



Quality and Accessibility of Health Services in Himachal Pradesh: A Study on Chamba District

Arundhatti Hartta
Researcher,
Charushwar BhawanDev,Nagar
Kasumpti Shimla-171009

Abstract

Study tries to examine what linkages between different levels of health delivery systems and to assess people's response to the quantity and quality of services provided by the health institutions in Himachal Pradesh. The importance of health in the process of socio-economic development and in the improvement of quality of life is a social reality. In the realization of this objective the government of India launched the national rural health mission. The defined purpose of the mission is to carry out necessary architectural correction in the basic health care delivery system to facilitate health care. The plan of action seems to incorporate four-pronged strategy. The first lays emphasis on the role of public sector or the state in terms of enhancement of public expenditure on health, reducing regional imbalance of organizational structures, optimization of health manpower, decentralization and district management of health programmes. Himachal Pradesh provides health services of a reasonable standard in the public sector, with an adequate choice of allopathic and ayurvedic treatment. The vision of the state of health in Himachal Pradesh for the immediate future includes the provision of primary, secondary and tertiary health care services, both in public and private sectors one par with the neighboring states of Punjab and Haryana. Such a vision looks forward to a picture of a generally healthy population, free from communicable and non-communicable diseases, and a client-friendly manpower in the health and family welfare centres. Besides the continuation of the usual preventive health care measures, the state must ensure the availability of quality health care system of the future should be more scientific

and technologically advanced. The research deal with the respondent's opinion regarding accessibility and quality of health services. The 0.2 per cent respondents visit for family planning, 18.0 per cent ANC/PNC, 1.8 per cent immunization, 2.2 per cent childcare and 76.3 per cent for the health care. The beneficiaries have wait for 15-30 minutes to get the services in health institutions. The majority of respondents reveals that doctors behavior with the beneficiaries was satisfactory and only 2.2 per cent reveals that the behavior not good. The behavior of para-medical staff also satisfactory. The large number of respondent in the opinion that accessibility of the facility is convenient. The beneficiaries reveals that availability of medicine from the hospital is insufficient and some of respondents said that no medicine was available from the hospital. The 62.9 per cent respondents give their opinion that they always find doctor in time, and 17.0 per cent beneficiaries can get the ambulance in time when they need. The very few respondents get their labour room in timely and clean. The 54.5 per cent respondent reveals that the health workers visit the home and community weekly. The 17.4 per cent beneficiaries reveal that the health worker visits no home and community. The large number of respondents in the satisfied with the services, which was provided by these institutions.

Introduction

The national health policy stressed on the provision of preventive, promotive and rehabilitative health services to the people there by making a shift from medical care to health care. The delivery of sub-centre, primary health centre and community health centre is the foundation of the rural health care system and is an integral part of the national health care system. In the rural areas, services are provided through a network of integrated health and family welfare system and the health programmes have been restructured and reoriented from time to time to meet the objectives of the national health policy. The health care delivery system in Himachal Pradesh can be grouped by public sector, including government runs hospitals, dispensaries health centres, and private sector comprising faith healers, Herbalists

and private hospitals. The studies have shown that the government is by far the dominant source of health care such as immunization, antenatal care, and family planning services and infectious disease control. In line with this, the ministry of health and family welfare, government of India is implementing a reproductive and child health programme in the country. Under this programme, a range of reproductive and child health services is being provided through a network of government health care establishment. The programme also aims to strengthen health infrastructure in terms of trained staff, equipment and supplies to enhance the facilities to provide good quality RCH services.

The number of different facilities varies from districts due to the differences in the population in each district as well as due to the differences in adherence to population norms. Sub-centre is peripheral contact points between the primary health centre and the community. One male multipurpose worker/ male health worker and female health worker are expected to be appointed at each facility. A PHC, on the other hand, is the first contact point between the village community and the medical officer. The community health centre is basically a referral centre for PHC.

Public spending on preventive health services has a low priority over curative health in the country as a whole. India public spending on health is amongst the lowest in the world, whereas its proportion of private spending on health is one of the highest. More the Rs. 100,000 cores is being spent annually as household expenditure on health, which is more than three times the public expenditure on health. The private sector health care is unregulated pushing the cost of health care up and making it unaffordable for the rural poor. It is clear that maintaining the health system in its present form will become untenable in India. Persistent malnutrition, high levels of anemia amongst children and women, Low age of marriage and at first child birth, inadequate safe drinking water round the year in many villages, over-crowding of dwelling units, unsatisfactory state of sanitation and disposal of wastes constitute major challenges for the public health system in India. Most of these public health determinants are correlated to high levels of poverty and to degradation of the

environment in our villages. Thus, the country has to deal with multiple health crises, rising costs of health care and mounting expectations of the people. The challenge of quality health services in remote rural regions has to be met with a sense of urgency. Given the scope and magnitude of the problem, it is no longer enough to focus on narrowly defined projects. The urgent need is to transform the public health system into an accountable, accessible and affordable system of quality services.

