



CHALLENGES AND PROSPECTS OF RURAL PUBLIC HEALTH SERVICES

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ABSTRACT

India has achieved a great success in the community health after independence. Ultimately, there has been rapid growth in average life expectancy of India. However, India still facing a problem of Infant Mortality, malnourishment and undernourishment, especially population under 5 years of age is also high among the world. Health system in India presents a poor show in the world today and an immediate action should be taken on to tackle this problem. Although expenditure is concern, in India expenditure on the public health is very low; in the every five year plan public health care has been a neglected issue. Accordingly, anyone can understand that, public healthcare sector in India go through the problems like poor governance and underfunding. In rural-urban comparison again the diversity is found and it understands that rural health scenario has worse than the urban.

KEY WORDS: *public healthcare sector , poor governance and underfunding.*

INTRODUCTION:

Nowadays, as rural healthcare is concern, 1,48,366 Sub-Centres (SCs), 24,049 Primary Health Centres (PHCs) and 4,833 Community Health Centres (CHCs) functioning in the country and served more than 800 million of population live in rural areas (Govt. of India, 2012).¹ They provide necessary primary as well as secondary health services to the needy without any discrimination, but they still did not matchup with the health needs of rural areas. A larger segment of rural population in India has been dependent upon the public healthcare system and government try to fulfil the requirements of this population through various programmes and policies. Even these are also not adequate and authorities has been faced many problems while implementing such programmes and policies. Hence, less efficient public sector and private sector is not attractive enough to render their services at the rural areas, rural areas of India became more and more backward in healthcare system.

Nevertheless, in the given situation public health centres try to provide a quality services to the poor and needy, but they are facing lots of problems while rendering their service. Accordingly, a strong and efficient health system is must for rural areas, and for that present rural healthcare services will have to deal with some challenges. This part of the study, therefore, put focus on the challenges in front of rural health care services; accordingly some prospects of the rural health services have also been discussed.

1. Government of India (2012), *Rural Health Statistics in India, 2012*, New Delhi : Statistics Division, Ministry of Health and Family Welfare, p.ix

CHALLENGES OF RURAL PUBLIC HEALTH SERVICES

Health services in the rural sector are much behind as compare to urban sector. In India, healthcare especially rural health care has been ignored area by the government, in hilly and remote areas the situation become worst. Hence, it necessitates to improving this area in relation to public health. Nowadays, present rural healthcare services facing more challenges while implementing, and if want to efficient rural public health services, this sector will have to successfully face these challenges. Some of challenges of rural public health services are put forwarded in the following discussion.

1. Heavy Population Burden

India is a second largest populous country after China with more than 1.2 billion population as per the census of 2011, among them 68.84 per cent of population resides in the rural areas.

2. Underfunding

Hitherto, health is a totally underserved segment by the government. As mentioned above, India spends 4.0 per cent of total GDP on health during 11th five year plan. However, during 12th five year plan this expenditure was 6.0 per cent, which is lowest globally and included India in below five countries. Accordingly it is clearly visualise that rural health care sector facing a problem of underfunding.

3. Shortfall of Health Personnel

India has facing an acute problem of number of health personnel especially in rural sector. According to WHO (2008),² there are 57 countries in the world faced a crises of healthcare professionals than required and India is one of them. The report further put focus on uneven and poor distribution of health personnel, accordingly, more than 80 per cent of medical and paramedical staff of India work in private sector in higher income urban areas instead of public sector and rural areas.

4. Poorer Bed Population Ratio

A bed to population ratio is an important unit of analysis for health care services. The World Health Organisation recommitted 1.9 hospital beds for a population of 1,000 (WHO, 2009),³ however, Bhore Committee (1946)⁴ recommended 01 bed for a population of 1,000 for India. Today, the global average of beds per 1,000 of population is 2.9 beds, where India has 0.7 beds (WHO, 2009).⁵ Hence, pertaining to this discussion as per Bhore Committee India experienced a lack of 30 per cent of beds, while this lack increased to almost 83 per cent as per the WHO standards.

