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Studies on Health Care Services

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The following are summaries of studies done on Health Care Services by the Centre for Social Medicine and Community Health, JNU and one study by CSRD, JNU. With the help of one or two case studies they examine the effectiveness of the Health Care Services (D. Banerji's study was conducted in nineteen villages). Several studies also looked at the 'health cultures' of communities and how the health services have contributed in shaping them. One or two studies examine specific programmes for TB, immunisation, etc. All the studies selected in this literature survey are M.Phil/Ph.D theses except those by D. Banerji.

Some general findings of the studies.
*Poor Health Care Services
*Lack of access
*Local needs are not considered at the time of planning. It leads to failure of programmes
*Rural Urban bias in services
*PHCs are initial source of treatment. But due to poor services people seek a host of other (private) services.
*all studies emphasis the need for community involvement in health care. Some studies suggest need to involve NGOs in a more pro active way

At the time we planned to do this survey, we were also looking for studies on services aimed at women. During my search, I found only one study that mentions the lack of services for women.

I am including summaries of the studies I looked into. Two titles are given at the end although they were not included for the survey.

Summaries

Poverty, Class and Health Culture in India; *April 1981;*
D Banerji; Centre for Social Medicine and Community Health, JNU

This study was conducted nineteen villages in Gujarat, Haryana, Karnataka, Rajastan, Tamil Nadu, Kerala, Western UP, Central UP and West Bengal between 1972 and 1981.

In a community perception of a health problem and response to various institutions that exist in dealing with these health problems, all form an integrated independent and interacting whole. It is a sub-cultural complex that could be termed as the health culture of the community. Implementation of government health programmes in a community can be considered as purposive interventions into the existing health culture of that community with the objective of causing a desired change in that health culture. Health culture of the community is intimately linked with changes in the overall culture that are mediated by various social, economic and political forces.

Tuberculosis is a problem of social planning in India; *1971; D. Banerji; Centre for Social Medicine and Community Health, JNU.*

This paper talks about the formation of National Tuberculosis Institute and the subsequent development of National Tuberculosis Programme. It also narrates the outcome of previous programmes to control TB before India's independence. D. Banerji discusses in detail about the *felt need* aspect of the National TB Programme and its integration into the Health Services System. He evaluates the bottlenecks and drawbacks of the programme. The paper includes an assessment and critiques of the programme for the first two decades after implementing it.

Role of Hospital Services in Determining the Health Culture of the Community: A study of Jahangirpuri, A resettlement Colony of Delhi; *1990; K K Ganguly, Centre for Social Medicine and Community Health, JNU.*

This study investigates the role of hospitals in determining the health culture of one of Delhi's resettlement colonies and

an adjoining village. The extent of changes in the health care in the village due to inception of health care organs in the colony was studied. This study examines the role of state intervention and the role of state apparatus in shaping the health culture and behaviour of the people. According to the study, most of the health needs (felt-needs) of the people are unmet by the Health care Services due to limitations in access. Even though local government dispensaries and hospitals exist they are not affordable for the people in the true sense. The study critically evaluates the *top to bottom* policy of the government. It points out that the gaps in government health care system have created a market for private practitioners of all systems of medicine. Gaps are built into the health care system in India.

A Study of District Health Administration in Una and Shimla Districts: A Socio-Cultural and Administrative Analysis; 1997; *Sudhir Kumar; Centre for Social Medicine and Community Health, JNU*

This study looks at the existing state of health care delivery services in two geographically different districts of Himachal Pradesh. It draws attention to the difference between district health administration in a hill and plain area. The study recommends a change in the present highly centralised policy formulation and planning of health activities at district levels. The study also points out that due emphasis on health care services for women is found lacking. NGOs and local level institutions and community are critical for the successful implementation of health programmes and improving health standards of the people. The emphasis on implementation of uniform national health programme should change and instead should focus on the needs of the physiologically different region. It is needed to evolve differential norms for geographical coverage or distance of Health Care Services within States.

Some aspects of the Public Health Services in Purulia District - A Systems Analysis; 1996; *Amlan Datta; Centre for Social Medicine and Community Health, JNU*

The study has extensive literature review and analyses and descriptions on the emergence, evolution and existence of the infrastructure of the Health Services in Purulia District in West Bengal. External linkages or boundaries and interfaces of the district public health services are discussed. The study also discusses and analyses the programmes and their intra-programmatic linkages with five integrated programmes under the multi purpose health programme as implemented in Purulia. They are Family Planning and Child Survival and Safe Motherhood programmes, Malaria and Diarrhoea programmes and the TB programme. The vertical programme of Leprosy, and the techno-organisational linkages between the selected six programmes are also dealt with. The study looks at the major distortions in the District Health Services System.