As the possibility of neither a full-scale nuclear war nor a severe HIV/AIDS epidemic appears to be in the offing, another dimension to this unfettered rise in population growth rate is the perceived increase in 'million plus' cities in the country. Numbering around 35 in 2001, the number of million plus cities may well rise up to 70 in 2006. The country's urbanization level is also expected to rise from about 28 per cent in 2001 to 36 per cent by 2025-26 of which Delhi, Greater Mumbai and Kolkata would be the prominent urban agglomerations. This would happen chiefly due to here factors-natural increase of urban population, migration from rural areas and the reclassification of rural areas as urban. So much so that more than half of all India's population growth in the period to 2026 is likely to end up likely to end up living in the urban sector. This has important ramifications considering the fact that migration would become more and more urban oriented and the short-term 'circulatory' migration rates would fall-the latter to some effect being helped by a rise in commuting.

It is well known that Himachal Pradesh, like most other states, has made significant progress in bringing down the crude death rate (CDR), infant mortality rate (IMR), and in raising the standard of living and expectancy of life at birth. This is also true of the control of different communicable and non- communicable diseases, such as diphtheria, poliomyelitis, tetanus (both neonatal and others), whooping cough, measles, leprosy, malaria, goiter, blindness, etc, although the state has made remarkable achievements in controlling the spread of venereal disease through family health awareness campaigns; tuberculosis remains the major killer in the state. In Himachal Pradesh, health services (preventive, promotive and curative) are provided through the Department of Health and Family Welfare and the

Department of Indian System of Medicines and Homoeopathy (ISM&H). Since primary health care is the first and the nearest contact between the individual and the health care services, the state has made good provision for primary health care services through a network of Sub-centres (SC), Primary Health Centers (PHCs) and Community health centers (CHCs). To support the primary health care services, provision has been made for secondary-level health care facilities through sub-divisional and zonal/district hospitals. Further, tertiary-level health care has been catered for through specialized hospitals and those attached to the state medical colleges. These institutions, besides extending support to the secondary-level health care systems, are expected to carry out research and manpower development for the health services of the state.

Objective of the study

1. To examine what linkages between different levels of health delivery systems;
2. To assess people's response to the quantity and quality of services provided by the health institutions.

Methodology

. The survey also collected information on quality of health services through a series of question on respondent use and perceptions of services. Questions were asked on the general quality of public and private health and family planning services. However, the NFHS –2 provides only cross- sectional information, and in doing so limits the ability to assess the impact of service quality. The study aimed to conduct rigorous research on existing gaps in information on quality of care as well as to build capacity of Health Institutions in Rural area of Chamba district of Himachal Pradesh. The study components included survey design, data collection, data entry and management, collaborative analysis, and dissemination of findings.

Study area

The study area has divided into two part one is tribal and other is non-tribal. The district touches the boundaries with Jammu and Kashmir on the northwest and west, Ladakh

area of J&K, Lahaul, and Bara-Bangahal on the north –east and east. Kangra on the south-east and Gurdaspur district of Punjab on the south. The territory is wholly mountainous with altitudes varying from about 2000 feet to about 21,000 feet above the mean sea level. The main natural divisions are the Ravi Valley, which means the Chamba valley proper, including Bharmaur, the Churah area and the part of the Bhattiyat tehsil, the Chenab valley, which comprises Pangi, inclusive of Chamba, Lahaul and the Beas region which takes in the rest of Bhattiyat.

Sampling procedure and sample size

The district Rural Community Health Centres (CHC), primary health centres and sub-centers (SC) are included in this survey. The selection of Health Institution for the survey is based on the number of rural health institution in the district. The total number of health institution in Chamba district was 215; out of 7 is community health centre (CHC), 39 primary health centre (PHC) and 169 sub-centre (SC). The 50 percent of total community health centre (CHC) is taking for the study, and the sampled rise of CHC is 4. The out of four the two CHC is taken from tribal and two is non-tribal area. The 25 percent of total primary health centre (PHC) and sub-centre (SC) is taken for the study. The 10 primary health centre (PHC) and 42 sub-centre (SC) are sampled for survey. The total number of sampled health institution for the study was 56, out of this 4 community health centre (CHC), 10 primary health centre and 42 sub-centres (SC). Both the tribal and non-tribal area health institutions was covered under the study. The four beneficiaries are taken from each the health institutions. The total number of sampled beneficiaries was 224, out of these 16 beneficiaries was taken from community health centre (CHC), 40 from primary health centre (PHC) and 168 from sub-centre (SC)

Different Health services provided by health institutions.