5. Poorer Hospital Population Ratio

A number of rural public hospitals to serve huge population are also low in India. As per PHCs concern, there are 01 PHC for 34,642 rural people, while 01 CHC for 1,72,375 rural citizens in India. As per the IPHS (Govt. of India, 2012),⁶ there should be a PHC for every 30,000 of population at the non-tribal area, whereas one PHC for every 20,000 of population in the tribal areas. Besides, there should be a CHC for every 1,20,000 population in non-tribal areas and for 80,000 population in tribal areas. This is a standard public health centres and population ratio.

2. World Health Organisation (2008), *Scaling up, Saving Lives*, Geneva : Global Health Workforce Alliance

3. World Health Organisation (2009), *World Health Statistics*, Switzerland : WHO Press, p.95

4. The Manager of Publication, Delhi (1946), *Report of the Health Survey and Development Committee*, Calcutta : Government of India Press (Sir Joseph Bhore, Chairman of the Committee)

5. World Health Organisation (2009), *op. cit.*, pp.98-106

6. Government of India (2012), *Indian Public Health Standard (IPHS) Guidelines for Primary Health Centres – Revised 2012*, Directorate General of Health Services, Ministry of Health and Family Welfare, pp.3

6. Poorer Doctor Population Ratio

Number of doctors should be rational in relation to the population, which is helpful to protect human life and make people healthy. Rural sector is concern there is always need of doctors more than the urban area, as most of the population of Indian resides in the rural areas. Recommendation of the World Health Organisation (WHO) for doctor to population ratio of 1:1000 (Kinfu, Dal Poz, *et.al.* 2009),⁷ similarly Bhore Committee (1946)⁸ suggested there should be one doctor per 2,000 citizens in India also. But reality differs; there is one government doctor per 11,355 people in India (Sharma, 2014).⁹ It means India suffers from poorer government doctor population ratio.

7. Heavy Workload

The rural public health centres go through the above mentioned challenges such as heavy population burden, burden of implementing various programmes and policies by government, shortfall of health personnel, poorer bed population and doctor population ratio, etc. Accordingly, most of the rural medical officers reported that, they have heavier workload than they would like. Similarly, paramedical staff and other health personnel also experienced heavy workload in the rural areas.

8. Inadequate Medicine Supply

There is big challenge of a medicine supply to rural areas in India in both quantitative and qualitative measures. As per physiography is concern, there is diversity in the diseases. Governing authorities should consider these diversities while supply of medicine. Some areas are dominated by the waterborne diseases, while some areas by vector borne disease, hilly and tribal areas have different disease profile. However, every area does not get the appropriate medicines in proper quality and right time. So this becomes a huge challenge in front of rural public health system in India.

9. Multilayer Health System

India has a multilayer health system to provide healthcare services to the people. The public health department has threefold organisation of healthcare system *viz.* Ministry level, directorate level and divisional level. But this multilayer health system has various loopholes as from Health Minister to ASHA the various persons involve in theses system. This system, therefore, faces various problems like improper governances, lack of supervision, grants percolation, biasness in recruitments, etc. The probability of corruption has also been increases with this multilayer healthcare system and public rural health sector face this challenge while delivering the services.

10. Availability and Accessibility

Availability and accessibility must for improving healthcare services in India. Availability of health centres, complementary infrastructure, quality medical facilities, superior equipments, etc. are helpful the improving health services delivery. As studied above, there is heavy burden of population on the public health centres in India, thereby hospital population ratio, bed population ratio, health personnel to population ratio, doctors population ratio have been remain low and well behind as per standards. The

7. Kinfu, Y., Dal Poz, M. R., Mercer, H., Evans, D. B. (2009), "The Health Worker Shortage in Africa : Are Enough Physicians and Nurses Being Trained?", *Bulletin of the World Health Organisation*, March, 87(3), pp.225-230

8. The Manager of Publication, Delhi (1946), *op. cit.*, pp.13

9. Sharma, Ritu (2014), "With only 33% Govt Doctors in rural India, 'Health for all' is Tough Task" Retrieved May 13, 2015 from <http://www.oneindia.com/feature/with-only-33-govt-doctors-rural-india-health-all-is-toug-1485567.html>

situation is far away from satisfactory in the tribal and hilly areas of India. Availability of healthcare services, therefore, is one of challenges faced by rural public healthcare system.

