

CHAPTER 12

HEALTH & FAMILY WELFARE

Health Services

The medical services are almost free for every one and food & medicines are distributed at no cost to all inpatients in hospitals and PHCs. The UT Administration also pays for secondary and tertiary health care treatment outside the Union Territory. The ultimate goal of the Health Department is to ensure that human capital in the UT is developed to its fullest by enhancing the ability of the people to lead healthy and productive lives. The Health Department is providing services such as public health, control communicable diseases, health education, family welfare, maternal health care through a network of two District Hospitals, one each at Mayabunder and Car Nicobar and one referral Hospital, one AYUSH Hospital, and 5 Urban Health Centers are functioning at Port Blair. Besides, 111 Sub – Centers, 19 Primary Health Centers, 4 Community Health Centers and 8 Homeo Dispensaries are providing facilities for curative, promotive and preventive aspects of Health Care in the rural area of this UT. The total Bed strength of all institutions in various Islands is 1045 and the Bed population ratio stands 1:350. Out of these, 650 are in the South Andaman District, 200 in North & Middle Andaman District and remaining 195 in the Nicobar District.

The Health indicators of the UT present a very good picture despite many constraints. Our birth rate at present (2006) is 15.30 and Death rate is 4.89 per thousand population which is much below the national average of 24.1 and 7.5 respectively in 2004. Infant mortality rate at present (2005) is 16.39 per thousand live births against the national average of 58 (in 2004). Maternal mortality rate is 131 per lakh live births implying excellent natal care. Couple Protection Rate is 58.16% and total Fertility Rate has come down to 2.1/1000, which is supposed to be achieved by 2014. The percentage of institutional delivery by skilled person is 82%.

Andaman and Nicobar Islands Health Network has enabled this UT to record significant achievements. A comparative picture of some demographic indices in indicated below:-

Statement 12.1
PARAMETERS

Sl. No.	Parameters	Andaman and Nicobar Islands (in % as on 2006)
1	2	3
1	Population Decadal Growth rate (%) Census 2001	26.90
2	Crude Birth Rate	15.30
3	Crude Death Rate	4.89
4	Infant Mortality Rate (Couple Protection rate (%))	
a	By Male Sterilization (DLHS - II, 2002 - 2004)	1.10
b	By Female Sterilization (DLHS - II, 2002 - 2004)	44.70
b	By Spacing Method (DLHS - II, 2002 - 2004)	11.30
5	Sex Ratio (Census 2001)	846
6	Sex Ratio (0 - 6 Years Census 2001)	965
8	Neo Natal Mortality rate	9.50
9	Couple Protection Rate (DLHS - II, 2002 - 2004)	58.50
9	Safe Delivery (2007 - 2008)	87.00
10	Institutional Deliveries	76.78
11	Child Mortality Rate (0 - 4 years)	21.46

Investment in the Health Sector

The share of the Health Sector in total Plan Expenditure of Andaman and Nicobar Islands is indicated below:-

Statement 12.2
Investment in Health Sector

Year	Total Plan Exp. on UT	Exp. on Medical Sector (Plan)	% of Exp. on Medical Sector
2002-03	40089.66	2119.72	5.29
2003-04	40587.82	2312.26	5.70
2004-05	40241.60	2368.95	5.89
2005-06	48534.00	2832.22	5.84
2006-07	51727.55	3665.41	7.09
2007-08	59368.53	3870.51	6.52

(Source: Report from DHS)

