CHAPTER - VI

ROLE OF PRIs AND NGOs IN DELIVERANCE OF PRIMARY HEALTH CARE

Transformation of rural areas has been considered to be an important objective of development planning in India. For achieving this objective a number of policies and programmes were launched from time to time. In 1957, the recommendations of Balwant Rai Mehta committee were accepted and as result “decentralization of planning administration was the accepted tool to achieve these objectives”. The democratic decentralization through the three tier institution of Panchayati Raj at the grass root level in the rural areas was to provide the thrust for the rural development in the country.

The Panchayati Raj Institutions as recommended by Balwant Rai Mehta Committee, which included three tier structures of Gram Panchayats (at village level), Panchayat Samiti (at block level) and Zila Parishad (at district level) were to act as the main vehicle of transformation. The intention of setting up PRIs is decentralization of powers and functions to promote of powers and functions to promote democratic institutions and secure greater participation of the people in rural development. However, the Panchayati Raj Institution have crawled on its three legged structure to cover the distance period of 40 years, till the induction of 73rd constitutional Amendments Act, 1992 which provided a basic framework to stabilize the Panchayati Raj Institutions.

Through these amendments the PRIs got constitutional status and it was made obligatory for the state government to frame their legislation to which all the states have responded. With these constitutional provisions these institutions have become a reality. Now failure to constitute PRI would amount to violation of the Constitution. Further the Eleventh Schedule was added to Constitution having list of twenty nine functions to be performed by the Panchayats one of the functions to be transferred to PRIs was the management of 1310 subsidiary Health centres (SHCs) i.e. Rural Dispensaries (RDs) by emerging 1310 number of Doctors of Zila Parishad (Z.Ps) of PRIs. The transfer of the SHC to the Z.P.s took place with notification of Punjab Government (Health Department) vide memo No. 1/18/01-6HB-1/25852-54 dated 08.12.2005. (See Annexure XIV).
Interestingly with this notification of the state government not all the 1310 SHCs were transferred but only 1193 Rural SHCs (known as Rural Dispensaries) have been transferred to Zila Parishad, as per the official record 117 dispensaries are still managed by the state government till date.

It was provided through the notification that Z.P. would engage Doctors in these RDs on contract basis by entering into a contract with individual Doctors. The contract agreement from legal point of view should be in such a form that the Doctor so engaged at any point of time can not claim permanent absorption in the government. As per the information there were 1310 Subsidiary Health Centres/Rural Dispensaries each for the population of 10000 having staff of a medical officer, a pharmacist, a sewadar and a sweeper. Through these institutions, all the health programmes along with curative health care (OPD) is being rendered. The management of 1193 SHCs situated in rural areas have been transferred to PRIs - Zila Parishad.

In the present Chapter, an effort has been made to study and examine the impact of the shifting of the R.D.s (SHCs) to Zila Parishad (PRIs). The views of three parties namely the members of PRIs (Tables 1 to 17), staff of the dispensaries medical officers and including Paramedical Staff (Tables 18 to 33) and the service seekers (Tables 34 to 50) have been elicited to find out operational aspect of the R.D.s and the related problems.

Table 6.1: Do you know dispensaries have been transferred to the Panchayati Raj Institutions?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>10</td>
<td>25</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(28.6)</td>
<td>(71.4)</td>
<td>(0.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>13</td>
<td>31</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(29.5)</td>
<td>(70.5)</td>
<td>(0.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61–above years</td>
<td>4</td>
<td>17</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(19.0)</td>
<td>(81.0)</td>
<td>(0.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>14</td>
<td>51</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(21.5)</td>
<td>(78.5)</td>
<td>(0.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
<td>22</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(27.1)</td>
<td>(62.9)</td>
<td>(0.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Position in PRI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarpanch/ Panch</td>
<td>13</td>
<td>50</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(20.6)</td>
<td>(79.4)</td>
<td>(0.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairperson/ Member FS</td>
<td>8</td>
<td>15</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(34.8)</td>
<td>(65.2)</td>
<td>(0.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairperson/ Member ZP</td>
<td>6</td>
<td>8</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(42.9)</td>
<td>(57.1)</td>
<td>(0.00)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.
Table 6.1 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.068</td>
<td>0.095</td>
<td>0.675</td>
<td>0.501</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(+1.068)</td>
<td>0.103</td>
<td>(+1.683)</td>
<td>0.095</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(+1.056)</td>
<td>0.102</td>
<td>(+1.565)</td>
<td>0.121</td>
</tr>
</tbody>
</table>

On asking question that the dispensaries have been transferred to PRI, the data presented in the Table 6.1 indicates that majority of the respondents in all the age groups disagreed with the statement. The more of senior in age respondents (81.0 per cent) as compared to the middle age respondents (70.5 per cent) disagreed with the knowledge of RDs transfer to PRIs. Similarly, more of male (78.5 per cent) than female (62.5 per cent) respondents disagreed than the respondents from Zila Parishad (57.1 per cent). There were few respondents in the middle age group (29.5 per cent) the female respondents (37.1 per cent) and the Zila Parishad Member (42.9 per cent) who were aware of it that dispensaries were transferred to PRI’s.

The coefficient of correlation between the variables as presented in the Table 6.1 (a) indicates that the relationship between the variables and the responses of the representatives of the PRIs is positive. On further analysis it can be seen that the variables related to gender and position in the PRIs have established a low relationship as against the moderate relationship demonstrated by the variable related to age.

Table 6.2: Does this transfer to the PRIs have made any differences to their functioning?

<table>
<thead>
<tr>
<th>Attributes/ Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>21-40 years</td>
<td>6</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(17.1)</td>
<td>(82.9)</td>
<td>(0.00)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>41-60 years</td>
<td>14</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(31.8)</td>
<td>(68.2)</td>
<td>(0.00)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>61-above years</td>
<td>6</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(28.6)</td>
<td>(71.4)</td>
<td>(0.00)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>15</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(23.1)</td>
<td>(76.9)</td>
<td>(0.00)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>11</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(31.4)</td>
<td>(68.6)</td>
<td>(0.00)</td>
<td></td>
</tr>
<tr>
<td>Position in PRI</td>
<td>Sarpanch/ Panch</td>
<td>13</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(20.6)</td>
<td>(79.4)</td>
<td>(0.00)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chairperson/ Member PS</td>
<td>8</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(34.8)</td>
<td>(65.2)</td>
<td>(0.00)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chairperson/ Member ZP</td>
<td>5</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(35.7)</td>
<td>(64.3)</td>
<td>(0.00)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

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Table 6.2 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(+) 0.133</td>
<td>0.095</td>
<td>(+) 1.125</td>
<td>0.263</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(+) 0.091</td>
<td>0.102</td>
<td>(+) 0.903</td>
<td>0.369</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(+) 0.147</td>
<td>0.103</td>
<td>(+) 1.473</td>
<td>0.144</td>
</tr>
</tbody>
</table>

From the data presented in the Table 6.2 it can be seen that more of representative respondents from Z.P (35.7 per cent) agreed that transfer of dispensaries to PRIs made some difference to their functioning. However, the strong majority of the respondents irrespective in all the variables disagreed with the statement. The more of young in age respondents (82.9 per cent) disagreed then the senior in age respondents (71.4 per cent). Similarly, more of the representatives from Gram Panchayat respondents (79.4 per cent) than the respondents from Zila Parishad (64.3 per cent) who disagreed with the question that transfer made any difference to their functioning.

The Pearson’s coefficient of correlation between the variables and the responses of the representatives of the PRIs as denoted by R reflects that the relationship is positive. On having a close observation it can be seen that all the three variables i.e. age, gender and position in the PRIs have shown a relationship of low intensity.

Table 6.3: Are the Doctors in the dispensaries professionally skilled?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>4</td>
<td>(11.4)</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>10</td>
<td>(22.7)</td>
<td>5</td>
<td>29</td>
</tr>
<tr>
<td>61 and above years</td>
<td>3</td>
<td>(14.3)</td>
<td>(28.6)</td>
<td>(57.1)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>(16.9)</td>
<td>13</td>
<td>41</td>
</tr>
<tr>
<td>Female</td>
<td>6</td>
<td>(17.1)</td>
<td>8</td>
<td>(60.0)</td>
</tr>
<tr>
<td>Position in PRI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarpanch/ Panch</td>
<td>11</td>
<td>(17.5)</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Chairperson/ Member PS</td>
<td>4</td>
<td>(17.4)</td>
<td>(19.0)</td>
<td>(56.5)</td>
</tr>
<tr>
<td>Chairperson/ Member ZP</td>
<td>2</td>
<td>(14.3)</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(21.4)</td>
<td>(64.3)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.3 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(+) 0.030</td>
<td>0.093</td>
<td>(+) 0.299</td>
<td>0.766</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(+) 0.021</td>
<td>0.100</td>
<td>(+) 0.203</td>
<td>0.839</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(+) 0.051</td>
<td>0.100</td>
<td>(+) 0.309</td>
<td>0.758</td>
</tr>
</tbody>
</table>
The majority of the responses as presented in the table indicated that the Doctors in the dispensaries were profess
undecided. The middle age (22.7 per cent), the female respondents of the PRIs (65.7 per cent), the members of Gram Panchayat (17.5 per cent) were in agreement with the statement. Against the young in age respondents (28.6 per cent) the respondents of Panchayat Samiti (26.1 per cent) who did not

The Karl Pearson’s coefficient of correlation presented in the Table 6.3 (a) indicates the direction of correlation. It can be seen that the correlation between the representatives of the PRIs is positive. As regards to these variables have correlation of moderate intensity.

Table 6.4: Do the Doctors in the dispensaries attend to?

<table>
<thead>
<tr>
<th>Attributes/ Responses</th>
<th>Ranks</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>23</td>
<td>(65.7)</td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>31</td>
<td>(70.5)</td>
</tr>
<tr>
<td>61 and above years</td>
<td>15</td>
<td>(71.4)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>47</td>
<td>(72.3)</td>
</tr>
<tr>
<td>Female</td>
<td>22</td>
<td>(62.9)</td>
</tr>
<tr>
<td>Position in PRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarparch/Panch</td>
<td>41</td>
<td>(65.1)</td>
</tr>
<tr>
<td>Chairperson/PS</td>
<td>17</td>
<td>(73.9)</td>
</tr>
<tr>
<td>Chairperson/ZP</td>
<td>11</td>
<td>(78.6)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.4 (a): Pearson’s correlation between interval by interval

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pearson’s R</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Value</td>
<td>0.151</td>
<td>0.097</td>
</tr>
<tr>
<td></td>
<td>0.058</td>
<td>0.102</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.029</td>
<td>0.094</td>
<td></td>
</tr>
</tbody>
</table>

On assessing the politeness of the Doctors toward the respondents of the PRIs, it was found that the Doctors politely attended them. Interestingly, the majority of the senior in age age respondents (72.3 per cent) than female respondents (62.9 per cent) found them polite than young in age respondents (65.7 per cent).
available in the responses when examined in relation to position held in PRI. The respondent who held higher position in PRI found the Doctors more polite. There were few dissensions as well as the respondents (22.9 per cent) in the young age groups, the female respondents (22.9 per cent) and the respondents from Gram Panchayat (19.0 per cent) disagreed with the statement.

The Karl Pearson's coefficient of correlation between the variables as highlighted in the Table 6.4 (a) it can be seen that all the variables have established a positive relationship. On a closer observation it can be seen that the gender and the position in PRIs have denoted a moderate relationship whereas the variable related to age has indicated a low relationship.

Table 6.5: Are there sufficient medicines available in the dispensaries?

<table>
<thead>
<tr>
<th>Attributes/ Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>10</td>
<td>18</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>(28.6)</td>
<td>(51.4)</td>
<td>(20.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>9</td>
<td>29</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>(20.5)</td>
<td>(65.9)</td>
<td>(13.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61–above years</td>
<td>4</td>
<td>15</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>(19.0)</td>
<td>(71.4)</td>
<td>(9.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>17</td>
<td>39</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>(26.2)</td>
<td>(60.0)</td>
<td>(13.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>6</td>
<td>23</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>(17.1)</td>
<td>(65.7)</td>
<td>(17.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position in PRI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarpanch/ Panch</td>
<td>17</td>
<td>38</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Chairperson/ Member PS</td>
<td>5</td>
<td>13</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(27.0)</td>
<td>(60.3)</td>
<td>(12.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairperson/ ZP</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>(21.7)</td>
<td>(56.5)</td>
<td>(21.7)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.5 (a): Pearson's correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson's R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>r</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(-0.003)</td>
<td>0.100</td>
<td>(-0.026)</td>
<td>0.979</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.096</td>
<td>0.097</td>
<td>0.995</td>
<td>0.342</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.113</td>
<td>0.104</td>
<td>1.130</td>
<td>0.261</td>
<td></td>
</tr>
</tbody>
</table>

On dissecting the stand point that there are sufficient medicines available in the dispensaries, as per the data highlighted in the Table 6.5 it was found that the majority of the respondents, irrespective of any variables, found the medicines insufficient in the dispensaries. The older in age respondents (71.4 per cent) found the medicines were insufficient. The more of female (65.7 per cent) than male respondents found the medicines insufficient. The trend was no different as far as the variable of position in PRI was assessed. It was found that the more of the
respondents from Zila Parishad (60.3 per cent) found the medicines insufficient than Gram Panchayat representatives (78.3 per cent). The possible reason for this could be that held position influenced the Doctor to an extent and they were always given medicines.

The Karl Pearson’s coefficient of correlation between the variables was calculated to ascertain the direction and intensity of the correlation. It can be seen that the correlation between the variables and the responses of the representatives of the PRIs have notified a positive relationship. On further observation it can be seen that the variables related to gender and the position in the PRIs have indicated a low relationship in contrast to the high relationship reflected by the variable of age.

Table 6.6: Do the dispensaries have sufficient equipment to examine the patients?

<table>
<thead>
<tr>
<th>Attributes/ Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>12</td>
<td>16</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(34.3)</td>
<td>(45.7)</td>
<td>(20.0)</td>
<td></td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>11</td>
<td>29</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(25.0)</td>
<td>(65.9)</td>
<td>(9.1)</td>
<td></td>
</tr>
<tr>
<td>61–above years</td>
<td>6</td>
<td>12</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(28.6)</td>
<td>(57.1)</td>
<td>(14.3)</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>24</td>
<td>32</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(36.9)</td>
<td>(49.2)</td>
<td>(13.8)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
<td>25</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(14.3)</td>
<td>(71.4)</td>
<td>(14.3)</td>
<td></td>
</tr>
<tr>
<td><strong>Position in PRI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarpanch/ Panch</td>
<td>20</td>
<td>36</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(31.7)</td>
<td>(57.1)</td>
<td>(11.1)</td>
<td></td>
</tr>
<tr>
<td>Chairperson/ Member PS</td>
<td>4</td>
<td>14</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(17.4)</td>
<td>(60.9)</td>
<td>(21.7)</td>
<td></td>
</tr>
<tr>
<td>Chairperson/</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Member ZP</td>
<td>(35.7)</td>
<td>(50.0)</td>
<td>(14.3)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.6 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. t</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-.0002</td>
<td>0.106</td>
<td>-.0021</td>
<td>0.983</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.172</td>
<td>0.092</td>
<td>1.733</td>
<td>0.086</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.150</td>
<td>0.097</td>
<td>1.500</td>
<td>0.137</td>
<td></td>
</tr>
</tbody>
</table>

The data pertaining to the query that do the dispensaries have sufficient equipment to examine the patients? It can be seen that the responses presented in the Table 6.6, it was found there was divided opinion and was spread over all the possible options. However, the majority of the respondents in all the variables found the equipment in the dispensaries insufficient. The more of female (71.4 per cent) than male respondents found the equipment insufficient, reasoned out to the male behaviour and presence as such. The more respondents (57.1 per cent) from GP rather
than Zila Parishad (50.0 per cent) found the equipment insufficient but than there few noticeable responses who found the equipment sufficient.

The Karl Pearson’s coefficient of correlation between the variables denotes the direction and intensity of the correlation. It can be deciphered from the data highlighted in the Table 6.6 (a) that the correlation between the variables and the responses of the representatives of the PRIs has denoted a positive relationship. On further analysis it can be seen that the variables related to gender and the position in the PRIs have indicated a low relationship in contrast to the high relationship reflected by the variable of age.

### Table 6.7: Do the dispensaries have shortage of staff?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>20</td>
<td>11</td>
<td>4</td>
<td>4 (11.4)</td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>23</td>
<td>13</td>
<td>7</td>
<td>8 (18.2)</td>
</tr>
<tr>
<td>61–above years</td>
<td>13</td>
<td>7</td>
<td>1</td>
<td>1 (4.8)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>37</td>
<td>19</td>
<td>9</td>
<td>1 (4.8)</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>12</td>
<td>4</td>
<td>4 (11.4)</td>
</tr>
<tr>
<td><strong>Position in PRI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarpanch/Panchayat</td>
<td>35</td>
<td>20</td>
<td>8</td>
<td>8 (12.7)</td>
</tr>
<tr>
<td>Chairperson/Member PS</td>
<td>15</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Chairperson/Member ZP</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Computed from primary data Figures in parentheses are percentages

### Table 6.7 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(-) 0.059</td>
<td>0.091</td>
<td>(-0.383)</td>
<td>0.703</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.001</td>
<td>0.099</td>
<td>0.015</td>
<td>0.988</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(+) 0.054</td>
<td>0.095</td>
<td>(-0.534)</td>
<td>0.595</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From the data presented in the Table 6.7 it can be seen that the majority of the respondents were in agreement with the statement that dispensaries had shortage of staff. The young (57.1 per cent) and old in (61.9 per cent) age found the staff was short. The more of male (56.9 per cent) than female respondents (54.3 per cent) agreed that staff was short in dispensaries as against male (29.2 per cent) and female respondents (34.3 per cent) found the staff to be sufficient. The majority of the respondents from PRIs found the staff was short. There were some disagreed and undecided responses as well.
The data pertaining to the Karl Pearson’s coefficient of correlation between the variables has been illustrated in the Table 6.7 (a) which reveals that the relationship between the variables is positive. The intensity of the correlation is indicating that the variables related to age and the position in the PRIs has notified a moderate relationship as compared to the variable of gender which has established a high relationship.

