives from Gujarat State:

1. e-Mamta (Mother and Child Tracking System)

Gujarat State has initiated 'e-Mamta', a 'Mother and Child name-based information management system 'e-Mamta', is innovative as it is intended to harness the benefits of ICT to improve effective and efficient delivery of health care services available. The program has been designed to cover the entire state of Gujarat and specifically caters to rural and urban slum communities.

Status

- During the year 2014-15, out of 14.48 lakh expected pregnant women 12.99 lakh mothers are being tracked i.e. 90.0 % of expected pregnant women, while in 2015-16, out of 14.52 lakh expected pregnant women 13.14 lakh mothers are being tracked i.e. 90.48 % of expected pregnant women.
- In the year 2014-15, 13.16 lakh infant were registered for tracking of services against 11.39 lakh expected births in the state, i.e. 86.5 percent, while in 2015-16, 11.76 lakh infant are registered in e-Mamta against 13.21 lakh expected infant, i.e. 89.0 % of expected births.

The application developed in January 2010 has been implemented all over Gujarat State. Government of India has appreciated and done National replication of the software as MCTS.

2. Kuposhan Mukt Gujarat Abhiyaan

As per NFHS-III, 49.2 % children were stunted, 19.7 children were wasted and 41.1 % children were underweight within the states. It was realized that malnutrition among women, adolescent girls and children is the underlying cause of deaths due to common ailments thus State Government has given priority to malnutrition control activities.

Phase – I saw the launch of Kuposhan Mukt Gujarat Mahabhiyan, 23rd May 2015 by the Hon'ble Chief Minister of Gujarat. 43 lakh children of all Anganwadi centres of Gujarat were screened for various nutrition

parameters and at the end of screening about 1.47 lakh children were identified as severely acute malnourished (SAM) children and 2.73 lakh children identified as MAM. Out of these, SAM children who had medical complication and failed appetite test were referred to Child Malnutrition treatment centre (CMTC) / Nutrition Rehabilitation Centre (NRC) located at nearby health facility. SAM children without medical complications with passed appetite tests are provided complementary therapeutic food under Community based Management of Malnutrition program at Anganwadis to bring out them from severe malnourished condition.

Phase II (launched on 24 May 2016) has a target of screening of 50 lakh children of 0-5 age group registered in e-Mamta. Till 9th september,2016, a total 48.32 lakh children (approximately 95.2%) children were screened. Of that 47,875 identified as SAM children and 2.68 lakh children identified as MAM. Of these, SAM children who had medical complication and failed appetite test were referred to Child Malnutrition treatment center (CMTC) / Nutrition Rehabilitation Centre (NRC) located at nearby health facility. SAM children without Medical complications (with passed appetite tests) were provided complementary therapeutic food under Community based Management of Malnutrition program at Anganwadis to bring out them from severe malnourished condition. 90 Taluka of 13 Districts are providing "Bal Amrutam" on daily basis up to 8 weeks at CMAM.

3. Breast and Cervical Cancer Screening Program

The program was launched by Hon'ble Chief Minister on 7th April, 2015, and implemented in the state since June 2015, with sole aim to early diagnose cancer.

The primary level screening of all 30 years to 59 years age group of women is being done by Female Health Workers, along with a Health Awareness drive in the community. More than 122 lakh women have been screened for primary symptoms of Breast and Cervical Cancer, and 6.04 lakh primary suspect cases referred for further screening at PHC and CHC. About 25,377 suspected cases were referred to PHC and 4,893 suspected cases are referred to CHC for clinical examination and further investigation, during secondary screening. The suspected cases were investigated and examined by specialists at tertiary screening centres (District Hospital, Medical College Hospital). Mammography in suspected case of breast cancer and PAP smear examination in suspected case of cervical cancer is performed for diagnosis. 988 cases of breast cancer and 413 cases of cervical cancer are diagnosed. 1,176 diagnosed cases are treated by radiotherapy, chemotherapy or surgery. The eligible women can avail free treatment under "Mukhyamantri Amrutam" and "MA Vatsalya" scheme

4. Mukhyamantry Nidan Yojna (MNY)

Diagnostic facility is one of the most important components of the treatment and play a critical role in all disease control and prevention program by providing timely and accurate information for use in patient management. Govt. of Gujarat has launched a scheme namely "Mukhyamantry Nidan Yojana (MNY)" from 1st April 2016 under which people of Gujarat can avail the free diagnostic facilities from public health institutes.

