

## **Health Service In Urban Agra, U.P. (India)**

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### **Abstract:**

There are a variety of urban health service which create urban environment that maintain and enhance the quality of urban community. Health is one of the important urban amenities for any urban place. In urban region of Agra health service provided by the government sector, private sector and charitable trust. But if we take collectively all these facilities we find that it become inappropriate according to urban population of Agra. Together this, these health service providing center suffers from inadequate human resources and medical facilities. It also suffers from the burden of overpopulation. The study's objective is to find the existing problem of health facilities and human resources and existing medical facilities. The paper study is based on secondary data from Census of India, 2011, Ministry of Health and Family Welfare (MHFW), NCP, NNS survey. SOI topographical maps, graphs, diagrams and GIS technique is used to carry out this study.

**Keywords:** Health, urban environment, amenities, human resource.

### **Introduction**

Agra is the third largest metropolitan city of Uttar Pradesh after Kanpur and Lucknow. The total population of Agra urban agglomeration (which includes cantonment areas, Swamibagh and Dayalbagh) is 1,585,704; whereas the population under Agra Municipal Corporation as per the 2001 census is about 12.75 lakh. The city is now growing in the western direction towards Delhi Agra corridor in a linear pattern. The decennial growth rate of Agra City (1991-2001) is 22.05 percent. This is twice the national decennial growth rate of 21.54 percent. The population density of Agra is 4041 persons square kilometre as compared to the Indian average of 382. The sex ratio of the city is 868 female per 1000 males, Indian average is 943 in census 2011. Agra city is governed by Agra Municipal Corporation, Agra Cantonment Board and Dayalbagh and Swamibagh Nagar Panchayats. The Agra Municipal Corporation was constituted on 30<sup>th</sup> November 1975. The area of Agra

Municipal Corporation is spread over 120.57 sq. km. The remaining area of 20 square kilometres falls within the Cantonment Board and Swamibagh and Dayalbagh municipalities. The entire area of the Corporation is divided into 80 electoral wards, while for the purpose of revenue collection the area of Agra Municipal Corporation has been divided into 8 divisions.

**Objectives**

- To identify the health service centres in Agra city.
- To measure the extent of the health service provided by centres in proportion to population.
- To identify the hurdle in path of health service centres.
- To give solution to problem.

**Research Methodology**

The study is based on secondary data. The main sources of secondary data are the published reports and information of the Census of India since 1951 till 2011, DCH, general population tables, economic, social and cultural tables of various census series of U.P.

**Public Sector Health Facilities**

Health services in Agra are provided by the Public sector, Department of Medical, Health and Family Welfare and Agra Municipal Corporation and private sector. In addition, there are several charitable hospitals. Also there are Central Government health facilities which include railway hospitals, ESI hospital and dispensaries and cantonment hospital.

- Public Sector Health Facilities.
- Department of Medical, Health and Family Welfare.
- First tier health facilities.

**First Tier Health Facilities**

Primary health care in the city is provided through 15-D type Centers (DTHCs). Of these 15-D type centres, nine are located in rented building of Agra Municipal Corporation and one is located in the Red Cross Building. The Major Services provided by the D-Type health centres are immunization, antenatal care and family welfare service. Each of these D-Type health centres is headed by a Lady Medical Officer (LMO) and 3 to 4 paramedical for Health Education Office (HEO). These five D-Type Health Centres suffer because of lack of funds. The others 10 are operating as one to two room units in rented building which are not appropriately located. Each D-Type Health Centres provides service to a 50,000 population. With the increase of population each Health Centre is now catering to a population of 70,000 to 100000. Again due to the shortage of staff and lack of fund it is not possible to respond to

the health needs of the burgeoning population of which approximately 50 percent reside in slums or slum condition.

### **Second Tier Health Care Services**

There are three government-run secondary/tertiary level hospitals.

- **S.N. Medical College** : This is the main referral hospital, with a 976 bedded capacity which offers free of cost service, it includes OPD, Laboratory Service, X-ray, Ultra sound etc.
- **District Hospital** : It has 118 bedded capacity with 62 doctor and 96 paramedical staff, offers OPD, Radiology, Pathology, Ultrasound and HIV Test Facilities.
- **District Women Hospital (Lady Lyall Hospital)** : It has 331 bedded Capacity in public and private wards. Gynaecology, Paediatric Service OPD and conduct deliveries.