### Table 6.8: PRI’s take keen interest in improving the performance of these dispensaries?

<table>
<thead>
<tr>
<th>Attributes/ Responses</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>8</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td>(22.9)</td>
<td>(54.3)</td>
<td>(22.9)</td>
<td></td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>9</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>(20.5)</td>
<td>(40.9)</td>
<td>(38.6)</td>
<td></td>
</tr>
<tr>
<td>61–above years</td>
<td>5</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>(23.8)</td>
<td>(57.1)</td>
<td>(19.0)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>13</td>
<td>32</td>
<td>20</td>
</tr>
<tr>
<td>(20.0)</td>
<td>(49.2)</td>
<td>(30.8)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>(25.7)</td>
<td>(48.6)</td>
<td>(25.7)</td>
<td></td>
</tr>
<tr>
<td>Position in PRI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarpanch/ Panch</td>
<td>16</td>
<td>29</td>
<td>18</td>
</tr>
<tr>
<td>(25.4)</td>
<td>(46.0)</td>
<td>(28.6)</td>
<td></td>
</tr>
<tr>
<td>Chairperson/</td>
<td>4</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Member PS</td>
<td>(17.4)</td>
<td>(47.8)</td>
<td>(34.8)</td>
</tr>
<tr>
<td>Chairperson/</td>
<td>2</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Member ZP</td>
<td>(14.3)</td>
<td>(64.3)</td>
<td>(21.4)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

### Table 6.8 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.003</td>
<td>0.095</td>
<td>0.031</td>
<td>0.975</td>
<td></td>
</tr>
<tr>
<td>(+) 0.024</td>
<td>0.098</td>
<td>(+) 0.241</td>
<td>0.810</td>
<td></td>
</tr>
<tr>
<td>0.000</td>
<td>0.103</td>
<td>0.000</td>
<td>1.000</td>
<td></td>
</tr>
</tbody>
</table>

As indicated by the data presented in the Table 6.8 it can be seen that the PRIs took not much of interest in improving the performance of these dispensaries. This finding is supported by the majority of responses received from all the respondents in all the variables that PRIs took not much of interest in improving the performance of these RDs. The agreed responses which were not beyond 26.0 per cent somehow indicated the limited role of these institutions in improving the performance of these dispensaries. The maximum of respondents (64.3 per cent) disagreed with the statement indicating that from ZP respondents, who were supposed to play an effective role in the performance of the dispensaries, were not in actual playing the role in the performance improvement of dispensaries.
The Karl Pearson’s coefficient of correlation between the variables was calculated to ascertain the direction and the intensity of the relationship between them and the responses of the representatives of the PRIs. The data pertaining to the coefficient has been highlighted in the Table 6.8 (a). It can be seen that the correlation between the variables is positive and it is moderate in case of the variable related to gender and it is high as far as the variable related to age is concerned. Interestingly it can be seen that the variable related to position of the representative in the PRIs have established a perfect relationship.

Table 6.9: The suggestions and the views of the public are given due weightage in functioning these dispensaries?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>6</td>
<td>28</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>17</td>
<td>22</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>61 – above years</td>
<td>12</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>40</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>15</td>
<td>19</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Position in PRI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarpanch/panch</td>
<td>19</td>
<td>41</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Chairperson/Member PS</td>
<td>13</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chairperson/Member ZP</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.9 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(-1.204)</td>
<td>0.083</td>
<td>(-1.205)</td>
<td>0.008</td>
<td></td>
</tr>
<tr>
<td>(-1.141)</td>
<td>0.096</td>
<td>(-1.414)</td>
<td>0.161</td>
<td></td>
</tr>
<tr>
<td>(-1.80)</td>
<td>0.094</td>
<td>(-1.812)</td>
<td>0.073</td>
<td></td>
</tr>
</tbody>
</table>

On examining whether the suggestions and the views of the people were given due weightage in functioning of these dispensaries, it was clear from the analysis of the data in the Table 6.9 that majority respondents (80.0 per cent) young in age as compared to senior in age respondents (42.9 per cent) disagreed that people views were not given weightage at all. The more of male respondents (61.5 per cent) than female respondents (54.3 per cent) found that the views of the people were not given weightage in running the dispensaries. Similarly, the respondents from the PRIs made such observations.
The Pearson’s coefficient of correlation between the variables has been highlighted in the Table 6.9 (a). It can be seen that the value of R is positive as far as all the variables are concerned; however, the intensity of the relationship is at a low ebb.

Table 6.10: People are satisfied with the change-over of the dispensaries to the PRIs?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>17</td>
<td>18</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(48.6)</td>
<td></td>
<td>(51.4)</td>
<td></td>
<td>(0.00)</td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>17</td>
<td>27</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(38.6)</td>
<td></td>
<td>(61.4)</td>
<td></td>
<td>(0.00)</td>
</tr>
<tr>
<td>61–above years</td>
<td>7</td>
<td>14</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(33.3)</td>
<td></td>
<td>(66.7)</td>
<td></td>
<td>(0.00)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>37</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(43.1)</td>
<td></td>
<td>(56.9)</td>
<td></td>
<td>(0.00)</td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
<td>22</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(37.1)</td>
<td></td>
<td>(62.9)</td>
<td></td>
<td>(0.00)</td>
</tr>
<tr>
<td>Position in PRI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarpanch/</td>
<td>29</td>
<td>34</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Panch</td>
<td></td>
<td>(54.0)</td>
<td></td>
<td>(0.00)</td>
</tr>
<tr>
<td>Chairperson/</td>
<td>7</td>
<td>16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Member PS</td>
<td></td>
<td>(69.6)</td>
<td></td>
<td>(0.00)</td>
</tr>
<tr>
<td>Chairperson/</td>
<td>5</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Member ZP</td>
<td></td>
<td>(64.3)</td>
<td></td>
<td>(0.00)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.10 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.118</td>
<td>0.099</td>
<td>1.175</td>
<td>0.243</td>
<td></td>
</tr>
<tr>
<td>0.058</td>
<td>0.099</td>
<td>0.571</td>
<td>0.570</td>
<td></td>
</tr>
<tr>
<td>0.136</td>
<td>0.096</td>
<td>1.360</td>
<td>0.177</td>
<td></td>
</tr>
</tbody>
</table>

From the data highlighted in the Table 6.10 it can be seen that the people were not satisfied with the change over the dispensaries to the PRIs. The more of senior in age respondents (66.7 per cent) than the young in age respondents (51.4 per cent) were not satisfied with the change over of the dispensaries to PRIs, the more of female (62.9 per cent) than male respondents (56.9 per cent) were not satisfied with the change over of the dispensaries. The responses of the GP respondents had divided opinion, the (46.0 per cent) of the respondents agreed as against (54.0 per cent) of the respondents who disagreed with the satisfaction with the change over of the dispensaries. The ZP representatives of (64.3 per cent) were more in percentage than GP representatives (54.0 per cent) were dissatisfied with the change over.

The Karl Pearson’s coefficient of correlation between the variables has been presented in the Table 6.10 (a). It can be seen that the relationship between the variables and the responses of the representatives is positive. Further analysis
indicates that the variable related to gender has established a moderate relationship whereas the other two variables have maintained a low relationship.

Table 6.11: Are the Doctors and the other staff remain present in the dispensaries during the working hours?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>21 – 40 years</td>
<td>13</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(37.1)</td>
<td>(34.3)</td>
<td>(28.6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>41 – 60 years</td>
<td>24</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(54.5)</td>
<td>(45.5)</td>
<td>(00.0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>61–above years</td>
<td>9</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>(42.9)</td>
<td>(33.3)</td>
<td>(25.8)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>27</td>
<td>29</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>(41.5)</td>
<td>(44.6)</td>
<td>(13.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>19</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>(54.3)</td>
<td>(28.6)</td>
<td>(17.1)</td>
<td></td>
</tr>
<tr>
<td>Position in PRI</td>
<td>Sarpanch/</td>
<td>27</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Panch</td>
<td>(42.9)</td>
<td>(38.1)</td>
<td>(19.0)</td>
</tr>
<tr>
<td></td>
<td>Chairperson/</td>
<td>14</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Member PS</td>
<td>(60.9)</td>
<td>(39.1)</td>
<td>(00.0)</td>
</tr>
<tr>
<td></td>
<td>Chairperson/</td>
<td>5</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Member ZP</td>
<td>(35.7)</td>
<td>(42.9)</td>
<td>(21.4)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.11 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(-0.101)</td>
<td>0.113</td>
<td>(-1.008)</td>
<td>0.316</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(-0.063)</td>
<td>0.103</td>
<td>(-0.624)</td>
<td>0.534</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(-0.190)</td>
<td>0.092</td>
<td>(-1.917)</td>
<td>0.058</td>
<td></td>
</tr>
</tbody>
</table>

To the query that the Doctors remained present in the dispensaries during the working hours as revealed by the data in the Table 6.11, it was found that there was vertical as well as horizontal split of responses and as a result no clear picture emerged. More of young respondents (37.1 per cent) agreed as against the respondents (34.3 per cent) who disagreed. Similarly the respondents senior in age (42.9 per cent) agreed whereas the 33.3 per cent of these respondents who disagreed with the statement. The more of female (54.3 per cent) respondents than male respondents (41.5 per cent) agreed that staff remained present in the dispensaries during the working hours. The more of PS respondents (60.9 per cent) found the staff present than other representatives of other two bodies.

The coefficient of correlation was calculated to discern the direction and intensity of correlation between the variables and has been presented in the Table 6.11 (a). It can be seen that the relationship between the variables and the responses of the representatives of the PRIs is positive. On further analysis it can be seen that the variable related to gender has established a moderate relationship as compared to
low relationship as far as the variables related to age and position of the representative in the PRIs is concerned.

Table 6.12: Are you satisfied with fixed salary of Rs. 25,000/- given to the Doctors?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>6</td>
<td>27</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>(17.1)</td>
<td>(77.1)</td>
<td>(5.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>15</td>
<td>19</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>(34.1)</td>
<td>(43.2)</td>
<td>(22.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61-above years</td>
<td>5</td>
<td>14</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>(23.8)</td>
<td>(66.7)</td>
<td>(9.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>21</td>
<td>38</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>(32.3)</td>
<td>(58.5)</td>
<td>(9.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
<td>22</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>(14.3)</td>
<td>(62.9)</td>
<td>(22.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Position in PRI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarpanch/Panch</td>
<td>15</td>
<td>42</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>(20.6)</td>
<td>(66.7)</td>
<td>(12.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairperson/Member PS</td>
<td>8</td>
<td>12</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>(34.8)</td>
<td>(52.2)</td>
<td>(13.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairperson/Member ZP</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>(35.7)</td>
<td>(42.9)</td>
<td>(21.4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.12 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(-) 0.015</td>
<td>0.084</td>
<td>(-) 0.147</td>
<td>0.883</td>
<td></td>
</tr>
<tr>
<td>0.243</td>
<td>0.094</td>
<td>2.481</td>
<td>0.015</td>
<td></td>
</tr>
<tr>
<td>(-) 0.092</td>
<td>0.102</td>
<td>(-) 0.919</td>
<td>0.361</td>
<td></td>
</tr>
</tbody>
</table>

On the subject of examination that satisfaction of the respondents with fixed salary of Rs. 25,000/- given to the Doctors, it can be seen from the data presented in the Table 6.12 that the majority of the respondents in all the variables disagreed with the fixed salary of Rs. 25,000/-. The young in age respondents (77.1 per cent) and the senior in age (66.7 per cent) were in disagreement with the fixed salary. The Sarpanches/Panches (66.7 per cent) as against the respondents (42.9 per cent) who disagreed with the fixed salary. The more of female (62.9 per cent) than male respondents (58.5 per cent) also disagreed. There were few responses which agreed and were satisfied with the fixed salary.

The Karl Pearson’s coefficient of correlation between the variables has been presented in the Table 6.12 (a). It can be seen that the coefficient of correlation between the variables is positive; however, it can be seen that the correlation between the variables related to gender and position of the representatives have demonstrated a low relationship as against the variable related to age which has established a moderate relationship with the responses of the representatives.
On replying to the query that whether the Doctors were satisfied with the contract based appointment of the para medical staff it can be seen by the analysis of the data presented in the Table 6.13 that the majority of the responses were undecided indicating that the respondents were not clear about the concept of the contract based appointments of the para medical staff. There were responses noticeable which disagreed with the contract appointment of the staff. The informal discussion with the PRIs representative made it clear that contract appointments led to non-committal staff as well as exploitation of the staff by paying them less and getting more of works out of them.

The data pertaining to the coefficient of correlation between the variables is presented in the Table 6.13 (a). It can be seen that the correlation between variables and the responses of the representatives of the PRIs is positive. Further it can be seen that the value of R as far as the variable of age is concerned is low thereby indicating the low relationship as compared to the other variables of gender and position of representatives in the PRIs which have established a high relationship.
Table 6.14: The working of the dispensaries was discussed in the meetings of the PRIs?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>10</td>
<td>14</td>
<td>11</td>
<td>(31.4)</td>
</tr>
<tr>
<td>(28.6)</td>
<td></td>
<td>(40.6)</td>
<td></td>
<td>(11.4)</td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>16</td>
<td>23</td>
<td>5</td>
<td>(11.4)</td>
</tr>
<tr>
<td>(36.4)</td>
<td></td>
<td>(52.3)</td>
<td></td>
<td>(11.4)</td>
</tr>
<tr>
<td>61–above years</td>
<td>3</td>
<td>14</td>
<td>4</td>
<td>(19.0)</td>
</tr>
<tr>
<td>(14.3)</td>
<td></td>
<td>(66.7)</td>
<td></td>
<td>(19.0)</td>
</tr>
<tr>
<td>Gender</td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>31</td>
<td>14</td>
<td>(21.5)</td>
</tr>
<tr>
<td>(30.8)</td>
<td></td>
<td>(47.7)</td>
<td></td>
<td>(21.5)</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>20</td>
<td>6</td>
<td>(17.1)</td>
</tr>
<tr>
<td>(25.7)</td>
<td></td>
<td>(57.1)</td>
<td></td>
<td>(17.1)</td>
</tr>
<tr>
<td>Position in PRI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarpasch/Panch</td>
<td>19</td>
<td>30</td>
<td>14</td>
<td>(22.2)</td>
</tr>
<tr>
<td>(30.2)</td>
<td></td>
<td>(47.6)</td>
<td></td>
<td>(22.2)</td>
</tr>
<tr>
<td>Chairperson/Member PS</td>
<td>6</td>
<td>14</td>
<td>3</td>
<td>(13.0)</td>
</tr>
<tr>
<td>(26.1)</td>
<td></td>
<td>(60.9)</td>
<td></td>
<td>(13.0)</td>
</tr>
<tr>
<td>Chairperson/Member ZP</td>
<td>4</td>
<td>7</td>
<td>3</td>
<td>(21.4)</td>
</tr>
<tr>
<td>(28.6)</td>
<td></td>
<td>(50.0)</td>
<td></td>
<td>(21.4)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.14 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(-1) 0.025</td>
<td>0.100</td>
<td>(-1) 0.245</td>
<td>0.807</td>
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</tr>
<tr>
<td>0.005</td>
<td>0.097</td>
<td>0.045</td>
<td>0.964</td>
<td></td>
</tr>
<tr>
<td>(-1) 0.028</td>
<td>0.094</td>
<td>(-1) 0.273</td>
<td>0.786</td>
<td></td>
</tr>
</tbody>
</table>

In response to the query the working of the dispensaries was discussed in the meetings of PRIs. It can be seen from the data as presented in the Table 6.14, that the majority of the respondents (66.7 per cent) senior in age disagreed with the viewpoint whereas the respondents in young (40.0 per cent) were also of the same view. The more of female (57.1 per cent) than male respondents (47.7 per cent) disagreed with the viewpoint. The majority respondents from ZP (50.0 per cent) and PS (60.9 per cent) disagreed. From the spread of the responses it could be deduced that the functioning was discussed at times but was not discussed very frequently in the meetings.

In order to assess the intensity and direction of the correlation is concerned Karl Person’s coefficient of correlation was calculated and presented in the Table 6.14 (a). It can be seen that the correlation between the variables and the responses of the representatives have established a positive relationship. Further it can be seen that the variables related to age and position of the representatives in PRIs have maintained a moderate relationship as compared to the variable related to age which has demonstrated a high relationship.
Table 6.15: Do you think government should hand over the other institutions like SCs, PHCs and CHCs be transferred to the PRIIs?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 – 40 years</td>
<td>10</td>
<td>13</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>(28.6)</td>
<td>(37.1)</td>
<td>(17)</td>
<td>(34.3)</td>
<td></td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>6</td>
<td>21</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>(13.6)</td>
<td>(47.7)</td>
<td>(52.4)</td>
<td>(33.3)</td>
<td></td>
</tr>
<tr>
<td>61-above years</td>
<td>3</td>
<td>11</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>(14.3)</td>
<td>(34.8)</td>
<td>(33.3)</td>
<td>(32.9)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>11</td>
<td>31</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>(16.9)</td>
<td>(47.7)</td>
<td>(35.4)</td>
<td>(35.1)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>14</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>(22.9)</td>
<td>(40.0)</td>
<td>(37.1)</td>
<td>(37.1)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position in PRI</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarganach/Panch</td>
<td>11</td>
<td>28</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>(17.5)</td>
<td>(44.4)</td>
<td>(38.1)</td>
<td>(38.1)</td>
<td></td>
</tr>
<tr>
<td>Chairperson/Member PS</td>
<td>8</td>
<td>13</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>(34.8)</td>
<td>(56.5)</td>
<td>(8.7)</td>
<td>(8.7)</td>
<td></td>
</tr>
<tr>
<td>Chairperson/Member ZP</td>
<td>0</td>
<td>4</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>(0.00)</td>
<td>(28.6)</td>
<td>(71.4)</td>
<td>(71.4)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.15 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.083</td>
<td>0.110</td>
<td>0.820</td>
<td>0.044</td>
<td></td>
</tr>
<tr>
<td>(-) 0.028</td>
<td>0.010</td>
<td>(-) 0.273</td>
<td>0.785</td>
<td></td>
</tr>
<tr>
<td>(-) 0.202</td>
<td>0.094</td>
<td>(-) 2.042</td>
<td>0.044</td>
<td></td>
</tr>
</tbody>
</table>

To the question that more of health institutions be transferred to the PRIIs the responses spread is clearly indicting that more or the majority respondents disagreed with the viewpoint. It can be seen from the data highlighted in the Table 6.15 that significant percentage of the responses were undecided indicating that the representatives of PRIIs cannot commit themselves to any statement as the present arrangements was not old enough to pass a judgement on its performance as such. Significant responses (71.0 per cent) were from ZP representatives that the dispensaries were originally handed over to Zila Parishad were undecided that trend is startling as ultimately this level would having more responsibility in case more institutions were transferred at a later stage.

