

## URBAN HEALTHCARE: A STUDY OF HEALTHCARE FACILITIES IN GOVERNMENT HEALTHCARE UNITS IN U.T. OF CHANDIGARH

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### Abstract

*The World Health Organization (WHO) has issued a call to action titled "Urbanization and Health: Urban Health Matters" because it sees urbanisation as a critical threat to public health. They claim that the urban environment has both beneficial and detrimental effects on health. Both advantages and disadvantages may be seen in the field of public health as urbanisation continues. Living circumstances and the high, sometimes prohibitive cost of health care have the greatest impact on the health of the urban poor. Panjab University, the Postgraduate Institute of Medical Education & Research, etc. are just a few examples of the high-quality educational institutions found in Chandigarh. However, there was no MBBS-level medical school in the city. Many talented students were unable to pursue careers in medicine due to 'domicile' limitations enforced by other states; Government Medical College & Hospital was founded to remedy this situation. As the population of Chandigarh, Panchkula, and SAS Nagar continued to grow, the strain on the city's healthcare infrastructure became more apparent. New hospitals and clinics were needed immediately. Government Medical College & Hospital was established in 1991 with such goals in mind.*

**Keywords:** *Urban Health, NUHM, NHM, Healthcare, U.T, Chandigarh, Urbanization and Health, CHC, WHO*

### Introduction

To better understand what we mean when we talk about the "health system," it's helpful to first define what it is not. Service delivery, health personnel, information, medical supplies, immunizations, technology, money, and leadership and governance are the six pillars of a health system outlined by the World Health Organization (WHO) (stewardship). All of these

components of the structure must function normally in order to deliver dependable services and provide the expected outcomes. In India, there are primary care clinics, secondary care hospitals, and tertiary care medical complexes. Community health centres (CHC) or block PHCs act as FRUs, while sub centres (SC) and PHCs offer primary care. District hospitals (DH) and sub district hospitals (SDH) provide secondary care, while medical schools offer tertiary care. The National Rural Health Mission (NRHM), which has been active since 2005, has made public health facility upgrades and construction a priority. To this end, the Indian Public Health Standards (IPHS) were established in 2007 to set minimum requirements for healthcare facilities in terms of infrastructure, human resources, equipment, drugs, standard treatment protocols, citizen's charter, and accountability through quality assurance committees at the district and state levels.

On May 1st, 2013, the Cabinet authorised the National Urban Health Mission (NUHM), which is a branch of the larger National Health Mission. (NHM). NUHM's goal is to meet the health care requirements of the urban population, particularly the urban poor, by expanding access to primary care and reducing patients' out-of-pocket medical expenses.

By increasing access to basic health care services and lowering patients' out-of-pocket costs, NUHM works to meet the needs of the city's population, especially the city's impoverished, in terms of health care.

The Ministries of Women and Child Development, Human Resource Development, Housing and Urban Poverty Alleviation, and Urban Development all work together to implement a number of programmes that address the wider determinants of health, such as access to clean water, proper sanitation, an education, etc.

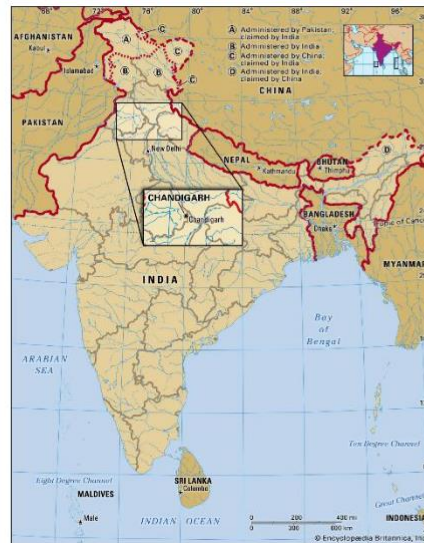
We cover all state capitals and cities with populations of 50,000 or more. People who work in transportation (like rickshaw drivers and street sellers), housing (like the homeless and homeless adolescents), or building (like construction workers) are more likely to be victims of crime.

Except for the Northeastern states (which include Sikkim and the special category states of Jammu and Kashmir, Himachal Pradesh, and Uttarakhand), the center-state finance structure would be 90:10. The Ministry is kept apprised of and approves all PIPs filed by the states.

Goals of NUHM are as follows:

- An urban health care system tailored to the unique requirements of the city's impoverished and other marginalised residents.
- Management and institutional frameworks for addressing metropolitan areas' mounting health care needs as their populations expand.
- Collaboration with neighbourhood and local organisations to improve participation in health activity planning, delivery, and evaluation.
- Funding for delivering basic primary healthcare to the urban poor is readily available.
- Collaborations with non-governmental organisations, for-profit, and non-profit health care providers, and other interested parties.