Percapita Expenditure

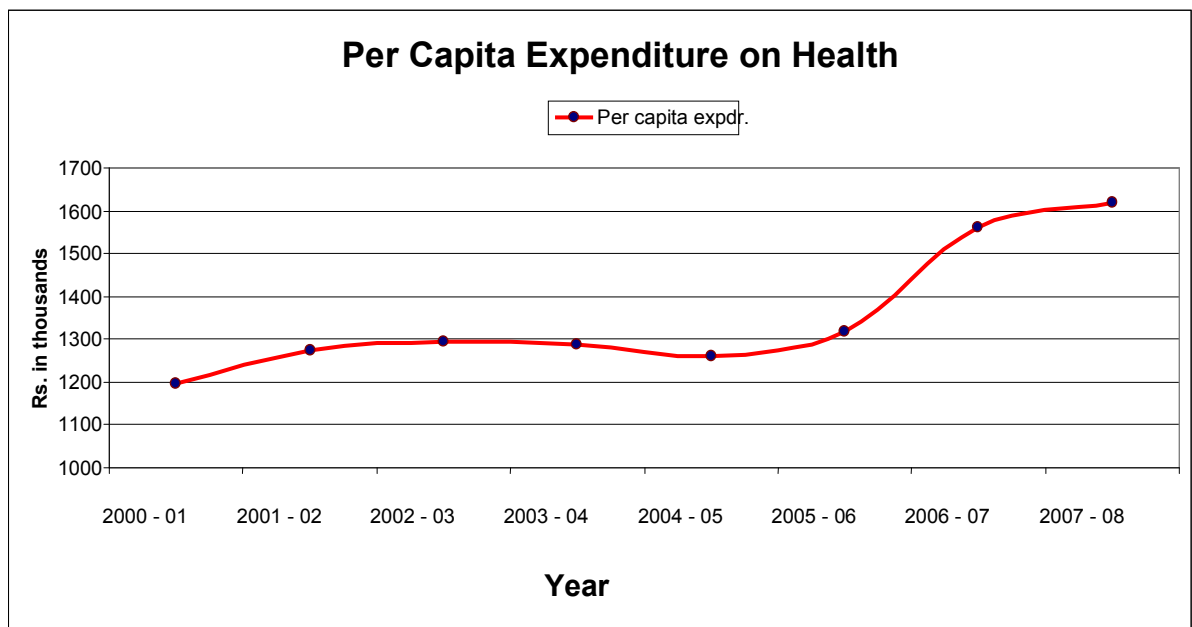
The percapita expenditure on health in A&N Islands was Rs.1560.77 during 2006-07 whereas it was only Rs.260 for All States in India during the period.

Statement 12.3

Per capita Expenditure on Health

Year 1	Per capita expenditure (in Rs.) 2
2000 - 2001	1197.82
2001 - 2002	1272.45
2002 - 2003	1295.48
2003 - 2004	1287.90
2004 - 2005	1259.59
2005 - 2006	1317.64
2006 - 2007	1560.77
2007 - 2008	1618.47

Chart 12.1



Expenditure on Health with reference to GSDP

The Andaman and Nicobar Administration has been spending more than 1% of GSDP on health. This is evident from the following statement.

Statement 12.4
Expenditure with reference to GSDP

Year	Expenditure with reference to GSDP (Current) (Rs. In Lakh)	Total Expenditure on Health (Rs. In Lakh)	% of GSDP on Medical
1	2	3	4
2000 - 2001	3181.00	4300.16	1.35
2001 - 2002	3522.00	4733.53	1.34
2002 - 2003	3793.00	4987.61	1.31
2003 - 2004	3980.00	5138.73	1.29
2004 - 2005	4590.44	5202.12	1.13
2005 - 2006	5392.20	5626.33	1.04

(Source: Report from DHS)