The Karl Pearson’s coefficient of correlation between the variables has been presented in the Table 6.15 (a). It can be seen that the relationship between the variables and the responses of the representatives is positive. Further analysis indicates that the variable related to gender has established a moderate relationship whereas the other two variables have maintained a low relationship.
Table 6.16: The pharmacist is positioned in the dispensaries?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>6</td>
<td>21</td>
<td>8</td>
<td>22.9</td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>9</td>
<td>24</td>
<td>11</td>
<td>25.0</td>
</tr>
<tr>
<td>61–above years</td>
<td>8</td>
<td>9</td>
<td>4</td>
<td>19.0</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>14</td>
<td>30</td>
<td>21</td>
<td>32.3</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>24</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Position in PRI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarpanch/ Panch</td>
<td>15</td>
<td>30</td>
<td>18</td>
<td>28.6</td>
</tr>
<tr>
<td>Chairperson/ Member PS</td>
<td>2</td>
<td>10</td>
<td>2</td>
<td>14.3</td>
</tr>
<tr>
<td>Chairperson/ Member ZP</td>
<td>6</td>
<td>14</td>
<td>3</td>
<td>13.0</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.16 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(-) 0.120</td>
<td>0.101</td>
<td>-1.200</td>
<td>0.233</td>
<td></td>
</tr>
<tr>
<td>(-) 0.216</td>
<td>0.087</td>
<td>-2.194</td>
<td>0.031</td>
<td></td>
</tr>
<tr>
<td>(-) 0.106</td>
<td>0.095</td>
<td>-1.053</td>
<td>0.295</td>
<td></td>
</tr>
</tbody>
</table>

The responses regarding whether the pharmacists were positioned at the dispensaries the responses have been elicited in the Table 6.16. It can be seen that there were majority of the dispensaries which were without the pharmacists, this findings was significantly supported by the majority of the responses in all the variables. The more of female (68.0 per cent) than male respondents (46.2 per cent) disagreed with the statement whereas more of representative of ZP (71.4 per cent) than the respondents from GP (47.6 per cent) disagreed with the statement. There were undecided responses as well indicating that were not sure of the positioning of Pharmacists in the RDs. Factually, there were only few pharmacists positioned at the dispensaries level.

The Karl Pearson’s coefficient of correlation between the variables has been presented in the Table 6.16 (a). It can be deciphered from the data that the correlation between the variables is positive though the intensity of the relationship is low.
Table 6.17: PRIs exercise adequate control over the dispensaries?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21–40 years</td>
<td>3 (8.6)</td>
<td>18 (51.4)</td>
<td>14 (40.0)</td>
</tr>
<tr>
<td></td>
<td>41–60 years</td>
<td>8 (18.2)</td>
<td>17 (38.6)</td>
<td>19 (43.2)</td>
</tr>
<tr>
<td></td>
<td>61–above years</td>
<td>4 (19.0)</td>
<td>11 (52.4)</td>
<td>6 (28.6)</td>
</tr>
<tr>
<td>Age</td>
<td>Male</td>
<td>9 (13.8)</td>
<td>28 (44.4)</td>
<td>26 (41.3)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>6 (17.1)</td>
<td>13 (37.1)</td>
<td>16 (45.7)</td>
</tr>
<tr>
<td>Gender</td>
<td>Sarpanch/ Panch</td>
<td>9 (14.3)</td>
<td>28 (44.4)</td>
<td>26 (41.3)</td>
</tr>
<tr>
<td></td>
<td>Chairperson/ Member PS</td>
<td>1 (7.1)</td>
<td>7 (50.0)</td>
<td>6 (42.9)</td>
</tr>
<tr>
<td></td>
<td>Chairperson/ Member ZP</td>
<td>5 (21.7)</td>
<td>11 (47.8)</td>
<td>7 (30.4)</td>
</tr>
</tbody>
</table>

Table 6.17 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(-0.110)</td>
<td>0.094</td>
<td>(-1.100)</td>
<td>0.274</td>
</tr>
<tr>
<td></td>
<td>0.048</td>
<td>0.103</td>
<td>0.479</td>
<td>0.633</td>
</tr>
<tr>
<td></td>
<td>(-0.093)</td>
<td>0.102</td>
<td>(-0.924)</td>
<td>0.358</td>
</tr>
</tbody>
</table>

The responses of the representatives of the PRIs have been elicited in the Table 6.17. It can be seen that the majority of the responses clearly indicate that PRIs did not exercise adequate control over the dispensaries. There were noticeable undecided responses to the query indicating that the PRIs representatives as such were not sure of the adequate control being exercised by the PRIs. The male (50.8 per cent) the young (51.4 per cent) the representatives of Zila Parishad (50.0 per cent) disagreed with the statement that PRIs exercised adequate control over the dispensaries.

The Pearson’s coefficient of correlation between the variables has been calculated to ascertain the direction and intensity of the correlation. It can be seen from the data illustrated in the Table 6.17 (a) that the coefficient of correlation between the variables and the responses of the representatives are positive. Further on close observation it can be deciphered that the intensity of the relationship between the variables related to age and position of the representatives in PRIs have denoted a low relationship as compared to the variable related to gender which has shown a moderate relationship.
Table 6.18: Do you know dispensaries have been transferred to the Panchayati Raj Institutions?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Post held in the dispensary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Para medical staff</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

The analysis of the data presented in Table 6.18 clearly indicates that all the respondents from whom the information was sought, were in fact aware of the transfer of the dispensaries to the PRIs. There was no one who disagreed or was undecided. The result remained the same irrespective of age, gender and position held variables.

Table 6.19: Are the Doctors in the dispensaries professionally skilled?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Post held in the dispensary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Para medical staff</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Again the results of the data presented in Table 6.19 were no different from the earlier table. All the respondents, irrespective of their age, gender and position held in PRIs found the Doctors in the dispensaries professionally skilled.

Since all the responses in the Tables 6.18 and 6.19 were in one variable; hence, the coefficient of correlation has not been calculated.
Table 6.20: Do the Doctors in the dispensaries attend to you politely?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 - 30 years</td>
<td>19</td>
<td>(95.0)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>31 - 40 years</td>
<td>17</td>
<td>(94.4)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>(100.0)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
<td>(88.9)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>18</td>
<td>(94.7)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Para medical staff</td>
<td>18</td>
<td>(94.7)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Post held in the</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dispensary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.20 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.086</td>
<td>0.142</td>
<td>0.519</td>
<td>0.607</td>
<td></td>
</tr>
<tr>
<td>0.235</td>
<td>0.084</td>
<td>1.451</td>
<td>0.155</td>
<td></td>
</tr>
<tr>
<td>0.074</td>
<td>0.141</td>
<td>0.447</td>
<td>0.657</td>
<td></td>
</tr>
</tbody>
</table>

In the Table 6.20 the data presented has been analyzed to examine the people behaviour of the Doctors. It was found by the majority of the respondents, in all the variables that Doctors were polite towards their patients. However, there were certain dissensions and disagreed responses to the query.

The Pearson’s coefficient of correlation between the variables has been highlighted in the Table 6.20 (a) which indicates that the correlation is positive and the intensity of the correlation with the responses of the representatives is low as regards the variable related to gender is concerned. Further it can be seen that the correlation is moderate as far as the variables of age and position of representatives in the PRIs is concerned.
On analyzing the data in the Table 6.21, it was found that there were insufficient medicines available in the dispensaries. What to talk of other respondents even the service providers and the para medical staff found the medicines were insufficient. In an informal chat with the Doctors, a snag surfaced that all the dispensaries were given medicines in the same quantity without asking their requirements. As a result those medicines which were required by the Doctors to prescribe to the patients were not generally available in these dispensaries.

The Pearson’s coefficient of correlation between the variables has been highlighted in the Table 6.21 (a). It can be seen that the though the coefficient is positive but the intensity of the relationship between all the variables and the responses of the representatives is low.
Table 6.22: Do the dispensaries have sufficient equipment to examine the patients?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>2</td>
<td>11</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(10.0)</td>
<td>(55.0)</td>
<td>(35.0)</td>
<td></td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>4</td>
<td>9</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(22.2)</td>
<td>(30.0)</td>
<td>(27.8)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
<td>12</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(20.0)</td>
<td>(60.0)</td>
<td>(20.0)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(11.1)</td>
<td>(44.4)</td>
<td>(44.4)</td>
<td></td>
</tr>
<tr>
<td>Post held in the dispensary</td>
<td>1</td>
<td>11</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(5.3)</td>
<td>(57.9)</td>
<td>(36.8)</td>
<td></td>
</tr>
<tr>
<td>Para medical staff</td>
<td>5</td>
<td>9</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(26.3)</td>
<td>(47.4)</td>
<td>(26.3)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.22 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(+) 0.145</td>
<td>0.159</td>
<td>(-) 0.879</td>
<td>0.385</td>
<td></td>
</tr>
<tr>
<td>0.248</td>
<td>0.154</td>
<td>1.539</td>
<td>0.133</td>
<td></td>
</tr>
<tr>
<td>(+) 0.236</td>
<td>0.151</td>
<td>(-) 1.455</td>
<td>0.154</td>
<td></td>
</tr>
</tbody>
</table>

Dissecting the data presented in the Table 6.22, it was found that respondents both young and old alike found the equipment insufficient. The more of male (60.0 per cent) than female respondents (44.4 per cent) disagreed with the sufficiency of equipment to examine the patients. The more of female (44.4 per cent) respondents were undecided indicating their low awareness level. Similarly, the service provider (57.9 per cent) the paramedical staff (47.4 per cent) found the equipment insufficient. The undecided responses indicated the awareness level of the respondents as well.

The direction and the intensity of the relationship between the variables and the responses of the representatives have been fathomed by calculating the coefficient of correlation denoted by R. It can be seen that the relationship between the variables is positive but is low as far as all the variables are concerned.
Table 6.23: Do the dispensaries have shortage of staff?

<table>
<thead>
<tr>
<th>Attributes/ Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>3</td>
<td>15</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>1</td>
<td>17</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(15.0)</td>
<td>(75.0)</td>
<td></td>
<td>(10.0)</td>
</tr>
<tr>
<td></td>
<td>(5.6)</td>
<td>(94.4)</td>
<td></td>
<td>(0.0)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
<td>16</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>(15.0)</td>
<td>(80.0)</td>
<td></td>
<td>(5.0)</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>16</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>(5.6)</td>
<td>(88.9)</td>
<td></td>
<td>(5.6)</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>17</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(15.0)</td>
<td>(94.0)</td>
<td></td>
<td>(0.0)</td>
</tr>
<tr>
<td>Post held in the dispensary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>4</td>
<td>13</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>(21.1)</td>
<td>(68.4)</td>
<td></td>
<td>(10.5)</td>
</tr>
<tr>
<td>Para medical staff</td>
<td>0</td>
<td>19</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(00.0)</td>
<td>(100.0)</td>
<td></td>
<td>(00.0)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.23 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(-) 0.007</td>
<td>0.157</td>
<td>(-) 0.042</td>
<td>0.967</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.127</td>
<td>0.154</td>
<td>0.767</td>
<td>0.448</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.134</td>
<td>0.159</td>
<td>0.809</td>
<td>0.424</td>
<td></td>
</tr>
</tbody>
</table>

On assessing that whether the staff strength provided in the dispensaries in adequate as presented by the data was the Table 6.23, it was found through the majority of the responses that the more of old in age respondent (94.4 per cent) than young respondents (75.0 per cent) found the provided staff was inadequate. Similarly, more of female respondents (88.9 per cent) than male (80.0 per cent) found the staff inadequate. The service provider also thought the provided staff was not enough to meet the requirement of the dispensaries.

The data pertaining to the Pearson’s coefficient of correlation between the variables and the responses of the staff has been presented in the Table 6.23 (a). It can be seen that the correlation between the variables is positive but is of low intensity as far as the variables related to gender and the position of the staff members i.e. whether the service provider and the para-medical staff is concerned, however the relationship is high in relation to the variable related to age is concerned.
On assessing the PRIs interest in improving the performance of the dispensaries, as indicated by the data elicited in the Table 6.24 it can be seen that majority of the respondents, in all the age groups found that PRIs did not take full interest in improving the performance of these dispensaries. Similarly, the responses in the gender and position held variables, also indicated the PRIs did not take full interest in improving the performance of there dispensaries. There were undecided responses as well which indicated that the respondents were not aware of the role of PRIs in such improvements.

The Pearson’s correlation between the variables which is denoted by R as presented in the Table 6.24 (a) it can be seen that the relationship between the variables is positive. On further investigation it can be seen that this relationship has maintained a low relationship as far as the variables related to age and gender are concerned, however the variable related to the position of the staff is concerned it has indicated a moderate relationship.
Table 6.25: The suggestions and the views of the people are given due weightage in running these dispensaries?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>0</td>
<td>11</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(00.0)</td>
<td>(55.0)</td>
<td>(45.0)</td>
<td></td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(22.2)</td>
<td>(33.3)</td>
<td>(44.4)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
<td>12</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(20.0)</td>
<td>(60.0)</td>
<td>(20.0)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>5</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(00.0)</td>
<td>(27.8)</td>
<td>(72.2)</td>
<td></td>
</tr>
<tr>
<td>Post held in the dispensary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>0</td>
<td>10</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(00.0)</td>
<td>(52.6)</td>
<td>(47.4)</td>
<td></td>
</tr>
<tr>
<td>Para medical staff</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(21.1)</td>
<td>(36.8)</td>
<td>(42.1)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.25 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(-) 0.172</td>
<td>0.546</td>
<td>0.154</td>
<td>(-) 1.050</td>
<td>0.301</td>
<td></td>
</tr>
<tr>
<td>(-) 0.199</td>
<td>0.110</td>
<td>0.148</td>
<td>(-) 1.221</td>
<td>0.230</td>
<td></td>
</tr>
</tbody>
</table>

The views and the suggestion put forth by the people were not given due weightage in running these dispensaries as indicated by the data in the Table 6.25. The significant majority of the young (55.0 per cent) male (60.0 per cent) and service providers (52.6 per cent) disagreed with the statement ratifying that no weightage was given to views and suggestions of the respondents. The service providers (52.6 per cent) as against the para medical staff (36.8 per cent) disagreed with the point of view. The high percentage of the respondents, who were undecided, indicated that they were not aware of the fact whether there was any mechanism to put forward such suggestions and views.

The coefficient of correlation between the variables and the responses of the staff has been highlighted in the Table 6.25 (a). It can be seen that the responses of the staff have shown a positive trend. Further analysis indicates that this relationship is low as far as the variables related to age and position of the staff is concerned, whereas the variable related to gender has not at all shown any relationship.
Table 6.26: People are satisfied with the change-over of the dispensaries to the PRls?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>13</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>(65.0)</td>
<td>(15.0)</td>
<td>(20.0)</td>
<td>(11.1)</td>
<td></td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>16</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>(88.9)</td>
<td>(00.0)</td>
<td>(11.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>16</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>(88.9)</td>
<td>(5.0)</td>
<td>(15.0)</td>
<td>(16.7)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>(72.2)</td>
<td>(11.1)</td>
<td>(16.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post held in the dispensary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>12</td>
<td>2</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(63.2)</td>
<td>(10.5)</td>
<td>(26.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Para medical staff</td>
<td>17</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(89.5)</td>
<td>(5.3)</td>
<td>(5.3)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.26 (a): Pearson’s correlation between the variables

| Interval by | Pearson’s R | Value | Asymp. Std. Error | Approx. T | Approx. Sig. |
| Interval    |             |       |                   |           |              |
| (-) 0.220   | 0.154       | 1.351 | 0.185             |           |              |
| 0.063       | 0.162       | 0.381 | 0.706             |           |              |
| (-) 0.318   | 0.137       | 2.012 | 0.052             |           |              |

Interestingly, the trend of the responses as presented in the Table 6.26 to the query that people were satisfied with the change over of the dispensaries to the PRls, supported the posed question. The significant majority of the respondents irrespective of the variables agreed that they were satisfied with the changes over of the dispensaries to the PRls. There was specific reason for the claim, that the service providers got the job and were also allowed to appoint para medical staff of their choice. Those service providers (26.3 per cent) who were undecided had the reason as well as they were not appointed on permanent basis.

The relationship between the variables as indicated by the Pearson’s coefficient of correlation between the variables has been presented in the Table 6.26 (a). It can be seen that the relationship between the variables and the responses of the staff has established a positive relationship. On further analysis it can be seen that the variable related to age and position of the staff have indicated a low relationship whereas the variable related to gender has denoted a moderate relationship.
Table 6.27: Are the Doctors and the other staff remain present in the dispensaries?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 21 – 30 years</td>
<td>14</td>
<td>(70.0)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>(83.3)</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>15</td>
<td>(83.3)</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>(11.1)</td>
<td>1</td>
<td>25.0</td>
</tr>
<tr>
<td>Gender Male</td>
<td>17</td>
<td>(85.0)</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>(66.7)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(10.0)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Gender Female</td>
<td>12</td>
<td>(66.7)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(5.6)</td>
<td>1</td>
<td>25.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(27.8)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Post held in the dispensary Service Provider</td>
<td>12</td>
<td>(63.2)</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>(89.5)</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(15.8)</td>
<td>1</td>
<td>21.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(0.0)</td>
<td>1</td>
<td>10.5</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

On analyzing the data presented in the Table 6.27, it was found that majority of the respondents in the young (70.0 per cent) as well old age categories (83.3 per cent) agreed that the Doctors were present in the dispensaries. The more of the male (85 per cent) than female respondents (66.7 per cent) found the Doctors present on duty in the dispensaries. All the Doctors claimed (100.0 per cent) that they were present during duty hours except on the days when there were meetings held at block level (PHC’s or BDPO) calling their meetings. The para medical respondents (89.5 per cent) found the Doctors present.

The Pearson’s coefficient of correlation between the variables as indicated by the Pearson’s R has been illustrated in the Table 6.27 (a) from where it can be seen that the relationship between the variables and the responses of the staff is positive. Further analysis of the data reveals that the relationship between these variables is low.

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(-) 0.220</td>
<td>0.142</td>
<td>(-) 1.351</td>
<td>0.185</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.276</td>
<td>0.144</td>
<td>1.720</td>
<td>0.094</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(-) 0.247</td>
<td>0.151</td>
<td>(-) 1.532</td>
<td>0.134</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The responses in the Table 6.28 clearly indicated that the significant majority of the old (88.9 per cent) and young respondents (55.0 per cent) were satisfied with the fixed salary of Rs. 25000/- per month given to the Doctors. The more of male (85.0 per cent) than female respondents (55.6 per cent) agreed with same. The service provider (68.4 per cent) as against para medical staff (73.7 per cent) found the fixed salary paid to the Doctors was to their satisfaction. The disagreed responses of the service providers indicated that the Doctors wanted more than Rs. 25000/- as they had to part with some money as salary to the para medical staff.