In addition to that, healthcare services should be well accessible for every individual; anyone can get easily access of them. Although, in Indian health scenario is differs. In the hilly and rigid topographical areas of India, public health services are not easily accessible. It is provision that at least one health centre should available into a 5 km of radius, but it is not possible at every place, certainly physiography of the region is impacted on it.

11. Socio-Economic Discrimination

Social and economic discrimination has been a problem in India from so many years. Not only health sector but every sector affected from this problem. There is discrimination on race, religion, caste still present in the society. In addition to that, nowadays, gender and economic discrimination is infested in the Indian society as like termite. Public health sector have to cancelation these kind of discrimination while delivering services, it a big challenge in front of rural public health sector. Many times the inclusion of health sector in this discrimination may be force inclusion by local people and or authorities. Socio-economic discrimination, therefore, is also related to lack of access to healthcare services offered by public health centres in rural areas. There is also a discrimination found in delivering healthcare services in relation to priority and proximity.

12. Community Participation

Community participation could play a practicable role in ensuring accessibility and effectiveness of rural public health services, programmes and policies. High disease burden is very painful task for a health service delivery with limited resource, that would be achieve with community participation. Apart from that, implementing any health programme and or policy in the rural areas is not possible without the participation of community as whole. Many time communities blame the health sector that has failed to deliver health services. This possibilities would also be minimised when communities itself participated in the health service delivery. Accordingly, to participated entire community in the health service delivery is the huge challenge before rural health sector. Rural public health sector try to accomplish this challenge through recruitment of Accredited Social Health Activists (ASHA) in every village.

13. Health Literacy

Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access, to understand and use information in ways which promote and maintain good health (WHO, 1998).¹⁰ Although, health illiteracy is an universal problem, and in the developing country like India, which has a huge population, this problem need to address as earliest. In India, general rates of illiteracy and poverty are also high, which leads to high health illiteracy also. Apart from that, gender disparities in India also contribute to high rates of health illiteracy.

Health education to the individuals raises comprehensive understandings and awareness in relation the health. Accordingly, anyone can make proper decisions regarding their health as well as their family's health. Apart from that, this is helpful in diseases control and prevention, implementing various programmes and policies regarding health. It is much easier to deliver health services to health literate people instead of illiterate. Hence, primary public health sector has to take initiatives in this regards.

10. World Health Organisation (1998), *Health Promotion Glossary*, Geneva : Division of Health Promotion, Education and Communication, p.10

14. Sanitation and Hygiene

Sanitation and hygiene are the big problems in the rural areas. In India, rural areas are far behind to the urban areas in relation to the number of bathrooms, latrines and toilets. Rural areas are also not much aware about using septic tanks and proper sewerage system. Additionally, waste disposal is also huge problem in rural areas. Accordingly, problems of flies, mosquitoes, other vector menace and foul odour are more frequent in the rural areas, which lead to various health issues in those areas. This problem, therefore, need to address properly to avoid certain health consequences and it is a responsibility of primary health sector to rigorously implemented such programmes in rural areas to make people healthy.

15. Equalising Private Sector

Generally it has been argued that, healthcare delivery in the private sector to be more efficient, sustainable and accountable as compare to the public sector. Hence, people more relay on private sector instead of public sector. Nevertheless, public health sector often provided more equitable care to the people, but failed to promote.

Concern to health personnel, equipments, medicines, etc. public sector has been running behind of private sector. Apart from that, public health sector surrounded by many weaknesses such as underfunding, poor working conditions and geographical imbalances, poorly motivated staff, dual practice of public employees, inefficient and irregular provision of services, etc. Private sector is strongly commercial, competitive and not going to address these weaknesses, but it has been prim regarding to these. Hence, challenge to equalise private sector has been facing by rural public health sector.

