

Conceptualizing the Role of Community Health Centers (CHC's) and Rural Sanitation in Alleviating Rural Health: A Complicated Courtship



Bhumit A. Shah

Research Scholar
Dept. of Commerce & Business Management,
Faculty of Commerce,
Assistant Professor
The Maharaja Sayajirao University of Baroda, Vadodara, Gujrat, India



Madhusudan N. Pandya

Assistant professor
Dept. of Commerce & Business Management,
Faculty of Commerce,
Assistant Professor
The Maharaja Sayajirao University of Baroda, Vadodara, Gujrat, India

Abstract

Purpose

Thus research study has been undertaken with the purpose to conceptualize the role of Community health centers (CHCs) in sustainable development of the rural India and to examine the role of Government in rural development considering the allocation of budget for Sanitation facilities in rural India.

Design/Methodology/Approach

This research is an outcome of exploratory research design considering secondary data sources viz., journals, magazines, articles and media reports. The researcher has conducted review of literature to study the efficacy of Community health centers (CHCs) in rural India and made an attempt to study the linkages between CHCs and Rural Sanitation which leads to effectiveness of delivery of healthcare services.

Findings

Based on the review of literature the researchers have attempted to bring out suggestions pertinent to developing sanitation and hygiene practices and the need to ingrain together two distinct elements viz., rural sanitation and rural health. This strategic Inter-Relationship will play a formidable role in not only creating the healthiness of people but also can lead to effectiveness of healthcare service delivery.

Research Limitations/Implications

This study is restricted only to highlight the key linkages between rural sanitation and health of rural community. Hence, the referred secondary data has limited scope to demonstrate the overall scenario of Rural Healthcare which entails only the perspective of rural sanitation and role of Community health centers (CHCs).

Practical Implications

This research paper aims to propose a theoretical/conceptual model of inter-relationship between Rural Sanitation and Community health centers (CHCs) which would support the implementation of efforts needed to improve the rural healthcare delivery system and the rural healthcare practices prevalent in the rural community.

Originality/Value

Several research studies are conducted in the domain of rural healthcare and rural sanitation in India but, this study has attempted to examine linkages between Rural Sanitation and Community health centers (CHCs) considering its prospects of alleviating the rural health.

Keywords: Community Health Centers (CHCs), Healthcare, Rural Sanitation, Sustainable Rural Development.

Introduction

Healthcare services aim to provide medical care to the individual or community at large (<https://www.merriam-webster.com>). In this the role of Community Health Centers (CHCs) cannot be undermined. The Healthcare services are a large gamut and the CHCs are a part of it which acts as a foundation to provide medical aid, financial assistance and support by community engagement. CHCs are charitable, charge excluded network based and network administered suppliers of essential and preventive medical care for the country's most vulnerable and other therapeutically underserved populace. CHCs additionally offer quintessential services viz., preventive dental treatments, psychological wellness, substance misuse, drug store, and medical administrations to the people in the rural areas.

The word 'sanitation' indicates the support of sterile conditions, through administrations, for example, repudiating faeces, solid and liquid waste management

(WHO, https://www.researchgate.net/publication/301286952_Patients'_Perception_Views_and_Satisfaction_with_Community_Health_Center_Services_at_Mardan_District_of_Khyber_Pakhtunkhwa). Ecological sanitation visualizes advancement of soundness of the network by giving clean condition and breaking the cycle of ailment. It relies upon different variables that incorporate cleanliness status of the general population, sorts of assets accessible, inventive and proper advancements as per the prerequisite of the network.

It includes personal conduct standard of the network, administrative estimates received, and others (Pandve, 2008).

Primary health care means providing basic health facilities to the general public at minimum cost. The primary health care concept which was given by the world Health Organization focuses more on community engagements by identifying people's needs. Primary Health Care includes the basic services like conducting a regular checkup with the doctor for lower income groups. The main purpose of the primary health care is to provide the quality medical services with maintaining cost effectiveness (<https://ccchclinic.com/low-income-clinics/importance-benefits-primary-health-care/>).

A Brief Review of Literature on Community Health Centers and Rural Sanitation:

Cueto (2004) had suggested that PHCs assumes a functionary job in well being just as giving the solid condition and sound way of life mentalities by the remarkable wellbeing experts.

Gupta (2009) attempted to study the importance of palatable water in rural areas. He opined that the water and sanitation facilities are directly correlated with health and hygiene. The availability of sanitation infrastructure in the rural areas is of prime importance.