There are several indicators of quality of care, but is the study we taken, the type of services for which respondents come here, how much time did you want to get the services.

How was the behaviour of doctors, Para medical staff, and you find doctor in time? Whether the health worker talked nicely and spent enough time with the respondents. The general opinion of respondent regarding cleanliness. The respondent also asks what type of difficulties generally do you face to get the services and also give the important suggestions to improve the facility.

Table: 1.Kinde of health services received by respondents at different health institutions.

Type of services	Count/ Percentages	Sex		Total
		Male	Female	
Family planning	Count	-	2	2
	Percentage within Type of services	-	100.0	100.0
	Percentage within sex	-	1.8	0.9
	Percentage of total	-	0.9	0.9
ANC/ PNC	Count	-	42	42
	Percentage within Type of services	-	100.0	100.0
	Percentage within sex	-	37.8	18.8
	Percentage of total	-	18.8	18.8
Immu-nization	Count	-	4	4
	Percentage within Type of services	-	100.0	100.0
	Percentage within sex	-	3.6	1.8
	Percentage of total	-	1.8	1.8
Child-care	Count	4	1	5
	Percentage within Type of services	80.0	20.0	100.0
	Percentage within sex	3.5	0.9	2.2
	Percentage of total	1.8	0.4	2.2
Other health care	Count	109	62	171
	Percentage within Type of services	63.7	36.3	100.0
	Percentage within sex	96.5	55.9	76.3
	Percentage of total	48.7	27.7	76.3
Total	Count	113	111	224
	Percentage within Type of services	50.4	49.6	100.0
	Percentage within sex	100.0	100.0	100.0
	Percentage of total	50.4	49.6	100.0

Source: Field Survey

The data on the extent of utilization of recent health by type of service sought at health institutions is useful to examine the type of health services availed by clients. The table 1 shows that 0.9 per cent women had visited for themselves family planning, 18.8 per cent for ANC/PNC, 1.8 per cent for immunization, the 2.2 per cent visitor for treatment of a sick child and 76.3 per cent respondent visited for other health care (stomach pain, cold, fever, chest pain, back pain etc.). The majority of respondent visited the health institution in for other

health care. In general, immunization and family planning services remain largely provided by government health institution. The curative care for either the respondent or a sick child is equally high in public and private health facilities. Interestingly, more women reported visiting public facilities for antenatal and delivery care.

Quality and timely health services received by the respondents at health Institution.

The quality of care has become a central concern in family planning and reproductive health programmes. Quality of reproductive health care has been defined in a variety ways. A consensus exists that good quality requires the presence of trained personnel, in well-equipped clinics where clients are treated courteously and provided with a variety of appropriate services. Interest in the area of quality arose when researchers, health, advocates, and programme managers observed that clients often received inadequate care that discouraged the use of the services Documentation of users' perspectives about quality care reveals some general patterns. Typically users identify the following as important aspects of quality service, cleanliness of facilities, time made available for consultation, cordial treatment, and a meaningful and sympathetic consultation with a provider.

Table: 2.The respondent opinion regarding how much time waits to get the services in health institutions.

Time	Count/ Percentages	Sex		Total
		Male	Female	
Within no time	Count	1	1	2
	Percentage within time for wait	50.0	50.0	100.0
	Percentage within sex	0.9	0.9	0.9
	Percentage of total	0.4	0.4	0.4
10-15 Minutes	Count	5	3	8
	Percentage within time for wait	62.5	37.5	100.0
	Percentage within sex	4.4	2.7	3.6
	Percentage of total	2.2	1.3	3.6
15-30 Minutes	Count	76	85	161
	Percentage within time for wait	47.2	52.8	100.0
	Percentage within sex	67.3	76.6	71.9
	Percentage of total	33.9	37.9	71.9
More than half an hour	Count	21	19	40
	Percentage within time for wait	52.5	47.5	100.0
	Percentage within sex	18.6	17.1	17.9
	Percentage of total	9.4	8.5	17.9
	Count	10	3	13
	Percentage within time for wait	76.9	23.1	100.0

