INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI
SHORT ABSTRACT OF THESIS

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SHORT ABSTRACT

Since the initiation of economic reforms in India, central and state governments have retreated from the social sector, by reducing their share of expenditure on basic healthcare, and providing fiscal space to private players including the insurance sector. Reports emerging at the national and international level show that India has one of the most privatized healthcare systems of the world. Out of pocket expenses of people in accessing basic health care services have reached catastrophic levels. In this context the thesis investigate the status of health among rural households of Assam, which has one of the most vulnerable health outcome indicators in India.

The country's highest child and maternal mortality ratios have been estimated for Assam. The draft National Health Policy 2015 categorizes Assam as a state with 'greater challenges' with respect to infant and maternal mortality rates. The National Sample Survey Organization estimate very high levels of morbidity prevalence for Assam for the period 1995-96 and 2004.

At a macro level this thesis examines the level, pattern and extent of public expenditure on health in Assam, over the period 1990-91 to 2011-12 spanning different phases of economic reforms in social sector expenditure. At a more disaggregated level, health status among the rural population is studied taking households as unit of study. Morbidity prevalence, utilization of healthcare services and out of pocket expenditure on health of rural households is examined in detail. Over the period 1990-91 to

2010-11, capital expenditure on healthcare has been stagnant in Assam. Bulk of the total expenditure is on revenue account.

For a large part of the 1990s and the early 2000s, share of expenditure on rural health services has been declining. Though declining, rural health services have received more government attention compared to urban health services. While budgetary expenditure on health has seen a rapid decline in the post reform period, some reversal of trend has been noticed since 2007 onwards. This can be attributed to the implementation of the National Rural Health Mission in 2005.

Study on health status of the population indicates presence of high morbidity among rural households. The incidence of untreated illnesses among rural households is quite high. Proportions of untreated illnesses are higher in cases of acute than chronic morbidity. While presence of untreated acute morbidity points to the overall low health status of population, presence of untreated chronic morbidity reflects failure of the health system as well as distress conditions among households. A major share of the household's consumption expenditure is on health thus reflecting sacrifices made on food and education related expenditures.

Utilization of public health facilities have been examined in detail. There is a large demand and preference for public health services in the rural areas. Private health facilities became an option only when government health facilities could not provide treatment due to poor crowdedness and poor quality of treatment. A significant proportion of the population also depends on other sources (self medication, home remedial measures and traditional healers) which is specifically true for the lower economic strata.

The crucial problem areas identified are geographical accessibility, manpower shortages, lack of health specialists, shortages of medical equipment, shortages of essential medicines, lack of infrastructural facilities, low bed capacity, over crowdedness, high cost of diagnostic charges and lackadaisical attitude of health personnel. However, a significantly positive causal relationship is found between implementation of public health programmes and utilization of maternal and child healthcare services, specifically in cases of institutional delivery and post natal care.

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