Table 6: Number of tests in type of PHI

Sl.No.	Type of PHI	No. of test to be made
1	Sub –Centre	5
2	Primary Health Center	17
3	Community Health Center	33
4	Sub-District Hospital	33
5	District Hospital	68
6	Medical collage Hospital	70

Total Test Done at various PHI facilities under MNY from April 2016 to August 2016 is 1, 76, 87, 635.

5. Diabetes Screening Abhiyan

Diabetes Screening Abhiyan has been started on 1st June, 2015 in entire state. Overall objective of the program is the early detection of diabetes before the appearance of any symptoms. Due to this initiative, major complications of diabetes like diabetic retinopathy, renal failure and health diseases can be prevented which may lead to reduction in death rate due to diabetes, increased life expectancy and increased quality of life. Under this program, anyone can go for random blood sugar estimation (RSB, Blood Glucose estimation) to any Govt. Health centres or hospitals. All the suspected cases of diabetes (RBS ≥140 mg dl), are referred to higher centres for further confirmative diagnosis.

More than 10,000 Diabetes Screening Centres have been established in the state. These diabetes centres are functional at Sub-centres (SCs), PHCs, CHCs, Sub District Hospitals (SDHs) and District Hospitals. Around 14,200 Glucometers and 1.42 crore Glucostrips have been supplied to these centres from the state budget. Total 68.10 lakh persons have been screened and 4.14 lakh suspected cases of diabetes were identified. Antidiabetic drugs worth Rs. 6.30 crore have been supplied to Government Health Institutions. Government has ensured the supply of antidiabetic drugs across various centres, for the free of cost treatment of diabetes.

NCDs are included as a specific SDG target and are part of several other health targets. As diabetes is one of the major non-communicable disease (NCD), the above initiative of Gujarat will be help to achieve the target.

6. Cleft lip and cleft palate free Gujarat

Cleft lip/ palate is one of the commonest birth defect found in new-borns. It is caused by folic acid deficiency in mother during first trimester of pregnancy. The child affected by this defect has a cut in his/her upper lip or palate or both may extend up to nasal level. This can lead to regurgitation of food, difficulty in feeding, recurrent respiratory tract infection, malnutrition and neonatal death subsequently. Along with this physical difficulties, child also suffers from social as well as psychological problems like unusual appearance of face, lack of confidence, low self-esteem, negligence from children of same age group etc. Child avoids to attend social gatherings, playing with friends, going to school or Anganwadi as he/she may develop fear of mischiefs and being trolled by the society. Child may have difficulty to get married with this deformity and most importantly, the quality of life of such children suffers a lot.

The Hon. Chief Minister noticed this serious issue related to child health and on 7th April, 2015, launched "*Cleft Lip/Palate Free Gujarat*" programme. In order to improve physical, social and psychological health of each and every child effected by Cleft lip/ Palate, this program was launched under 'School Health-Rashtriya Bal SwasthyaKaryakram." For this kind of birth defect, surgical intervention is the only choice of treatment. Therefore, free of cost operation facilities along with pre and post-operative care is provided to each beneficiary. Till date thousands of operations have been conducted successfully and Government is near to achieve the goal to minimize the Infant Mortality Rate due to this defect.

7. 108 Ambulance Services

The Government of Gujarat (GoG) has introduced Free Emergency Response Services (ERS) on August 29th 2007 in partnership with GVK Emergency Management Research Institute, with 14 ambulances. Today 585 ambulances serve over 6.03 crore people covering all 33 districts. The 108 Emergency Response Service is a comprehensive emergency service that serves not only medical emergencies but also police and fire emergencies. It has made remarkable progress in the 9 years of its operations. Emergency patient are now accessing modern emergency transport to a health facility with pre-hospital care.