The Health Care Delivery System in India: a regional analysis; 1991; *K V Anil Kumar; CSRD, JNU*

This study is concerned with various aspects of development of the Health Care Delivery System in India. It attempts to analyse the system of health care services and the organisational structure and their significance on the level of economic development in different states of the country. It makes comparisons of the colonial and post colonial structures. The study points out that in the post independence era the policy makers and the administrators ignored the development of a permanent health care infrastructure with a long term perspective. It argues that the health care delivery system in India has not succeeded in achieving the objectives because of the lack of uniform priorities among all states in India. Several lacunae existing in the public expenditure policy towards health are also indicated. The urban bias in the public expenditure on health has led to sharp rural urban disparities in the health sector. The analysis of health facilities in the rural urban India shows that the availability of health facilities has a positive and direct impact on the economic development. The emphasis of the study was on accessibility of health facilities to the poor and utilisation of services by them. Expanding the existing health care infrastructure would increase its accessibility.

Primary health Centres still remain the initial source of medical treatment and are considered to be in close interaction with the people. The study emphasises that the relationship between the index of availability of treatment in public hospitals and primary health centres and their access to the poor is positive. The index also has a positive influence on the level of economic development. The study argues that the provision of health facilities through a network of public sector institutions benefits the poor and the under privileged in the region resulting in the improvement of health of population and that of the economy.

Human Relations in a Health Service Organisation : A Case Study of a Primary Health Centre in AP; *1984; K Sasikala; Centre for Social Medicine and Community Health, JNU*

The study was aimed at understanding the nature and extent of a 'human relations climate' that is based on the superior subordinate interpersonal relations, especially between the managerial physicians and the para medical staff, in a health service organisation.

Findings of the study are that the managerial physicians adopt an 'authoritarian', 'task-oriented' nature. The majority of the employees lack job satisfaction because of the tensions prevailing on the job and as a result they find it absolutely monotonous.

An Analysis of Expanded Programme on immunisation in two districts of West Bengal; 1993, *Kunal Bagchi, Centre for Social Medicine and Community Health, JNU*

The expanded programme on immunisation (EPI) was launched with the specific purpose of controlling six major communicable diseases -- tuberculosis, diphtheria, petussis, measles, tetanus and poliomyelitis- considered to be killer diseases for children. Since the programme did not perform at the expected level, the Universal Immunisation Programme (UIP) was inducted with a time bound and target oriented approach and a large investment in resources. The objectives of this study among other things are: to analyse the status, planning, supervision and monitoring of the UIP, to assess the overall epidemiological relevance and impact of immunisation programme, and to assess community involvement in the immunisation programme. The study was conducted in West Bengal.

The study established that the senior health officials in West Bengal had no role in the planning of the immunisation programme. Health officials from the state, the study districts and PHCs regarded their involvement to extend only to the implementation of the immunisation programme. Records maintained were found to be inadequate. Under such circumstances the true impact of the immunisation programme would be difficult to determine. There was extensive political interference at all levels of health structure and this contributed to the low level of activity of the general health services. As a result, important health activities including immunisation were taken over by health staff not authorised to do so. The outreach of the PHCs was poorly organised. A large proportion of the sub centres did not function and the services available at the remaining centres were of poor quality. The health workers at these locations had inadequate training, lacked equipment, supplies and technical support and were poorly motivated. As a consequence there was minimum participation of the community members in the health activities of PHCs and the sub centre. Overall assessment of the community showed that the targets of the immunisation programme were not major health issues in the community with morbidity, mortality or perceived health needs. Most communities included in the study had indicated that they did not rely on the services offered by the PHCs or the sub centres.

"Regional variations in Health Status: An Exploration into the Realtive Role of Health Service Expenditure and Socio-Economic Development"; 1994; *Dr. K V Narayana*; *Centre for Social Medicine and Community Health, JNU*

"Some aspects of the private sector in medical care and its inter-relationship with the public sector: A study of Hyderabad-Secunderabad"; *Rama V Baru; Centre for Social Medicine and Community Health, JNU*