16. Untrustworthiness

Psychologically, people are more trustworthy on private health sector rather than public sector. As above mentioned, poorly motivated staff is one of the major reasons behind this untrustworthiness. In the public sector, health personnel have fixed salaries with job security while they do not care about quality and quantity of the health services, so their motivation is reduced. Honesty and loyalty of the health personnel has also been considered by the people. If the public health employee not honest or loyal to his job, then people cannot put their trust easily on him.

17. Local Political Pressure

Public health sector has been more influenced by political pressure than the private sector. Public health sector experienced political pressure in recruitment and transfers of health personnel, delivering health services, uses of equipments, supply of medicines, cost containment, implementing policies and programmes, etc. Public health centres are working in the given situation but sometimes they have treat of the political pressure. Hence, political and bureaucratic interference in delivering public health services is one the biggest challenges faced by rural public health services. Governing authorities should address this problem and try to diminish this kind of interference by the local political leaders and bureaucrats.

18. Urban Biased Health System

Urban biased health system is a major drawback of Indian healthcare system. Although, large number of Primary Health Centres and Community Health Centres are there in the rural areas, still urban bias is clearly noticeable. There are 31.5 per cent of hospitals and 16 per cent beds in rural areas, where 75 per cent population resides (Mehta, 2011).¹¹ Apart from that, as compare to urban areas, in the rural areas doctor to population ratio is lower by 6 times, bed population ratio is lower by 15 times, besides rural population send 1.5 times more compare to urban counterparts for same illness (Jhunjunwala, Prashant,

11. Mehta, Pooja (2011), "7 Major Problems of Health Services in India", Retrieved May 16, 2015 from <http://www.economicdiscussion.net/articles/7-major-problems-of-health-services-in-india/2305>

et.al., 2011).¹² The discussion clears the picture that, there totally urban biased health system developed in India, it is a big threat to rural public health services.

19. Improving Health and Nutritional Level of People

Nutritional status in India is among worst among world. According to the Food and Agriculture Organisation of the United Nations, India has largest number of undernourished people in the world *i.e.* 190.7 millions, which is 15.2 per cent of its total population (FAO, 2014).¹³ It means 02 from almost 13 civilians in India suffer from the problem of undernutrition, which is so embarrassing. Additionally, India started to face a problem of obesity especially in its highbrow society. Besides, according to the Global Hunger Index, 2014 India remains at 55th rank among 76 countries in the world (IFPRI, 2014).¹⁴ This scenario has not encouraging for developing economy of India.

20. Poorer Neonatal Care

India is one of the most unsafe places in the world for newly born children as over 25 per cent neonatal deaths are occur in India. According to the National Health Profile, one million neonatal deaths occur every year in India, which is one-fourth among worldwide (Govt. of India, 2010).¹⁵ In the 2010, the Neonatal Mortality Rate in India was 32 per 1000 live births, which is not decline so much in last few years and remains 29 per 100 live births in the year 2013 (The World Bank),¹⁶ accordingly, India has 28th rank among 192 countries in the world. So it is clear that, in India especially in rural India neonatal care is very poorer and it has been necessary to address this problem very urgently. The rural public health sector should take lead in this regard to deal with this problem very seriously and sincerely.

21. High Infant Mortality Rate

Infant Mortality Rate (IMR) is one of the sensitive indicators of India's socio-economic development. A high Infant Mortality Rate is an indicative of unmet health needs and unfavourable environmental factors. Improving infant survival remains a major development task in India.

According to SRS Bulletin, in 2013, Infant Mortality Rate of India is 40 per 1000 live births; there is huge gap in Infant Mortality Rate between rural and urban areas in India. In rural areas, Infant Mortality Rate is 44 per 1000 live births, whereas in urban areas it is 27. The economic deprivation and poor educational status are main reasons behind the poorer Infant Mortality Rate especially in rural sector of India. The problem also needs to address though rural public health sector.