The data highlighted in the Table 6.28 (a) pertains to the coefficient of correlation between the variables. It can be seen that the correlation between the variables is positive and the intensity of the relationship between the variables related to age and gender of the respondents is low whereas the position of the staff has shown a moderate relationship.
Table 6.29: Are you satisfied with the contract based appointment of the para medical staff?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>2</td>
<td>14</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>(10.0)</td>
<td>(70.0)</td>
<td>(20.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>1</td>
<td>14</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>(5.6)</td>
<td>(77.8)</td>
<td>(16.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>17</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>(5.0)</td>
<td>(85.0)</td>
<td>(10.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>11</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(11.1)</td>
<td>(61.1)</td>
<td>(27.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post held in the dispensary</td>
<td>2</td>
<td>12</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>(10.5)</td>
<td>(63.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Para medical staff</td>
<td>1</td>
<td>16</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>(5.3)</td>
<td>(84.2)</td>
<td>(10.5)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.29 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.011</td>
<td>0.161</td>
<td>0.066</td>
<td>0.948</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.116</td>
<td>0.165</td>
<td>0.701</td>
<td>0.488</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.105</td>
<td>0.161</td>
<td>0.637</td>
<td>0.531</td>
</tr>
</tbody>
</table>

From the data presented in the Table 6.29 an interesting trend is visible that even service providers (Doctors) (63.2 per cent) were not satisfied with the contract based appointments of the paramedical staff. The para medical staff (84.2 per cent) also disagreed with the contract based appointment reason being the job insecurity. The more of male (85.0 per cent) than female (61.1 per cent) were not satisfied with the contract based appointments. The young (70.0 per cent) and old respondents alike were dissatisfied with contract based appointments.

The Pearson’s of correlation between the variables as indicated by the value of R illustrated in the Table 6.29 (a) it can be seen that the relationship is positive. On further analysis it can be seen that the variable related to age has established a low relationship whereas the variable related to position of the staff i.e. the service provider (Doctor) or the para medical staff has maintained a moderate relationship. Further it can be seen that it is only the variable related to age which has show a high relationship.
Table 6.30: The working of the dispensaries in discussed in the meetings of the PRIs?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>2</td>
<td>12</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>(10.0)</td>
<td>(60.0)</td>
<td>(66.7)</td>
<td></td>
<td>(30.0)</td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>0</td>
<td>2</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>(00.0)</td>
<td>(65.0)</td>
<td>(61.1)</td>
<td></td>
<td>(35.0)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>13</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>(00.0)</td>
<td>(65.0)</td>
<td>(61.1)</td>
<td></td>
<td>(27.8)</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>11</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>(11.1)</td>
<td>(61.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Post held in the dispensary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>1</td>
<td>12</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>(5.3)</td>
<td>(63.2)</td>
<td>(31.6)</td>
<td></td>
<td>(31.6)</td>
</tr>
<tr>
<td>Para medical staff</td>
<td>1</td>
<td>12</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>(5.3)</td>
<td>(63.2)</td>
<td>(31.6)</td>
<td></td>
<td>(31.6)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.30 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.122</td>
<td>0.154</td>
<td>0.736</td>
<td>0.467</td>
</tr>
<tr>
<td></td>
<td>(-) 0.167</td>
<td>0.154</td>
<td>(-) 1.019</td>
<td>0.315</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.000</td>
<td>0.162</td>
<td>0.000</td>
<td>1.000</td>
<td></td>
</tr>
</tbody>
</table>

On the analysis of the data presented in the Table 6.30, it was found that the majority of the young (60.0 per cent) as well as old respondents (66.7 per cent) found that the working of dispensaries was not discussed in the meetings of PRIs. The male (65.0 per cent) and the female respondents (61.1 per cent) also thought that a dispensary working was not discussed in the meeting of the PRIs. The similar trend of responses was available in the position held variable. The reason for this trend was that PRIs were not clear about their role towards those dispensaries and so were the service providers and the service seekers.

The Pearson’s correlation between the variables which is denoted by the R has been highlighted in the Table 6.30 (a). It can be deciphered that the relationship between the variables is positive. The relationship as far as the variables related to age and gender of the staff is concerned have shown a low relationship whereas it is interesting to note that the variable related to position of the staff has maintained a perfect relationship.
Do you think government should hand over the other institutions like SCs, PHCs and CHCs be transferred to the PRIs?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21 – 30 years</td>
<td>0 (00.0)</td>
<td>12 (60.0)</td>
<td>8 (40.0)</td>
</tr>
<tr>
<td></td>
<td>31 – 40 years</td>
<td>1 (5.6)</td>
<td>15 (83.3)</td>
<td>2 (11.1)</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>0 (00.0)</td>
<td>16 (80.0)</td>
<td>4 (20.0)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>1 (5.6)</td>
<td>11 (61.1)</td>
<td>6 (33.3)</td>
</tr>
<tr>
<td>Service Provider</td>
<td>0 (00.0)</td>
<td>11 (57.9)</td>
<td>8 (42.1)</td>
<td></td>
</tr>
<tr>
<td>Post held in the dispensary</td>
<td>1 (5.6)</td>
<td>16 (84.2)</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.31 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.356</td>
<td>0.132</td>
<td>(-1) 2.286</td>
<td>0.028</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.080</td>
<td>0.166</td>
<td>0.484</td>
<td>0.631</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.381</td>
<td>0.131</td>
<td>(-1) 2.475</td>
<td>0.018</td>
</tr>
</tbody>
</table>

From the Table 6.31 it can be seen that the more of responses were split between the disagreed and undecided. The majority old respondents (83.3 per cent) and the young (60.0 per cent) respondents thought that the more of the intuitions be not handed over the PRIs. The males (80.0 per cent) and the same way the service provider (57.9 per cent) as against the para medical staff (84.2 per cent) also thought that not other institutions be handed over to the PRIs. There were undecided responses indicating that the respondents were yet not clear about the assignment role of PRIs and thus wanted to wait and watch and then decide.

The coefficient of correlation between the variables as indicated in the Table 6.31 (a) it can be seen that the relationship between the variables is positive. The variables related to age and the position of the staff has revealed a low relationship as compared to the moderate relationship as far as the gender of the respondents is concerned.
### Table 6.32: The pharmacist is positioned in the dispensaries?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>14</td>
<td>5</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(70.0)</td>
<td>(25.0)</td>
<td>(5.0)</td>
<td></td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>9</td>
<td>7</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(50.0)</td>
<td>(38.9)</td>
<td>(11.1)</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>8</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(55.0)</td>
<td>(40.0)</td>
<td>(5.0)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>12</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(66.7)</td>
<td>(22.2)</td>
<td>(11.1)</td>
<td></td>
</tr>
<tr>
<td><strong>Post held in the dispensary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>12</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(63.2)</td>
<td>(26.3)</td>
<td>(10.5)</td>
<td></td>
</tr>
<tr>
<td>Para medical staff</td>
<td>11</td>
<td>7</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(57.9)</td>
<td>(36.8)</td>
<td>(5.3)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

### Table 6.32 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.204</td>
<td>0.157</td>
<td>1.252</td>
<td>0.219</td>
</tr>
<tr>
<td>(-) 0.043</td>
<td>0.165</td>
<td>(-) 0.261</td>
<td>0.796</td>
<td></td>
</tr>
<tr>
<td>0.000</td>
<td>0.162</td>
<td>0.000</td>
<td>1.000</td>
<td></td>
</tr>
</tbody>
</table>

On analyzing the data in the Table 6.32 it was evident that majority respondents in all the variables were in agreement with the statement. It was interesting to note that even the respondents from the paramedical staff (57.9 per cent) agreed that pharmacists were positioned whereas respondents (36.8 per cent) disagreed with the same. The trend exhibited that majority of the respondents in all the variables with the query that pharmacist were positioned in the dispensaries.

The coefficient of correlation between the variables denoted by the Pearson’s R has been elicited in the Table 6.32 (a). It can be seen that the relationship between the variables is positive. Further analysis reveals that the variable related to the gender has established a moderate relationship and interestingly the variable related to the position of the staff has shown a perfect relationship.
Table 6.33: PRIs exercise adequate control over the dispensaries?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>2</td>
<td>14</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>0</td>
<td>11</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>12</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>13</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Post held in the dispensary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>1</td>
<td>11</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Para medical staff</td>
<td>1</td>
<td>14</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.33 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>0.270</td>
<td>0.143</td>
<td>1.681</td>
<td>0.102</td>
</tr>
<tr>
<td>(-) 0.322</td>
<td>0.138</td>
<td>(-) 2.038</td>
<td>0.049</td>
<td></td>
</tr>
<tr>
<td>(+) 0.148</td>
<td>0.160</td>
<td>(+) 0.896</td>
<td>0.376</td>
<td></td>
</tr>
</tbody>
</table>

The data highlighted in the Table 6.33 reveals that there are responses which supported that PRIs exercised the control over the dispensaries. The majority of the young (70.0 per cent) old (61.1 per cent) male (60.0 per cent), female (72.2 per cent), the service providers (57.9 per cent) and the para medical staff (73.7 per cent) disagreed with the statement. To them the PRI’s did not exercise adequate control over the dispensaries. On an informal chat with one of the BDPO, it came to the surface, that there was no provision of the mechanism of control by PRIs over the dispensaries.

The Pearson’s coefficient of correlation between the variables has been established by R and has been illustrated in the Table 6.33 (a). It can be deciphered that the relationship between the variables is positive but has established a very low relationship.
Table 6.34: Do you know dispensaries have been transferred to the Panchayati Raj Institutions?

<table>
<thead>
<tr>
<th>Attributes/ Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>12</td>
<td>9</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(54.5) (40.9) (4.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>19</td>
<td>22</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>(40.4) (46.8) (12.8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61–above years</td>
<td>19</td>
<td>9</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>(61.3) (29.0) (9.7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>27</td>
<td>28</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>(42.9) (44.4) (12.7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>12</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>(62.2) (32.4) (5.4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Percept Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; Rs. 2500/-</td>
<td>21</td>
<td>13</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>(56.8) (35.1) (8.1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rs. 2501/- to 5000/-</td>
<td>23</td>
<td>19</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>(47.7) (43.2) (9.1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rs. 5001 and above</td>
<td>8</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>(42.1) (42.1) (5.8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.34 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Asymp. T</th>
<th>Asymp. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(-) 0.029</td>
<td>0.096</td>
<td>(-) 0.289</td>
<td>0.773</td>
</tr>
<tr>
<td></td>
<td>(-) 0.194</td>
<td>0.093</td>
<td>(-) 1.953</td>
<td>0.054</td>
</tr>
<tr>
<td></td>
<td>0.120</td>
<td>0.102</td>
<td>1.200</td>
<td>0.233</td>
</tr>
</tbody>
</table>

The majority of the respondents in the young (54.5 per cent) and senior in age (61.3 per cent) group were aware of the dispensaries being transferred to the PRIs. In the middle age group the disagreed (46.8 per cent) responses were more than agreed responses (40.4 per cent). Similarly more of female (62.2 per cent) than male respondents were aware if this fact. The more of respondents (56.8 per cent) with monthly percept income below Rs. 2500/- monthly percept income were aware of the transfer than the respondents (42.1 per cent) whose monthly precept income was Rs. 5001 and above. The mixed responses presented the trend that the citizens divided in equal proportion as far as the awareness about the transfer of RDs to PRIs was concerned.

The Pearson’s coefficient of correlation between the variables has been presented in the Table 6.34 (a) which reveals the correlation between the responses of the patients. It can be seen that the coefficient of correlation is positive between the variables and the responses of the patients. On further analysis it can be observed that gender and the monthly percept income of the patients have established a low relationship as compared to the moderate relationship with the variable related to age.
Table 6.35: This transfer of the dispensaries to the PRIs has made any difference to the functioning of these institutions

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>10</td>
<td>8</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>(45.5)</td>
<td>(36.4)</td>
<td>(18.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>7</td>
<td>30</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>(14.9)</td>
<td>(63.8)</td>
<td>(21.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61–above years</td>
<td>8</td>
<td>19</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>(25.8)</td>
<td>(61.3)</td>
<td>(12.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>16</td>
<td>33</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>(25.4)</td>
<td>(52.4)</td>
<td>(22.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>24</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>(24.3)</td>
<td>(64.9)</td>
<td>(10.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Percept Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; Rs. 2500/-</td>
<td>7</td>
<td>24</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>(18.9)</td>
<td>(64.9)</td>
<td>(16.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rs. 2501/- to 5000/-</td>
<td>10</td>
<td>23</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>(22.7)</td>
<td>(52.3)</td>
<td>(25.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rs. 5001 and above</td>
<td>8</td>
<td>10</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(42.1)</td>
<td>(52.6)</td>
<td>(5.3)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

The analysis of the data in the Table 6.35 clearly establishes that except the young respondents (45.5 per cent) who agreed with the statement that the majority respondents of middle (63.8 per cent) and senior age group (61.3 per cent) were in disagreement with the statement. Similarly, the more of female (64.9 per cent) than male respondents (52.4 per cent) thought that by the transfer of these RDs no good has been done to their functioning. The responses of the majority respondents in the monthly precept variable were no different. The majority responses disagreed with that no good was done to functioning by transferring the RDs. The responses were so thinly divided between the disagreed and other categories that no clear picture emerged. Perhaps it is too early to except any reaction to the transfer of these dispensaries.

The Pearson’s coefficient of correlation between the variables has been highlighted in the Table 6.35 (a). It can be seen that the coefficient of correlation is positive between the variables and the responses of the patients. On further analysis it can be observed that gender and the monthly precept income of the patients have established a low relationship as compared to the moderate relationship with the variable related to age.

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Table 6.36: Are the Doctors in the dispensaries professionally skilled?

<table>
<thead>
<tr>
<th>Attributes/ Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 - 40 years</td>
<td>12</td>
<td>9</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>41 - 60 years</td>
<td>29</td>
<td>12</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>61-above years</td>
<td>20</td>
<td>10</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>38</td>
<td>18</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>13</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Monthly Percept Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; Rs. 2500/-</td>
<td>26</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Rs. 2501/- to 5000/-</td>
<td>28</td>
<td>14</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Rs. 5001 and above</td>
<td>7</td>
<td>11</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages

Table 6.36 (a): Pearson's correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson's R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-0.070</td>
<td>0.089</td>
<td>-0.0694</td>
<td>0.490</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>0.0073</td>
<td>0.092</td>
<td>0.0768</td>
<td>0.444</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>0.118</td>
<td>0.105</td>
<td>1.172</td>
<td>0.244</td>
<td></td>
</tr>
</tbody>
</table>

The data pertaining in the professional skills of the Doctors has been presented in the Table 6.36 can be seen that the majority of the respondents in all the age groups found the Doctors professionally skilled. Similarly, more of female (62.2 per cent) than male respondents (60.3 per cent) found the Doctors professionally skilled. However, the respondents (70.3 per cent) in low monthly precept income agreed with the professional skill of the Doctors as against the respondents (36.8 per cent) in the high monthly precept income who did not find them professionally skilled. The dissenting responses were noticeable though majority respondents in all the variables found the Doctors professionally skilled. The reasons for the respondents (57.9 per cent) in the high monthly precept income could be their high expectation from the Doctors.

The coefficient of correlation between the variables as denoted by R has been presented in the Table 6.36 (a). It can be seen that the correlation between the variables and the responses of the patients is positive but at the same time the relationship is at low ebb.
Table 6.37: Do the Doctors in the dispensaries attend to you politely?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>10</td>
<td>9</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(45.5)</td>
<td>(40.9)</td>
<td>(13.6)</td>
<td></td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>29</td>
<td>17</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(61.7)</td>
<td>(36.2)</td>
<td>(2.1)</td>
<td></td>
</tr>
<tr>
<td>61+ above years</td>
<td>20</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(64.5)</td>
<td>(25.8)</td>
<td>(9.7)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>35</td>
<td>23</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(55.6)</td>
<td>(36.5)</td>
<td>(7.9)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>24</td>
<td>11</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(64.9)</td>
<td>(29.7)</td>
<td>(5.4)</td>
<td></td>
</tr>
<tr>
<td>Monthly Percept</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; Rs. 2500/-</td>
<td>18</td>
<td>15</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(48.6)</td>
<td>(40.5)</td>
<td>(10.8)</td>
<td></td>
</tr>
<tr>
<td>Rs. 2501/- to 5000/-</td>
<td>27</td>
<td>15</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(61.4)</td>
<td>(34.1)</td>
<td>(4.5)</td>
<td></td>
</tr>
<tr>
<td>Rs. 5001 and above</td>
<td>14</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(73.7)</td>
<td>(21.1)</td>
<td>(5.3)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.37 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(+) 0.118</td>
<td>0.110</td>
<td>(+) 1.176</td>
<td>0.242</td>
<td></td>
</tr>
<tr>
<td>(+) 0.092</td>
<td>0.097</td>
<td>(+) 1.010</td>
<td>0.365</td>
<td></td>
</tr>
<tr>
<td>(+) 0.184</td>
<td>0.098</td>
<td>(+) 1.857</td>
<td>0.066</td>
<td></td>
</tr>
</tbody>
</table>

The data presented in the Table 6.37 indicates that the majority of the respondents in middle (61.7 per cent) and senior age group (64.5 per cent) found the Doctors polite and the young (45.5 per cent) respondents found the Doctors polite who were less in proportion in comparison. The more of female (64.9 per cent) than male respondents (55.6 per cent) found the Doctors polite. Similarly, the majority respondents in the high income group found the Doctors polite than the respondents (48.6 per cent) who found the Doctors polite. It was evident from the responses that Doctor’s behaviour was polite but not always and not to all the people.

