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HEALTH CARE FACILITIES AND INFRASTRUCTURE FOR PUBLIC HEALTH CARE SERVICES (AN OVERVIEW OF MUNICIPAL CORPORATION AREA DISTRICT AGRA, U.P.)

Anshul Gupta¹ & Kumar Rajeev Ranjan², Ph. D.

¹Research Scholar, Dr. B.R. Ambedkar University, Agra

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Abstract

Health is directly connected with the welfare of the human being as this sector is the most important social service sector. The key focus of this sector is to reap the demographic dividend to produce healthy workforce and do social welfare of a State. The J&K performed very well in providing medical & health amenities to the people, but it is still below the satisfaction level. The development of health infrastructure in the state is measured through health infrastructure i.e., availability of dispensaries, doctors and hospitals. The State shows good outcomes in Crude Birth Rate, Institutional Births, life expectancy and Infant Mortality Rate. Government is running various programs to ensure the health care facilities and infrastructure for public health care but there is lack of the resources and manpower as per requirements. The population of India is the main hindrance on the way to ensure public health cares.

Keywords: Public Health, Health Infrastructure, CBR, CDR, Health Amenities.



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Objective of the Study

To examine the Health Care Facilities and Infrastructure in place to manage public health care services at Agra district Municipal Corporation area in Uttar Pradesh.

Sampling

According to adequacy and representativeness of sample Multistage Random Sample technique is used. Out of the total four regions of Agra Municipal Corporation, on the basis of random sampling, two regions are selected and a list of the total municipal wards under them is prepared, after which a total of 25 percent of the wards from that list are selected through the random sampling.

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²Associate Professor, Department Of Sociology, Shri Chitraguptpgcollege, Mainpuri

Public health

Public health includes so many things such as mental health, personal hygiene, promoting physical & mental health, sanitation, prolonging life, etc. so, it can be said that it is an art & science of preventing disease through controlling infectious diseases and promoting organization of health services. In daily life human interact with lot of peoples and had several problems of social life. The notion of public health defines the prevention & treatment of disease through promoting awareness about health in the society. So, people can understand importance of health.

For the treatment of public health, medicines are divided into two parts which are "social medicine and community medicine". For monitoring and controlling disease in the societies, several public health agencies are constituted within the country as well as outside the country. Initially this initiative is taken by the "United Kingdom's Public Health Act of 1848" recognized a special ministry for public health in Wales and England. On the other hand in United States, CDC ("Centers for Disease Control and Prevention") organize the study and coordination of public health at national level. Globally, the "World Health Organization (WHO)" performs a corresponding part. WHO is especially important in providing assistance for the implementation of organizational and administrative methods of handling problems associated with health.

Healthcare Scenario of Urban India -An Overview

Agra city is of historic importance, which is amply evident from the numerous historical monuments in and around the city. The hindu epic Mahabharata refers to it as 'Agraban', part of Brij Bhoomi, the homeland of Lord Krishna. The earliest recorded history of Agra is its establishment by a local king in 1475. The city was the capital seat of Mughals in ancient times. The heritage of the city is linked with the Mughal dynasty but numerous other rulers also contribute to the rich past of this city. Agra was founded by Sikandar Lodi in the 16th century. It grew into an important power centre under the Delhi Sultan Sikandar Lodi and he shifted his capital from the Delhi in 1504. Babar also stayed in Agra for some time and introduced the concept of square Persian-styled gardens. Emperor Akbar built Agra fort and Jehangir did the beautification with gardens and palaces. The city has a proud possession of "Taj Mahal" the eighth wonder of the world, now declared as World Heritage Site. The post- Mughal era of Agra saw the rule of jats, Marathas and finally the British taking over the city. In addition to its historic importance, Agra is the main centre of political, economic, commercial and cultural activities.

For a city with a million-plus population that has grown at more than 25% in the last thirty years, the infrastructure development has failed to keep pace with population growth. The city of Agra has several such deficiencies and there is a need to make a substantial improvement in basic infrastructure prevailing in the city to raise the standards of health, sanitation, urban environment keeping pace with urbanization and growing population. The importance of Agra city as a leading tourist destination has to be kept in view while designing the system to make the city beautiful, attractive to the tourist visiting the city. The city Agra is situated on the western bank of river Yamuna on National Highway(N-H-2)at about 200 km. From Delhi in the state of Uttar Pradesh. Agra is geographically located at 27 12' North latitudes and 78 12' East longitudes. The maximum temperature of Agra rises to 47 C during peak season and drops to a minimum of 3 C during the winter season. Agra is a tourist centre of international fame. River Yamuna enters the town from the north-east corner, flows towards south for same distance and then turns towards east. The city stretches for 9.0 kms along the river. The land on which the city has developed slopes from west to east in CIS-Yamuna area on the right bank of the river Yamuna.

