

POWER FOR ALL FACT SHEET

Solarizing Rural Health Centers in Jharkhand

**POWER
FOR
ALL**

50.1%

OF HEALTH SUB CENTERS AND
22.3% OF PHC'S DO NOT HAVE
ACCESS TO ELECTRICITY

38 MN

PEOPLE ARE WITHOUT
ACCESS TO CRITICAL AND
BASIC HEALTH SERVICES

0%

OF HEALTH CENTERS IN
JHARKHAND FOLLOW THE IPHS
GUIDELINES

Jharkhand is one of the 18 states in India under the National Rural Health Mission to improve the rural health infrastructure.¹ The state has a population of 38 million people residing in 24 districts.² By the end of March 2020, there were 3,848 sub centers (SC), 351 primary health centers (PHC), and 177 community health centers (CHC).³ These centers are very critical for the healthcare needs of citizens across small towns, villages and remote areas.

Electricity is a critical enabler for better primary healthcare. Without it, the quality of healthcare service is significantly compromised even with availability of healthcare infrastructure such as labor rooms and skilled staff.

In the state of Jharkhand:

- » 50.1% of sub-centers and 22.3% of primary health centers do not have access to electricity. This leaves the population of 38 million people without access to critical and basic health care services⁴
- » There are 60 functional primary health centers in urban areas and 291 in rural areas⁵
- » As for community health centers, only 6 are functioning in urban areas and 171 in rural areas⁶
- » 27.1% of sub centres and 41.2% of primary health centres in the rural areas are without regular water supply⁷
- » 72.9% functioning primary health centres in the rural areas operate on a 24/7⁸
- » District level analysis shows Pachimi Singhbhaum has the highest number of sub centres with 332 and Ramgargh has the lowest with only 52⁹
- » 5.6% of its total budget is allocated to health which is marginally higher than the country's average allocation of 5.3%¹⁰
- » With a population of 39,280,812, as of March 31 2019, the average availability of healthcare facilities is 1 per 9,099 people.¹¹

Lack of energy access indirectly impacts infant mortality rate and maternal and child healthcare by hindering proper operation of essential equipment.

- » Infant mortality has declined considerably in the last decade from 71 per 1000 live births in 2000 to 37 per 1000 live births in 2013. However, a noticeable gap between urban and rural areas across the districts continues to be a major public health challenge for the state. Infant deaths in the state are 11 points higher in rural areas (38 per 1000 live births) than urban (27 per 1000 live births) counterparts.¹²
- » The five worst-performing districts in cases of infant mortality are West Singhbhum, Pakur, Sahibganj, Godda and Lohardaga while the top five are Kodarma, East Singhbhum, Hazaribagh, Dhanbad and Giridih.¹³
- » Utilization of maternal and child healthcare services including full antenatal, institutional delivery and post-natal care, remains lower in the state. Only 14% of pregnant women received full antenatal care and 54% of the pregnant women delivered babies outside of any health facility. Nearly 30% of children aged 12-24 months in the state remained deprived of full immunization coverage with considerable variations across districts.¹⁴
- » Maternal mortality ratio in 2011-13 was 208 deaths per 100,000 live births which was much higher than the national average of 167/100,000 live births, despite decline in the state in recent years. Maternal mortality ratio is highest in Palamu region (302), followed by Santhal (292) and Kolhan region (252).¹⁵ Evidence has shown that most maternal deaths were amongst poor and non-literate women from the rural areas.¹⁶
- » Lack of an appropriate strategy in Jharkhand is causing difficulties in sustaining the improvements achieved at selected facilities in the state. Only 13% of primary health centers and 8% of community health centers in the country follow the Indian Public Health Standards (IPHS) and none 0% in Jharkhand.

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By the Numbers:

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The state government can achieve its target for solarizing all its public health facilities to ensure they have 24/7 access to electricity by tapping into the corporate social responsibility (CSR) funds and district mineral funds (DMF) and implementing lessons from organizations like the United Nations Development Programme (UNDP).

- » The UNDP recently reported that almost all community health centers face multiple power cuts and voltage fluctuation which are severely impacting the healthcare function.¹⁷
- » After the successful solarization of nine community health centers across the state of Jharkhand by UNDP, the Jharkhand Renewable Energy Development Agency (JREDA) has initiated tenders to implement solar systems in identified community health and primary health centers across the state as pilot models. This needs to be adopted as a larger roadmap to cover all of the 4,000 health centers in the state.
- » Under India's CSR law, large companies are mandated to invest 2% of their earnings in community projects. This can be an opportunity to finance the upfront cost of installing solar systems for health centres.
- » Under the Pradhan Mantri Khanij Kshetra Kalyan Yojana (PMKKKY - a programme meant to provide for the welfare of areas and people affected by mining related operations), 60% of the DMF funds can be utilized to improve health care infrastructure.¹⁸ As many districts in Jharkhand fall under this scheme, this money can be used to retrofit unserved and underserved health centers with solar systems.

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- » Lack of access to energy in health centers for basic services limits diagnostic capabilities and treatment services in addition to the challenges in low manpower such as social physicians, public health nurses, midwives and paramedical workers.
- » Higher rates of maternal mortality and lower coverage of antenatal, natal and post-natal care is one of the major public health challenges in the state.
- » Access to reliable electricity in health centers is essential for operations and provision of healthcare services. These include improving basic amenities such as access to clean water, sanitation, cooling and lighting and supporting operation of essential equipment such as refrigerators for preservation of critical medicines requiring refrigeration.
- » Strengthening rural health infrastructure and promoting continuum of care are key steps towards achieving the adequate coverage of maternal and child healthcare services.

Sources:

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