The coefficient of correlation between the variables has been presented in the Table 6.37 (a). It can be seen that the correlation between the variables and the responses of the patients is positive but at the same time the relationship is at low ebb.
Table 6.38: Are there sufficient medicines available in the dispensaries?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Age</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21–40 years</td>
<td>4</td>
<td>13</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(18.2)</td>
<td></td>
<td>(59.1)</td>
<td>(22.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>41–60 years</td>
<td>7</td>
<td>22</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(14.9)</td>
<td></td>
<td>(46.8)</td>
<td>(38.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>61–above years</td>
<td>3</td>
<td>19</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(9.7)</td>
<td></td>
<td>(61.3)</td>
<td>(29.0)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>10</td>
<td>32</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(15.9)</td>
<td></td>
<td>(50.8)</td>
<td>(33.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>4</td>
<td>22</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(10.8)</td>
<td></td>
<td>(59.5)</td>
<td>(29.7)</td>
<td></td>
</tr>
<tr>
<td>Monthly Percept Income</td>
<td>&lt; Rs. 2500/-</td>
<td>3</td>
<td>25</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(8.1)</td>
<td></td>
<td>(67.6)</td>
<td>(24.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rs. 2501/- to 5000/-</td>
<td>9</td>
<td>20</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(20.5)</td>
<td></td>
<td>(45.5)</td>
<td>(34.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rs. 5001 and above</td>
<td>2</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(10.5)</td>
<td></td>
<td>(47.4)</td>
<td>(42.1)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

The analysis of the data in the Table 6.38 clearly indicates that the majority of the responses were divided between the disagreed and undecided clearly establishing that there were not sufficient medicines available in the dispensaries. The majority of the senior (61.3 per cent) female (59.5 per cent) and respondents with the low monthly income (67.6 per cent) found the medicines insufficient. There were noticeable undeclared responses as well indicating the unsure mind of the respondents about the sufficiency of the medicines.

The coefficient of correlation between the variables has been highlighted in the Table 6.38 (a). It can be seen that the correlation between the variables and the monthly percept income.

Table 6.38 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>0.072</td>
<td>0.094</td>
<td>0.710</td>
<td>0.479</td>
</tr>
<tr>
<td>0.011</td>
<td>0.097</td>
<td>0.107</td>
<td>0.915</td>
<td></td>
</tr>
<tr>
<td>0.068</td>
<td>0.094</td>
<td>0.677</td>
<td>0.500</td>
<td></td>
</tr>
</tbody>
</table>

The coefficient of correlation between the variables has been highlighted in the Table 6.38 (a). It can be seen that the correlation between the variables and the monthly percept income.

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As a general observation the dispensaries were usually found short of equipment as well. This aspect was further supported by the majority responses as illustrated in the Table 6.39 that respondents in all the age groups disagreeing with the sufficiency of the equipment. Similarly, the more of female (67.6 per cent) than male respondents (57.1 per cent) found the equipment insufficient. The majority of the respondents in all the monthly precept income categories also found the equipments short. There were some undecided responses indicated the unawareness of the seekers about the requirement of the equipment.

The Pearson’s coefficient of correlation between the variables has been calculated to find out the direction and the intensity of the relationship between the responses of the patients and has been presented in the Table 6.39 (a). It can be seen that the variables related to gender and the monthly precept income of the patients has established a low relationship as against the variable of age which has demonstrated a high relationship.
The data illustrated in the Table 6.40 analyzed the shortage of the staff with the dispensaries it was found through the majority responses that the seekers/citizens in all the age groups found the staff short in the dispensaries. The young respondents (45.5 per cent) were not sure of the shortage of the staff. The more of female (67.6 per cent) than male (52.4 per cent) respondents found the shortage of the staff and similar were the findings in the variable of monthly precept income.

The coefficient of correlation between the variables has been highlighted in the Table 6.40 (a). It can be seen that the coefficient of correlation has established a positive relationship with the responses of the patients. Further it can be seen that it is only the variable related to age has shown a low relationship whereas the other two variables i.e. the gender and the monthly precept income has established a moderate relationship.
Table 6.41: PRI’s take interest in improving the performance of these dispensaries?

<table>
<thead>
<tr>
<th>Attributes/ Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 – 40 years</td>
<td>2</td>
<td>9</td>
<td>11</td>
<td>50.0</td>
</tr>
<tr>
<td></td>
<td>(9.1)</td>
<td>(40.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>8</td>
<td>29</td>
<td>10</td>
<td>21.2</td>
</tr>
<tr>
<td></td>
<td>(17.0)</td>
<td>(61.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61–above years</td>
<td>4</td>
<td>20</td>
<td>31</td>
<td>56.4</td>
</tr>
<tr>
<td></td>
<td>(7.3)</td>
<td>(36.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>35</td>
<td>17</td>
<td>27.0</td>
</tr>
<tr>
<td></td>
<td>(17.5)</td>
<td>(55.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td>23</td>
<td>11</td>
<td>29.7</td>
</tr>
<tr>
<td></td>
<td>(8.1)</td>
<td>(62.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Percept Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; Rs. 2500/-</td>
<td>5</td>
<td>23</td>
<td>9</td>
<td>24.3</td>
</tr>
<tr>
<td></td>
<td>(13.2)</td>
<td>(62.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rs. 2501/- to 5000/-</td>
<td>7</td>
<td>21</td>
<td>16</td>
<td>36.4</td>
</tr>
<tr>
<td></td>
<td>(15.9)</td>
<td>(47.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rs. 5001 and above</td>
<td>2</td>
<td>14</td>
<td>3</td>
<td>15.8</td>
</tr>
<tr>
<td></td>
<td>(10.5)</td>
<td>(73.7)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.41 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(&lt; 0.5)</td>
<td>0.159</td>
<td>0.100</td>
<td>(-0.152)</td>
<td>0.115</td>
<td></td>
</tr>
<tr>
<td>(0.09)</td>
<td>0.092</td>
<td>0.095</td>
<td>0.918</td>
<td>0.361</td>
<td></td>
</tr>
<tr>
<td>(0.01)</td>
<td>0.010</td>
<td>0.089</td>
<td>(-0.010)</td>
<td>0.918</td>
<td></td>
</tr>
</tbody>
</table>

It can be seen from the data presented in the Table 6.41 that there were mixed responses to the question though majority of the respondents in middle (61.7 per cent) and senior in age group (36.4 per cent) who disagreed with the interest taken by the PRIs in the improvement of the performance of these dispensaries. The female (62.2 per cent) and the male respondents (55.6 per cent) also disagreed with the interest taken by PRIs. However, the respondents (47.7 per cent) in the middle monthly income group disagreed as compared to the respondents (62.2 per cent) in the lowest income group and the highest income group (73.7 per cent). There were some undecided responses indicating the lack of interest of the PRIs in improving the performance of these dispensaries.

The coefficient of correlation between the variables has been presented in the Table 6.41 (a). It can be seen that the correlation between the variables and the responses of the patients is positive. Further it can be seen that the variables related to age and gender of the respondents have maintained a low relationship as against the high relationship with the monthly percept income of the respondents.
The suggestion and the views of the people were not given due weightage in running these dispensaries. The responses of the patients have been elicited in the Table 6.42. This aspect was well supported by the responses received in the variable related to age. The majority of the respondents in all the age groups disagreed with the view that the suggestions and views of the people were given due weightage. The male (58.7 per cent) and the female (59.5 per cent) respondents also disagreed with the viewpoint and the trend of the responses was found no different in the monthly precept income as well, therefore, expressed, that suggestions and views of the people were not given weightage most of the times.

The coefficient of correlation between the variables has been highlighted in the Table 6.42 (a). It can be seen that the coefficient of correlation has established a positive relationship with the responses of the patients. Further it can be seen that it is only the variable related to age that has shown a low relationship whereas the other two variables i.e. the gender and the monthly percept income has established a moderate relationship.

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 - 40 years</td>
<td>6</td>
<td>12</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>(27.3)</td>
<td>(54.5)</td>
<td>(18.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 - 60 years</td>
<td>11</td>
<td>25</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>(23.4)</td>
<td>(53.2)</td>
<td>(23.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61-above years</td>
<td>2</td>
<td>22</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>(6.5)</td>
<td>(71.0)</td>
<td>(22.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>13</td>
<td>37</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>(20.6)</td>
<td>(58.7)</td>
<td>(20.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>6</td>
<td>22</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>(16.2)</td>
<td>(57.9)</td>
<td>(24.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Monthly Percept Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; Rs. 750/-</td>
<td>8</td>
<td>20</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>(21.6)</td>
<td>(54.1)</td>
<td>(24.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rs. 2501/- to 5000/-</td>
<td>8</td>
<td>28</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>(15.2)</td>
<td>(63.6)</td>
<td>(18.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rs. 5001 and above</td>
<td>3</td>
<td>11</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(15.8)</td>
<td>(57.9)</td>
<td>(26.3)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.42 (a): Pearson’s correlation between the variables

| Interval by | Pearson’s R | Value | Asymp. Std. Error | Approx. T | Approx. Sig. |
| Interval    |             |       |                  |           |             |
| 0.146       | 0.092       | 1.457 | 0.148            |           |
| 0.061       | 0.099       | 0.607 | 0.545            |           |
| 0.033       | 0.13        | 0.328 | 0.743            |           |
Table 6.43: People are satisfied with the change-over of the dispensaries to the PRIs?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 – 40 years</td>
<td>0</td>
<td>14</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>(0.00)</td>
<td>(63.6)</td>
<td>(34.0)</td>
<td>(36.4)</td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>0</td>
<td>16</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>(0.00)</td>
<td>(35.5)</td>
<td>(35.5)</td>
<td>(64.5)</td>
</tr>
<tr>
<td>61 – above years</td>
<td>0</td>
<td>11</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>(0.00)</td>
<td>(35.5)</td>
<td>(36.4)</td>
<td>(36.4)</td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>24</td>
<td>17</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>(0.00)</td>
<td>(38.1)</td>
<td>(45.9)</td>
<td>(54.1)</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>17</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>(0.00)</td>
<td>(38.1)</td>
<td>(54.1)</td>
<td>(54.1)</td>
</tr>
<tr>
<td>Monthly Percept Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; Rs. 2500/-</td>
<td>0</td>
<td>15</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>(0.00)</td>
<td>(40.5)</td>
<td>(59.5)</td>
<td>(59.5)</td>
</tr>
<tr>
<td>Rs. 2501/- to 5000/-</td>
<td>0</td>
<td>17</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>(0.00)</td>
<td>(38.6)</td>
<td>(61.4)</td>
<td>(61.4)</td>
</tr>
<tr>
<td>Rs. 5001 and above</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(0.00)</td>
<td>(47.4)</td>
<td>(52.6)</td>
<td>(52.6)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.43 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.188</td>
<td>0.100</td>
<td>1.896</td>
<td>0.061</td>
</tr>
<tr>
<td></td>
<td>(1.027)</td>
<td>0.100</td>
<td>-1.065</td>
<td>0.446</td>
</tr>
<tr>
<td></td>
<td>(1.039)</td>
<td>0.101</td>
<td>-1.038</td>
<td>0.703</td>
</tr>
</tbody>
</table>

As per the data presented in the Table 6.43 it indicates that the people were not satisfied with the change over of the dispensaries to the PRIs in the young age (63.6 per cent) category. The majority of the respondents were undecided to the question which clearly indicated that they were not aware of the changeover or did not wish to react to the raised question. In a informal chat with a group of the seekers, it came to the surface people were interested in the delivery of the health care rather than who and how it was delivered.

The coefficient of correlation between the variables as denoted by R has been highlighted in the Table 6.43 (a). It can be seen that a positive correlation has been established between the variables and the responses of the patients. Further analysis indicates that the variables related to age and gender have shown a low relationship whereas the variable related to monthly percept income has denoted a moderate relationship.
Table 6.44: Are the Doctors and the other staff remain present in the dispensaries?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(</td>
<td>(</td>
<td>(</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>21 – 40 years</td>
<td>12</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(54.5)</td>
<td></td>
<td></td>
<td>(45.5)</td>
</tr>
<tr>
<td></td>
<td>41 – 60 years</td>
<td>23</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>(48.9)</td>
<td></td>
<td></td>
<td>(48.9)</td>
</tr>
<tr>
<td></td>
<td>61 – above years</td>
<td>16</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>(51.6)</td>
<td></td>
<td></td>
<td>(41.9)</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>30</td>
<td>2</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>(47.6)</td>
<td></td>
<td></td>
<td>(49.2)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>21</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>(56.8)</td>
<td></td>
<td></td>
<td>(40.5)</td>
</tr>
<tr>
<td>Monthly Percept Income</td>
<td>&lt; Rs. 2500/-</td>
<td>18</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>(48.6)</td>
<td></td>
<td></td>
<td>(43.2)</td>
</tr>
<tr>
<td></td>
<td>Rs. 2500/- to 5000/-</td>
<td>21</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>(47.7)</td>
<td></td>
<td></td>
<td>(52.3)</td>
</tr>
<tr>
<td></td>
<td>Rs. 5001 and above</td>
<td>12</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>(63.2)</td>
<td></td>
<td></td>
<td>(36.8)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.44 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(-) 0.058</td>
<td>0.103</td>
<td>(-) 0.077</td>
<td>0.939</td>
</tr>
<tr>
<td></td>
<td>(-) 0.087</td>
<td>0.099</td>
<td>(-) 0.868</td>
<td>0.387</td>
</tr>
<tr>
<td></td>
<td>(-) 0.055</td>
<td>0.099</td>
<td>(-) 0.541</td>
<td>0.590</td>
</tr>
</tbody>
</table>

On asking the question whether the Doctors and other staff remained present in the dispensaries during the working hours, it was clear through the responses presented in the Table 6.44 that the majority respondents in all the age groups agreed with this that staff was present in the dispensaries. However, the more of male (49.9 per cent) respondents thought otherwise that staff was not present. The same was the case with middle income group. The responses were so sharply divided between agreed and disagreed that it reflected that Doctors and staff were not always present in the dispensaries.

The coefficient of correlation between the variables has been presented in the Table 6.44 (a). It can be deciphered that the correlation between the variables and the responses of the patients is positive. On further observation it can be seen that the variable related to gender has maintained a low relationship as compared to the moderate and high relationship for the variable related to monthly income and age, respectively.
Table 6.45: Are you satisfied with fixed salary of Rs. 25,000/- given to the Doctors?

<table>
<thead>
<tr>
<th>Attributes/ Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 - 40 years</td>
<td>1</td>
<td>6</td>
<td>15</td>
<td>(68.2)</td>
</tr>
<tr>
<td>41 - 60 years</td>
<td>4</td>
<td>19</td>
<td>24</td>
<td>(51.1)</td>
</tr>
<tr>
<td>61 - above years</td>
<td>4</td>
<td>13</td>
<td>14</td>
<td>(45.2)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
<td>28</td>
<td>30</td>
<td>(47.6)</td>
</tr>
<tr>
<td>Female</td>
<td>4</td>
<td>10</td>
<td>23</td>
<td>(62.2)</td>
</tr>
<tr>
<td>Monthly Percept Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; Rs. 2500/-</td>
<td>2</td>
<td>14</td>
<td>21</td>
<td>(56.8)</td>
</tr>
<tr>
<td>Rs. 2501/- to 5000/-</td>
<td>6</td>
<td>19</td>
<td>19</td>
<td>(43.2)</td>
</tr>
<tr>
<td>Rs. 5001 and above</td>
<td>1</td>
<td>5</td>
<td>13</td>
<td>(68.4)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.45 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Income</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(-) 0.169</td>
<td>0.096</td>
<td>(-) 1.695</td>
<td>0.093</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.086</td>
<td>0.103</td>
<td>0.857</td>
<td>0.393</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.019</td>
<td>0.093</td>
<td>0.192</td>
<td>0.848</td>
<td></td>
</tr>
</tbody>
</table>

From the data presented in the Table 6.45 indicates that the responses to the question were split in a way that clearly it emerged that the people were either not satisfied with fixed or salary or they remained undecided as they were not sure as to how much it should be. The majority respondents in all the age groups were undecided. The female respondents (62.2 per cent) were undecided with fixed salary of Rs. 25000/-. The majority respondents in all the monthly precept income groups were also undecided.

The coefficient of correlation between the variables has been highlighted in the Table 6.45 (a). It can be seen that the relationship between the variables and the responses of the patients have shown a positive relationship. On closer observation it can be seen that the variables related to age, gender have indicated a low relationship.
Table 6.46: Are you satisfied with the contract based appointment of the para medical staff?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>9</td>
<td>5</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>(40.9)</td>
<td>(22.7)</td>
<td>(22.7)</td>
<td>(36.4)</td>
<td></td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>16</td>
<td>2</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>(34.0)</td>
<td>(4.3)</td>
<td>(12.9)</td>
<td>(61.7)</td>
<td></td>
</tr>
<tr>
<td>61 – above years</td>
<td>16</td>
<td>4</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>(51.6)</td>
<td>(2.9)</td>
<td>(35.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>23</td>
<td>9</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>(36.5)</td>
<td>(14.3)</td>
<td>(49.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>2</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>(48.6)</td>
<td>(5.4)</td>
<td>(45.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Percept Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; Rs. 2500/-</td>
<td>17</td>
<td>2</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>(45.9)</td>
<td>(5.4)</td>
<td>(48.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rs. 2501/- to 5000/-</td>
<td>16</td>
<td>9</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>(36.4)</td>
<td>(20.5)</td>
<td>(42.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rs. 5001 and above</td>
<td>5</td>
<td>0</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>(42.1)</td>
<td>(0.00)</td>
<td>(57.9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.46 (a): Pearson’s correlation between the variables

| Interval by | Pearson’s R | Value | Asymp. Std. Error | Approx. T | Approx. Sig. |
| Interval    |             |       |                   |          |             |
|            | (-) 0.068   | 0.097 | (-) 0.676         | 0.501    |
|            | (+) 0.079   | 0.101 | (+) 0.785         | 0.434    |
|            | 0.048       | 0.104 | 0.473             | 0.637    |

The data presented in the Table 6.46 analyzed the satisfaction with the contract based appointments of the Doctors and paramedical staff. The senior respondents (51.6 per cent) agreed with contract based appointments whereas the middle-age respondents (61.7 per cent) remained undecided. The responses in the young age group were found to be divided. The more of male (49.2 per cent) than female respondents (45.9 per cent) remained undecided. The trend was no different in the monthly precept income as well. The seekers either thought well about the contract appointments or were unsure about these but definitely they did not oppose such appointment.

The coefficient of correlation between the variables has been highlighted in the Table 6.46 (a). It can be seen that the variables and the responses of the patients have shown a positive relationship. The variables related to age and monthly percept income have shown a moderate relationship whereas the variable related to gender has shown a low relationship.
Table 6.47: The working of the dispensaries is discussed in the meetings of the PRIs?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>3</td>
<td>8</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>6</td>
<td>19</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>61–above years</td>
<td>2</td>
<td>11</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>26</td>
<td>12</td>
<td>31</td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
<td>12</td>
<td>20</td>
<td>(49.2)</td>
</tr>
<tr>
<td><strong>Monthly Percept Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; Rs. 2500/-</td>
<td>5</td>
<td>15</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Rs. 2501/- to 5000/-</td>
<td>5</td>
<td>16</td>
<td>23</td>
<td>(52.3)</td>
</tr>
<tr>
<td>Rs. 5001 and above</td>
<td>1</td>
<td>7</td>
<td>11</td>
<td>(57.9)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.47 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.090</td>
<td>0.098</td>
<td>0.893</td>
<td>0.374</td>
</tr>
<tr>
<td></td>
<td>0.006</td>
<td>0.102</td>
<td>0.060</td>
<td>0.952</td>
</tr>
<tr>
<td></td>
<td>0.106</td>
<td>0.095</td>
<td>1.051</td>
<td>0.296</td>
</tr>
</tbody>
</table>

The data presented in the Table 6.47 reveals that the most of the responses of the health seekers indicated that in the meetings of PRIs the working of the dispensaries was not discussed or the seekers were not aware such discussions. The reason for the trend was that even representatives of the PRIs were not sure as to what role they were assigned regarding the functioning of these dispensaries so were the seekers as well as the providers only few positive responses were not enough to set up a trend.