The city that this study focused upon is the Union Territory of Chandigarh. It is a well-known urban area acknowledged for its specialty in government hospitals in the North India. The universe of the study was the public sector health organization located in the UT of Chandigarh. This includes the primary level Sub-Centers and Primary Healthcare Centers such as Dispensaries, the secondary level Community level Healthcare Centers such as Polyclinics and tertiary level such as Medical College Hospitals. For this study, one organization of each level was selected through random sampling. The units of investigation selected were Urban Health Training Centre (UHTC 44), Community Health Center (CHC 22), and Government Medical College and Hospital (GMCH 32).



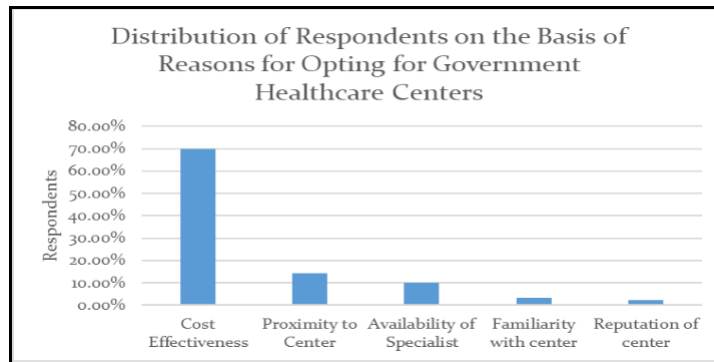
**Figure 1: Chandigarh on the map of India**

## 2. Methodology

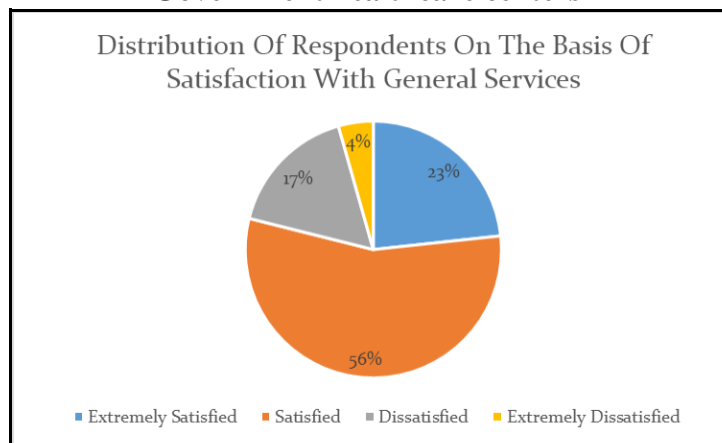
For this study, one organization of each level i.e. Primary, Secondary and Tertiary healthcare was selected through random sampling. Since no definite list of patients was available to us in all the three places, we visited each center several times, contacted 300 patients in each of them, and interviewed them for the purpose of study. In addition to this, we interviewed few doctors, nurses, and paramedical staff, simply to corroborate the information provided by the patients on various issues. Their answers were not to be quantified. Information was gathered by using interview schedules.

Data gathered was further analyzed through cross reference tables using Microsoft excel.

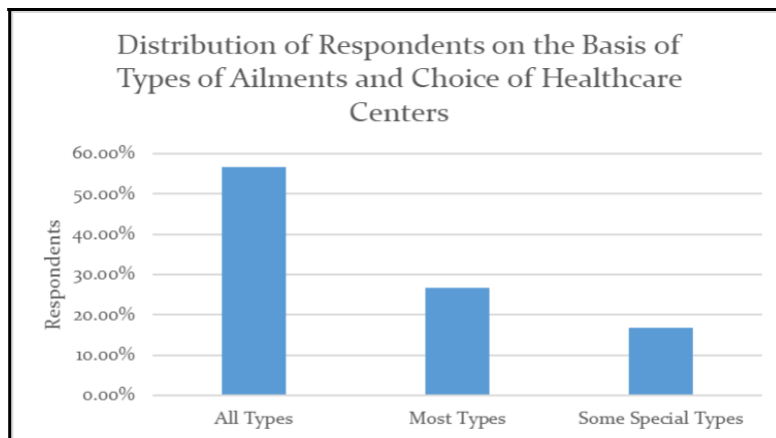
### 3. Results



**Figure 2: Distribution of respondents on the basis of reasons for opting for Government healthcare centers**



**Figure 3: Distribution of respondents on the basis of satisfaction with general services**



**Figure 4: Distribution of respondents on the basis of types of ailments and choice of healthcare centers**

Reasons	Age Group				Total
	16-30years	31-45years	46-60years	61-75years	
Cost effectiveness	70.3%	66.7%	70.6%	100%	70%
Proximity to Center	16.2%	18.2%	5.9%	0.0%	14.4%
Availability of Specialist	10.8%	6.1%	17.6%	0.0%	10%
Familiarity with Center	0.0%	6.1%	5.9%	0.0%	3.3%
Reputation of Center	2.7%	3.0%	0.0%	0.0%	2.2%
<b>Total</b>	100%	100%	100%	100%	100%