22. Strengthening Public Health Care Delivery System

It is very clear from the hitherto discussion that, public health care system in India has very sloppy and glooming situation. It is necessity of time to toughen it. Government of India, in every five year plan,

12. Jhunjhunwala, Ashok, Prashant, Suma and Sawarkar, Sameer (2011), "Healthcare in Rural India : Challenges" Retrieved May 16, 2015 from <http://www.tenet.res.in/Publications/Presentations/pdfs/Rural%20health-Mar08.pdf>

13. FAO, IFAD and WFP (2014), *The State of Food Insecurity in the World, 2014 – Stretching the Enabling Environment for Food Security and Nutrition*, Rome : Food and Agriculture Organisation of the United Nations, p.42

14. IFPRI (2014), *Global Hunger Index, 2014 – The Challenge of Hidden Hunger*, U.S.A. : International Food Policy Research Institute, p.16

15. Government of India (2010), *National Health Profile*, New Delhi : Central Bureau of Health Intelligence, Ministry of Health and Family Welfare, pp. 9–16

23. The World Bank Data Table, Retrieved May 17, 2015 from <http://data.worldbank.org/indicator/SH.DYN.NMRT>

promises to strengthen public healthcare system, but failed to implement. India has remains a highest rank in Global Hunger Index as well as in neonatal and infant Mortality. People's life in India has been full of uncertainty in relation to healthcare. Most of population resides in rural areas; however, rural population treated secondary regarding health. A vast economic disparity, gender disparity and social disparity found in the Indian community. Apart from that there is severer threat of shortfall of doctors and nurses, poorer bed population ratio, shortage of medicines and equipments all these things pull the legs of public healthcare system in India. Besides, there is large geographical imbalance be a hurdle in healthcare delivery system. Hence, it a major challenge to strengthen public healthcare delivery system in India.

23. High Burden of Disease and Disease Control

The burden of disease in India, especially in rural areas, is very high due to explosive growth of population, large scale poverty and poor living conditions, gender inequality, lack of education, safe drinking water and environmental sanitation and hygiene, undernutrition, limited access to preventative and curative health services, etc.

The burden of communicable diseases, certainly, is high in the context of rural areas. The communicable diseases like acute respiratory infection, vector borne diseases, tuberculosis, HIV/AIDS, malaria, diarrhoea, childhood illness, maternal illness, prenatal illness etc. have been put heavy burden on the public healthcare delivery system.

In the today's era of liberalisation, privatisation and globalisation, life becomes a very hasty. Accordingly, the burden of non-communicable diseases has been increases day by day. The diseases like cancer, cardiovascular diseases, diabetes, asthma, chronic obstructive pulmonary disease, mental health disorder, etc. are gradually stretched out their routes in the society and increase burden on the public healthcare delivery system. Consequently, control of these diseases with above said communicable diseases has been a huge challenge before the public health system in India.

24. Changing Disease Profile

There is indeed a heavy burden of communicable diseases on public healthcare system, but as above mentioned non-communicable diseases are also increasing very rapidly. Apart from that, some diseases rapidly introduced in the society. Although, diseases profile is started to change, and diseases like cardiac, diabetes, depression and mental disorder, HIV/AIDS, food borne diseases (infection, intoxication, poisoning), child obesity, etc. are increasing rapidly in the society. Accordingly, public health sector need to cater them with suitable healthcare delivery system.

25. Weak Infrastructure with Outdated Medical Equipments

Health care delivery is more effective and efficient with quality infrastructure and well-conditioned medical equipments. Government try to provide an extensive primary health care infrastructure in rural areas, but it is not adequate in terms of population coverage of rural areas. Medical equipments are also missing or inadequately supplied, most of the health centres have outdated medical equipments. Therefore, it is a challenge to render health care services to the rural people with weak infrastructure and with outdated medical equipments.

26. Irregular Electricity Supply

Irregular electricity supply is very vital issue and problems like load shedding, power cuts, low voltage are often in the rural areas. The overall power supply system is too poor to cater the needs of rural people. There are 12 to 18 hours of load shedding in rural areas, so load shedding is reality accepted by the rural population. The problem of power cuts has also been affected on the health care delivery services. Sometimes, in the emergency, patients are treated without electricity in the rural public health centres.