### **Other Government Facilities**

#### **Employee State Insurance (ESI) Service**

This is a contributory scheme which gets contribution from workers and the employed. This is applicable to those establishments where 10 workers are employed and electricity is being used or establishments which have a workforce of 20 with electricity. They also get under ESI scheme. The State of UP has been divided into 8 zones and each zone has CMO as an in-charge. In Agra city there are 3 dispensaries which are located at Chippi Tola, Nunihai Industrial Area and Fatehabad Road and one Hospital, which is located at Central Jail Road. In addition ESI also has 3 mobile dispensaries. At each dispensary, there is one or two doctor posted for any specialized treatment. Insured persons go to the ESI hospital. In Agra there is an 800 bedded hospital with all the facilities. There are four lady doctors, and a general surgeon 1 general Physician, 1 Pediatrician, 1 ENI specialist, 1 Radiologist, 1 Pathologist and 1 Orthopedic surgeon. A part from regular OPD Service, which functions between 8 am to 2 pm, there also facilities for deliveries, tubectomy, MTP general surgery, Pathology, X-ray, Ultrasound and Physiotherapy. All these facilities are given free of cost.

#### **Central JALMA Institute for Leprosy and Mycobacterial Disease**

The Central JALMA Institute for Leprosy and Mycobacterial Diseases came into existence on 1<sup>st</sup> April, 1976. It was originally established as “India centre for Jalma” in 1966 and was managed by a Tokyo based voluntary organization Japanese Leprosy Mission for Asia (JALMA). Recently, the scope of work has been broadened and, therefore, and word

'Micro-bacterial diseases' has been added with the name of the institute. It carries out research in the following areas; Early diagnosis, improving and monitoring treatment, Prevention and correction of deformities, study on other mycobacteria, field studies and Operation Research. In addition to its research activities, it does offer OPD service for leprosy patients absolutely free. The number of total doctors is 10, which includes 2 general physician, 1 Gynecologist, 1 Pediatrician, 2 Dermatologists, 1 Surgeon, etc. It also has inpatient facilities, where there are 60 beds available with all the facilities and there is no charge for any facilities at the institute. It also has over 200 support staff to cater the in and out patients.

### **Additional Central Government Facilities**

In Agra city under the Central Government jurisdiction, three hospitals located at Agra Cantonment, Idgah Station and Agra Fort are run by the Railways for the employees and families of the railways employees. Beside this, there is one Cantonment Hospital and two Army and Air Force Dispensaries for provision of basic and specialized health services to the families of defence personnel.

### **Charitable Hospitals**

In Agra, there are several charitable hospitals and dispensaries which offer services to slum dwellers at subsidized rates. One of the charitable hospitals, which is located on Fatehabad Road, called Shanti Manglick offers first and second tier services at subsidized rate. It is being run by the P.C. Mangalick Public Charitable Trust. The hospital has engaged Health Volunteers who bring in patients from the rural areas and the slums in Tajganj area. Another charitable trust, Sharan Ashram Hospital located on Dayalbagh road was established in 1931. It offers only OPD services free of cost. All doctors associated with the hospital work as honorary and part time consultant. Generally Doctors spare 2-3 hours in a day of 3-4 days in week. All this expenditure is borne by the trust.

### **Private Facilities (For Profit)**

A large number of slum residents seek medical care from the private sector, which make huge profit. According to the information available at CMO office, Agra there are over 450 Nursing homes and private practitioners in Agra, Existing linkage between health department and private hospitals is limited to receiving free supply of vaccines for the national immunization programme as well as partnerships with State Innovations in Family Planning service Project Agency (SIFPSA).

### **Integrated Child Development Service**

ICDS have been implemented in one Urban Block of Agra. Of the 95 ICDS centres, only 43 are located in slum areas. There is a proposal for expanding the reach of the ICDS to cover additional 180 centres (approx). The key health service supported by ICDS is immunization supplementary nutrition. Yet there is a need for improving coordination and convergence with Health Department to ensure effectiveness of the immunization camps.

### **Early Childhood Care for Growth, Survival and Development Project (ECCD)**

This was initiated in December 2001 in 80 DUDA-recognized slums. The project was supported by UNICEF, and is implemented by Department of Social and Preventive Medicine, S.N. Medical College in collaboration with ICDS. The main objectives of this programme; care of women during pregnancy and lactation, feeding behaviour, psychosocial care, food-preparation practices, hygiene and sanitation, and home management of childhood illnesses for improving survival, growth, and development of children. The programme includes 7 women-comprising two socially-active women, one Anganwadi Worker (AWW), an ICDS functionary, one traditional birth attendant, one health worker (female), and two women members of neighbourhood committee-from each slum, who were trained for 3 days on 6 key care practices. Further, in each slum, one AWW and two socially-active community women were identified as peer educators for communicating the key. This team covers 300-350 household in their slum and contributes to improving health services.