Longer than one hour	Percentage within sex	8.8	2.7	5.8
	Percentage of total	4.5	1.3	5.8
Total	Count	113	111	224
	Percentage within time for wait	50.4	49.6	100.0
	Percentage within sex	100.0	100.0	100.0
	Percentage of total	50.4	49.6	100.0

Source: Field Survey

The table 2 reveals that 0.9 per cent respondent's opinion that they will get the service with in no time, 3.6 per cent will get (10-15 minutes), 71.9 per cent gets 15 to 30 minutes, 17.9 per cent get more than 30 minutes and 5.8 per cent wait for longer then one hours. The study analysis that median waiting time in public health facilities was 15-30 minutes. The behavior of doctor also a indicators of quality of care in the health institutions. The table 4.3 shows that 4.9 per cent respondents behavior of doctors is very good, 39.7 per cent behaviour good 53.1 per cent satisfactory and 2.2 per cent reported that the doctor not talked nicely to them. The majority of respondents reveal that the behaviour of doctor in the clinical is satisfactory. It is evident that the respondents who visited the health institutions a higher proportion of them reported that doctor talked with them satisfactory.

It indicates the behaviour of para medical staff. The 6.3 per cent respondent reveals the behaviour of para medical staff is good. The higher proportion of female reported that the para medical staff talked to them more nicely as compared them male respondents. The 9.4 per cent para medical staff behaviour good, 78.6 per cent satisfactory and 5.8 per cent behaviour not good. The majority of para medical staff behaviour was satisfactory. The study analysis that the female respondent was treated well and talked nicely then the male respondents.

Table: 3.Respondents opinion regarding to accessibility of the facility.

Accessibility of services	Count/ Percentages	Sex		Total
		Male	Female	
Very Convenient	Count	2	4	6
	Percentage within accessibility of services	33.3	66.7	100.0
	Percentage within sex	1.8	3.6	2.7
Convenient	Percentage of total	0.9	1.8	2.7
	Count	81	88	169
Convenient	Percentage within accessibility of services	47.9	52.1	100.0
	Percentage within sex	71.7	79.3	75.4

	Percentage of total	36.2	39.3	75.4
Not very Convenient	Count	30	19	49
	Percentage within accessibility of services	61.2	38.8	100.0
	Percentage within sex	26.5	17.1	21.9
	Percentage of total	13.4	8.5	21.9
Total	Count	113	111	224
	Percentage within accessibility of services	50.4	49.6	100.0
	Percentage within sex	100.0	100.0	100.0
	Percentage of total	50.4	49.6	100.0

Source: Field Survey

The table 3 indicates the accessibility of the services. The 2.7 per cent respondent's opinion that the accessibility of services in the health institutions was very convenient and 21.9 per cent said that it was not very convenient. The majority of respondents are in the opinion that when they visit the health institutions the accessibility of the facility was convenient. The sex wise distribution reveals that female reported the accessibility of services very easy than the male respondent. The accessibility of the services not very convenient reported by the male beneficiaries. The 75.9 per cent male beneficiaries reveal that accessibility of services in the health institution not very convenient.

Table: 4. The respondent's opinion regarding availability of medicine from Hospital.

Availability of medicine	Count/ Percentages	Sex		Total
		Male	Female	
Sufficient	Count	33	53	86
	Percentage within availability of medicine	38.4	61.6	100.0
	Percentage within sex	29.2	47.7	38.4
	Percentage of total	14.7	23.7	38.4
Insufficient	Count	75	57	132
	Percentage within availability of medicine	56.8	43.2	100.0
	Percentage within sex	66.4	51.4	56.9
	Percentage of total	33.5	25.4	56.9
Not available at all	Count	5	1	6
	Percentage within availability of medicine	83.3	16.7	100.0
	Percentage within sex	4.4	0.9	2.7
	Percentage of total	2.2	0.4	2.7
Total	Count	113	111	224
	Percentage within availability of medicine	50.4	49.6	100.0
	Percentage within sex	100.0	100.0	100.0
	Percentage of total	50.4	49.6	100.0

Source: Field Survey

The table 4 shows the respondent reported the availability of medicine from the hospital. The 38.4 per cent reveals that sufficient medicine was available, 58.9 per cent insufficient and 2.7 per cent not available at all to the respondents from the hospital. The female respondent reveals that sufficient medicines to available from the hospital. The study analysis that large proportion of respondents reported the availability of medicine from the hospital was insufficient. But in the tribal area sufficient availability of medicine to the respondents from the hospital in tribal area.