Urban unit or town defined by Census of India 2011 as ,,all the places with a municipality, corporation, cantonment board or notified town area committee, etc. (known as Statutory Town) and all other places which satisfied the following criteria (known as Census Town): A minimum population of 5,000; at least 75 per cent of the male main workers engaged in non-agricultural pursuits; and a density of population of at least 400 per sq. km". There are five types of town: ClassI town which have more than one Lakh population called city. City with ten million or above people called as "Mega City" (Chandramouli, 2011). According to 2011 Census of India, India has 377.1 Million urban populations which constitute 31.2% of total population. Increase in total urban areas is 91.0% in 2011 which is greater than increase in rural areas which is of 90.5 %. As per urban UN projection by 2050, 50 % people will live in urban India (UN, 2014). All India population growing at 2%, urban population at 2.75%, large cities population growing 4%, slum population growing 5-6%, which is faster than urban population.

In India, in the year 2001, 18.3% slum population of total population was in India and in 2011, 17.4% slum population of total population was in India (Primary Census Abstract for Slum, 2011). It means 6, 54, 94,604 people in India lives in slums. The decadal growth of slums in India from 2001-2011 is 25.1%. According to the estimates of United Nations Economic & Social Commission for Asia and the Pacific (UNESCAP), 29.4% of India"s

urban population lived in slums in 2009. The slum population face multiple health challenges like lack of sanitation, lack of proper drinking water, proper drainage, lack of solid fuel, air pollution, communicable disease, non-communicable disease, out of pocket expenditure, lack of quality treatment, road accident and violence.

Another warning situation is that according to the Planning commission of India (2016) 13.7% people of urban India belong to the level below poverty line. In order to overcome these problems Government of India should take social developmental measure for "", "quality life" of the inhabitants (Sandhu et al. 2001). Quality of Life may be defined as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, socialrelationships and their relationship to salient features of their environment" (WHO, 1997). Amartya Sen has told that (Nussbaum and Sen,1993) there are three basic aspects of human existence namely health, food and education. The rewards of development should be equally distributed by ensuring both equity and quality of life (UN Habitat, 2013).

Health Policies of India

National Urban Health Mission has been started from 2013 as sub policy of National Health Mission. Special focus has been given on health of urban India in this mission. The goals of this mission are "Equitable access to available health facilities by rationalizing and strengthening of the existing capacity of health delivery for improving the health status of the urban poor". Its target population was mainly urban poor of listed and unlisted slums and pavement dwellers; homeless persons etc. The Budget allocation for this mission was approximately is 30000 Crores for 12th Plan. In this mission the financing share of Central and State Governments was 75% and 25% respectively. Out of 25% of State share, 15 % would be borne by the State and 10% by the respective local bodies. Government of India had collaborated with the local bodies to implement it. The objective of this policy is to tackle following problems of urban area: (a) social exclusion, (b) lack of information, (c) expensive private healthcare facilities, (d) un-friendly environment in public hospitals. Its special features are universal health coverage, prioritizing most vulnerable and ensuring quality of healthcare services (NUHM, 2013).

Definition of Health Care

According to Oxford Dictionary, "Healthcare means the organized provision of medical care to individuals or a community". "Healthcare is the set of services provided by a country or an organization for the treatment of the physically and the mentally ill" according to Cambridge dictionary. The Medical Dictionary of Merriam Webster told that the "healthcare is the maintaining and restoration of health by the treatment and prevention of disease especially by trained and licensed professionals (as in medicine, dentistry, clinical psychology, and public health)". Innovation of penicillin and development to heart surgery, transplants, etc. transform the meaning of healthcare (Fishbein, 2008). The United States actually delivers health care through a "vast patchwork of public, for-profit and not-for-profit clinics; small community hospitals; large teaching and research institutions; health maintenance organizations; and thousands of doctors in private practice whose medical services are built around entrepreneurial enterprises". All these constitute healthcare system of United states (Ricks, 2009). "Health care" is a system of society bywhich people get required preventive, curative and promotive treatment to maintain healthy life for survival. Health care service provision comprise with the input factors such as finance, human resources, equipment and medicines which are collectively lead to delivery of health care. In the healthcare system healthcare provisions are the most perceptible and acquainted product. It is action-oriented concept of health system (WHO, 2000a). Often users, professionals and other stakeholders identify provision with the health system as a whole.

