

Access to Healthcare in the fragmented setting of India's fast growing agglomerations

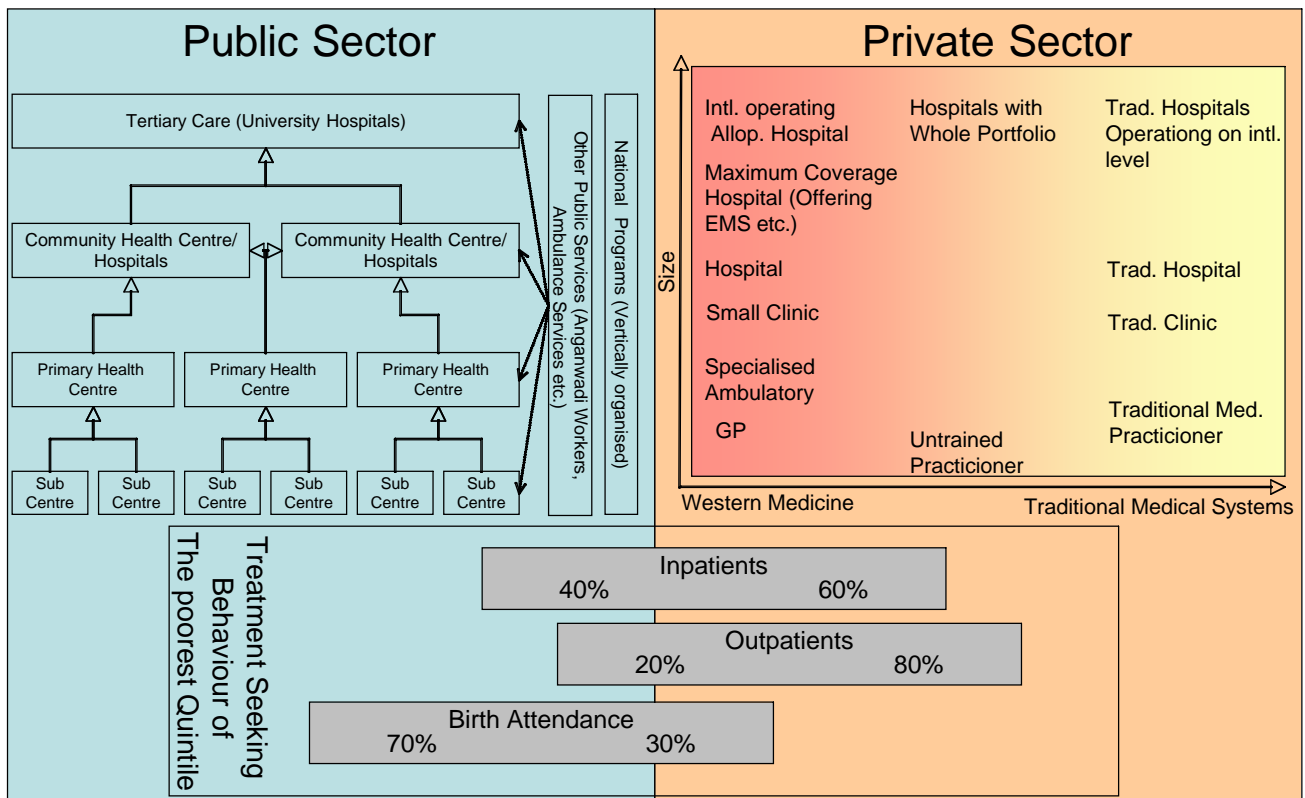


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Background

India's health care sectors



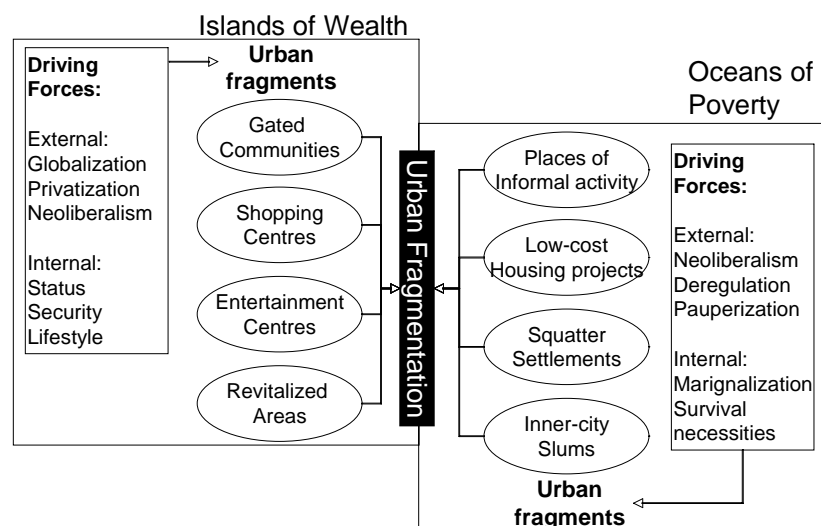
Source: own draft based on expert interviews and World bank 2001