Table: 5 The respondent's opinion regarding to accessibility of ambulance to find doctor and labour room in timely.

(a) Can the respondents find doctor in time				
Doctor in time	Count/ Percentages	Sex		Total
		Male	Female	
Yes	Count	55	86	141
	Percentage within find doctor in time	39.0	61.0	100.0
	Percentage within sex	48.7	77.5	62.9
	Percentage of total	24.6	38.4	62.9
No	Count	58	25	83
	Percentage within find doctor in time	69.9	30.1	100.0
	Percentage within sex	51.3	22.5	37.1
	Percentage of total	25.9	11.2	37.1
Total	Count	113	111	224
	Percentage within find doctor in time	50.4	49.6	100.0
	Percentage within sex	100.0	100.0	100.0
	Percentage of total	50.4	49.6	100.0
(b) If the respondents need an ambulance, can the hospital provide the vehicle immediately?				
Yes	Count	18	20	38
	Percentage within find doctor in time	47.4	52.6	100.0
	Percentage within sex	15.9	18.0	17.0
	Percentage of total	8.0	8.9	17.0
No	Count	9.5	91	186
	Percentage within find doctor in time	51.1	48.9	100.0
	Percentage within sex	84.1	82.0	83.0
	Percentage of total	42.4	40.6	83.0
Total	Count	113	111	224
	Percentage within find doctor in time	50.4	49.6	100.0
	Percentage within sex	100.0	100.0	100.0
	Percentage of total	50.4	49.6	100.0
(c) If there is labour room, it is clean and found timely.				
Yes	Count	14	7	21
	Percentage within find doctor in time	66.7	33.3	100.0
	Percentage within sex	12.4	6.3	94
	Percentage of total	6.3	3.1	9.4
No	Count	99	104	203
	Percentage within find doctor in time	48.8	51.2	100.0
	Percentage within sex	87.6	93.7	90.6

Total	Percentage of total	44.2	46.4	90.6
	Count	113	111	224
	Percentage within find doctor in time	50.4	49.6	100.0
	Percentage within sex	100.0	100.0	100.0
	Percentage of total	50.4	49.6	100.0

Source: Field Survey

The table 5 represents that can the respondents find doctor, ambulance and labour room in time, when the need. The part (a) of the table 4.7 indicates that 62.9 per cent respondents find doctor in time, and 37.1 per cent not find in time. The 61.0 per cent female find doctor in time and 39.0 per cent male cannot find in time. The large proportion of the respondents indicates that they find doctor in time, at the health institutions. The part (b) of the table reported that 17.0 per cent respondents found ambulance in time, when they need. The 83.0 per cent reveals that they cannot found ambulance in time when needed. The sex wise distribution of the respondents shows that 47.4 per cent male and 52.6 per cent female found ambulance in time. The part (c) of the table shows that only 9.4 per cent respondents are provided clean labour room in the institutions and 90.6 per cent are not provided clean labour room in the institutions. The majority of respondents reveal that they cannot get the clean labour room in the health institutions. The study included the question of quality care of health and family welfare services provided at the household level. The questions were asked of respondents about health worker visits the home/community. In the survey only 8.9 per cent health worker visits the respondents home daily, 54.5 per cent visits weekly, 7.6 per cent monthly, 9.8 per cent quarterly, 1.8 per cent visit occasionally and 17.4 per cent health worker never visit the home/community of the respondents. The large proportion of respondents reveals that health worker visits weekly to home/community. It shows that how many respondents are satisfied with the health services, which is provided by the health institutions. The study reveals that 84.4 per cent respondents satisfied with the services, out of them 43.9 percent are male and 56.1 per cent are female. The female respondents are more satisfied then the male. The 15.6 per cent are not satisfied with the services. The male respondents are more dissatisfied then the female. The percentage with in the sex reveals that 73.5 per

cent male and 95.5 per cent female respondents are satisfied with the service, which is provided by at the health institutions. (b) Indicates that 69.6 per cent respondents recommend his friends/relative to go to the health institutions. The sex wise distribution reveals that 43.6 per cent male and 56.4 per cent female respondents recommended his friends/relative to visits the health institutions. The 30.4 per cent respondents show that they never recommended his friends to visits the health institutions.

Table:6 The respondent opinion regarding cleanliness of doctor and dispensing room.