**Table 1: Distribution of Respondents on the Basis of Age and Reasons for Visiting Government Healthcare Centers**

Level of Satisfaction	Healthcare Centers			Total
	Primary	Secondary	Tertiary	
Extremely Satisfied	6.7%	20.0%	43.3%	23.3%
Satisfied	60.0%	56.7%	50.0%	55.6%
Dissatisfied	26.7%	16.7%	6.7%	16.7%
Extremely Dissatisfied	6.7%	6.7%	0.0%	4.4%
<b>Total</b>	100%	100%	100%	100%

**Table 2: Distribution of Respondents on the Basis of Satisfaction with General Services**

	Healthcare Centers			
Level of Satisfaction	Primary	Secondary	Tertiary	Total
Extremely Satisfied	10.0%	16.7%	10.0%	12.2%
Satisfied	53.3%	60.0%	26.7%	46.7%
Dissatisfied	10.0%	6.7%	6.7%	7.8%
Extremely Dissatisfied	0.0%	0.0%	0.0%	0.0%
N/A	26.7%	16.7%	56.7%	33.3%
Total	100%	100%	100%	100%

**Table 3: Distribution of Respondents on the Basis of Satisfaction with Diagnostic Services**

As is clear from the Figure 2, cost effectiveness was the major consideration for visiting a government healthcare center since as 70% of our respondents said that the most attractive aspect of a government healthcare center was its affordability. A few 14.4% also said that proximity to the healthcare centers and consequently its easy accessibility plays an important role in their choosing these healthcare centers and 10% said that it was the presence of a specialist in these places, which made them opt for them. Only three (3.3%) respondents visit these healthcare centers due to familiarity with healthcare centers and the least number of respondents, 2 (2.2%) say that they visit these government facilities due to their reputation. Thus, it appears that the major deciding factor when it comes to making a choice regarding visiting a government healthcare unit was affordability.

Figure 3 illustrates that 23.3% respondents were extremely satisfied with general services provided in the healthcare centers and 55.6% respondents were satisfied with general services provided at government healthcare center. While 16.7% respondents were dissatisfied with

general services and an even lesser number, i.e., 4.4% respondents were extremely dissatisfied with general facilities provided by healthcare centers. Thus, it appears that more than half of the respondents were satisfied with general services provided by the government healthcare centers, a fair number of them being extremely satisfied.

Figure 4 reveals that amongst the 56.6% respondents visited government healthcare centers for all types of ailments, 26.7% respondents visited for most types of ailments and 16.7% respondents visited the government healthcare centers for some special types of ailments. The analysis reflects that more than half of the respondents visit government healthcare centers for all the ailments that includes both simple and serious ailments. Almost one-third of the respondents prefer government healthcare units and visit them for most type of ailments but sometimes they visit private healthcare units for ailments like cough, common cold, viral fever, etc. Remaining respondents visit government healthcare units for some special types of ailments that may include specialized treatment or a typical type of ailments.

The data in Table 1 reflects that, amongst respondents of 16-30 years age group, 70.3% respondents opted for government healthcare centers because of cost effectiveness, 16.2% because of proximity to the hospital, 10.8% visited them due to availability of specialists and a negligible percentage visited the government healthcare centers on account of the reputation of the healthcare center. Of the total respondents who belong to the age group 31-45 years, 66.7% respondents opted for government healthcare centers because of cost effectiveness, 18.2% because of proximity to the healthcare center, 6.1% respondents each, visited due to availability of specialists and due to familiarity with the healthcare center. There was only 3% respondent who visited government healthcare center due to the reputation of the healthcare center. Out of the total respondents who belongs to the age group 46-60 years, 70.6% opted for government healthcare centers because of cost effectiveness, 17.6% visited them due to availability of specialists and 5.9% respondent each, visited government healthcare centers due to familiarity with the healthcare center and proximity to the healthcare center. All the respondents who belong to the age group 61-75 years opted for government healthcare centers because of cost



effectiveness. The above data clearly indicates that cost effectiveness was the most important factor for patients of all age groups visiting the government healthcare centers.