Discussion and Results

Urban population in Uttar Pradesh constitutes 20.78% of the total population. While the urbanization rate of the state is still well below the national average of 27.78%. In absolute terms, this amounts to nearly 35 million people residing in 684 towns and cities. With nearly one in three city dwellers estimated to be poor, it amounts to approximately 10 million people4 living below the poverty line in the urban areas of UP. There is increasing evidence that the urban poor, particularly those residing in slums and squatter settlements, have health indicators comparable to or even worse than their rural counterparts. Addressing health inequities within cities and providing quality health care to slum dwellers has emerged as an issue of critical importance for Uttar Pradesh. Agra city, which is spread over an area of 140 sq. km. along the banks of the river Yamuna, is one of the major cities of Uttar Pradesh. The history of the city dates back to 1475 AD when Raja Singh Badal laid the foundation for the city. The post-independence growth of the city was linked to the large scale influx of refugees as well as migration from rural areas. This led to the congestion of the central part of the city, which to date remains highly congested with very poor civic facilities. With planned industrial development in the 70s and 80s, three important industrial areas of Agra, namely Nunhai, Sikandra and Foundry Nagar were established. This led to the further growth of the city in the north-western and north-eastern directions.

Administrative Structure

Agra city is governed by Agra Municipal Corporation, Agra Cantonment Board and Dayal Bagh & Swami Bagh Nagar Panchayats. Majority of the slum clusters mainly fall in the area of the Agra Municipal Corporation. The Agra Municipal Corporation was constituted on 30th November 1975. The spatial area of Agra Municipal Corporation is spread over 120.57 sq. km. The remaining area of 20 square kilometers falls within the Cantonment Board and Swami Bagh and Dayal Bagh municipalities. The entire area of the Corporation is divided into 80 electoral wards, while for the purpose of revenue collection the area of Agra Municipal Corporation has been divided into 8 divisions. Each of these divisions has been further divided into several zones. The 8 divisions are Hariparvat, Lohamandi North, Lohamandi South, Rakabganj, Chatta, Kotwali, Ward No. 7, and Tajganj. Various governance functions are carried out by the Administration, Engineering and Lighting, Accounts, Health, and Revenue departments of Agra Municipal Corporation.

Existing Public Sector Health Facilities

Health services in Agra are provided by the Public sector, Department of Medical, Health and Family Welfare, and Agra Municipal Corporation and Private sector (hospitals, nursing homes, and clinics). In addition, there are several charitable hospitals, which provide subsidized health services to the poor. Also, there are Central Government health facilities, which include Railways hospitals, ESI hospital and dispensaries and Cantonment hospitals and dispensaries.

- Public Sector Health Facilities.
- Department of Medical, Health and Family Welfare.
- First tier facilities Primary health care in the city is provided through 15 D-Type Health Centers (DTHCs). Of these 15 D-Type health Centers, nine are located in rented buildings of Agra Municipal Corporation and one is located in the Red Cross Building, but all these six are also run by DoMHFW. Lohamandi I, Shahgani I, Jeoni Mandi and Chatta D-Type health centers (located in AMC buildings) also have dispensaries. D-type health centers of the Yamuna Par has a maternity home providing obstetric care services.