(a) Cleanliness of doctor room					
Sex	Counts/ Percentages	Good	Satisfactory	Unsatisfactory	Total
Male	Count	7	71	35	113
	Percentage within sex	6.2	62.8	31.0	100.0
	Percentage within doctor	21.2	51.4	66.0	50.4
	Percentage of total	3.1	31.7	15.6	50.4
Female	Count	26	67	18	111
	Percentage within sex	23.4	60.4	16.2	100.0
	Percentage within doctor	78.8	48.6	34.0	49.6
	Percentage of total	11.6	29.9	8.0	49.6
Total	Count	33	138	53	224
	Percentage within sex	14.7	61.6	23.7	100.0
	Percentage within doctor	100.0	100.0	100.0	100.0
	Percentage of total	14.7	61.6	23.7	100.0
(b) Dispense room					
Male	Count	3	63	47	113
	Percentage within sex	2.7	55.8	41.6	100.0
	Percentage within doctor	33.3	45.0	62.7	50.4
	Percentage of total	1.3	28.1	21.0	50.4
Female	Count	6	77	28	111
	Percentage within sex	5.4	69.4	25.2	100.0
	Percentage within doctor	66.7	55.0	37.3	49.6
	Percentage of total	2.7	34.4	12.5	49.6

Total	Count	9	140	75	224
	Percentage within sex	4.0	62.5	33.5	100.0
	Percentage within doctor	100.0	100.0	100.0	100.0
	Percentage of total	4.0	62.5	33.5	100.0

Source: Field Survey

The part (a) of the table shows the respondent opinion regarding the cleanliness of doctor and dispensing room. The 14.7 per cent observes that cleanliness of doctor was good. The opinion within the sex shows that 6.2 per cent male said good, 62.8 per cent satisfactory and 31.0 percent respondents reported that cleanliness of doctor room was unsatisfactory. The majority of male respondents observe the cleanliness of doctor's room was satisfactory. The 23.4 per cent female respondent indicates that cleanliness of doctor room was good, 60.4 per cent satisfactory and 16.2 per cent unsatisfactory. Both the male and female respondents reveal that cleanliness condition of doctor room was satisfactory. The part (b) of table shows that 4.0 per cent respondents observe the cleanliness of dispensing room was good, 62.5 per cent satisfactory and 33.5 per cent unsatisfactory. The 2.7 per cent male respondents reveals that cleanliness of dispensing room was good 55.8 per cent observes satisfactory and 41.6 per cent unsatisfactory. The female respondent reported that cleanliness condition of dispensing room was satisfactory; the 5.4 per cent observes good, 69.4 per cent satisfactory and 26.2 per cent reveals that it was unsatisfactory. The study analysis that both male and female reported that cleanliness condition of doctor room and dispensing room was satisfactory.

Table: 7. The difficulties generally face by respondents to get the services from the facility.

Difficulties	Count/ Percentages	Sex		Total
		Male	Female	
There is no bed in the hospital	Count	7	7	14
	Percentage of sex	6.2	6.3	6.3
	Percentage of total	3.1	3.1	6.3
Shortage of doctors	Count	12	11	23
	Percentage of sex	10.6	9.9	10.3
	Percentage of total	5.4	4.9	10.3

There is no doctor	Count	5	11	16
	Percentage of sex	4.4	9.9	7.1
	Percentage of total	2.2	4.9	7.1
Doctor not come in time	Count	10	11	21
	Percentage of sex	8.8	9.9	9.4
	Percentage of total	4.5	4.9	9.4
Lack of accommodation	Count	10	10	20
	Percentage of sex	8.8	9.0	8.9
	Percentage of total	4.5	4.5	8.9
There is no testing facility	Count	11	22	33
	Percentage of sex	9.7	19.8	14.7
	Percentage of total	4.9	9.8	14.7
There is no own building of hospital	Count	20	15	35
	Percentage of sex	17.7	13.5	15.6
	Percentage of total	8.9	6.7	15.6
Medicine not given to the hospital	Count	17	10	27
	Percentage of sex	15.0	9.0	12.1
	Percentage of total	7.6	4.5	12.1
FHW/MHW/not come in time	Count	21	14	35
	Percentage of sex	18.6	12.6	15.6
	Percentage of total	9.4	6.3	15.6
Total	Count	113	111	224
	Percentage of sex	100.0	100.0	100.0
	Percentage of total	50.4	49.6	100.0

The table 7 indicates the difficulties generally face by respondents to get the services from the facility. The 6.3 per cent reported that when they go to the hospital they could not find the beds and some health institutions there is no bed available for the patients. The 6.2 per cent male and 6.3 percent respondent reveals that there is no bed available in the hospital. The 10.3 per cent reveals that there is shortage of doctor and due to this they wait in the health institution longer than one hour. The 7.1 per cent respondent reported that there is no doctor in the institution and para medical staff runs health centre. The percentage within the sex shows that 10.6 per cent male and 9.9 per cent female reveals that there is no doctor in the health institutions.