The data presented in the Karl Pearson’s coefficient of relation has been presented in the Table 6.47(a). It can be seen that the gender of the respondents has established on high correlation whereas the other three variables have demonstrated a feeble relationship.
Table 6.48: Do you think government should hand over the other institutions like SCs, PHCs and CHCs be transferred to the PRIs?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>21 – 40 years</td>
<td>0 (0.00)</td>
<td>7 (31.8)</td>
<td>15 (68.2)</td>
</tr>
<tr>
<td></td>
<td>41 – 60 years</td>
<td>0 (0.00)</td>
<td>21 (44.7)</td>
<td>26 (55.3)</td>
</tr>
<tr>
<td></td>
<td>61–above years</td>
<td>0 (0.00)</td>
<td>12 (38.7)</td>
<td>19 (61.3)</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>0 (0.00)</td>
<td>25 (39.7)</td>
<td>38 (60.3)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>0 (0.00)</td>
<td>15 (40.5)</td>
<td>22 (59.5)</td>
</tr>
<tr>
<td>Monthly Percept Income</td>
<td>&lt; Rs. 2500/-</td>
<td>0 (0.00)</td>
<td>13 (35.1)</td>
<td>24 (64.9)</td>
</tr>
<tr>
<td></td>
<td>Rs. 2501/- to 5000/-</td>
<td>0 (0.00)</td>
<td>21 (47.7)</td>
<td>23 (52.3)</td>
</tr>
<tr>
<td></td>
<td>Rs. 5001 and above</td>
<td>0 (0.00)</td>
<td>13 (50.0)</td>
<td>13 (50.0)</td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

The data in the Table 6.48 indicates that the majority of the respondents in all the age groups were undecided whether the government should hand over other institutions like SCs, PHCs and CHCs to the PRIs. The male (60.3 per cent) and the female respondents (59.5 per cent) were also not sure whether such institutions be transferred or not. The majority of the respondents in all the category of the monthly precept income were indecisive as well. The reason for this could be that transfer of rural dispensaries took place in the recent past therefore no opinion could be expressed about the handing over of the other institutions.

The coefficient of correlation as presented in the Table 6.48 (a) indicates the direction and the intensity of the relationship between the variables and the responses of the patients. It can be seen that the correlation is positive and in case of the variable related to age it has shown a modern relationship whereas in the case of gender and monthly precept income have established a strong relationship.

Table 6.48 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Value</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(-) 0.040</td>
<td>0.098</td>
<td>(-) 0.392</td>
<td>0.696</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(-) 0.008</td>
<td>0.100</td>
<td>(-) 0.84</td>
<td>0.933</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(+) 0.006</td>
<td>0.097</td>
<td>(+) 0.056</td>
<td>0.956</td>
<td></td>
</tr>
</tbody>
</table>
Table 6.49: The pharmacist is positioned in the dispensaries?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 40 years</td>
<td>4</td>
<td>8</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>41 – 60 years</td>
<td>10</td>
<td>16</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>61–above years</td>
<td>5</td>
<td>6</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>10</td>
<td>16</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>10</td>
<td>13</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Monthly Percept Income</td>
<td>&lt; Rs. 2500/-</td>
<td>8</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>(21.6)</td>
<td>(32.5)</td>
<td>(45.9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>12</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(18.2)</td>
<td>(27.3)</td>
<td>(54.5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(21.1)</td>
<td>(26.3)</td>
<td>(52.6)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.49 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; Rs. 2500/-</td>
<td>0.150</td>
<td>0.098</td>
<td>1.500</td>
<td>0.137</td>
</tr>
<tr>
<td>Rs. 2501/- to 5000/-</td>
<td>-0.202</td>
<td>0.098</td>
<td>-2.039</td>
<td>0.044</td>
</tr>
<tr>
<td>Rs. 5001 and above</td>
<td>0.060</td>
<td>0.100</td>
<td>0.595</td>
<td>0.553</td>
</tr>
</tbody>
</table>

The data presented in the Table 6.49 indicates that there were not many rural dispensaries where pharmacists were positioned. The most of responses either were in disagreement or were undecided. The respondents as such were not clear about the role of the pharmacists in the rural dispensaries. There were few respondents in all variables who had agreed with the statement but as such it could be seen that the pharmacists were not in position in most of the dispensaries.

The coefficient of correlation between the variables as indicated by the R and presented in the Table 6.49 (a) it can be seen that the relationship between the responses and the variable is positive. Further it can be seen that the relationship between the variables related to age and gender have established a low relationship whereas the variable pertaining to monthly percept income has demonstrated a moderate relationship.
Table 6.50: PRIs exercise adequate control over the dispensaries?

<table>
<thead>
<tr>
<th>Attributes/Responses</th>
<th>Ranks</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21–40 years</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>(18.2)</td>
<td>(31.8)</td>
<td>(50.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41–60 years</td>
<td>4</td>
<td>25</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>(8.5)</td>
<td>(53.2)</td>
<td>(38.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61–above years</td>
<td>3</td>
<td>11</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>(9.7)</td>
<td>(35.5)</td>
<td>(17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
<td>27</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>(6.3)</td>
<td>(42.9)</td>
<td>(50.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>16</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>(18.9)</td>
<td>(43.2)</td>
<td>(37.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Monthly Percept Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; Rs. 2500/-</td>
<td>4</td>
<td>14</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>(10.8)</td>
<td>(37.8)</td>
<td>(51.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rs. 2501/- to 5000/-</td>
<td>4</td>
<td>22</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>(9.1)</td>
<td>(50.0)</td>
<td>(40.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rs. 5001 and above</td>
<td>3</td>
<td>7</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>(15.8)</td>
<td>(36.8)</td>
<td>(47.4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Computed from primary data. Figures in parentheses are percentages.

Table 6.50 (a): Pearson’s correlation between the variables

<table>
<thead>
<tr>
<th>Interval by Interval</th>
<th>Pearson’s R</th>
<th>Asymp. Std. Error</th>
<th>Approx. T</th>
<th>Approx. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.080</td>
<td>0.106</td>
<td>0.791</td>
<td>0.431</td>
</tr>
<tr>
<td>(-0.034)</td>
<td>-0.100</td>
<td>(-1.855)</td>
<td>0.067</td>
<td></td>
</tr>
<tr>
<td>(-0.056)</td>
<td>0.105</td>
<td>(-0.551)</td>
<td>0.583</td>
<td></td>
</tr>
</tbody>
</table>

The analysis of the data depicted in the Table 6.50 that PRIs did not exercised adequate control over the dispensaries and the majority respondents in the young age (50 per cent) senior age (54.8 per cent) and male (50.8 per cent) and in the low monthly income groups (51.4 per cent) were indecisive about the adequacy of the control exercised by PRIs whereas the respondents in the middle age (53.2 per cent) in the middle income group (50 per cent) disagreed with the adequacy of the control.

The Pearson’s coefficient of correlation between the variables has been presented in the Table 6.50 (a). It can be seen that the variables and the responses of the patients are positively correlated and the variables related to the age and gender have established a low relationship as against the moderate relationship with the variable of monthly percept income.
NGO's and Health Care

Health Care in India has a long tradition of voluntarism. For centuries traditional healers have taken care of the health needs of their own community (independent commission of India: p 245) as a part of their social responsibility. These voluntary efforts were sometimes individually manned and other times managed by the group of committed and dedicated individuals. These efforts were pressed on from generation to generation along with knowledge of medicinal value of the available herbs and plants. Though with the development in the field of medicine and technology the practice is on wean yet the tribal all over the world practice this kind of medicinal care.

Today, we find these individual efforts have been institutionalized as an organized sector and the Government backs such institutions to get best out of them for the societal benefits. The idea of organizing such efforts is not all that new; in fact the institutionalized voluntarism was evolved during the colonial era, but unfortunately the institutionalized voluntarism that evolved during the colonial era was completely dominated by the thinking of the colonizers. They completely ignored the rich traditional systems of health care in India. This was partly due to the fact that much of this effort grew out of the activities of Christian missionaries, most of who came from the West. The Indian elite, who had been partially involved in the voluntary effort during that phase, also firmly believed in the supremacy of everything Western. Consequently, there was little possibility of evolving a health system which assimilated the best of both schools. Perhaps, the major exception was Mahatma Gandhi's continuous effort to popularise naturopathy, yoga and vegetarianism through the ashrams that he had set up in various parts of the country.

There was not much of change in the situation even after Independence. The health care through voluntary efforts remained limited to hospital based health care by the rich family charities or religious institutions. Then came the much talked Chinese experience of decentralized health care by taking the health care to the gross root level. This new rethinking of the health care based on Chinese experience helped to develop various models of community health programmes which emphasized decentralized curative services wherein trained village level workers played a key role. The emphasis of the care shifted from curative to preventive and much was left to the community to care for themselves.
The voluntary health effort as it exists today can be broadly classified as follows:

1. **Specialised Community Health Programmes:** Many of these go a little beyond health, by running income generation schemes for the poorer communities, so that they can meet their basic nutritional needs.

2. **Integrated Development Programmes:** In these programmes, health is a part of integrated development activities. Consequently, their emphasis on health care may not be as systematic or as effective as that of the previous group. However, the long-term impact of their work on health and the development of the community is significant.

3. **Health Care for Special Groups of People:** This includes education, rehabilitation and care of the handicapped. These specialised agencies are playing an important role, keeping in view the fact that hardly any government infrastructure exists in this sector of health care.

4. **Government Voluntary Organisations:** These are voluntary organisations which play the role of implementing government programmes like Family Planning and Integrated Child Development Services. These bodies are marginally more efficient than the government system but their overall approach is the same.

5. **Health Work Sponsored by Clubs:** Rotary Club, Lions Clubs and Chambers of Commerce are usually concentrate and industry on eye camps - conducting cataract operations in the rural areas on a large scale with the help of various specialists, etc.

6. **Health Researchers and Activists:** The efforts of these groups are usually directed towards writing occasional papers, organising meetings on conceptual aspects of health care and critiquing government policy through their journals (which usually have limited circulation).

7. **Campaign Groups:** These groups are working on specific health issues, such as a rational drug policy and amniocentesis, among others.

In the country, today, there are more than 7000 voluntary organization putting their efforts, at small or large scale to provide health care. The efforts of these voluntary agencies have resulted into the development of alternative models and also providing low cost effective health services in many parts of the country. These efforts have also plugged the gaps that existed in government health services. One
serious problem around these models has been their applicability at the large scale. Since these models do not possess the conditions of reliability; as it exists in the government models, due to regional diversities and the vast size of the country therefore it is very problematic to standardize these problems.

The another problem, which could be easily identified in relation to operational aspect of these efforts, is that such voluntary institutions are not necessarily in the area of extreme needs. One finds the least of such efforts in the state which on the health care scale are not performing very well such as states like Bihar, MP, UP, etc. Even in the States which are doing well like Kerala the efforts are not extended to the least developed parts.

Then yet another relates to overlapping of the efforts. Sometimes these voluntary efforts overlap in the area both jurisdictionally and functionally. The voluntary groups promoting the health care in the country are further divided on ideological grounds foreign or locally funded and these efforts are further divided on the basis of methods of medicines adopted in these organizations, such as traditional or modern system.

There have been several attempts initiated at the national level to promote health care through voluntary efforts. One of such attempts has been by the Kerala Sastra Sahithya Praishad (KSSP) to demystify the medicines. The KSSP has targeted poverty as the greatest health problem and the majority of the other ailments are follow up it. The Parishad focuses on the wealth of knowledge which existed in the traditional system medicines rather than in modern health care systems which are managed and controlled by the multinational drug companies.

The Voluntary Health Association of India (VHAI) is another association which is playing significant role in promoting the cause of health through such efforts. In an effort to support, develop, and sustain voluntary action in the field of health VHAI has come to recognize what can be termed as areas of light and darkness. There are regions in the country which have seen the emergence of successful health and development projects. These have not only provided alternate services to the people, but have also raised the awareness level of the community. However, other areas have remained neglected by the developmental process and programmes. The health scenario in these places is bleak, as if to exemplify the region’s backwardness; rampant child malnutrition, frequent epidemics of water-
borne disease, etc. From such indicators it can be surmised that a holistic, non-
exploitative and sustainable developmental process is absent in these regions.

VHAI endeavored to identify such areas. In collaboration with voluntary
organisations and State Voluntary Health Associations (VHAs), and with the active
participation of the community, it initiated KHOJ. KHOJ means search - as we go out
in search, we are bound to find solutions along the way. It is an initiative to bring
about a holistic change in the lives of the target population, by bringing about a total
change in the health, social and economic status of the community. It also aims at
developing a partnership between VHAI and the implementing organisations, thereby
strengthening the latter are ability to effectively implement - innovative, sustainable
developmental programmes.

Presently, there are 17 KHOJ Projects being implemented in ten states of
India, in some of the most, difficult and underdeveloped areas of the country. They
are also referred to as Community Health Packages. Need-based planning, training of
personnel involved in the project, regular visits by technical people from VHAI,
periodic evaluations and revisions of strategies, according to the changing needs,
have been the hallmarks of KHOJ projects. These projects (experiments) are
supported by EZE Germany.

Most of the KHOJ projects have a well-equipped small (2-4 bedded)
hospital/health centre. Regular out-patient services and free/subsidized medical
treatment is provided at these centres. These services are augmented by mobile
clinics, which reach out to people who have difficulty in accessing the health centre.

Preventive and promotive aspects of health are strengthened by on-
going training of traditional birth attendants, village health workers; formation of village
health committees; providing supplementary nutrition to expectant mothers, etc.
Efforts are made to provide a medical kit to each village health worker and safe
delivery kits to all trained dais of the KHOJ projects. For sustainability, income-
generation programmes have become an integral part of these projects. These
initiatives are monitored and assisted by State Level Advisory Committees, which
from time to time, provide resource persons to impart on-line inputs.

Voluntary organisations should be involved in various activities at the district
and block level, such as innovative health service delivery, training and special
programmes for endemic areas. A fine example of voluntary agencies taking up
health and development initiatives in remote areas is VHAI’s initiative through KHOJ projects.

Certain criteria should be followed when providing financial support to voluntary organisations. Only those registered as Societies or Trusts should be considered for assistance. Moreover, only those voluntary organisations which have worked for at least three years in primary health care and development, and are currently engaged in such work, should be provided financial assistance. These strategies, if realistically pursued, could go a long way towards improving the provision of health care in the voluntary sector. The Commission feels that voluntary agencies working in the health sector need to focus on the following issues of concern:

a) How they can join together in a broader struggle for social justice with other progressive forces. To systematically and effectively take up issues of socio-economic justice, in the areas where they are operating.

b) To work systematically towards a viable alternative health strategy.

c) To build up general awareness on rational and holistic health among the public at large, so that a conducive atmosphere is created for a shift in policy.

d) To build up an atmosphere for greater public accountability of the existing government health infrastructure.

e) To build up a consumer movement to ensure quality health care, at a reasonable cost, from the private sector in health care.

This major shift of focus will very often put the voluntary organisations in conflict with the state, medical establishment and medical industries. But to make an overall impact on health of the nation, the above concerns need to be addressed on a priority basis by voluntary agencies working in the health sector.

Role of NGOs

Taking cue from these efforts of VHAI and VHAs of State, the voluntarily organizations should be involved in various activities at the district level, block level for the delivery of health care. In the state of Punjab, these voluntary agencies are playing important role on the basis of serving the region. There are many such efforts in the state which have done remarkable job in promoting the health care in Punjab.
The district has such voluntary organizations looking after the needs of primary health care in the district, which has been selected for the study is Guru Nanak Mission Medical and Education Trust Dhahan Kalner.

The place Dhahan Kalner comprises of two villages Dhahan and Kalner situated on Nawanshahr-Phagwara State Highway. It is situated at the distance of 4 KM from Banga town towards Phagwara.

Guru Nanak Mission Medical and Educational Trust Dhahan Kalner

The trust known as Guru Nanak Mission Medical and Educational Trust was created on 27th March, 1979 with 23 Trustees (see Annexure - XV). The founder President of the trust was Baba Budh Singh Dhahan."

Institutions covered by the trust

There are different health and educational institutions which are run by the trust:

- Guru Nanak Mission Hospital
- Guru Nanak Nursing School and College.
- Red Cross Drug De-addiction and Rehabilitation Centre.
- Primary Health Care Project.

The brain behind the Trust

At present there are two types of agencies concerned with healthcare delivery. One government, hospitals which are grossly lacking in facilities and expertise. They are poorly equipped and staffed by inexperienced personnel. Lack of funds and mismanagement by bureaucracy has played havoc with the functioning of these institutions.

The second agency imparting healthcare is large number of Nursing Homes and speciality based hospitals in large cities. Although these hospitals provide good services but are so expensive that these are within the reach of only a few of the elite section of the society. In such a situation the Mission Hospitals assume great importance. In India Mission hospitals are run by religious bodies. The best Mission hospitals are run by Christian societies and are popular with the people.

The noble idea of starting a Mission hospital at Dhahan Kalner was conceived by its visionary founder president S. Budh Singh Dhahan a far-sighted great grand personality of village Dhahan. He was born on 5 December, 1925. His
father was S. Sher Singh and mother was Smt. Nand Kaur. Innate inclination for social service in him was hereditary, as most of, his family members sacrificed their lives by playing an active role in various national movements such as Jaito Ka Morcha and Guru Ke Bagh Ka Moreha, but he got true inspiration and right type of direction to his keen social service desire while his stay in Canada by observing the Jews, Ismailese and Christians doing yeoman selfless social service in an organised manner for their respective communities. At the site of this institution the land which was once barren, unproductive and lying fallow S. Budh Singh while in his childhood in the depth of his heart used to dream of so many projects such as Sports Stadium, Gurmat College and College for girls etc., but the realization and the fulfillment of this dream needed an opportune time. The seed of social service began sprouting in him in his very childhood. At the age imbued with natural play instinct, he used to sing patriotic songs in a childlike babbling manner.