8. Dialysis Services

Kidney diseases are increasing by the day due to changing life style of the people and poor quality of water. Once kidney of the patient stops working, the patient has to obtain treatment of Hemodialysis and Peritoneal Dialysis. Sometimes, the patient has to undergo kidney transplant. Previously, only one grant in aid Institute

of Kidney Disease and Research Centre (IKDRC) at Ahmedabad provided Hemodialysis Services. Hence, it created much hardship to the patient located at large distances. Considering the above implication, government of Gujarat has signed MoU with the Institute of Kidney Disease and Research Centre (IKDRC), Ahmedabad, to establish facilities of hemodialysis unit to provide dialysis services free of cost (no charges) to the patient at district & local level public health facilities. In collaboration with IKDRC Government has set up 33 Dialysis Units at 6 - Medical Colleges, 5 - GMERS Medical Colleges, 14 - District Hospitals, 6 - Sub District Hospitals, 1 - CHC and 1 – IKDRC own Institute, Ahmedabad. Dialysis Services are provided by 343 Dialysis Machines by free of cost (no charges). By December 2016 it is planned to establish another 7 new Hemodialysis units (Veraval, Dahod, Chhota Udaipur, Bhiloda, Gandhidham or Mandvi, Botad, Junagadh), so in each district, Hemodialysis Service could be made available.

9. Obstetric ICUs

Gujarat has come long way in improving maternal health. This is evident from 34% MMR reduction in last one decade. To further accelerate reduction in MMR, innovation through establishment of Obstetric ICUs across all medical college hospitals of Gujarat was done. As of 2016-17, Government has approved establishment of 14 Obstetric ICUs across the state. Currently, 5 ICUs are functional and remaining are likely to be operationalized by the end of 2016. These ICUs are dedicated Intensive Care Units nested within existing Obstetric department to cater to the pregnant mother developing serious complications. These mothers require intensive care as well as Obstetric Care. Obstetric ICUs has amalgamated these aspects of care in one unit. Obstetric ICUs in Gujarat are making huge difference in tertiary care in maternal health and will definitely help in reducing MMR further.

2.4. Gaps

While the state Govt. has sanctioned new SCs, PHCs and CHCs to fill up the infrastructure Gaps between existing facilities and facilities required as per population norms prescribed by GOI for per facility. Now there are no gaps w.r.t. SCs, PHCs and CHCs in Rural Gujarat. However, Gaps in terms of lack of availability of manpower (numbers per hundred thousand of population) in the public health system are high in case of paramedical staff and very high in case of the medical professionals especially with Aayush Doctors. The health manpower is also a cause of concern in rural Gujarat. Table 7 below shows the category wise manpower shortfall across the various rural health facilities across the state.

Table 7: Rural Health Infrastructure of Gujarat[13]

Particulars	Required	In position	Shortfall
Health worker (Female)/ANM at Sub Centres & PHCs	9,310	6,938	2,372
Health Worker (Male) at Sub Centres	8,063	5,778	2,285
Health Assistant (Female)/LHV at PHCs	1,247	546	701
Health Assistant (Male) at PHCs	1,247	755	492
Doctor at PHCs	1,247	889	358
Obstetricians & Gynaecologists at CHCs	320	31	289
Paediatricians at CHCs	320	2	318
Total specialists at CHCs (Surgeons, OB&GY, Physicians & Paediatricians)	1280	74	1,206
Radiographers at CHCs	320	175	145
Pharmacist at PHCs & CHCs	1,567	879	688

[13] https://nrhm-mis.nic.in/RURAL%20HEALTH%20STATIST ICS/(A)RHS%20-%202015/Health%20Manpower%20in%20rural%20areas.pdf – Health manpower in Rural areas

Particulars	Required	In position	Shortfall
Laboratory Technicians at PHCs & CHCs	1,567	1,401	166
Nursing Staff at PHCs & CHCs	3,487	2,705	782
Surgeons at CHCs	320	32	288
Physicians at CHCs	320	9	311
General Duty Medical Officers-Allopathic at CHCs	1,060	747	313

Subsequently, the Government has made a number of provisions to increase availability of trained manpower including specialists at CHC and PHC level. For the same, the Government has adopted concept of deprived area which are called High Priority Talukas (77 out of 248 talukas). Ob-Gynae and Paediatricians are recruited at differential higher remuneration in these areas to ensure services in most remote part of the state. Similarly, mass recruitment of nursing staff and other paramedical staff is also being done. To address the issue of HR shortage on long term basis, the government adopted policy to enhance internal capacity to create more number of medical and para medical staff. This is evident from the fact that number of medical colleges has increased from 6 in 2001 to 17 in 2016. Similarly, to address the challenge of nursing staff, government has not just increased number of government nursing colleges, but also promoted development of private nursing colleges to meet the challenge of trained nursing staff.