In the 9.4 per cent health institutions doctor not come in time. The 8.8 per cent male and 9.9 per cent female respondents reported it. The 8.9 per cent respondents reported that there is lack of accommodation in the health facility. The 14.7 per cent reveals that there is no testing facility in the health institutions. The percentage within sex shows that 9.7 per cent male and 19.8 per cent female reveals that there is no testing facility in the health institutions.

The 15.6 per cent reported that there is no own building of hospital, the institution is running private and rented house. The 12.1 per cent reported that the medicines prescribed by the doctor not give to the hospital. The 15.6 per cent reveals that female health worker and male health worker not come in time. The study reveal the major difficulties face by the respondents to get the services at the clinical unit that doctor not come in time, there is no testing facility, supply of medicine not given to the hospital and male health worker and female health worker not found in time at health centre.

It indicates the suggestions given by respondents to improve the health facility. The 4.5 per cent respondents suggest to increase the bed in the hospital. The 1.8 per cent male and 7.2 per cent female in the favour to increased the bed in the hospital. The 12.1 per cent reported that to fills the vacant post of doctor. The percentage distribution with in sex shows that 11.5 per cent male and 12.6 per cent in the favour that to fill the post of doctors. The 6.3 per cent give the opinion that to fill post of pharmacist. More availability of pharmacist the respondent cannot get the medicine from the health institutions. The 14.7 per cent respondent reveals that to fill the post of nurse for the smooth function of institutions. The 15.2 per cent suggest that to fill post of para medical staff. The 15.6 per cent reported that to construct the new buildings. The 13.8 per cent reveals that to provide the testing facility in the institutions. The 13.4 per cent suggest that to supply the medicines from the hospital to the respondents. The study analysis that to fill the post of doctors and para-medical staff.

Conclusion: The study analyses that in the rural Chamba respondent come here for family planning, ANC/PNC, immunization, childcare and other health care. The time taken to get the services an average between 15 to 30 minutes. The behaviour of doctor and para-medical staff with the respondents was satisfactory. A few respondents reported that behaviour of doctor or para- medical staff was not good. The majority of respondents' opinion that accessibility of services in health institution was convenient, only 21.9 per cent reveals that the services provided by the health institution not very convenient. The medicine supply from the hospital was not sufficient. The respondents is interested in to give the medicine

form hospital, which is prescribed by the doctors. There are very few respondents reported that no medicine is available from the hospital. The 62.9 per cent respondents reveal that they find doctor in time. The 17.0 per cent respondent reveals that if they need an ambulance the institution provides then vehicle immediately. The 9.4 per cent found labour room clean and timely. The 8.9 per cent respondents reveals that the health worker visits the community daily, 54.5 per cent weekly, 7.6 per cent monthly, 9.8 per cent quarterly, 1.8 per cent occasionally and 17.4 per cent health worker never visit the home/community. The majority of respondents reveals that health worker visit the community weekly. The 84.4 per cent respondent satisfied with the services provided by the health institutes and 69.6 per cent will recommended his/her friend and relatives to visits the institutions. The respondent opinion regarding the general cleanliness of doctor, dispensing and building of the health institutions. The large proportions of the respondent reveals that the general cleanliness conditions in the health institution were satisfactory. The difficulties face by the respondents in the health institution that there is lack of doctor and para –medical staff, doctor and health workers not come in time and some institutions there are lack of accommodation and beds. The 15.6 per cent respondent reported that there is no own building of the hospital. The respondent has been given the some important suggestion to increase the bed, fill the post of doctor, para-medical staff, pharmacist, and nurse. The respondent also reveals that to provide the testing facility in the institutions.

The research deal with the respondent's opinion regarding accessibility and quality of health services. The 0.2 per cent respondents visit for family planning, 18.0 per cent ANC/PNC, 1.8 per cent immunization, 2.2 per cent childcare and 76.3 per cent for the health care. The beneficiaries have wait for 15-30 minutes to get the services in health institutions. The majority of respondents reveals that doctors behaviour with the beneficiaries was satisfactory and only 2.2 per cent reveals that the behaviour not good. The behaviour of para-medical staff also satisfactory. The large number of respondent in the opinion that accessibility of the facility is convenient. The beneficiaries reveals that availability of medicine form the hospital

is insufficient and some of respondents said that no medicine was available from the hospital. The 62.9 per cent respondents give their opinion that they always find doctor in time, and 17.0 per cent beneficiaries can get the ambulance in time when they need. The very few respondents get their labour room in timely and clean. The 54.5 per cent respondent reveals that the health workers visit the home and community weekly. The 17.4 per cent beneficiaries reveal that the health worker visits no home and community. The large number of respondents in the satisfied with the services, which was provided by these institutions.