“Coming events cast their shadows before”, not this much alone completion of so many useful social projects at Dhahan under his leadership and guidance such as establishment of a Government. Primary School, erection of a Bus Stop, opening of Post Office and construction of Gurudwara building bespeak of his line of thinking as a whole. Before going to Canada, he took great interest in political field. As a natural consequence, he held top most responsible posts such as President Akali Jatha, Member Executive Committee Akali Dal and Vice Chairman Punjab Peace Council. He was put behind the bars so many times for taking active part in Punjabi Suba struggle and other Panthic Morchas. He was lucky enough to have close links with grand personalities like Master Tara Singh, Master Dalip Singh Gosal, Jathedar Sampuran Singh Rama, Giani Kartar Singh and S. Hukam Singh.

The Story of Great Struggle

S. Budh Singh Dhahan went to Canada at the invitation of his sister. He taught Punjabi language free of charge to the children of our own community. He started a new Punjabi magazine The Sikh Samachar. On the top of it, he played a leading role in the accomplishment of social service projects there as well.

Simultaneously, he extended full voluntary co-operation with due reverence to those engaged in social service ventures from this side. With all these time consuming engagements he worked continuously for eighteen hours daily to improve his financial position so as to provide proper education to his children.
After his long stay in a developed country like Canada, he came back home. He felt the lack of health facilities of a desirable standard. He also noticed urgent need of an ideal higher education in the rural area. He went back to Canada. He discussed in detail with Punjabi brothers and other matured persons living abroad the possibility of establishing an institution with the aim of providing health and educational facilities here. Having a positive response from all sides together with the graceful consent of his family members to this big proposal this great and brave man of action left Canada in 1979 sacrificing his personal comforts and pleasures so as to grow roses from an unproductive land and to provide health and educational facilities to the needy people of this rural and backward area.

A Trust was established in 1979 which included dignitaries from various religions and different districts. It is a long tale in itself of tough struggle beset with untold hurdles; the way the Trust was able to get transferred the land obtained from Dhahan and Kaleran Panchayats in the name of the Trust. In August 1981, the Trust got the actual possession of the land. In the very beginning when the Trust was formed in the preliminary meetings everybody was of the strong view that it was impossible to collect required money for this huge project so much so that many meetings ended in smoke.

One such meeting was arranged in Sh. V. P Bedi’s house in which the point of collection of money was raised again. S. Budh Singh appealed to the defaulting primary founder members to donate Rs. 10,000/- in each case. He also exhorted each member to commit to collect Rs. 10,000/- of his own on voluntary basis. He emphatically told the members that he would do his level best to complete the project once it was started. There was great logic in his argument that donations could be collected from common people only when they would see for themselves that the project was under construction. Unluckily when no response was discernable in that meeting a person of great standing said, “Look here S. Budh Singh, if you can collect money from abroad you may start this project with great pleasure otherwise nobody would give sufficient help from this side”. Without any tangible results in view S. Budh Singh came back home, crestfallen and disillusioned in a state of frustration full of rueful emotional feelings.

Naturally of course down spirits prevailed. He was compelled to think that nothing wrong had happened at that stage. He deemed it fit to return the money donated by primary members along with Rs. 2,50,000/- of his family members and to
proceed back to Canada. At this time S. Santokh Singh Lalpur, his close relative had an inkling of conflicts, despair and disillusionment in S. Budh Singh's mind because he had brought S. Dhahan in the meeting and on his way back he could easily judge his pathetic state of his mind. All this had great effect on S. Santokh Singh. He reached Dhahan early in the morning from his village. He knocked at the door, entrenched in thoughts and encircled in worries of fruitless efforts S. Budh Singh opened the door. S. Santokh Singh embraced S. Dhahan with great warmth and suggested, “Dear Uncle, leave the idea of a big hospital, please open a small dispensary, we shall contribute our own share to the money already collected with you. Thus your aim would be fulfilled. People will get the facility of medical treatment”.

This gesture of goodwill and encouraging response instilled high spirits in S. Dhahan. Secondly, S. Budh Singh recalled the order of famous Sant Baba Sewa Singh in this connection. The background of this event goes as Sant Sewa Singh went to Canada for collection of money. Master Ajit Singh Ambalvi and many other high ranking personalities were there at a dinner in S. Budh Singh's house. At that time S. Ajit Singh requested Sant Sewa Singh to start construction of buildings of schools, colleges and hospitals as so many Gurudwara buildings had already been constructed by him.

There was silence for one or two minutes. Then S. Budh Singh requested Sant Sewa Singh to remember what S. Ajit Singh Ambalvi had suggested. At that time Sant Sewa Singh said to S. Dhahan in an authoritative manner. Do it, you are to do it, this responsibility is yours. The words uttered by Sant Sewa Singh became a great source of inspiration for S. Dhahan. On this very account Sardar Dhahan said to Sardar Santokh Singh with full determination. I will stick to my decision undertaken with the grace of God while leaving my home and hearth. I have no selfish interest in this venture. I am fully confident that with the blessings of the Almighty we would be successful in the noble Mission which in reality is His.

Laying of foundation stone by Bhagat Puran Singh

When this project was to be started the Trust had only Rs. 1,10,000/-. A display board was erected showing the scheme of five hundred beds Guru Nanak Mission Hospital. Along with it proposed future plans of Nursing School, College of Nursing, Public School and Medical College was also depicted. Sardar Budh Singh Dhahan used to discuss this huge project with the people of the area. This project was
properly highlighted through newspapers all over Punjab. Construction work was started after preparation of blue prints. Thus, commenced the marvelous journey of this grand personality S. Budh Singh Dhahan sincere, dedicated, a man of word and deed indeed.

The citizens of a rich country like Canada giving up all facilities of a cozy, luxurious and an affluent life, with the benign blessings of Great Gurus and voluntary assistance of common people stepped forward to complete this unique project thereby making this barren and unproductive land a pride of our dear province. Whenever, he was all alone in his house. He would bring the morning tea in a thermos bottle at the site of construction. There was none else even for the sake of company. Indomitable courage shown by Sardar Dhahan is really creditable and worth appreciation. This project involving crores of rupees was started with a meager sum of Rs 1,10,000/- at hand. Even the foundations could not be completed with this small amount.

An unfortunate day came when not even a single penny was left after paying daily wages to the labourers. S. Budh Singh Dhahan often got emotional relating this disheartening situation of utter despair with wet eyes like this. The labourers left the site of construction but he in a thoughtful and sad mood sat under a kikar tree nearby. (The historical Kikar tree is still there bearing evidence of old memories of S. Budh Singh) and kept on weeping for hours together. No one was there to lend solace to Sardar Dhahan and to stop him from weeping with words of encouragement. Honestly speaking this weeping was not due to the failure of the Mission but this sobbing was purely due to lack of proper response from the people of the area. Anyhow at sunset he stood up and returned home in frustration. There was none there to prepare and serve meals to him. He lay down on the cot empty stomach. He had to pass an uncomfortable and sleepless night.

In those very days, S. Budh Singh's friend S. Jagjit Singh Gogoani came to see him on learning through the newspapers regarding this grand scheme launched by him. He stayed with Sardar Dhahan for three days observed his daily routine and exchanged views regarding the possibilities and probabilities of this great project. He said to Sardar Dhahan, “I am keenly observing that you are engaged with full determination all alone to complete this gigantic work do it with full dedication without any interruption. Do not get disheartened. One thing more, you should not expect any sort of appreciation from these persons”. The reason is very simple if you had started constructing the building of any Gurudwara or Dharamsala these very
persons would have left for home after making sure that you have slept properly and
would have approached you early in the morning to wake you up sitting at the side of
your feet. But you are talking of 500 Bed Hospital, Nursing School, Public School,
Nursing College and Medical College. These plans are far above the heads of these
people.

As a matter of fact 20 years back there was no tradition of setting up private
institutions of high standard relating to the provision of health and educational
facilities. At the same time none could think of completion of such a huge project of
common social welfare with missionary spirit. Although chief aim of our worthy
Gurus was to create a healthy community for the fulfillment of this very aim. The
Fifth Guru constructed a leprosy hospital named “Kohr-garh” in order to provide
relief to the lepers. He himself used to bandage the wounds of lepers after washing
them properly. Sending of Sikhs in the shape of “Nirmala” to Kashi to receive higher
education is a sufficient proof of the fact that the tenth Guru attached great
importance to the educational aspect. Guruji had 52 poets in his court. He used to
encourage them to produce literature of high standard. This is also indicative of
Guru’s deep interest in education, but even after the lapse of hundreds of years the
Sikh community remained lagging behind in the educational field.

The age old tradition set up by our Gurus for ear-marking apart of one tenth of
income for social uplift is now purely linked with the construction of Gurudwara
buildings. Many persons while making donations to this institution demand receipts
of Gurudwara Sahib. This is clearly a pointer to the fact that we have started looking
at our religious traditions entirely from a different angle. The life history of the
Eighth Guru bears true evidence to the Mission of selfless service. When in a big city
like Delhi smallpox took the shape of an epidemic Guru Harkishanji, an embodiment
of true service and humility, took care of patients with his own hands. He used to
render great service going to the house of each afflicted patient. The kind-hearted
Guru prepared a tank to provide proper relief and hundreds of patients got healthy
after taking nectar from this sacred tank. No doubt Guruji himself breathed his last of
smallpox but he showed the high ideal of self less service with our own hands in all
sincerity and dedication. Perhaps on this very account the Tenth Guru inserted the
First Pauri (verse of) Chandi di Var - an important part of Sikh prayer to cure all our
diseases will get evaporated when we meditate and pray to Guru Harkishanji with this
insertion the Tenth Guru held self-less service par excellence.
S. Budh Singh Dhahan had to struggle very hard all alone for a sufficiently long time to give a new direction to the society. When we have a look at his friends and companions then we recollect the couplet written by Late S. Sadhu Singh Hamdard and S. Budh Singh quotes it at stages so many times, “I started journey all alone. The path was right. People joined and now it has become a large caravan”. S. Budh Singh had to face so many obstacles and bear dejection and frustration calmly and patiently to establish this sacred centre for the service of mankind, but his spirit of dedication has become a source of inspiration for the people of the area. The dream of Sardar Budh Singh once considered hollow and wishful thinking started taking practical shape on the ground. Seasoned and matured persons of the area began to offer full moral support along with financial help.

Sh. B.D. Pandey the then Governor Punjab inaugurated the hospital on April 17, 1984. Sardar Budh Singh Dhahan went abroad to different countries 15 times for the establishment of 300 bed Hospital, School of Nursing, College of Nursing, Senior Secondary Public School and 15 beds De-addiction Hospital. Sagacious persons living abroad have donated Lakhs of rupees for the setting up of this institution. S. Gurbachan Singh Gosal of Fiji has donated Fiji Market comprising 28 shops at Banga. Likewise land and shops donated by other persons is in the possession of the Trust. Along with big response from foreign countries for the uplift of the institution financial support given by the Trustees and other persons of the area is worth appreciation. Without any fear of contradiction it can be safely said that this institution has now earned unique name and fame at international level.

Till now almost Rs. 16 Crores have been spent on the institutions run by Guru Nanak Mission Medical and Educational Trust. For raising the infrastructure for health care and education, the money has been collected from national and international donors. S. Budh Singh Dhahan has made 32 visits to U.K., Canada, U.S.A, Norway, Fiji and some other countries to collect donations since 80 per cent of money received as donations comes from abroad. Money from international donors is collected through registered charitable organisations like International Akal Mission, U.K., Canada-India Education Society, Vancouver, Canada and Guru Nanak Mission Education Charitable Society Inc., U.S.A.

Provision and extension of education and real service of ailing persons once an imaginative thought of S. Budh Singh has become an absolute and concrete reality, but in the process of turning a pure imagination into a stark reality, significant
contribution made by all Trustees, great donors living abroad, wise donors of the area, officials and workers of the institutions, companions of S. Budh Singh is worth mentioning.

Our great Gurus have instilled in us inborn tendency to render service to all oppressed, suppressed, diseased, needy and the disabled without any distinction of caste or creed. This selfless service is the legacy of each Punjabi. This spirit of selfless service is intermingled in each breath taken by S. Budh Singh. He has been rendering great service continuously with full determination and untiring dedication.

**Objective of the trust**

Healthy and sturdy body is of utmost importance for each and every person in life. Likewise education is regarded as a pivot in society. In case this axis is strong, balanced and development oriented, the society will be strong and powerful from all aspects.

Amalgamation of education and health, the creation of this unique centre are steps in the right direction to create awakening through education and to play a pivotal role in the building up of a healthy community free from the hazards of all ailments.

**Unique Achievements**

1. A Declaration of Partnership between School of Nursing, University of British Colombia and Guru Nanak Mission College of Nursing was signed on May 22, 1999. This is possible only through the sincere efforts and diligence of executive members of Charitable Society of Canada.
2. Savita Mal, a tenth class student of Guru Nanak Mission Public Senior Secondary School, Dhahan Kaleran secured the prestigious top most first position in the matriculation examination held in March 1999.
3. 60th All India Sikh Educational Conference (International) was held from 27 - 29 Nov 1998 in the premises of Guru Nanak Mission Hospital Complex in collaboration with the Chief Khalsa Diwan, Amritsar.

**Special features of this institution**

- This institution is providing cheap and high standard facilities to the area. With an admission slip of Rs.10/- only the patient can have Medical Check Up in all departments and this slip is valid for three weeks.
- Donors avail of Income-Tax exemption as per rules.
• Indoor patients and their attendants get free meals all the three times. Every possible help is given to the poor and helpless patients.

• There is Gurudwara Sahib in the hospital complex. Prayers are offered to the Almighty twice for the relief of patients along with treatment through medicines.

• Free treatment is given and free meals are provided to patients admitted in the De-addiction Centre.

• No capitation fee is charged at the time of admission to the Nursing School and Nursing College.

• Free education is provided to two poor and brilliant girl students of the school of Nursing.

Guru Nanak Mission Hospital, Dhahan Kaleran

The Guru Nanak Mission Hospital is a 250 bedded multispeciality institution situated in the heartland of rural area of Doaba. It provided the effective treatment of all the major specialties of Medicine and Surgery. The Medical Superintendent is the administrative head of the hospital. The hospital was well staffed and equipped.

Table 6.51: Staff position of GNM Hospital Dhahan Kaleran

<table>
<thead>
<tr>
<th>Name of the Post</th>
<th>Total posts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor General Surgeon</td>
<td>2</td>
</tr>
<tr>
<td>Medical Specialist</td>
<td>2</td>
</tr>
<tr>
<td>Gynecologist and Obstetrics</td>
<td>1</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>2</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1</td>
</tr>
<tr>
<td>E.N.T. Specialist</td>
<td>1</td>
</tr>
<tr>
<td>Eye Specialist</td>
<td>1</td>
</tr>
<tr>
<td>Dental</td>
<td>1</td>
</tr>
<tr>
<td>Skin specialist</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>2</td>
</tr>
<tr>
<td>Emergency Medical Officer</td>
<td>4</td>
</tr>
<tr>
<td>Micro-Biologist</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>7</td>
</tr>
<tr>
<td>Nurses</td>
<td>70</td>
</tr>
<tr>
<td>Lab. Technician</td>
<td>8</td>
</tr>
<tr>
<td>Radiologist</td>
<td>1</td>
</tr>
<tr>
<td>Engineer</td>
<td>1</td>
</tr>
<tr>
<td>Security- Men</td>
<td>20</td>
</tr>
<tr>
<td>Driver</td>
<td>20</td>
</tr>
<tr>
<td>Class -IV</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: O/o Medical Superintendent, Guru Nanak Mission Hospital, Dhahan Kaleran.
Every specialty was headed by a qualified and an experienced person. The following specialist services are provided by the various departments (see chart 6.1) of hospital.

**Department of Surgery**

It was a backbone of the hospital. It provides services in General as well as Pediatric Surgery. The Operation Theatre was well equipped with Electro-Surgical Unit, ventilator and cardiac monitor. The department undertook treatment of head injuries, Operations on the Thyroid Gland, Cancer Breast, Parotid Gland, Cancer of Esophagus, all operations on the abdomen, operation of Gall Bladder stones, Kidney Stones, removal of the Prostate Gland, Repair of Hernia and many other operations.

**Department of Medicine**

In addition to looking after, routine general medical and emergency patients. The department ran a diabetic clinic. It also looked after patients with accidental poisoning with insecticides and pesticides. There were two M.D. Doctors specialisation in medicine.

**Department of Gynecologist and Obstetrics**

Apart from Caesarian Sections all types of gynecological operations were undertaken. The department also runs Antenatal, Infertility and cancer Clinics. Most difficult deliveries are handled with efficiency in the cleanest environment.

**Department of Orthopedics**

As the hospital was situated on the busy Phagwara-Chandigarh state highway, there is intake of large number of trauma cases involving injuries to the bones. All types of fractures and diseases of the bones were dealt with in the department.

**Department of Pediatrics**

The children who were the citizens of tomorrow were looked after in every respect. The immunization resuscitation of seriously ill children and treatment of jaundice of the new born is undertaken effectively. Incubator facilities are available for the premature babies.

**Department of Ophthalmology**

It was one of the well equipped departments in the hospital. All types of the Eye operations including insertion of intraocular lenses are undertaken in the department. One Doctor with specialization was positioned in the department.
Chart 6.1: Organisational Structure
Guru Nanak Mission Hospital, Dhahan Kaleran

Medical Superintendent

- Department of Medical
- Department of Surgery
- Department of Gynaecology and Obstetrics
- Department of Orthopaedics
- Department of Paediatrics
- Department of Ophthalmology
- Department of Otolaryngology
- Department of Physiotherapy
- Department of Radiology and Ultrasonics
- Department of Pathology
Department of Otolaryngology

All types of operations on the diseases of Ear, Nose and Throat, were undertaken with efficiency. One E.N.T. specialist doctor was positioned in the department.

Department of Physiotherapy

There was one post of Physiotherapist in newly created department of physiotherapy.

Department of Radiology and Ultrasonics

All types of investigations were undertaken in the hospital. There was one radiologist positioned in the department. The machine for ultrasound scanning was available in the hospital but there was no sonologist positioned permanently. Dr. Daljeet Singh, Sonologist from Banga was called whenever there was need.

Department of Pathology

There was one post of microbiologist who was head of the department. Investigations in the field of Biochemistry, Microbiology and Histopathology were available in the department and done by eight laboratory technician in the department. Emergency and I.C.U. well equipped with life saving machines.