In order to maximize benefit of existing specialists to large number of people, the government has rationally identified 103 first referral units, where specialists are posted preferably to expand coverage of services even in remotest area. Gujarat has strong private sector presence catering to very large segment of society. In order to garner their continuous support various schemes for in-sourcing and out-sourcing of services has been developed such as Chiranjeevi Yojana, Bal Sakha Yojana, Mukhyamantri Amrutam – MA Vatsalya Yojana, CM-SETU Yojana, RSBY etc.

However, while a start has been made, there is an ample scope to accelerate the same with the help of the private sector given the initial shortfalls, both on a PPP basis or by making use of the CSR funds, from companies based out of Gujarat.

3. Corporate initiatives in health sector

3.1. Programmes by Flagship companies in Gujarat

Table 8: Programmes by Flagship companies in Health sector

Companies	Programmes
Cadilla	Kaka-ba Hospital, established in 1985 at Hansot, Dist- Bharuch, Gujarat is the hub of CSR activities run by Cadila Pharmaceuticals. The hospital is equipped with all the modern health facilities and has departments like medicine, general surgery, dental surgery, gynaec and fertility clinic, orthopedics, psychiatry, pediatrics, plastic surgery, neurology, radiology, pathology, ICCU, physiotherapy, dermatology, dialysis unit and many more. In addition to the regular medical services, the Plastic surgery campaign initiated by the hospital is the most commendable achievement of the hospital.
Cairn India	To improve the health standards, Cairn introduced Mobile Health Vans for providing basic medical services at the door step of the rural community. This is routinely clubbed with health camps and awareness drives reaching out to more than 20,000 community members. 'Pahonch' is another health initiative which is implemented in partnership with Government focusing on improving access to the public nutrition and health services for children below six years of age, pregnant women, nursing mothers and adolescent girls.
Adani Foundation	Mobile Health Care Units: The Foundation operates mobile health care units, so that on-the-spot medical assistance can be provided to the patients where medical facility is not available. This program runs successfully at Mundra (Gujarat) covering 33 villages Rural Clinics: The Foundation ensures outreach services by setting up rural clinics. Seven rural clinics are functional at seven villages of Mundra Taluka providing much needed medical services to the people of the villages. The clinics have a qualified Medical Officer, who provides timely services to the people. Health Camps: Various health camps are organised at regular intervals which are seasonal/need-based to meet the specific needs of the community and to deliver medical services to remote areas. The camps also ensure provision for timely referral services to the patients for further or specialised care. Treatment of Kidney Stone – awareness, detection and intervention project: Different IEC activities are organised to mobilize people and motivate them to participate in the screening camp. Subsequently, a detection camps are organised to diagnose the disease. As per the diagnosis, either medication is provided, or Lithotripsy (a medical procedure that uses shock waves to break up stones in the kidney, bladder, or ureter, after which , the tiny pieces of stones pass out in urine). Under dire circumstances, surgery is recommended. All these procedures are provided free of cost to the patient. Financial aid for urban and rural poor patients for chronic and severe illnesses: Adani Foundation provides medical assistance for major diseases like, neurological problems, heart problems, kidney problems, stroke and paralysis, cancer etc. to the people from the disadvantaged and economically weak sections of the society. Scheme for Urban Poor: To support the ailing persons or patients visiting the Civil Hospital, Ahmedabad, guidance is provided by AF volunteers for availing treatment in various departments of Civil Hospital Ahmedabad. Adani Hospitals Mundra, a 100 bed secondary care Hospital, was established in 2009 at Mundra, Kachchh, to provide clinical services to Adani Group employees and to the local population around Mundra.