Health care in India, Problems - as in NHP 2002:

„...for vulnerable sections of society in several States, access to public health services is nominal and health standards are grossly inadequate.“

„Currently, non-Governmental service providers are treating a large number of patients at the primary level for major diseases. However, the treatment regimens followed are diverse and not scientifically optimal, leading to an increase in the incidence of drug resistance.“

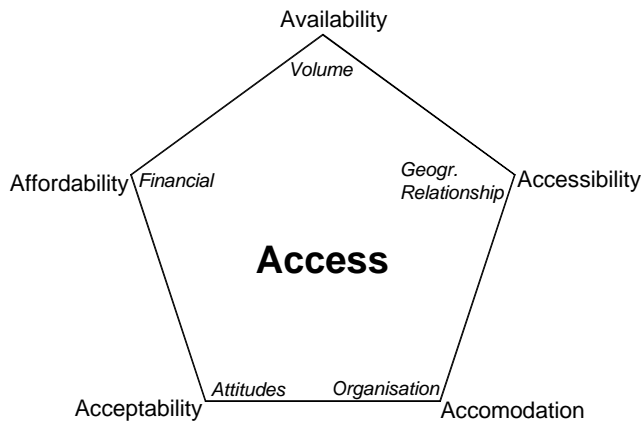
Fragmentation: the also visible disconnection of lifestyles and different groups (social, cultural, ‘winners’ and ‘losers’ of the globalization) within one city on a small scale level



Source: Coy 2005 (slightly changed)

Access: „the ability to reach, obtain, or afford entrance to services“

Parker 1974



Source: Own Draft based on Penchansky, R. and Thomas, J. 1984

	Spatial	Aspatial
realized potential	Ia Opportunities	IIa Opportunities
	Ib Costs	IIb Costs
	IIIa Opportunities	IVa Opportunities
	IIIb Costs	IVb Costs

Source: Khan and Bhardwaj 1994, slightly changed

Research Approach

Why and how does the access to health care vary within the emerging megacity of Pune. How do the both sides of the market, demand and supply, perceive and react to these differences?

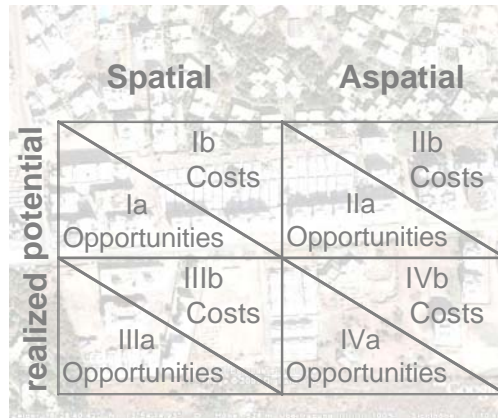


Research Approach

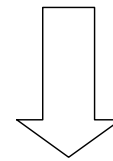
Phase I: Pilot Study/ Expert Talks (Workshop)

Phase II:

Mapping: Ia



Household Surveys:
IIIa, IIIb, Iva, IVb

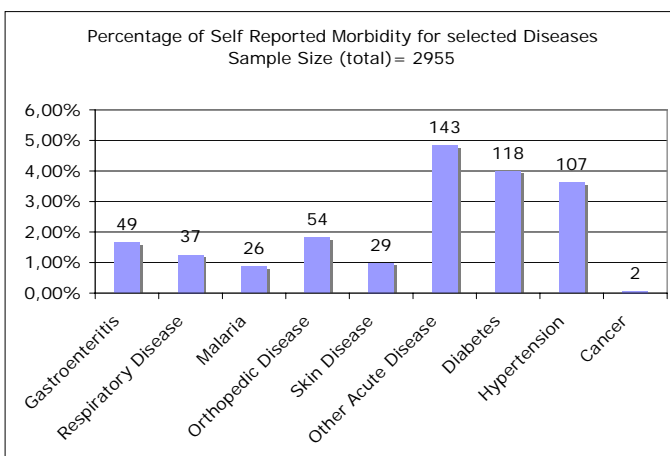


Expert Interviews:
Ib, Iia, IIb

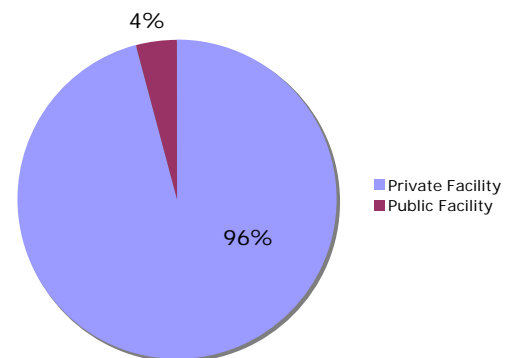
In depth Interviews:
Ib, Iia, IIb

Pilot Study: Joint Fieldwork by Indian and German Students

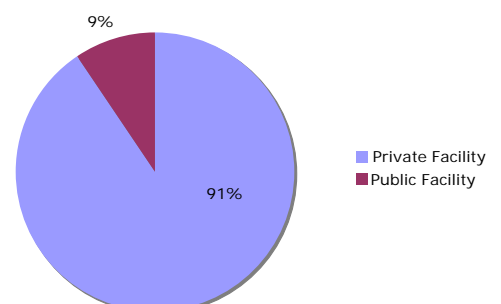
Self reported morbidity and treatment seeking behaviour