Blood Bank

The hospital has a blood bank with provision of blood storing capacity of 300 units.

Operation Theatre

There was one huge operation theatre which is further divided in four parts. It was fitted with all modern equipments of the surgery. It was situated on the ground floor. At a time four operations in the theatre could take place.

Wards

There were main five wards each having capacity of 50 beds with 10 special rooms (Private Rooms) and 5 (deluxe Private Rooms). The patients were charged Rs. 100/- per day for special rooms and Rs. 500/- per day for deluxe private rooms. Each was attached with a Nursing unit, and treatment room with an operation of retiring room facilities for the Nurses.

Vehicle fleet

The Mission had 5 ambulances and 14 other vehicles. One of the ambulance was donated by the Canadian society (CIES) which was a huge bus fitted with modern facilities. All the vehicles were in order and are frequently used for the purposes.
Medical store

There was a provision of a medical store within the complex of the hospital which operates round the clock. The store was owned and managed by the trust itself.

Canteen

The hospital complex was attached with one canteen, which caters to needs of the staff and patients and attendants as well. Canteen was on let out to a contractor with fixed rates, which are in the decided by the contractor and the management.

Mammography facility

The Nargis Dutt Foundation had donated a Mammography machine to hospital. Mammography machine helps detecting the symptoms of breast cancer amongst women. The early detection of such symptoms helped women go not only for early but cheaper treatment. The Hospital had decided to offer mammography facility absolutely free of cost to all women of the region.

Golden health card scheme

The Trust had adopted Banga town and 100 villages falling in the vicinity of trust-run Guru Nanak Mission Hospital. The trust had developed a unique idea to issue a golden health card to each family residing in these villages. The Card carries names of all members of the family. This card was distributed free of cost and any member whose name appears on the card can use this card, in case of need, any number of times and can avail a flat benefit of 25 percent off on treatment.

<table>
<thead>
<tr>
<th>Year</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor</td>
<td>62237</td>
<td>66359</td>
<td>68659</td>
<td>52597</td>
<td>49180</td>
</tr>
<tr>
<td>Indoor</td>
<td>26472</td>
<td>29473</td>
<td>34980</td>
<td>22940</td>
<td>25739</td>
</tr>
<tr>
<td>Surgery</td>
<td>1752</td>
<td>1697</td>
<td>2280</td>
<td>2477</td>
<td>2572</td>
</tr>
</tbody>
</table>

North American Sikh Medical and Dental Association (NASMDA) USA

The Association between North American Sikh Medical and Dental Association (NASMDA) USA and Guru Nanak Mission Hospital at Dhahan Kalran was benefiting the patient population in various ways. The visiting physicians and surgeons along with themselves brought up to date and latest diagnostic techniques and surgical and medical skills to the Doctors serving the hospital here. A hand on training by the visiting Doctors was benefiting the training of local Doctors who continued to provide these services for patient population. NASMDA members have also offered to help obtain new and slightly used equipments from overseas at

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relatively no cost to the hospital here. Some latest medical journals were also sent here for the Doctors to update their knowledge in their specialities.

The NASMDA had visiting faculty as well (see Annexure-XVI).

**Canada-India Education Society (CIES)**

The Canada-India Education Society (CIES) was founded in 1991 in Vancouver. The purpose of CIES is to support health care and education in rural Punjab and other rural areas of India. CIES also seeks to promote civil partnerships between Canada and India. CIES has its office in Vancouver, British Columbia and is managed by a Board of Directors. The main activities of the Society were:

1) Health and education programs in Punjab;
2) Faculty and student exchange between UBC School of Nursing and Guru Nanak College of Nursing;
3) Annual bursaries for high school graduates in Canada and bursaries and scholarships for high school and other students in Punjab; and
4) Public engagement and fund-raising.

**Guru Nanak School and College of Nursing**

The Guru Nanak School of Nursing and Guru Nanak College of Nursing named after Sri Guru Nanak Dev Ji, the founder of the Sikh Panth, were established in 1993 and 1998 respectively. Although situated in rural area, the college presents a beautiful panorama. The magnificent infrastructure includes four-storey College building along with two hostels for both GNM and B.Sc. (Nursing) students. Classrooms are well equipped with all innovative facilities of AV aids like TV, VCR, Silver Screen, OHP’s Data projectors etc. There are Obstetrics, Pediatrics, Community, Microbiology, Nutrition, Fundamentals of Nursing and Computer laboratories having sophisticated modalities including all articles related to Nursing and allied sciences. The College has a spacious library with separate stacking and reading sections and more than 2000 text and reference books along with online information systems.

The College was presently running two courses, a General Nursing and Midwifery which is a three-year Diploma Course and B.Sc. Nursing which was a four year Degree programme with 50 seats in each course. Distribution of seats was as under:
Table 6.53: General nursing and midwifery seats detail

<table>
<thead>
<tr>
<th>Category</th>
<th>Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Category</td>
<td>25</td>
</tr>
<tr>
<td>Rural Category</td>
<td>15 (2 seats for Dhahan and 2 seats for Kaleran)</td>
</tr>
<tr>
<td>Scheduled Caste</td>
<td>3</td>
</tr>
<tr>
<td>Backward Caste</td>
<td>2</td>
</tr>
<tr>
<td>N.R.I.</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: O/o Principal, Guru Nanak College of Nursing, Dhahan Kaleran.

Table 6.54: B.Sc. nursing seats detail

<table>
<thead>
<tr>
<th>Category</th>
<th>Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Category</td>
<td>25</td>
</tr>
<tr>
<td>Rural Category</td>
<td>15 (2 seats for Dhahan and 2 seats for Kaleran)</td>
</tr>
<tr>
<td>Scheduled Caste</td>
<td>3</td>
</tr>
<tr>
<td>Backward Caste</td>
<td>2</td>
</tr>
<tr>
<td>N.R.I.</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: O/o Principal, Guru Nanak College of Nursing, Dhahan Kaleran.

The College was affiliated to Baba Farid University of Health Sciences and was recognized by the Indian Nursing Council and the Punjab Nurses Registration Council, Mohali, Punjab. The College was exemplary, showing an ideal setup according to the norms laid down by the Indian Nursing Council, New Delhi. Further, the own 250-bedded multi-specialty hospital with specialty health team and services that offers ideal conducive environment to develop advance nursing skills in clinical area. The main focus was to practice comprehensive and holistic nursing care to ensure better prognosis of the patient.

To make the students learn the advanced nursing practices being followed in developed countries, the College had signed an agreement with University of British Colombia school of Nursing, Vancouver, Canada on May 22nd, 1999. The College had been greatly benefited by this partnership. This agreement of the college with U.B.C. Vancouver, Colombia was wonderful and it was a great achievement of this institution. Every year four students of college of nursing were going there for 4 weeks experience and vice-versa. This relationship was strengthened by students and faculty exchange programme. Delegates from UBC faculty visited the institution conducting seminars and discussions on various teaching methods. The technological advances and growth of nursing knowledge created the need of information expertise that was being fulfilled by providing in-service education in the institution. Time to time various workshops and seminars were organized in the institution. In addition the faculty and the students were also sent to other institutions to attend various in-service educational programmes.
The College had well qualified faculty consisting of one Principal, 1 Reader, 6 Lecturers, 7 Nursing Tutors, 23 Clinical Instructors and 9 Guest Faculty Lecturer. (Detailed list of the staff was presented in Annexure-XVII).

**List of Hospitals Attached for Clinical Training**

- Guru Nanak Mission Hospital, Dhahan Kaleran, Nawanshahr - 250 Bedded Hospital – Within Campus
- Institute of Human Behaviour and Allied Sciences, New Delhi - 430 Bedded Hospital - 350 Kms. from the Institute
- Fortis Heart Institute, Mohali - 200 Bedded Hospital - 90 Kms.
- General Hospital, Sector 16, Chandigarh - 500 Bedded Hospital - 100 Kms.

The College also provided relaxing and refreshing schedule to the students in terms of annual sports meet, excursions and various extracurricular activities. Student's active participation helps to evince new interest to make them energetic for future challenges. The College had started faculty development programme. Under this plan two faculty members were sponsored for Masters programme in National Institute of Nursing Education at PGI, Chandigarh.

**Red Cross Drug De-Addiction and Rehabilitation Centre**

The de-addiction centre was started in 1991 as counseling centre for O.P.D. patients sponsored by Ministry of Social Welfare and Empowerment Government of India through Red Cross Society. In 1993 the centre was converted to 15 bedded ward. The centre was provided absolutely free treatment to the addicts till 31 March 2007. From 1st April 2007 it was working under the hospital management and there is no collaboration with Red Cross Society. The centre was of great help in checking menace of drug addiction which was spreading fast amongst the students like wild fire in schools and colleges.

<table>
<thead>
<tr>
<th>Table 6.55: No of beneficiaries 1991-2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of outdoor patient</td>
</tr>
<tr>
<td>No of indoor patients</td>
</tr>
<tr>
<td>Total patients</td>
</tr>
</tbody>
</table>

*Source: O n Medical Superintendent, Guru Nanak Mission Hospital, Dhahan Kaleran*

During the study it was found that:

1. Maximum patients were males, very few were female.
2. Only properly motivated individuals were admitted for detoxification.
3. After detoxification help rendered in their rehabilitation.
4. Stay in the centre varies from 15-35 days minimum and to three months maximum.

5. Follow up and rehabilitation services are provided in the centre and at their places of residence for a period of 9 months to 24 months.

**Primary Healthcare Project**

The Project is sponsored by Canada-India Education Society (CIES) with Guru Nanak Mission Medical and Educational Trust and Project undertaken with the financial support of the Government of Canada, provided through the Canadian International Development Agency (CIDA). The overall project goal was to contribute to the improvement of health in rural Punjab through building capacity in primary health care and embarking on an organizational development strategy.

The UBC-Guru Nanak College partnership led to an exciting spin-off with a primary health care project in the area around Dhahan-Kaleran. This project began in 2001 when the Canada-India Education Society (CIES) submitted a proposal to the Canadian International Development Agency (CIDA) for one-year funding to conduct a community end of the year, the Guru Nanak Trust had conducted an extensive community health survey in 60 villages - the first survey of this kind ever done in that area. Nursing students from Guru Nanak College of Nursing visited more than 9,600 households to collect information about the health status of families in these villages. Members of the Primary Health Care Project Committee at Dhahan-Kaleran provided guidance to the students and consulted with village leaders during the survey process. Findings from the survey were used to plan the next phase of the project that would involve providing basic health services in villages that lack access to health care.

**Findings**

**Member PRIs**

- The majority of the members of PRIs were unaware of the transfer of the rural dispensaries to the PRIs.
- The transfer of dispensaries to PRIs did not make any difference to the functioning of PRIs this view was supported by the majority of the members.
- The majority of the members PRIs were undecided about the professional skill of the Doctors in these dispensaries.
➢ The Doctors in the dispensaries attended the patients politely as was found by the PRIs members.

➢ The rural dispensaries were having insufficient medicines according to the majority of PRIs members.

➢ The majority of the members of the PRIs found that dispensaries had insufficient equipment to examine the patients.

➢ Generally the dispensaries had shortage of staff, it was expressed by the majority of the PRIs members.

➢ The majority of the members of PRIs found that PRIs were not taking keen interest in improving the performance of these dispensaries.

➢ The suggestions and the views of the people were not given due weightage in running these dispensaries and this view was supported by the majority respondents from PRIs.

➢ The majority members of PRIs were dissatisfied with the change-over of the dispensaries to the PRIs.

➢ The PRIs members were not sure about the presence of the Doctors in the dispensaries all the time on all the days.

➢ The majority of the members of the PRIs were not satisfied with fixed salary of Rs. 25000/- given to the Doctors.

➢ The members of PRIs were unsure about the contractual appointment of the medical and para medical staff and some of them even disagreed with contractual appointment.

➢ The PRIs in their meeting did not discuss the working of the dispensaries most of the times and the fact was supported by majority of the PRIs members.

➢ The more of the members of PRIs disagreed with the viewpoint that more of primary health care institutions be transferred to the PRIs.

➢ The majority of the dispensaries were without pharmacists in position as was expressed by PRIs members.

➢ It was found by the most members of the PRIs that PRIs were not exercising adequate control over the dispensaries.
- The majority of the medical/paramedical staff was aware of this that dispensaries have transferred to the PRIs.
- All the staff members found that the Doctors were professionally skilled.
- The Doctors in the dispensaries attended the patients politely as was found by the all staff members.

**Staff**

- Staff of dispensaries also found the medicine not sufficient in the dispensaries.
- The dispensaries were found to have insufficient equipment in the dispensaries to examine the patients as was expressed by the staff.
- The majority of the staff members found that the dispensaries were not having shortage of staff.
- The staff members were of the strong opinion that PRIs took hardly any interest in improving the performance of these dispensaries.
- The majority staff also agreed that the suggestion and views of the people were not given due weightage in running the dispensaries.
- The majority of the staff members were of the opinion that people were satisfied with the change over of the dispensaries to the PRIs.
- The majority staff agreed with the viewpoint that Doctors and staff remained present in the dispensaries during working hours.
- The staff and Doctors were satisfied with the fixed salary of Rs. 25000/- given to the Doctors.
- The Doctors and para medical staffs were dissatisfied with the contract based appointments of the staff.
- The working of the dispensaries was not discussed in the meeting of PRIs as was expressed by the majority of the staff members.
- The majority of the staff members were not in favour of handing over more of health institutions to the PRIs.
- The staff was of the opinion that pharmacists were posted there in the dispensaries.
It was found that the majority members were of the opinion that the PRIs did not exercise the adequate control over the dispensaries.

Patients/Service seekers

- The patients/health care seekers were aware of the transfer of the rural dispensaries to the PRIs but not all of them.
- The majority of the service seekers disagreed with the view that transfer of dispensaries made the functioning well.
- The majority patients found the Doctors professionally skilled. However those who were financially sound found them not so.
- The service seekers found that the dispensaries were having insufficient medicines available.
- The rural dispensaries were not having sufficient equipment to examine the patients and this was supported by the majority of the service seekers.
- The majority of the service seekers found that there was shortage in the dispensaries.
- It was agreed upon by the majority of service seekers that PRIs took not much of interest in improving the performance of these dispensaries.
- The majority of the service seekers found that suggestion and views of the people were not given due weightage in running these dispensaries.
- The majority of the service seekers was not surely satisfied with the change over of the dispensaries.
- There was significant number of members who were undecided about the good or bad of the change over.
- The majority of service seekers found that staff remained present in the dispensaries during working hours but undecided responses of the members were showing much more than what actually they were hiding.
- The majority of the seekers were not sure about as to what should be the salary of the Doctors; this view was supported by more of undecided responses.
The service seekers were divided in their opinion about the contract based appointments of the para-medical staff.

The majority of the service-seekers were of the opinion that dispensaries were not discussed in the meeting of the PRIs.

The majority of the service seekers were not sure whether more health institutions be transferred to the PRIs or not. The majority of the undecided responses indicated this trend. The reason could be that people were not yet sure of the performance of these institution under PRIs.

The pharmacists were not in position in most of the dispensaries.

The service seekers were not sure as to whether PRIs exercised any control over these dispensaries.

NGOs

The voluntary effort in the field of health care at Dhanak Kaleran by the Guru Nanak Mission Medical and educational Trust was laudable. The narration of the entire episode (through the secondary data and personal interviews with the people who managed and with the people who benefited) substantiate that the area and the people of the area got a big relief with the surge of this Mission.

The Mission not only provided the much needed health care to the people of the area but also served the patients from far flung and remote areas of the state and nearby states. The people of the sub-hilly area of the district Hoshiarpur (known as Bait) benefited most. Instead of running for the health care to the state head quarters or district head quarters, the people and the patients utilized the services of these institutions.

The other important role the trust was playing is regarding the provision of professional and general education. The area being in the state of neglect for a long time was on the path of development and the role of the trust cannot be minimized anyway. The individual effort of Sardar Budh Singh Dhahan founds special mention here. However, one thing which did pinch the founder president was the attitude and response of the people of the area. Sardar Budh Singh categorically mentioned that the people of the area had been very indifferent towards the Mission and the projects of the Mission. The people of the area felt that Mission continued to provide the health care and by and large efforts of Sardar Budh Singh were lauded by the people.
The major donations to the Mission pour from abroad especially Canada. Sardar Budh Singh has a clear objective in front i.e. creation of the Medical College and was heading towards the main objective. The next on the agenda was setting up of a Trauma center which was one of the essentiality for the Medical College.

**Inference drawn**

- The representatives of the PRIs were unaware of the transfer of rural dispensaries to the PRIs.
- The service seekers also were not aware of the transfers of dispensaries to the PRIs.
- The transfers of these dispensaries to the PRIs did not made any difference to these functioning.
- The service providers were not satisfied with the contract based appointments.
- The staff was not satisfied with contract based appointment.
- There was no mechanism in place with PRI’s to keep a control over these dispensaries.
- The people/seekers were not involved with the functioning of these dispensaries.
- The service providers were satisfied with monthly salary given to them but were grumbling about the security of the job.
- The staff including service providers was of the view that these dispensaries were not given sufficient quantity of medicine.
- The pharmacists were not appointed by the providers as the pharmacists need more money for their salaries.
- The people and the representatives of the PRIs were of the view that salary given to service providers was high.
- The Doctors claimed that they were professionally skilled where as the service seeker found them otherwise.
- In the PRI’s meetings the working of the dispensaries was not discussed.
- The rural dispensaries were without the people buildings meant for the purpose.
- Even the service seekers were of the view that PRI’s did not like much interest in improving the performance of these dispensaries.
- People were yet not sure whether this change over is for the good or the bad.
People and their representatives in the PRI's were not sure whether more of such institutions be transferred the PRI’s.

The voluntary efforts put up by the Guru Nanak Mission Medical and Educational Trust, Dhahan Kaleran in the area of health care was significant.

The trust had worked with commitment, dedication and zeal under the leadership of its founder Chairman, Sardar Budh Singh.

The leadership of the trust was of the view that local support was missing and wished that local people should come forward to support the trust and the efforts put by it.

The trust has done remarkably job in serving local as well as population from near by areas in health care matters.

More such efforts in the area can make difference to health care and health status in the area.

The trust has done remarkably job in serving local as well as population from near by areas in health care matters.

More such efforts in the area can make difference to health care and health status in the area.

References:

2 Ibid., p. 21.
4 Ibid., p. 80.
7 Ibid., p. 247.
8 Ibid., p. 248.
9 Silver Jubilee Souvenir, Guru Nanak Mission Medical and Educational Trust, Dahan Kaleran, 2005.