Companies	Programmes
Reliance Foundation	Reliance provides affordable curative and preventive healthcare services to the community through its various healthcare programmes. Under the same, it has constructed health centers, operates mobile medical clinics and emergency ambulance services, and conducts various camps on health awareness. The Company has implemented HIV / AIDS and DOTS programme at Hazira and Jamnagar. The Community Care Center & Reliance AIDS Care Hospital is the only private indoor facility for HIV/AIDS patients in Gujarat and provides in-patient services free of cost. The centre at Mora village, Hazira, provide preventive, diagnostic and curative services to HIV/AIDS patients. Reliance has also adopted a PHC in Gujarat for catering to the community health needs under the National Rural Health Mission Programme.[14]
GAIL India	Project Arogya, a flagship GAIL CSR initiative, which caters to the gap in the primary health care system delivery by providing Medical outreach service through 16 Mobile Medical Units across 6 states Uttar Pradesh, Madhya Pradesh, Uttarakhand, Gujarat, Haryana and Punjab with a focus on Awareness, Diagnosis and Cure model.[15]
ONGC[16]	Varisthajana Swasthya Sewa Abhiyan: ONGC, along with HelpAge India continues its efforts to take healthcare to the doorsteps of the elderly through Mobile Medicare Units. In 2011-12, all the 20 MMUs were launched and almost 1.9 lakh treatments were provided across the eight States and one Union Territory.-.

3.2. Programmes by Flagship companies-Other states

Table 9: Programmes by Flagship companies in other states in Health

Companies	Programmes
Piramal Foundation[17]	Swasthya- The project is intended at making healthcare accessible, affordable and available to all segments of the population, especially those most vulnerable. Piramal Swasthya is a unique model that is built on the backbone of telecom. In addition, Piramal Swasthya implements the 'eSwasthya' model in Rajasthan. The model was created to explore ways to ease access of health care for the rural population. Implemented in Assam, Rajasthan, Maharashtra, Karnataka, Chhattisgarh, Jharkhand and Andhra Pradesh[18]
Ford [19]	It supports a Maternal & Child Healthcare intervention in Kalvarayan Hills in Villupuram district, 300 kms from the Chennai facility. It is aimed at enabling access to quality healthcare for expectant mothers in the region, while also including community awareness initiatives that address other issues here like child marriage and dropout rate amongst girls. A unique feature about this program is that Ford is working with IIT-RTBI, to explore how technology can be leveraged to address on-ground social needs. Ford India has been supporting Sanjeevi, a primary healthcare centre near the plant for close to 15 years. Over the years, the centre has provided near-free medical care to more than 400,000 people in surrounding villages. The centre also organizes various awareness camps, in order to reach out to the community and volunteers from Ford participate in these camps.
Glaxo Smith Kline Pharmaceuticals Ltd	GSK has partnered with ARTH and CARE to address the entire continuum of care for newborn survival in the high burden districts in Rajasthan and Madhya Pradesh. Under the same, they have partnered to build capacity of the ASHA workers, train the skilled birth

[14] http://www.ril.com/OurCompany/CSR.aspx

[15] http://www.gailonline.com/final_site/healthcare.html
[16] http://www.ongcindia.com/wps/wcm/connect/ongcindia/Home/CSR/
[17] http://piramal.com/our-businesses/piramal-foundation
[18] http://www.piramalswasthya.com/
[19] http://www.india.ford.com/about/corporate/csr

Companies	Programmes
	attendants, generate awareness and ensure improved facility based and home based newborn care. As a key partner in the fight against Neglected Tropical Diseases (NTDs), GSK has identified elimination of Lymphatic Filariasis (LF) as the lead CSR project in India. They have committed to donate Albendazole for attacking LF in support of the London Declaration and WHO 2020 Roadmap on NTDs.

3.3. Best practices

Table 10: A few noteworthy CSR practices in Gujarat in the Health sector

Companies	Programmes
Adani	Health Card to senior citizen: This initiative has been undertaken as a pilot project for three years, and is intended to help the senior citizens with their health care requirements and seek timely help. Gujarat Adani Institute of Medical Sciences (GAIMS) is a unique Public Private Partnership (PPP) venture between Adani Education and Research Foundation (AERF) and Government of Gujarat. It houses the Medical College, Teaching Hospital, Nursing School, Staff Residential Quarters and Students Hostels within its campus at Bhuj. It Offers MBBS and PG programmes affiliated to KSV Kachchh University and has an annual intake of 150 MBBS students. The teaching hospital is a 750 bed multi-specialty Hospital. The Teaching Hospital serves as the District Hospital of Kachchh District and provides clinical services to the all sections of the society.[20]
Reliance	Motikhavdi Medical Centre is a model and modern village public health centre at Motikhavdi village, Jamnagar. Thalassemia detection camp and Parental counselling-The tribal areas in regions near Surat, Gujarat, are highly endemic to the prevalence of a thalassaemic trait, which is a genetic disorder. The Company launched a thalassemia detection camp in association with the Indian Red Cross in the local high school, wherein children from the nearby school were tested for the disorder.[21]

