

Global Health Economics Summit

July 25-26, 2016 Berlin, Germany

CLIMATIC SHOCK AND HEALTH DEMAND-SUPPLY NEXUS IN THE SUNDARBANS DELTA REGION IN INDIA

Moumita Mukherjee*

*Independent Research Consultant, India

Gaps in knowledge regarding how far the climatic shocks and related consequences are responsible for sub-optimal nutritional achievement and therefore what types of anti-vulnerability strategies can narrow the vulnerability to under-nutrition and poverty, and strengthen the resilience of socio-economy as a response after impacts of climate change are discussed in this paper to build sustainable adaptation strategies. The present work tried to test the hypothesis that frequent climatic shock is likely to enable health shocks through perception and practice of households in the presence of inaccessibility, inadequacy and acceptability barriers which act in the economy as chronic shocks. The work will see whether shocks can be mitigated with existing capacity alterations in a cost effective manner to break the vicious circle of poverty-malnutrition-morbidity in the Sundarbans. Data has been collected from frequent climatic shock prone, geographically adverse deltaic and non-deltaic villages of the Sundarbans delta region of India which is characterized by abject poverty. Information from 338 households has been collected with structured questionnaire. Along with that Focus Group Discussions and In Depth Interviews are conducted at various stakeholder levels. It has been found that wide sub-optimal utilization of health and nutrition service delivery due to either poor perception or limited understanding of caregivers from demand side as well as sub-optimal service delivery and accountability on the part of the providers coupled with frequent climatic shocks demanding more care create worse being of inhabitants. Incorrect perception about vulnerable impact of healthcare expenditure during climatic shock increases the probability of destitution among families with morbid or undernourished children is another example of climate, health and resilience spiral which requires intervention to change perceptions instead of KAP and bringing success is very challenging.

mukherjee.moumita3@gmail.com