The Study on Total Sanitation Campaign (TSC) conducted by Water Aid India (2006) perceives that TSC has been the most noteworthy country sanitation activity at the national dimension in India up until this point and conveys an abundance of learning on strategy and program issues about doing sanitation on scale. TSC has demonstrated momentous advancement in rustic sanitation inclusion since 2004-2005; Nirmal Gram Puraskar (NGP), propelled in 2004, is by all accounts the main consideration in quickening the pace of inclusion.

This recommends NGP check forms are not constantly stable and are available to control or/and blunders.

TSC is getting progressively state driven and target driven; one of the expressed reasons has been the weight of accomplishing sanitation MDG focuses early for example by 2012.

Methodologies and techniques embraced to seek after sanitation fluctuate impressively crosswise over states, on occasion, not so much in accordance with the expressed TSC system of the program being

'network driven' and 'individuals focused'. There are many research studies conducted internationally to study the sanitation schemes as well as to evaluate the impact on sanitation schemes especially with reference to rural areas.

Sunil S Amrith (2009) proposed that history is fundamental to a comprehension of the difficulties confronting wellbeing approach in the modern India today.

Mahal and Indira Rajaraman (2010) opined that Education and Health should not be subjected to bureaucratic government structure. The rural populace and their well being are important for inclusive growth and development of the country. Nandi Kishor (2010) studied the impact of health on wellbeing of the rural communities. Agarwal (2011) studied the vast variations inside this urban populace in health related pointers. It demonstrated the indicators for young females and their maternal health. Barbara (2011) had examined the commitment of PHC as movement towards maintainable social insurance conveyance benefits past the standard and customary human services framework which by far most of the occasions centers around creating and actualizing medicinal services conveyance techniques.

Bangdiwala, et al (2012) had stated that there must be proper framework and policies required for strengthen the public health sector. Public Health Education is also playing a vital role for improving medical facilities in India.

Bhuputra Panda, et al (2012) had examined the current public health nutrition steps in the selected states of India and opined that the healthcare facilities in India need a major revamp.

Ravi Duggal (2012) opined that creating nations which changed general wellbeing frameworks under the auxiliary change arrangements into protection based wellbeing models have bombed in giving social insurance to poor people.

Sathyamala, et al (2012) highlighted that a bottom-up view of the health conditions and services. Alma Pentescu, et al (2013) had stated the primary health care centers play a key role in providing cost effective treatment to the rural population. But, the problem is effective marketing strategy has to be used to position the primary health centers in comparison with private players.

Anitha and Navitha Thimmaih (2013) identified the key dimensions of primary health centers such as doctor's availability, quality of treatment, and cleanliness. These services play a major role in determining the patients' satisfaction.

Muniraju (2013) had studied and concluded that the state of health care in India is at a tipping point. Ahmad, Siraj, and Maqbool, Adeel (2013) had opined the systems approach is required to bring about a change in the healthcare facilities in the rural India. Ritu Priya and Anjali Chikersal (2013) in their research study presented a possible need based model for designing a public health cadre in the present scenario. Sharma (2013) pointed out the role of organizational dynamics in retention of health care experts, and Quality of Patient Care (QPC) in public

hospitals. Doke, et al (2014) has given a meaningful insight into the role of Community-Based Monitoring (CBM) for leveraging the existing health care facilities.

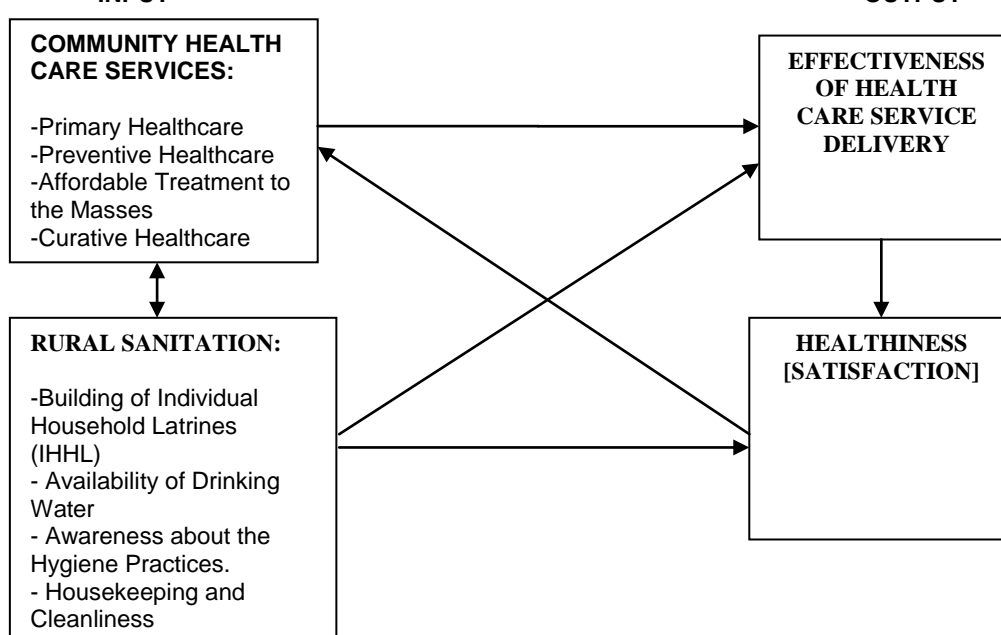
Sowmya Paul and Amulya (2014) broke down the effect of FDI in Hospitals through a few gathered works surveys, utilizing optional information and with the assistance of individual dialogs of hierarchical workforce of Mysore corporate clinics. White (2015) had studied that the PHCs and public health measures go hand in hand as they are interwoven.