27. Misunderstanding or Blind Faith of Ruralites

Most of the time ruralites put blind faith on traditional methods of treatment. They have been used very traditional treatment for most of the children diseases like measles, rickets, chickenpox, etc. Many times they go to the exorcists instead of doctors to get a treatment for some specific diseases. The rural areas yet go through the exorcist treatment in the cases of snakebites, scorpion bites, etc. Some of times they misunderstand of mental diseases and deemed it possessed by ghost, accordingly, they go the exorcists for cure it. This misunderstandings and blind faith of ruralites become a challenge before rural public health sector.

PROSPECTS OF RURAL PUBLIC HEALTH SERVICES

After the new economic policy, 1991, economic growth of India is developing at rapid rate. However, this economic development of India does not complementing social development especially in healthcare development. If it will happen, it would accelerate social development, accordingly health sector will also energise. As considering to that, some of prospects for rural public health sector have been focused in following discussion.

1. Public Private Partnership

In India, private sector provides 58 per cent of the total hospitals, 29 per cent of the total hospital beds and 81 per cent of the doctors (Govt. of India, 2006)¹⁷ to nearly 78 per cent of rural population and 81 per cent of the urban population (Govt. of India, 2007).¹⁸ It has been clear that, private sector in India has increased remarkably and provides useful contribution in improving healthcare delivery. Hence, Public Private Partnership (PPP) is being supported by Government of India for the purpose of improving quality, accessibility, availability, acceptability and efficiency of public healthcare delivery system. Public Private Partnership is also helpful to mobilisation of additional resources and exchange of skills and expertise between the public and private sector. Government has taken some initiatives regarding Public Private Partnership through National Health Policy – 2002, to meet growing healthcare needs of population. Accordingly, government hired health expertise on temporary or contract basis from private sector; government pays outsider health expertise to manage specific healthcare needs, government provides subsidies and or funds to private firms to provide specific health services, government offers of use of its facilities to private health institutes, etc. Hence, this kind of public private Partnership (PPP) model can make rural public healthcare delivery more easier.

2. Zero Possibility of Fake Doctors

There is big problem of fake doctors in private sector especially in the rural and remote areas, where the trained doctors unwilling to render their services. Some time inexperienced and medical dropout students do their practice in the rural areas, while some time it is found that, compounders with partial experience of some medicine and inject the patients also works as doctor in the rural areas. This problem of fake doctors has been found in the private sector only.

3. Major Disease Control Efforts

There are many programmes and policies implemented for improving health scenario in the country by the Ministry of Health and Family Welfare. This intervention will make a large positive impact on health outcomes. Public Health Departments of both central and state governments have take major disease

17. Government of India (2006), *Report – Taskforce on Medical Education for the National Rural Health Mission*, New Delhi : Ministry of Health and Family Welfare, p.14

18. Government of India (2006), *Report on Recommendation of Public Private Partnership for the 11th Plan*, New Delhi : Planning Commission of India, p.3

control efforts by implementation policies and programmes like immunisation and vaccination, family planning, school health interventions, integrated management of childhood illness, DOTs for tuberculosis, maternal health and safe motherhood interventions, HIV/AIDS prevention, treatment of Sexually Transmitted Diseases (STD), malaria control, tobacco control, etc. These kinds of efforts will bring rural healthcare services on the right path.

4. Telemedicine

Nowadays technological development has been very common in every segment of the society, it became integral part of human life. Use of computers, information system and telecommunication is very often in today's life and it uses gradually increasing in the health sector also, especially in developed countries. Accordingly, telemedicine is an emerging and effective technique in public healthcare. Therefore, proper use of this technique is need of time. According to Lievens and Jordanova (2007),¹⁹ telemedicine means, 'a delivery of healthcare and exchange of healthcare information across distance.' Hence, use of telemedicine in public health sector can be reduced distance as well as extra strain of ruralites, which are lived in remote hilly areas to travel to a health centre. All India Institute of Medical Sciences (AIIMS) in New Delhi, Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGIMS) in Lucknow, additionally, some private health service centres like Apollo Telemedicine Networking Foundation (ATNF) in Hyderabad, Arvind Eye Hospital in Madurai, Narayana Hrudayalaya in Bangalore, etc. are telemedicine service providers and supporters in India (Biswas, 2007).²⁰ This service was effectively used in post-disaster issues in Bhuj (Gujarat) after a very intense earthquake. Telecounselancy was successfully done in Bhuj with already exiting telemedicine infrastructure. In addition, telemedicine has also helped to sick pilgrims and monitoring levels of cholera at Allahabad during Kumb Mela in 2007 (Bhatia, Randhawa, *et.al.*, 2007).²¹ Telemedicine is one of the emerging technique can helpful in the primary healthcare delivery especially in the rural hilly and remote areas.

