The important role of health for well-being of an individual of a community and of a nation is well recognized and there is no denying that health is wealth. Health is amongst the basic capacities that give value to human life for the socio-economic development of any nation. It is essential that people of that country should be kept healthy. The Macro Economics Commission on Health has found that within the developing countries the communicable diseases like maternal mortality and undernutrition hit the poor much harder than they hit the rich. Health has been declared by the government as a fundamental human right. Health is responsibility of both central and state government. Government provides health services to all the people. Health services fulfill the health needs of its community with available knowledge and resources. Health is one of the significant factors of economic development of the economy. The quality of life can be improved only when the people of that country have good health, education, skill and sustainable environment. Health influences the physical ability and mental ability of the humans. A strong mind and active person is the assets to the country. The government has taken many steps in providing good quality of life through regional planning it has resulted in improvement of various health indicators such as child mortality rate, maternal mortality rate, birth rate, death rate etc. and in fighting with many communicable diseases.

Two major themes have emerged in recent years in the delivery of health services: (a) First, that health services should be organized to meet the needs of entire population and not merely selected groups. Health services should cover the full range of preventive, curative and rehabilitation services. Health services are now seen as part of the basic
social services of a country and (b) Secondly, it is now fully realized that the best way to provide health care to the vast majority of rural people and urban poor is to develop effective "primary health care" services supported by an appropriate referral system. The social policy throughout the world was to build up health systems based on 'Health for All' by 2000AD. To fulfill this objective the first global initiative towards health related research and action was taken at Alma Ata conference on primary health care held in 1978. India was a signatory to the declaration which accepted as its goal "Health for all by the year 2000". However in spite of lots of planning and expenditure by the government, India is affected by high levels of morbidity, communicable diseases and severe paucity of affordable, quality health care in rural area. Over the last six decades, a large number of health institutions catering to the health needs of the people at the primary, secondary and tertiary level have been set up. The country has developed a well-structured three tier public health infrastructure, comprising community health centres (CHCs), primary health centres (PHCs) and sub-centres spread over rural and semi-urban areas as well as tertiary medical care compromising multispeciality, hospitals and medical colleges located almost exclusively in the urban areas.

At present PHC is running throughout the country with linkage of CHCs and sub-centres. Each and every village of more than 5000 population is covered by Sub-centres and other villages of populations up to 30000 are covered with Primary Health Centres. At every block headquarter one Community Health Centre is established. Since these Community health centre, Primary Health Centres and Sub-centres provides health services to the rural population; and they are in operation since very long period. But the experience during the past 60 years has
indicated that the primary health centres were not able to effectively cover the whole population under their jurisdiction and their sphere of services did not extend beyond a 2-5 km radius. These facilities often did not enjoy the confidence of the people because they were understaffed and poorly supplied with medicines and equipments. There was growing dissatisfaction with the delivery of health services. Therefore, an evaluation study is necessary to assess its progress and impact. The main objective of this study is to examine the role of PHCs in improving health status of the rural poor. It attempts to study the health care delivery system of PHCs. Its organizational structure and tries to examine the problems related with PHCs. Present study was conducted in district Auraiya, a new district of Uttar Pradesh. The sample survey of PHCs is conducted for study of impact of PHCs on sample beneficiaries. A set of questionnaire was prepared and circulated to the PHCs and patients. Secondary data regarding progress and functioning of PHCs were also collected from CMO office and direct visit to CHCs, PHCs and sub-centres. On the basis of results of our field study of PHCs/CHCs of district Auraiya major problems related with the working of PHCs are discussed and some valuable recommendations for restructuring the working of PHCs are given in the end.

My thesis, “Evaluation of Primary Health Centres in Improving Health Status of the Rural Poor” is divided into eight chapters. Chapter first deals with introduction and methodology. It discusses inequalities in health, health sector reforms and health affecting factors. The methodology of my thesis is discussed after it. Second chapter is devoted to theoretical study of health demand, supply and health status in rural areas. Chapter third points out need of health and nutrition programmes. It also discusses health for all in 2000 AD, the working group and
perspective plan of the health of the Indian Government. Chapter fourth is
descriptive in nature it discusses need of health centres and health
services provided by PHCs. Chapter fifth depicts working of PHCs at
national level. It is supported by all India maps of PHCs. Chapter sixth
monitors the progress of PHCs. Block-wise growth of PHCs in district
Auraiya is also reviewed here. It also evaluates the working of sample
PHCs. Chapter seventh highlights the drawbacks of present health
system. The problems and difficulties of PHCs are also discussed here.
Chapter eight concludes the major findings and provides a set of
suggestions for better functioning of PHCs.

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(Kshipra Gautam)

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