The Growth of Health Care Institutions

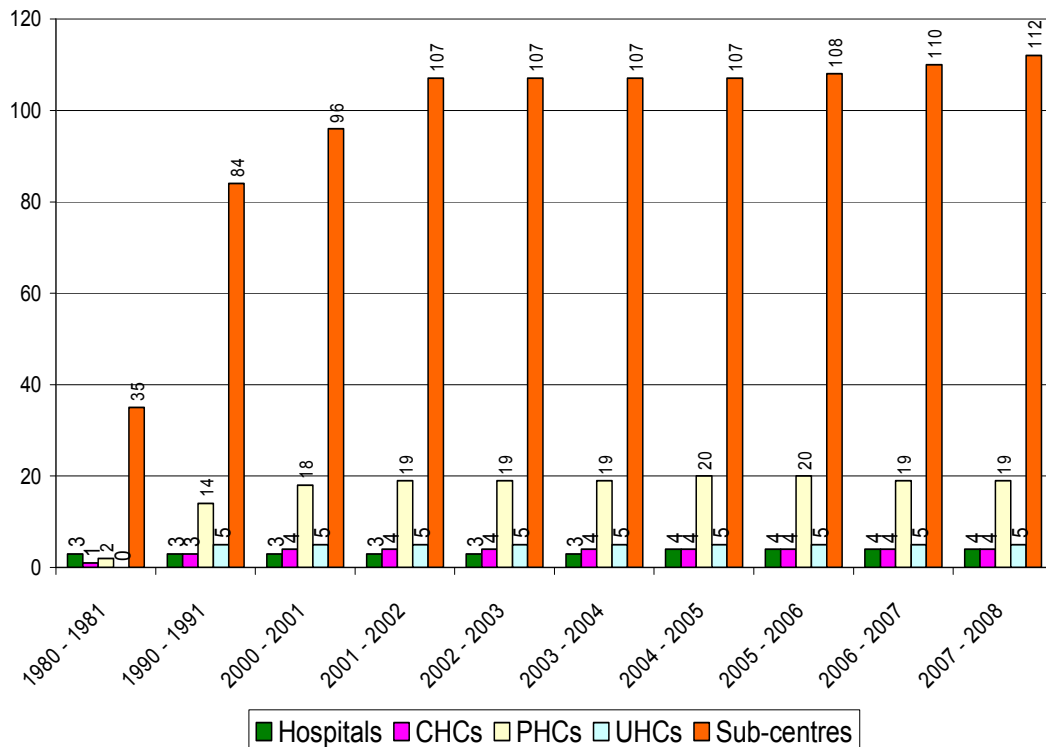
The growth of medical institutions in Andaman and Nicobar Islands since 1980 is indicated below:

Statement No.12.5
Health Care Institutions (No)

Years	Hospitals	CHCs	PHCs	UHCs	Sub-centres
1980 - 1981	3	1	2	0	35
1990 - 1991	3	3	14	5	84
2000 - 2001	3	4	18	5	96
2001 - 2002	3	4	19	5	107
2002 - 2003	3	4	19	5	107
2003 - 2004	3	4	19	5	107
2004 - 2005	4	4	20	5	107
2005 - 2006	4	4	20	5	108
2006 - 2007	4	4	19	5	110
2007 - 2008	4	4	19	5	112

Chart 12.2

Growth of Health Care Institutions



Hospital Beds

The total capacity of the medical institution in Andaman and Nicobar Islands was 1045 as on March 2008. The details of bed strength in medical institution spread over the Islands is given below:

Statement 12.6
Tehsil wise Bed capacity of the Health Department (in Nos)

Sl. No.	Tehsil	Name of the Institutions	Bed Strength
1	2	3	4
1	Diglipur	CHC Diglipur	42
		PHC Kalighat	10
		PHC Radhanagar	10
2	Mayabunder	Dr. R. P. Hospital	42
		PHC Tugapur	10
3	Rangat	CHC Rangat	46
		PHC Long Island	10

		PHC Billiground	15
		PHC Kadamtala	15
4	Port Blair	G B Pant Hospital	450
		PHC Garacharma	10
		PHC Neil Island	10
		PHC Havelock	10
		PHC Hut Bay	10
		PHC R K Pur	10
		PHC Baratang	10
		AYUSH Hospital	30
		5	Ferrargunj
PHC Ferrargunj	10		
PHC Tushnabad	10		
PHC Wimberlygunj	10		
PHC Manglutan	10		
6	Car Nicobar	B J R Hospital	112
7	Nancowrie	CHC Nancowrie	43
		PHC Katchal	10
		PHC Teressa	10
		PHC Cambell Bay	10
		PHC Gandhi Nagar	10
Total			1045