The difficulties generally faced by the respondent to get the services that there is no testing facility, doctor not come in time. The post of doctor are vacant, patient not get bed in the hospital. The respondent has given some suggestion to improve the health institution facility. The large number of respondents in the opinion that to increase the beds in the hospital, fill the post of doctors, para-medical staff, nurse and also provide testing facility, and to supply the good quality of medicine.

Bibliography

- Aggarwal, Rajesh Kumar and Komila Parthi(2002),"Chapter on health" in 'Punjab development report 2002' prepared by the centre for research in rural and industrial development, Chandigarh and published by planning commission, government of India.
- Annual plan 2002-03, Planning department of Himachal Pradesh.
- Bir, T. (2000),"User charges: A policy option for health service development in developing countries like India", Health and population: Perspectives and issues, 23(2): 71-84, 2000.
- Bist.N.S. Hartta Yashwant Singh, Evaluation of functioning of urban family welfare centres and urban health posts in Himachal Pradesh. Population Research Centre Himachal Pradesh University Summer Hill, Shimla – 171005.
- Brugha, Ruairi and Anthony Zwi (1998),"Improving the quality of private sector delivery of public health services: Challenges and strategies" health policy and planning, 13(2), 107-120.
- David H. Peters, et al, (2002), Better health system for India's poor: Findings, analysis and options, World Bank, Human development network, Health nutrition and population series.

- Department of women and child development, Government of India and United Nations Children's Fund, New Delhi, Multiple indicator survey (MICS-2000), India summary report, December 2001.
- Economic and statistical organization, Government of Himachal Pradesh, statistical abstracts of Himachal Pradesh (various issues).
- Economic Survey Himachal Pradesh 2004-05, Department of economics and statistics government of Himachal Pradesh.
- Goel .S.L., Health Education theory and practice, Deep and Deep Publications Pvt. Limited, F-159, Rajouri Garden, New Delhi – 110027.
- Family welfare programme year book 2003-04, demographic and evaluation cell health and family welfare department Himachal Pradesh.
- Hartta, Yashwant Singh, Challenges of HIV/AIDS among the youth (Boys and Girls) in the Shimla City. Population Research Centre Himachal Pradesh University Summer Hill, Shimla – 171005.
- Health and family welfare department, Himachal Pradesh. 1993. Himachal Pradesh ke Chikitsa, Jan Swasthya Avam Ayurvedic Sansthanon Ki Nirdeshika (in Hindi). Shimla: Government of Himachal Pradesh.
- Health at a glance 2006, directorate of health services Himachal Pradesh.
- India facility survey (under reproductive and child health project) phase – II, 2003. International Institute for Population Sciences.
- Kaushal, R.K. 1998. Himachal Pradesh: Socio-economic, Geographical and Historical Survey. New Delhi: Reliance Publishing House.
- Ministry of Health and family welfare (MOHFW). 1992. Family welfare programme in India, year book, 1990-91. New Delhi: Department of family welfare, MOHFW.
- Mukherji, Shekhar (1988 a), Report on operation research on delivery of rural health services in Varanasi District. Indian council of medical research project, institute of medical sciences, Banaras Hindu University, Varanasi, pp.10-68.
- National institute of health and family welfare, New Delhi (December 2000), Development of health insurance in India: Current status and future directions, Report of seminar held on 29-30 December 2000, 46 p.
- Praveen Shama, (2004). "Population growth and sustainable development", Economic and political weekly vol. xxxix No. 7.
- Statistical outline of Himachal Pradesh 2005-06, Economics & statistics department Himachal Pradesh.

Training module for nurses, national AIDS control organization, ministry of health & family welfare, government of India.

Udapa, K.N.andMukherji, Shekhar (1988 b), Knowledge and utilization of primary health services by rural women of Varanasi District. ICMR Health Project, Institute of Medical Sciences, Banaras Hindu University, Varanasi, 1-175.

World Bank, A vision for India's health system, report of conference held on 15-16 November 2001, New Delhi, download from internet.