5. Wired Health Centres

There is need to implement of ICT in the public health sector to improve the efficiency and performance of public health centres. Accordingly, every PHCs and CHCs is connected each other through information technology and share information, experiences, take advise of expertise from other centre, give advice and suggestion to patients from other health centre, etc. The above said telemedicine and telecounseling will be accessible through this project of Wired Health Centre and this will helpful to wireless access of medical facilities to health centres in remote and hilly areas. If this will happen, then it would be a great advantage for rural public health centres.

6. Use of Geographical Information System

Geographical Information System (GIS) has been provided geospatial solutions in organisation and management of rural public health centres. Public Health Centres as well patients and their health needs can be geopositioned with the help GIS. Accordingly, GIS has been applied for the surveillance and control of most of the infectious and epidemics diseases and find out prompt location of these diseases. According to WHO, Geographical Information System has very useful for analysing spatial and temporal trends of

19. Lievens, F. and Jordanova, M. (2007), "Telemedicine and Medical Informatics : The Global Approach", *Engineering and Technology – A Proceeding of World Academy of Science*, Vol. 25, pp.258-262

20. Biswas, S. (2007), "Healthcare in India : Problems and Prospects : Will eHealth be the answer to the ongoing scenario?", *ehalth*, vol. 2, pp.34-36

21. Bhatia, J. S., Randhawa, M. K., Khurana, H. K. and Sharma, S. (2007), "India's Tryst with Telemedicine", *ehalth*, vol. 2, pp.6-9

epidemics and other diseases, mapping populations at risk and stratifying risk factor, assessing resource allocation, planning and targeting interventions and monitoring diseases and interventions over time (WHO, 2009).²² This technique, therefore, has been a big prospect of rural public health sector.

7. NGOs and Social Activists

Rural public health sector need to take the help from the some NGOs and Social Health Activists in the society for improving rural health. Comprehensive Rural Health Project (CRHP) of Dr. Raj Arole and Dr. Mabelle Arole is one of the great examples of it. They started this project in Jamkhed (Dist. Ahmednagar, Maharashtra) and nowadays, it successfully runs in 178 countries in the world. The WHO and UNICEF also appreciated this project, and Drs. Raj and Mabelle also honoured by 'Ramon Magsaysay Award' for their community leadership. Accordingly many NGOs in India are working in the rural health sector, such as LEPRO Society in Hyderabad, Arvind Eye Care System in Madurai, Deepalaya, Udaan, Uday Foundation and Smile Foundation in New Delhi. Rural Public Healthcare delivery would be more smooth and easier while associated with such NGOs and social activists.

CONCLUDING REMARK

As discussed above Rural Public Health Services in India have been faced many challenges. Due to these challenges, efficiency of the health centre has been decreases. Therefore, to provide effective and efficient health care services to the rural people, it is obligatory to strengthening rural public health sector with minimising the aforesaid challenges.

Public private partnership, zero probability of fake doctors, major diseases control efforts by the government, use of IT and GIS, etc. are some prospects of the rural public health centre, there is need to proper implementation.

Apart from that, the case study has further reveals the rural public health care delivery system in given situation with all the loopholes. It is indeed admirable but government and concern governing bodies should make a proper management to reducing all the problems and loopholes in delivering the health care services to the rural sector.



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22. World Health Organisation (2009), *GIS and Public Health Mapping*, Geneva : World Health Organisation, Retrieved May 24, 2015 from http://www.who.int/health_mapping/gisandphtm/en/index.html