INTRODUCTION

Since Independence the public health services in India expanded with the aim of building up an organization for delivery of integrated health care services for the population of the country. For the rural areas, a network of primary health centres had been established. Augmented by the launching of the vertical programmes for the control of the major communicable diseases and population growth, most of which have been later integrated with the general health services, it has led to today’s gigantic health services with its massive infrastructure and its increasing complexity. However, the efforts to deliver health to the population through this health services have come to be criticised as misdirected and disorganised.

It was agreed two decades ago that the district public health services as the smallest comprehensive unit with ultimate responsibility for the delivery of preventive and curative services, has not been efficient and effective. The need to apply modern methods of managerial investigations such as systems analysis and operations research to improve the efficiency of the health service organization was also realised. In 1978, India also became a signatory to the Alma Ata Declaration, and in 1982 the National Health Policy was announced by the Government. This policy pointed to the need of restructuring the health services on the preventive, promotive and rehabilitative aspects of health care and establish comprehensive services incorporating the Primary Health Care approach.¹

Yet, the review of relevant literature and research studies showed very few integrated studies of the district public health services in India. As a result, the understanding of the

¹ Lok Sabha Secretariat, 1985, National Health Policy, Lok Sabha Secretariat, New Delhi, p.14.
dynamic complexity of the district health services organization remains vague and the services continue to be as inefficient.

Today, this need has become all the more urgent in view of the cuts in the health budget under the new economic policy. Moreover, the structural adjustment programme of the Government of India envisages to privatisate the curative services and continue with the hitherto neglected and disorganised preventive services in the public sector. The Eighth Plan has also focussed attention on operationalising the primary health care infrastructure through District Health Care Models.

Furthermore, India along with the other less developed countries, is going through the phase of rationalisation of its institutional means including that of the health services. As emphasised by Mahler, Gupta et al, Deodhar and very recently by the WHO, the reorganisation and reform of the health services infrastructure is not only mandatory but also imminent.

In fact, this process of health systems development is already in progress in various states viz., Karnataka, Punjab and, West Bengal. However, sheer expansion of the same services


without any basic emendations will only increase the existing inefficiency. The above remarks emphatically mark the problem of organising the public health services in India efficiently, as a top priority.

Several kinds of efforts have been undertaken in this direction, like:

(i) Management researchers contributed to (a) streamline the working of individual programmes, for example, Population Policy and Strategy Planning for the Future by L.H. David and Evaluation of the Malaria Programme by the ORG, and ICORCI’s study of the National Tuberculosis Programme adopting the systems approach, and (b) implementation of integrated plan of health services only at the PHC level, for example, Health Services Management by Basu Ghosh of the IIM, Bangalore, and

(ii) Area development projects, though based on the principle of overall development, mostly focussed on the Family Planning and Mother and Child Health Programmes’ Services;

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Similarly, the India Population Projects put in massive inputs in terms of developing infrastructure, personnels, and delivery of services but mainly for the Family Planning and Child Survival and Safe Motherhood programmes;  

The Commission on Health Research and Development prescribed Essential National Health Research for India along with other countries which has been criticised as lacking in a proper conceptual base and falling short of the Health Research requirements for this country;  

There have been debates on the value and methodology of Systems Analysis and practical efforts to encourage its practice. These efforts however, either treated Systems Analysis as any other research on the health services or reduced it to the study of such small systems that it lost its meaning as with the Health Systems Research (HSR) and Management courses of Government institutions viz., (a) the National Institute of Health and Family Welfare, which focussed on individual methods of HSR rather than emphasising on the need to conceptualise the services and its problems systemically; and (b) the Indian Institute of Public Administration’s Management Development Programme for Health Administrators primarily concentrated on Hospital Administration and among programmes on Family Planning.

17 NIHFW, 1992, Course on Health Systems Research, Introductory Document, Department of Social Sciences, NIHFW, New Delhi, pp.5-6.  
Though a Primary Health Centre is a system in itself, it takes very few independent decisions and is extremely dependent upon the district health administration. The district on the other hand not only deals with the regional variations between PHCs, but also channels their interactions with the State. Similarly, under the Multipurpose Health Programme, Health and Family Welfare programmes have been integrated and thus analysing programmes individually reduces the wholistic and systemic nature of their problems and undermines their found solutions also.

Therefore, a district is a functional whole and a complexity that is most critical for the public health services, as it is responsible for coordination, supervision, technical support and training at different levels. Streamlining the working of a district therefore has significant impact on the efficiency, output, and outcome of the health services network.

It was with such an exercise in mind that we formulated a district level study of the public health services organisation using the methodology of Systems Analysis. This methodology was chosen to develop an understanding of the integration of the services and the programmes of Health and Family Welfare. This approach was expected to elicit the dynamicity and complexity of the health services organisation and the possibilities of improving the efficiency of the services with the present resource constraints. Our study is primarily exploratory to arrive at a possible understanding of the corrective interventions that can be made.

In this thesis, the first chapter on literature review deals extensively with theories, concepts and, studies to develop the systems perspective and arrive at a framework for the research study. In the second chapter, we describe the methodology of the study in details. The third chapter includes descriptions and analyses on the emergence, evolution and existence of the infrastructure of the Health Services in the study district of Purulia.

We start discussing the systemic features of linkages from the fourth chapter which deals with the external linkages and the interface or boundary of the district public health service.
system. The **fifth** chapter deals with the linear or purely functional internal linkages and in the **sixth** chapter we discuss the non-linear internal linkages which are inter-programmatic in character also.

In the **seventh** chapter we begin the discussions and analyses of the programmes and their intra-programmatic linkages with the five integrated programmes, under the multipurpose health programme, of Family Planning and Child Survival and Safe Motherhood programmes, the Malaria and Diarhoea programmes and the Tuberculosis programme as implemented in Purulia. The vertical programme of Leprosy, and the techno-organisational linkages between the selected six programmes are dealt with in the **eighth** chapter. The **ninth** chapter is a discussion of the salient findings and based on them, we conclude with the suggestions for systemic intervention to improve its efficiency.

The bold letters used for certain words in the text, highlight those which were considered to denote the critical concepts and terms used for this study. Also, the abbreviated terms for the technical posts, programmes, medical terminology including medicines, etc. are commonly used in most official documents of the Department of Health and Family Welfare, Government of West Bengal.