Treatment Institution for Gastroenteritis N=49

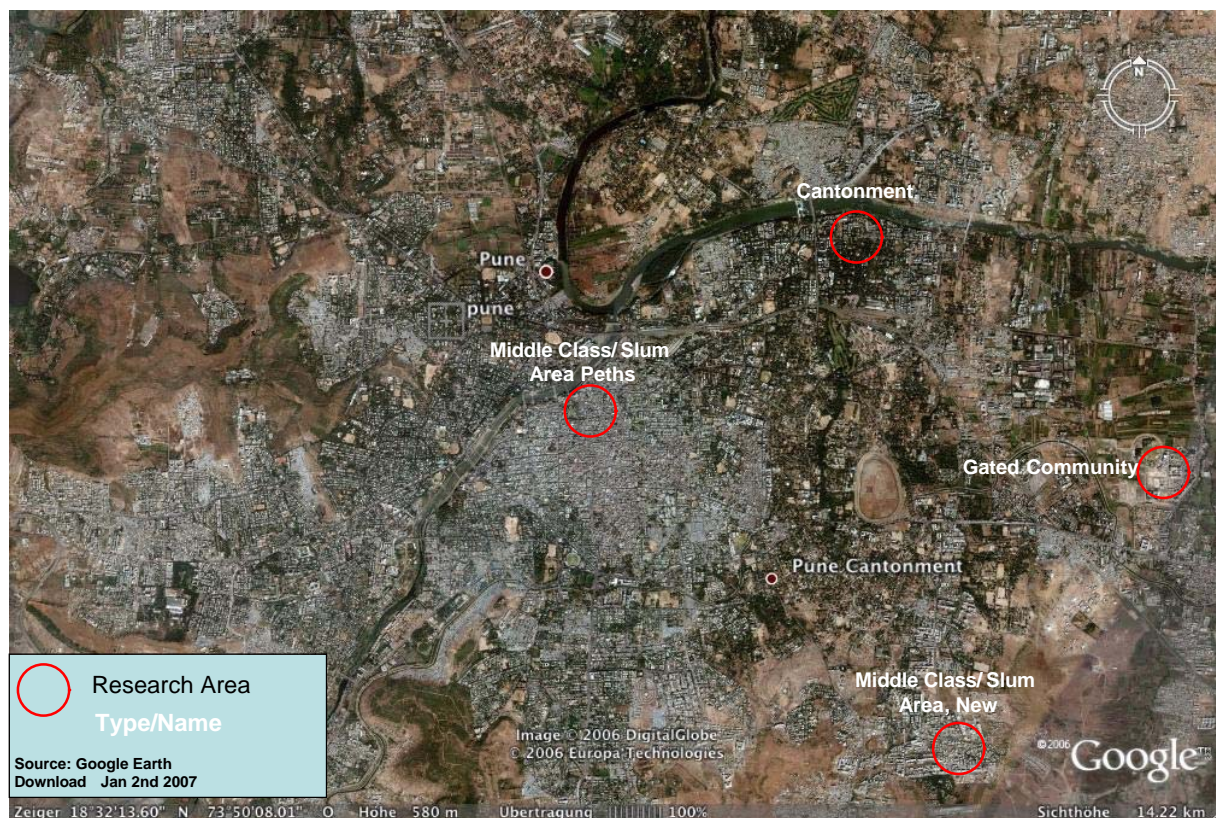


Treatment Institution for Diabetes N=118



Research Approach A: Mapping - preliminary findings

Mapping of health care facilities

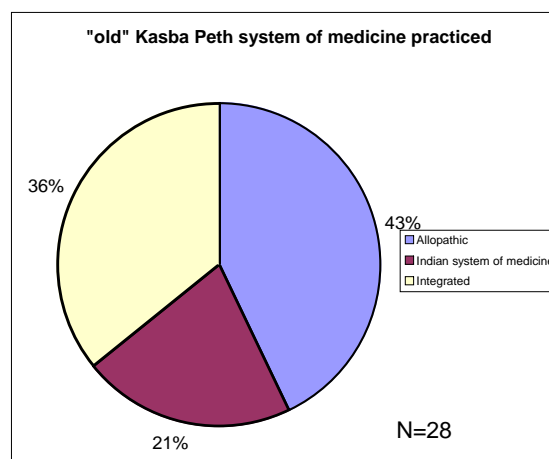
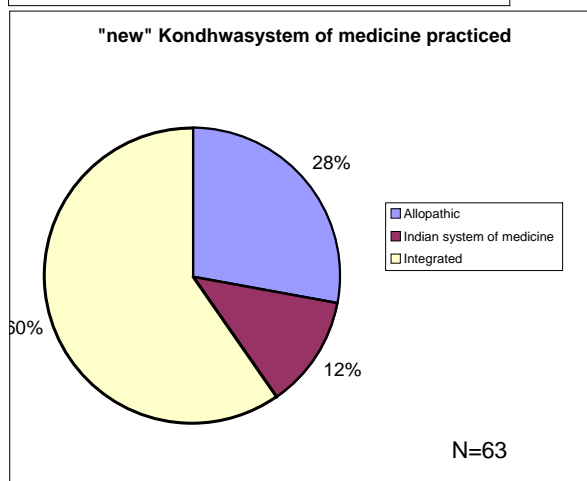
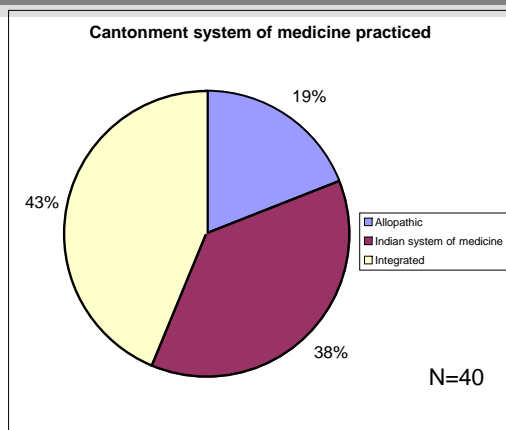


Research Approach A: Mapping - preliminary findings



- Clinic
- Hospital
- Optic
- Laboratory
- Pharmacy
- Shop
- Dentist
- Traditional Healer

Research Approach A: Mapping - preliminary findings



Own Draft based on student field work

Research Approach B: Expert interviews- preliminary findings

The Experts' view on Access:

“So access wise – I think if you have money you have access in the city if you don't have money you can still have access but you're not very happy with the access.”

Private Practitioner

“...low income group, they first go to a near located private practitioner if minor problems are there, like cold, cough, diarrhoea. There they get treated, but **not properly, because most of the practitioners are practicing ayuverda, homeopathy or unani medicine**, so they give only symptomatic treatment, not curative. So they go there, they get relief, but **if any complication happens, then they go to our government facilities**. Either government hospitals or maybe even sometimes to trusts. Because there are some hospitals, private hospitals, that are giving treatment affordable to that class.”

PMC Ward Medical Officer

The Experts' view on the health sector's ability to cope with Pune's growth:

“...it's **related to the development of the city**. See what happens... it's particularly the way in which our city grows – mostly unplanned. Initially when the city is small all the service providers try to get located in the centre part of it. And then the city is growing in the periphery. **At present the periphery is not equipped with hospitals.**”

Researcher - Community Medicine

“...we're lacking behind, because whatever doctors or nurses or whatever workforces is needed, **we have to get the sanction from the state government**. And this is a very big process; if we plan or if we want to get new doctors, it takes two to three years to complete that process, so that is difficult for us so **we can not cope with this.**”

PMC Ward Medical Officer

Conclusion

- The preliminary results of the research process show that fragmentation processes, which accompany the rapid urbanisation lead to disparities in the access to health care
- Identification of barriers and facilitators of access for different groups within fragmented cities is a necessary precaution for improving strategies for the governmental health sector and for PPPs
- The governmental health care services, which should in theory provide subsidised or free treatment to the poorest are not able to reach their target group