In addition, there are 2 post-partum centers run by the District Administrator-one located at S.N Medical College and the other at Lady Lyall Hospital and the other at T.B Demonstration Centre and a Medical Care Unit in Trans-Yamuna area, all of which are not Copyright © 2022, Scholarly Research Journal for Interdisciplinary Studies

functional as first tier facilities. The major services provided by the D-Type health centers include immunization, antenatal care, and family welfare services through OPD and outreach activities. Each of these D-Type Health Centers is headed by a Lady Medical Officer (LMO) and 3-4 paramedical staff. In the five DTHCs located in AMC building, there is provision for a Health Education Officer (HEO) and out of which, HEOs are present in 4 DTHCs, and fifth one in Lohamandi-I has retired. These five D-Type Health centers, which are running from AMC buildings are in very poor shape and have not been repaired for several years due to lack of funds. The other 10 are operating as one to two room units in rented buildings, which may not be the most appropriately located D-Type health Centers are providing maternal and child health and family welfare services to a normative population of 50,000. however, due to substantial increase in the population of the city over time, each health center is now creating to a population of 70,000 to 100,00. Due to shortage of staff vis-à-vis the catchment area, it is evident that the existing primary health delivery system is inadequate to respond to the health needs of the burgeoning urban population, of which approximately 50% reside in slums or slum like conditions.

Second tier health care services: In Uttar Pradesh, health services are provided in urban areas through district male and female or combined hospitals. In Agra, there are three Government–run secondary / tertiary level hospitals. • S.N Medical College: This is the main referral hospital, which has 976 bedded capacity offers free of cost services, includes OPD, Laboratory services, X-ray, Ultrasound, etc. • District Hospital: It has 118 bedded capacity with 62 doctors and 96 Paramedical staff. Offers OPD, in-patient, Radiology, Pathology, Ultrasound and HIV test facilities. They also undertake occasional outreach activities. • District Women Hospital (Lady Lyall Hospital): It has 331 bedded capacity in public and private wards. Gynecology, Obstetrics and Pediatrics services: OPD, conduct deliveries, tubecotomy and MTP.

Additional Central Government Facilities: In the Agra city under the central government jurisdiction, three hospitals located at Agra Cantt, Idgah Station, and Agra Fort are run by the Railways for the employees and families of the railways. Beside this, there is one Cantonment Hospital and two Army and Air Force Dispensaries for provision of basic and specialized health services to the families of defense personnel.

Private Sector Health Facilities: Charitable Hospitals In Agra, there are several charitable hospitals and dispensaries which offer services to slum dwellers at the subsidized rate. One of the charitable hospitals, which is located on Fatehabad Road offer first and second tier

services at subsidized rate. It is being run by the P. C Mangalick Public Charitable Trust. As an effort to increase in-flow of patients (who receive subsidized health care and free immunization services), the hospital has engaged Health Volunteers who bring in patients from the rural areas. On a smaller scale, this approach is being implemented in selected slums in Tajganj area, where they have person based in those slums, who helped community members to reach to the hospital. Another charitable trust, Sharan Ashram Hospital located on Dayalbagh Road was established in 1931. It offers only OPD services free of cost. All doctors associated with the hospital work as an honorary and part-time consultants. Since all these doctors have faith in 'Radha-Swami' philosophy therefore they offer their services free of cost. Generally, doctors spare 2-3 hours in a day for 3-4 days in a week. Apart from OPD services, there is no provision for in-patients who come for OPD services also get medicines for common ailments free of cost. All this expenditure is borne by the trust.

Private (for profit) Facilities: A large number of slum residents seek medical care from the private sector, which includes a huge network of for-profit institutions. As the information available at CMO office Agra that there are over 450 Nursing homes and private practitioners in Agra. There are few private hospitals and charitable institutions are frequently accessed by the slum dwellers due to their convenient locations and reasonable charges for different services. Existing linkages between health department and private hospitals is limited to receiving free supply of vaccines for the national immunization program as well as partnerships with SIFPSA for family planning services.

Conclusion: Health services in Agra are provided by the Public sector, Department of Medical, Health and Family Welfare, and Agra Municipal Corporation and Private sector (hospitals, nursing homes, and clinics). In addition, there are several charitable hospitals, which provide subsidized health services to the poor. Also, there are Central Government health facilities, which include Railways hospitals, ESI hospital and dispensaries and Cantonment hospitals and dispensaries.