[20] http://www.adanifoundation.org/gaims/m-62
[21] http://www.karmayog.org/csr501to1000/csr501to1000_21458.htm

4. Takeaway for companies

- Companies can invest in different thematic areas to address the gaps within the health space for the most backward regions or in regions of Gujarat where communities require support. They are welcome to reach out to GCSRA for further support to engage in partnerships either in the form of direct CSR project implementation or as technical assistance provider to organisations who plan to work in the specific sector.

- Companies can take support from GCSRA in training, capacity building on the CSR policy, governance and the various CSR value chain activities

- If required and deemed impactful, companies can contribute in joint venture projects with other companies on state priorities based on HDI. The GCSRA partnership enables companies to develop networks with Government, civil society / NGOs and other relevant stakeholders for knowledge sharing, advocacy, sharing of best practices and challenges to support future strategic directions for CSR activities.

- Effective investment in CSR by Companies will help in taking credit for creation of social wealth in the local community through the following:
  - By bringing their project development, planning & execution skills
  - By bringing out-of-the box approaches to long standing social problems
  - By designing projects with focus on "value for money"

- CSR activities with high impact are best image building exercise for Companies. Effective CSR Planning will help:
  - Improve the visibility of the Company
  - Resolve conflict with local community
  - Improve branding of the Company
  - Bring better credibility with any new business partners

4.1. Potential project ideas

The following are few potential project ideas in the health domain for which investments could be made:

1. **Tele-diagnostic healthcare support (via the Web) project –** establishing Teleclinics and providing basic diagnostic healthcare to rural population in the age group of 30-45 years of age. It also includes development of a Health Management Information System (HMIS) for a (block/district) with individual health profiling. The objectives of the project are as follows:

   - delivering affordable and accessible quality medical health care at remote areas by setting up Telemedicine centres
   - easy access to healthcare at doorsteps with advanced technologically enabled solution to help reach a wider coverage of rural people in need of the health services with increased efficiency and thereby connect to medical infrastructure in urban areas and across geographies
   - to create a centralised management information systems (MIS) data base to record medical records of patients and track their test details regularly. Further, monitor the progressive status of the patients and to generate analysis for further programme implementation
   - strengthen the public private partnerships towards healthcare service delivery by supplementing government efforts in undeserved and vulnerable areas within the districts
   - improvement of health status of the rural communities over time, due to on-time prognosis, treatment and referral

2. **Geriatric Care Support project-** provision of geriatric health care and other facilities to the rural elderly population. The target population would be the elderly with special focus on socio-economically weak and physically challenged senior citizens within the age group of 60 years and above. The project aims at providing free healthcare provisions, residential care facilities to the rural elderly population who cannot afford the expenses due to their economic conditions. The project has the following objectives:
   - to enhance infrastructure and service capabilities of old age homes or Geriatric centres
   - provide services to rapidly increasing elderly population of the state at their nearest possible location
   - to improve quality medical care penetration in the state

3. **High quality tertiary care hospitals -** The primary objective of the project is to set up a multi-specialty tertiary care hospital to bridge the gap in accessibility to tertiary healthcare services. The hospital would be equipped with state-of-the-art diagnostic and clinical facilities to provide best in class treatment to the local community. The project will also aim to:
   - enhance accessibility and affordability for quality tertiary care
   - to improve quality of tertiary care health facilities in tier-II and tier-III cities
   - to provide opportunities for employment for health personnel
   - to strengthen the health infrastructure in semi-urban areas

4.2. Support from GCSRA

Gujarat CSR Authority was established through Government of Gujarat, Industries & Mines Department Resolution dated 19-12-2014. The aim of setting up Gujarat CSR Authority was to -

- Develop a framework for CSR activities in the State
- Identify the best practices in on-going CSR activities
- Assist mid-sized and smaller Companies in effective implementation of their CSR strategy
- Develop into an active umbrella body for advocacy

GCSRA is a Society is headed by Hon. Chief Minister of Gujarat as the Chairperson of GCSRA and the Authority headed by a highly experienced, retired IAS office; with a high-ranking serving administrative officer in an executive role.