Statement 12.7

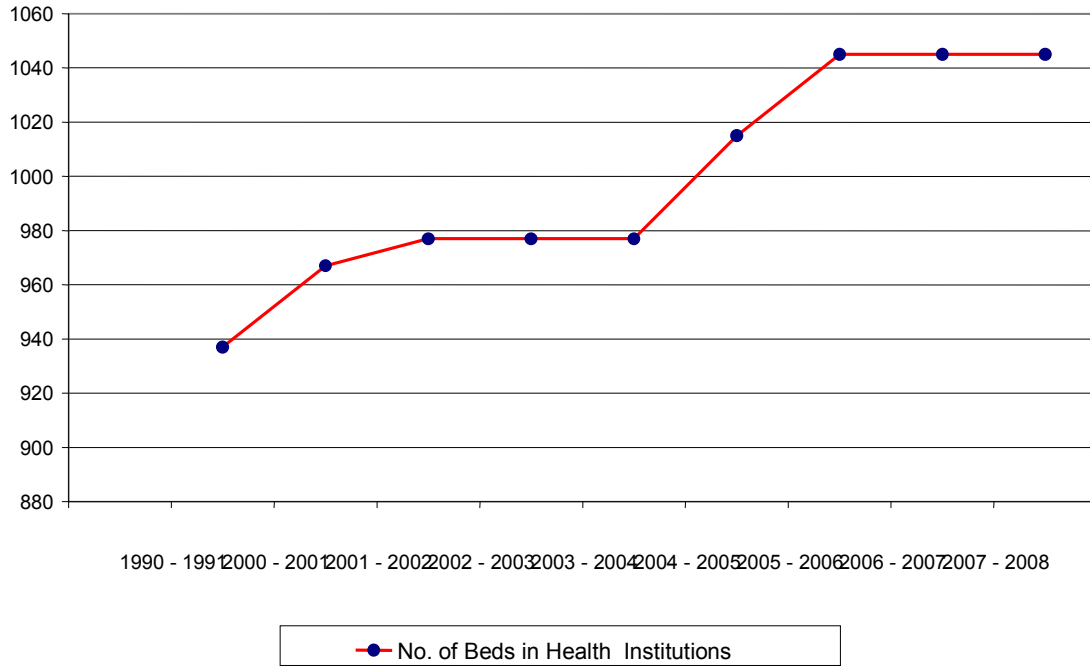
Growth of Bed Capacity since 1980 - 1981

Year	No. of Beds in Health Institutions	Number of Beds per 1000 patients
1990 - 1991	937	
2000 - 2001	967	3.56
2001 - 2002	977	3.72
2002 - 2003	977	3.85
2003 - 2004	977	3.99
2004 - 2005	1015	4.13
2005 - 2006	1045	4.27
2006 - 2007	1045	4.42
2007 - 2008	1045	4.58

(Source: Report from DHS)

Chart 12.3

Growth of Bed Capacity



Statement 12.8

Health Institution wise Bed Capacity in Andaman and Nicobar Islands

Year	Health Institutions					
	Hospitals	C H Cs	P H Cs	Sub – Centers	U H Cs	AYUSH Hospitals
1990 - 1991	567	180	190	0	0	0
2000 - 2001	567	190	210	0	0	0
2001 - 2002	567	190	220	0	0	0
2002 - 2003	567	190	220	0	0	0
2003 - 2004	567	190	220	0	0	0
2004 - 2005	567	190	220	0	0	0
2005 - 2006	634	201	210	0	0	0
2006 - 2007	634	201	210	0	0	0
2007 - 2008	634	201	210	0	0	0

Status of Health Institutions

The status of Govt. Hospitals/PHCs which are under expansion, construction or in the pipeline is indicated below.