As per Table 2, When we look at the three healthcare facilities, Primary, Secondary and Tertiary separately, we found that, of all respondents from Primary healthcare, only 6.7% respondents were extremely satisfied with general facilities and 60.0% respondents were satisfied. While 26.7% respondents were dissatisfied and 6.7% were extremely dissatisfied with general facilities. In the case of the respondents from Secondary healthcare facility, 20.0% respondents were extremely satisfied 56.7% were satisfied. While 16.7% respondents were dissatisfied and 6.7% were extremely dissatisfied with general services provided by the polyclinic. Having a glance at respondents from Tertiary healthcare facility, we found that 43.3% respondents were extremely satisfied with the general services provided by the dispensary and 50.0% were satisfied, whereas 6.7% respondents were dissatisfied with the general services provided by the dispensary.

A comparative look at three healthcare facilities shows that nearly 60% respondents were satisfied with general services provided by government healthcare centers, but it was quite surprising to note that 43.3% respondents were extremely satisfied with general services provided by the Tertiary healthcare facility. Based on our discussion with the respondents we found that people coming to Tertiary healthcare facility were having lesser expectations from the healthcare unit, as services were provided at nearly zero cost. Hence, huge percentages of respondents were extremely satisfied or satisfied with the services.

Table 3 shows that 12.2% respondents were extremely satisfied with general services provided in the healthcare centers and 46.7% respondents were satisfied with diagnostic services provided by government healthcare centers. While 7.8% respondents were dissatisfied with diagnostic services and there was no respondent who showed extreme dissatisfaction towards diagnostic services. 33.3% respondents have never availed the diagnostic services, so they were in the category of N/A. Thus, it appears that less than half of the respondents were satisfied with diagnostic services provided by the government healthcare centers.

When we look at all the healthcare facilities separately, among the visitors at Primary healthcare facility, only 10.0% respondents were extremely satisfied with diagnostic services and 53.3% respondents were satisfied with the diagnostic services. While 10.0% respondents were dissatisfied with diagnostic services and 26.7% respondents did not avail the diagnostic services. In the case of the respondents from Secondary facility, 16.7% respondents were extremely satisfied, and 60.0% respondents were satisfied with the diagnostic services. Whereas 6.7% respondents were dissatisfied, and 16.7% respondents did not avail the diagnostic services provided by the polyclinic. Amongst the respondents from Tertiary facility, 10.0% respondents were extremely satisfied with the diagnostic services provided by the dispensary and 26.7% respondents were satisfied with the diagnostic services that they availed from the dispensary. Whereas only 6.7% respondents were dissatisfied with the diagnostic services provided by the dispensary. 56.7% respondents did not avail the diagnostic services.

A comparative look at the three healthcare facilities shows that nearly 60% respondents were satisfied with diagnostic services provided by Primary and Secondary facility. Whereas only 26.7% were satisfied with diagnostic services at tertiary, as it is a small level healthcare center. Very few (12.2%) respondents were extremely satisfied with diagnostic services provided by the healthcare centers. 33.3% respondents did not utilize the diagnostic services, so they were under the category of N/A.

Based on data analysis we found that 83% of the respondents who have utilized the diagnostic facilities gave positive feedback about their experience across all three healthcare units. However, there were 17% respondents, who utilized the service but were dissatisfied with it. On further questioning we found that, either they were not provided the reports as per committed time or they were made to wait before undergoing the diagnostic procedure.

## **Conclusion**

We found that whether it was age, sex, family type, religion, education, occupation or class, each variable played an important role in determining the choice of healthcare center.

Choice of hospital was also influenced by the type of ailment that afflicted the respondent as also the stage of the illness.

All respondents were satisfied with the value they obtained for their money at public healthcare institutions, which was one of the most important findings. About 25% were dissatisfied with the length of administrative work and diagnostics, while 90% were happy with the competence and talents of the doctors, nurses, and administrative staff, as well as the cleanliness, convenience for patients and family members. Results indicate that people are satisfied with the care they get at their local public hospital.

Our findings suggest that social networks may act as a stimulus for persons from lower socioeconomic backgrounds to seek medical treatment owing to the high costs involved unless they have access to a government-funded health care plan. We believe that, despite the study's limitations, we were able to shed light on several difficulties of government healthcare service by exploring the experiences of patients at these facilities. Our years of practise have taught us that it is impossible to please every single patient, every time, every day. One-third of patients at any particular hospital will be very pleased with their treatment, another third will be satisfied with it to varying degrees, and the other 10% or so will be entirely dissatisfied. Finding these dissatisfied individuals and inquiring about their experience is crucial, in our opinion, since it will solve one-third of the problems.

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