Functions of GCSRA include - bringing in adequate clarity in new CSR regime, facilitating optimal utilisation of CSR funds, coordinating, monitoring & implementing various CSR activities in Gujarat, creating a web portal to highlight and facilitate CSR activities in the State, channelizing CSR funds as per HDI based sectoral priorities & also in 50 most backward talukas, creation of a CSR fund by receiving contribution from various companies and address policy and implementation issues. In line with the above, the following support is available from GCSRA for companies who are implementing or planning to implement CSR activities in the State.

Support available from GCSRA for companies:

1. **Development of CSR Strategy & Annual Plan**
   - Consultations and specific support on CSR strategy and project planning to the companies, with similar sectoral status papers (on the priority sectors) to be uploaded on the GCSRA website
2. **Development of CSR plan linked with EIA proposals**
   - Survey & needs assessment of area(s) for guiding the development of a need-based CSR plan
   - Implementation of CSR plan in the area
3. **Support for creating a dedicated CSR team**
   - Assistance and support in recruitment of quality personnel and their capacity building
   - Developing systems for CSR project administration

4. **Development of innovative project ideas** for project investments as per States priority areas
5. **Development of sector specific funds meant to-**
    - Provide an effective mechanism to the small & mid-size Companies to implement small but impactful CSR programmes either jointly or alone
    - Under the same, Companies can either directly implement their programmes as part of the fund or contribute to the specific fund. Large Companies having year-end unspent CSR fund can also deposit the amount with any Fund with specific instruction
6. **Other implementation related assistance**
    - Identification of credible implementers - implementing agencies getting scrutinized through a structured due diligence process, for facilitating their selection
    - Assistance in developing Detailed Project Reports
    - Registration of individual company's CSR plans on Authority's website and linking it with a query builder software for obtaining information of other companies involved in similar projects
    - Organising regional consultations and seminars for better understanding and networking
    - Developing App based monitoring and project management software
    - Review, monitoring and evaluation of the projects, including documentation support

GCSRA will ensure provision of full credit, visibility and publicity for the interventions of the funding company.

5. E-Glossary

1. **Comparison of Health outcomes-Human Development Index (HDI) among countries : (UNDP HDI report 2015)**

   i. **Notes to Table 1**

   a Data refer to the most recent year available during the period specified.

   b Data are annual average of projected values for 2010–2015.

   c Refers to a year earlier than that specified.

   d 0.1 or less.

   ii. **Definitions for Table 1**

   Infants exclusively breastfed: Percentage of children ages 0–5 months who are fed exclusively with breast milk in the 24 hours prior to the survey.

   Infants lacking immunization against DPT: Percentage of surviving infants who have not received their first dose of diphtheria, pertussis and tetanus vaccine.

   Infants lacking immunization against measles: Percentage of surviving infants who have not received the first dose of measles vaccine.

   Infant Mortality Rate: Probability of dying between birth and exactly age 1, expressed per 1,000 live births.

   Under-Five Mortality Rate: Probability of dying between birth and exactly age 5, expressed per 1,000 live births.

   Adult mortality rate: Probability that a 15-year-old will die before reaching age 60, expressed per 1,000 people.

   Deaths due to malaria: Number of deaths due to malaria from confirmed and probable cases, expressed per 100,000 people.

   Deaths due to tuberculosis: Number of deaths due to tuberculosis from confirmed and probable cases, expressed per 100,000 people.

   HIV prevalence, adult: Percentage of the population ages 15–49 who are living with HIV.

   Life expectancy at age 60: Additional number of years that a 60-year-old could expect to live if prevailing patterns of age-specific mortality rates stay the same throughout the rest of his or her life.

   Physicians: Number of medical doctors (physicians), both generalists and specialists, expressed per 10,000 people.

   Public health expenditure: Current and capital spending on health from government (central and local) budgets, external borrowing and grants (including donations from international agencies and nongovernmental organizations) and social (or compulsory) health insurance funds, expressed as a percentage of GDP.