Statement 12.9

Sl. No.	Hospital Projects	Status
1	OPD Complex at Car Nicobar	17%
2	OPD Complex at CHC Diglipur	55%
3	PHC Building at Kishorinagr	90%
4	PHC Building at Chouldari	75%
5	Construction of 30 Beded Mental Ward at G B Pant Hospital, Port Blair	6%
6	Construction of 10 Beded ward for terminally ill CA patient	Just Started
7	Construction of Dialysis unit at G B Pant Hospital, Port Blair	Just Sanctioned
8	Construction of 20 Beded Composite Eye Centre at G B Pant Hospital, Port Blair	Just Started
9	Construction of New OT Complex at G B Pant Hospital, Port Blair	Just Sanctioned

(Source: Report from DHS)

Births & Deaths

Birth Registration

The total number of births registered during 2004, 2005 & 2006 were 6318, 5594 and 6103 respectively. The average number of births per day in A&N Islands worked out to 16 in 2006 and 15 in 2005 where as it was 17 during 2004. Out of the total births, during 2006, registered 3158 (51.74%) were male and 2945 (48.25%) female. Out of the total birth 4686 (76.78%) were institution and 1417 (23.22%) were domiciliary.

Death Registration

In Andaman and Nicobar Islands the deaths registered during 2004, 2005 & 2006 were 1607, 1633 and 1953 respectively. Out of the total death registered during 2006, 1271 (65.08%) were males and 682 (34.92%) females. The average number of deaths per day in A&N Islands worked out to 4 in 2005 where as it was 5 in 2006. 56.68% of total death were reported by Medical Institutions and the remaining 43.32% were domiciliary deaths during 2006

According to the Registrar (Birth and Death) the Birth and Death Rate is as follows:-

Statement 12.10
Registered Births & Deaths in A & N Islands

Year	Projected Population	Total Birth	Birth Rate (Per 1000)	Total Death	Death Rate (Per 1000)
1991	280661	6270	22.34	957	3.41
1992	297000	6796	22.88	1049	3.53
1993	307900	6946	22.56	1032	3.35
1994	319100	6828	21.40	1016	3.18
1995	330700	6938	20.98	1041	3.15
1996	342800	6273	18.30	1101	3.21
1997	355200	6337	17.84	1098	3.09
1998	368200	6359	17.27	1148	3.12
1999	381700	6937	18.17	1093	2.86
2000	395700	6365	16.09	1115	2.82
2001	356152	6346	17.82	1233	3.46
2002	367000	6503	17.72	1446	3.94
2003	375000	6242	16.65	1547	4.13
2004	381000	6318	16.58	1607	4.22
2005	390000	5594	14.34	1633	4.19
2006	399000	6103	15.30	1953	4.89

The estimated birth rate, death rate natural growth rate and infant mortality rate of Andaman and Nicobar Islands and India during 2007 were as follows.

Statement 12.11
Vital Statistics (2007)

Particulars	A&N Islands			India		
	Total	Rural	Urban	Total	Rural	Urban
Birth Rate	15.8	17.7	12.5	23.1	24.7	18.6
Death Rate	4.5	5.1	3.4	7.4	8.0	6.0
Natural Growth Rate	11.3	12.6	9.1	15.7	16.8	12.6
Infant Mortality Rate	34.0	38.0	23.0	55.0	61.0	37.0

(Source: Sample Registration System Bulletin – Oct 2008 – Registrar General of India)

Major Cause of Deaths (Medically Certified) in G B Pant Hospital, Port Blair

The G. B. Pant Hospital, Port Blair the lone referral hospital in the UT, is proposed to be strengthened and upgraded as a Super Specialty Hospital during 11th Five Year Plan period by establishing Super Specialty Department