### **State Innovation in Family Planning Service Project Agency (SIFPSA)**

The Invoice Family Planning Services (IFPS) is the joint venture Government of India, Government of Uttar Pradesh and USAID, SIFPSA has been created as autonomous society to implement IFPS project. The purpose of the project is to assist the State of UP of significantly reduce the total fertility rate and to improve women's reproductive health through a comprehensive improvement and expansion of family planning and related reproductive health services. One of the important innovations of SIFPSA is its Decentralized District Approach. Agra is one of the districts in which decentralized district approach has been initiated. Agra district action plan (AGRA DAP) launched in the month of December 2000 aims to reduce the Total Fertility Rate (TFR) from 3.74 in 1999 to 3.42 in 2003.

### **Intergrated Family Welfare Project**

The UP Chamber of Industry and Commerce has in the past supported a FICCI-SIFPSA collaborative Intergrated Family Welfare project in Agra. The aim of the project was to motivate the industry to undertake family welfare programmes for industrial workers and extend these programmes to the population around the industry. The project was

implemented for nearly 3 years, and it came to an end when there was a threat of closure of several industries due to pollution control measures.

**Care**

PPP Medical Health Care Trust, U.K. supported “Improving Reproductive Health Status and Reducing HIV Transmission among Female Slum Dwellers of Agra City” was started in July 2001 and concluded in July 2004. This project spread to 40 slums with assistance from S.N. Medical College, Agra. In the project area, 80 female peer educators and 40 male peer educators were trained to counsel families on safe motherhood, family planning, HIV/AIDS, and adolescent and infant care.

**Need Analysis and Pointers for Improving the Health Delivery System**

In the above situation of Agra, there remain issues of how the existing provisions could be used to further the benefits to specific un-reached populations and also sustain what is visible today.

**Location of the Health Facilities**

The analysis of existing first tier services suggest that a substantial number of health centres are located in the central part of the city and, therefore, there are many slum pockets/peri-urban area, which are either being catered to by the Primary health centre or not been covered regularly for MCH services except during some immunization programme like Pulse-Polio campaign. The description of existing health facilities suggests several points of service-delivery for the city. There are four first tier centres which are located in all three main hospital (Public Sector) of the city in a distance of 3-5 km. For instance, two post-partum centres run by the District Administration, one located at S.N. Medical College and the other at Lady Lyall hospital and two Urban Family Welfare Centres (also providing first-tier health care facilities) are located at District Hospital and T.B. Demonstration Centre, which all are quite close to each other and do not offer outreach activities to their nearby slum population. Therefore, several units function from the same premises, and thus do not make as much difference as they could have, if located separately at appropriate locations.

**Public Private Partnership**

It is increasingly acknowledged that lack of service delivery capacity, especially of human resources, is responsible for the limited coverage of health services in many countries. The reasons behind this are many and complex. Public sector services where available remain (a) underutilized, largely, owing to weak community-provider linkages, inadequate quality of services; (b) inadequate since there are far fewer personnel and facilities than are required to

serve the urban slum population. At the same time there is in many cities a largely untapped potential in the form of many private especially the not-for profit agencies, which are engaged in primary health care activities in urban areas.

### **Strengthen and Optimize Use of Infrastructure**

As it has already been discussed in the previous section that considering the existing health facilities and health conditions of the slum dwellers, it becomes necessary to have human resources at different levels, right from paramedical staff to community level workers, where on the one hand paramedical staff would make an effort to cover all needy slums and on the other hand, community level volunteers would be useful for awareness generation and in effect it would increase the access to the services.

### **Regularity in Services**

The decentralized services through health volunteers, community mobilizers at doorsteps would ensure the regularity of services as well as would also help to increase access to the existing services. Further, to make it a regular affair, community volunteers can be identified for bridging the gap between health system and communities. Whereas, local support mechanism (either by community or through NGOs/CBOs) may be useful to organize facilities for immunization camp. With the help of decentralized service delivery system, it will be helpful to restore trust in public health facilities.

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