References

- Bose, M. (2017). Pattern of Morbidity and Access to Healthcare in West Bengal (Doctoral Thesis), University of North Bengal, India.
- Saha, A.K & Dua D . (2016). Attitude of Patients towards Public Healthcare Services in Kolkata Metropolitan Area an Empirical Approach. Journal of Health Management, 18(3).
- S. Monika (2016). Urban Health Research in Africa: Themes and Priority Research Questions. Journal of *Urban Health*, 93(4), 722–730.
- Fleming, L.C. et al. (2016). Inpatient healthcare provider bypassing by women and their children in urban Bo, Sierra Leone. Pan African Medical Journal, 23(1), 146.
- Planning Commission of India. (2016). State-Wise Percentage of Population Below Poverty Line by 2011-12 by Tendulkar Method. New Delhi. Planning Commission of India. Retrieved on 15/11/2017
- Shinde I. (2015). Social Capital and Household Health-Seeking Behaviour for Children in The Context Of *Urban Neighbourhoods (Master Thesis). University of Cape Town.*

APPENDIX SOURCE: United States Agency for International Development

Chatta	Hari Parvat	Loha Mandi	Taj Ganj
 Water Works Compound, Water Works Churaha, Agra Dhuliya Ganj, Near Torrent Office, Agra 	Room No.101, Nagar Nigam, Near Sur Sadan, Agra.	 Loha Mandi Zone office, Near Pani ki Tanki, Loha Mandi Agra Camp Office, Sector 9, Awas Vikas, Kargil Road, Agra 	Torrent Power Office Mughal ki Pulia Fatehabad Road Agra
Corporate Wards	Corporate Wards	Corporate Wards	Corporate Wards
1-KAJIPADHA 14-KACHH PURA 17-RATAN PURA 20-FREEGANJ 25-BAG MUZAFFAR KHAN 28-NAI KI SARAY 42-BHAGAWATI BAG 50-SEETA NAGAR 53-MANTOLA 54-TRANS YAMUNA 55-SHAHDRA 58-NARAICH WEST 59-NARAICH EAST 64-BELANGANJ 65-YAMUNA PAR PRAKASH NAGAR 66-NAWAL GANJ 79-MOTI GANJ 83-TEDI BAGIYA 99-PIPAL MANDI 32-DERA SARAS 68-NURI DARWAJA 91-RAWAT PARA 95-DHANKOT FUBBARA 16-DOLIKHAR 100-NAI KI MANDI	6-JAGDISH PURA EAST 11-CHARSU DARWAJA 13-NAGALA HARMUKH 26-JAGESHWAR NAGAR 29-KHANDARI 31-LOYARS COLONI 38-GAILANA 43-GHATWASAN 47-GHATIYA AJAM KHAN 51-VIJAY NAGAR 52-DEV NAGAR 56-LOHIYA NAGAR 61-SARLABAGH 71-NAGLA PADI 73-SIKANDRA 80-JATPURA 81-KAMLA NAGAR BLOCK-A-B-C-D 82-BHIM NAGAR 85-KAVERI KUNJ 87-BHUD KA BAGH 90-BALKESHWAR 92-WAZIR PURA 93-KAMLA NAGAR BLOCK-E-F-G 94-BAGH FARJANA 96-MAHRISHI PURAM	3-JAGDISH PURA WEST 7-KHATAINA 9-GHAS KI MANDI 10-PRAKASH NAGAR 12-NAGALA MOHAN 18-RAJ NAGAR 24-GADHI BHADAURIYA 34-BHOGI PURA 37-NAGLA AJEETA 41-AJAMPADA 45-ASHOK NAGAR 46-AVAS VIKAS EAST 49-RAHUL NAGAR BODLA 67-ALBATIYA 69-AWAS VIKAS SOUTH 74-JAIPUR HOUSE 75-AWAS VIKAS PACHIMI 84-RAJA MANDI 86-KHATI PARA 89-RAM MOHAN NAGAR 101-SHASTRI PURAM 21-BARAH KHAMBHA 27-AJEET NAGAR 30-RAM NAGAR 76-DHAKRAN 77-KEDAR NAGAR	2-GUMMAT TAKHT PAHLWAN 4-SEWALA JAT 5-HIMACHAL COLONY 8-EDGAH 15-SARAY MALUK CHAND 19-BUNDOO KATRA 22-SAUHALLA 23-MOHAN PURA 33-DHANDHOO PURA 35-MUSTFA QUATER 36-MAHADEV NAGAR 39-NAAM NER 40-BALUGANJ 44-KATRA FULAIL 48-NARI PURA 57-UKHRRA 60-KHUWASH PURA 62-TELI PARA 63-CHAWLI 70-TAL FIROJ KHAN 72-NAGLA MEWATI 78-SHAHEED NAGAR 88-HARJJUPURA 97-GOVER CHAWKI 98-VIBHAV NAGAR