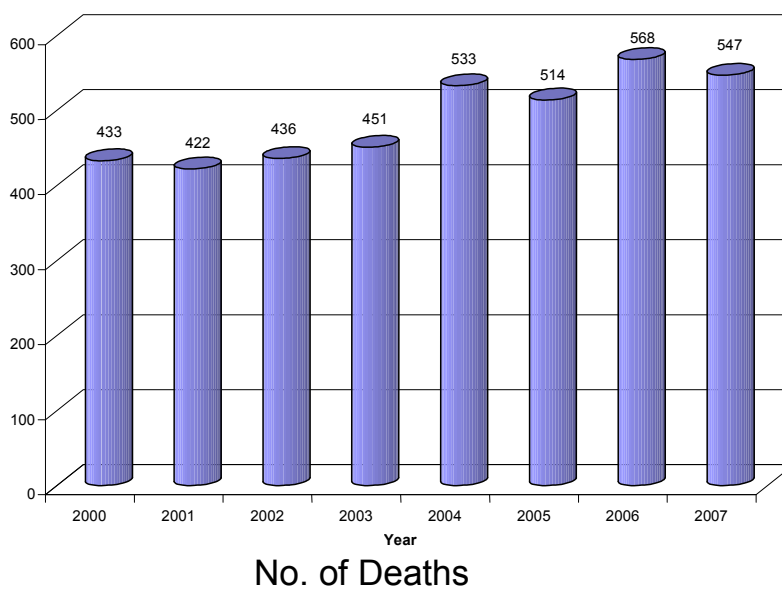
of Cardiology, Neurology, Nephrology and Oncology etc. subject to approval of the Govt. of India.

Statement 12.12

No. of Deaths by Major Cause (Medically Certified)

Sl. No.	Major Cause of Death	No. of Deaths during the year							
		2000	2001	2002	2003	2004	2005	2006	2007
1	Heart Disease and Heart Attacks	38	29	38	28	44	34	46	33
2	Tuberculosis	15	23	16	17	12	15	19	14
3	Cancer	28	31	19	19	16	21	18	19
4	Pneumonia	4	2	9	4	6	5	5	7
5	Transport Accidents	22	10	7	15	13	15	13	14
6	Anemia	5	2	0	0	2	0	6	5
7	Measles	0	0	0	0	0	0	0	0
8	Diabetes Mellitus	3	2	13	11	6	10	5	10
9	Accidental Burns	33	31	33	33	35	35	37	27
10	Meningitis	5	8	5	11	7	6	6	11
11	Cholera	0	0	0	0	0	0	0	0
12	Others	280	284	296	313	392	373	413	407
TOTAL		433	422	436	451	533	514	568	547
* Up to August, 2008									

No. of Deaths at G B Pant Hospital
Chart 12.4



Family welfare and reproductive child health programme

The family Welfare Services are extended through Hospitals, Community Health Centers, Primary Health Centers, Urban Health Centers and Sub-Centers of this Territory.

During the period (2007 – 2008) up to 31st December, 2007 under report 706 Sterilization Operation were performed out of which 9 cases were Vasectomy and 697 cases were Tubectomy. Total No. of IUD insertions was 533, total number of Oral Pill Users and Condom users were 2124 and 1248.

4 Sterilization Camps were conducted at Kadamtala, Rangat, Billiground and Mayabunder and altogether 140 Laparoscopic Sterilization Operation were done during the period from 30th April, 2007 to 3rd May, 2007.

Under Janani Suraksha Yojana, financial assistance provided to women belongs to BPL category. Altogether 133 women were benefited under this scheme out of which 118 and 15 Nos. of Institutional Delivery and Home Delivery reported during the period.

Statement 12.13
Family Welfare Achievements

		2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
1.	Vasectomy	20	24	15	11	3	11	10	14
2.	Tubectomy	1916	2103	1830	1293	1415	1100	983	995
3.	I U C D	1139	1145	1502	1715	1065	1104	943	860
4.	C C Acceptors	958	1060	1570	1618	1927	1402	1758	1902
5.	O P Acceptors	1520	1581	2157	2275	2300	2754	3290	3282
6.	TT (PW)	4562	4382	5637	6043	5656	6771	6413	5541
7.	I F A	21120	20040	139311	17484	14403	18490	25073	2846694
8.	B C G	6142	4855	6107	5955	5701	5787	6071	6169
9.	D P T - I	5584	5774	5905	5885	5755	5473	5793	5894
10.	D P T - II	5534	5727	5851	5716	5506	5479	5744	5737
11.	D P T - III	5702	5658	7691	5685	5291	5360	5745	5844
12.	O P V - O	4904	5820	6124	5955	5934	5573	6051	6169
13.	O P V - I	5584	5774	5905	5885	5755	5473	5793	5894
14.	O P V - II	5534	5727	5851	5716	5506	5479	5744	5737
15.	O P V - III	5702	5658	7691	5685	5291	5360	5745	5844
16.	Measles	5736	4613	5550	5464	5484	5555	5968	5901
17.	O P V - B	4493	5065	4828	4582	4473	5470	4807	4994

18.	D P T - B	4493	5065	4828	4582	4473	5470	4807	4994
19.	D T (5 Years)	5411	3603	5981	5615	4950	6750	6104	4823
20.	T T (10 Years)	8021	5049	7308	7029	5935	5688	7397	6313
21.	T T (16 Years)	5710	3580	3432	5369	3914	3552	5759	4461
22.	Vitamin "A" - I	5736	4613	5550	5464	5484	5555	5968	5901
23.	Vitamin "A" - II	4682	5833	4808	5426	4208	5724	4807	5554
24.	Vitamin "A" - III	10082	8847	9655	11423	12803	21131	28707	27366

Planned families by 2000 AD

A unique scheme launched in this territory in 1996 with the approval of Planning Commission for the welfare of the women with an aim to raise the women's literacy rate, delayed marriage and adoption of small family norms, is being vigorously implemented in this territory since February 1997.

National Leprosy Eradication Programme

National Leprosy Eradication Programme was started in Andaman and Nicobar Islands in 1975 with 5 (five) Survey Education and Treatment Centres (SETCs) and one Urban Leprosy Centre (ULC). The NLEP was further expanded and number of SETs and ULCs has increased to 10 SETs and 3 ULCs respectively. In 1994 the new Scheme namely Multi Drug Therapy (MDT) Scheme had also been introduced in Andaman District and Nicobar District. After advent of Multi Drug Therapy (MDT) there is significant decrease in Prevalence of Leprosy which is as follows:-

Statement 12.14
Percentage of Children (0 - 4) years Immunized in Andaman and Nicobar Islands

Serial No.	Years	Prevalence Rate / 10,000
1.	1997	5.50
2.	1998	4.30
3.	1999	3.10
4.	2000	2.70
5.	2001	2.80
6.	2002	2.40
7.	2003	1.30
8.	2004	0.75
9.	2005	0.70
10.	2006	0.63
11.	2007	0.52

The Govt. of India, Ministry of Health and Family Welfare, New Delhi set a target to reduce the prevalence rate to below 1/10,000 by 31st March, 2005 which was achieved by us much earlier i.e. during the month of February, 2004.

After achieving the goal of Leprosy Elimination at national level i.e. reaching the prevalence rate below 1 per 10,000 populations the next priority is Disability Prevention and Medical Rehabilitation of all leprosy affected persons.

Vertical Leprosy Services have been integrated into General Health Care System during June, 2005 in Andaman and Nicobar Islands as per the direction of Govt. of India. Now the leprosy services are being provided through all Govt. Health Facilities and other Health Care Facilities. District Nucleus Units has been formed in all the Districts to give technical assistance to Medical Officer to supervise all implementation matter including Drug Distribution, Recording and Reporting of simplified Information System of Leprosy.

National TB Control Programme

The Revised National Tuberculosis Control Programme (RNTCP) has been implemented in Andaman and Nicobar Islands since 18th July, 2005 with the objective to achieve and maintain at least 85% cure rate of New Sputum Smear positive Patients and to achieve and maintain detection rate at least 70% of such cases in the population. During 2007, out NSP Case Detection Rate was 85% against the Target of 70%, Cure Rate was 86% against the Target of 85% in respect of Cure Rate of Cases Registered 13 to 15 months earlier and our Sputum Conversion rate was 94% against the Target of 90%.

National Programme for Control of Blindness

The National Programme for Control of Blindness is 100% Centrally Sponsored Scheme with aim to reduce to prevalence rate of Blindness in India with and to achieve prevalence rate of 0.30% of Population. The

Programme was launched in 1984 in Andaman and Nicobar Islands to reduce the prevalence of Blindness in Andaman and Nicobar Islands.

To implement the NPCB activities, the following 4 pronged strategy has been undertaken:

1. Strengthening Service Delivery.
2. Developing Human Resources for Eye Care.
3. Promoting Outreach Activities and Public Awareness, and
4. Developing Institutional Capacity.

Every year Govt. of India allocate component wise target to the states for achievement. The target and achievement of Andaman and Nicobar Islands for the year 2008 – 2009 are as under:-

Components	Target	Achievement
Cataract Surgery	1200	361 till date
School Eye Screening	23810	13000 till date
Eye Donation	10 pairs	Nil

We are having 3 Ophthalmologists, 1 Ophthalmologist (Surgical) and ad-hoc basis posted at G B Pant Hospital, Port Blair and other two Ophthalmologists (Non Surgical) under NRHM posted at BJR Hospital, Car Nicobar and Dr. RP Hospital Mayabunder. A total of 27 Ophthalmic Assistants are working under NPCB of which 20 Regular, 1 on Contract under eye donation Programme, 6 under NRHM for providing better eye care services in different Health Institutions of Andaman and Nicobar Islands.

A total number of 2532 eye cases have been examined, out of which 355 cataract, 12 glaucoma, 10 Trachoma, 19 Pterigium, 553 refractive errors, 689 other cases detected and 134 cases have been prescribed for glasses. All the detected cases and other complicated cases referred to G B Pant Hospital for surgery and further management.

The Eye department of G B Pant Hospital well equipped with modern sophisticated eye equipments for providing better eye care services to the islanders.

- (a) **Cataract Surgery:-** Phaco surgery facilities for cataract patients available. 95% surgeries performed are suture less. Free glasses provided to cataract operated patients.
- (b) **School Eye Screening:-** Carry out Regular eye screening of school children throughout the territory for detecting refractive errors and other eye problems. Detected refractive errors cases are provided with free glass.
- (c) **Diabetic Retinopathy:-** Carry out diabetic retinopathy clinic to treat diabetic retinopathy cases by laser.
- (d) **Glaucoma Clinic:-** Conducting glaucoma clinic regularly to treat glaucoma cases.
- (e) **IEC:-** Carry out IEC activities on eye care to create awareness among general public for prevention and control of eye disease.
- (f) **Eye Screening Camp:-** Conducting eye screening camp in rural and unserved area for detecting cataract glaucoma, diabetic retinopathy and other eye cases. Since March, 2008 onwards, we have conducted 19 eye screening camps in rural and outreach areas of South Andaman District, North and Middle Andaman District and Nicobar District.
- (g) **Eye Donation Centre:-** Eye Donation Centre has been setup for collection and transplantation of eye, registration of eye donors and carry out awareness campaign for donation.
- (h) Tele Ophthalmology connectivity with Shanker Netralya for specialized consultation of eye patient.

Indian system of Medicine and Homeopathy

The Union Territory has 8 Homeo-Dispensaries functioning one each at Port Blair, Bambooflat, Mayabunder, Car Nicobar, Nancowry, Campbell Bay, Rangat and Diglipur with sufficient Doctors. Two more Ayuurveda Hospital and one Homeo-Dispensary will come up for the benefit of the people living in Wimberlygunj, Diglipur and Hut Bay respectively.

The National Vector Borne Disease Control Programme in the Union Territory of Andaman and Nicobar Islands is 100% centrally sponsored scheme and the fund is allotted by the Directorate of National Vector Borne Disease Control Programme, New Delhi. The Plan of Action for its implementation is as per the Guidelines of Expert Committee Reports and Modified Plan of Operation viz Surveillance, Spray Activities, Early Diagnosis and Prompt Treatment.

There is well established Health Care Facilities in the Union Territory of Andaman and Nicobar Islands, catering a population of over 4 lakhs, each Primary Health Centre is covering a population of less than 20,000 in both plain and hilly area with the range of 10 KMs. All the Health Institutions are provided with Lab. Facilities with trained Lab. Technicians for early diagnosis and prompt treatment within 48 hrs.