Relationship between CHCs and Rural Sanitation:

The Inter- Relationship between CHCs and Rural Sanitation is presented in Figure number 01. It shows the Inter-Relationship between CHC's and

Rural Sanitation. The matter of fact is CHC's alone cannot withstand the pressure of creating a healthy society or effectiveness of healthcare service delivery. The CHC's do play an important role as they are acting as a connecting link to the Rural Communities for giving affordable and preventative care. The community Engagement needs support of rural sanitation facilities such as Building of Individual Household Latrines (IHHL), Availability of Drinking Water, and Awareness about the Hygiene Practices, Housekeeping and Cleanliness in rural areas. This Inter-Relationship will play a formidable role in not only creating the healthiness of people but also can lead to effectiveness of healthcare service delivery.

Figure Number 01 Showing Inter Relationship between CHCs and Rural Sanitation: An Imperative



Source: Model Created by Authors' based on Review of Literature

The model exhibited in figure number 01 shows that there exists the need to create proper integration between Community Health Centers (CHC's) and Rural Sanitation to create a holistic effect. Community health centers (CHCs) represent a key source of primary health care especially for people in rural areas. Poor water and sanitation facilities have many other serious repercussions. A direct link exists between water, sanitation and, health and nutrition and human well-being. Quality Services in the health sector for the people by establishing Primary and Community Health centers is essential for social Well Being.

Research Gap

The researcher has critically reviewed the literature to identify and relate with current status of healthcare and rural sanitation. Healthcare organization, service providers keep changing which is evolutionary and adaptive. Review of literature by the authors' focus on need for continued attention to enhancing the quality of healthcare services and also for better sanitation facilities. Though the existing body of knowledge offers suggestions for

improvement in healthcare practices, the evidence-based public health requires kind of meaningful applied research that provides policymakers the needed information reflecting the current threats, issues and challenges. The authors' have critically analyzed the available information and made an attempt to highlight the current status of Community Health Centers (CHCs) and Rural Sanitation which may be considered as a base for filling the current gaps related with implementation of healthcare services and improve delivery of healthcare services.

Objectives of the Study

The chief objective of this research study is to comprehend the efficacy of Community health centers (CHCs) in rural India and also Government Initiatives for Sanitation. Further, the study is also highlighting the Budget Allocation of Ministry of Drinking Water and Sanitation. The focal point will be to study the linkages between CHCs and Rural Sanitation which leads to sustainable Rural Development.

The research has also suggested the potentiality of introducing Public Private Partnership

models through entrepreneurs who can build innovative business model for healthcare and Sanitation Facilities for the rural communities.

Research Methodology

This research paper is based on exploratory research considering secondary data sources viz., journals, magazines, articles and media reports. In this research paper the review of literature was conducted using the available secondary data. Different news articles, Books and Web were referred, enumerated and recorded. Thus, this research paper aims to study the efficacy of Community health centers (CHCs) in rural India and also Government Initiatives for Sanitation. Further the study is also highlighting the Budget Allocation of Ministry of Drinking Water and Sanitation. The focal point will be to study the linkages between CHCs and Rural Sanitation which leads to sustainable Rural Development.

The research has also suggested the potentiality of introducing Public Private Partnership models through entrepreneurs who can build innovative business model for healthcare and Sanitation Facilities for the rural communities.

Status of Community Health Centers in India

Table Number 01 Showing The Functioning CHCs

Sr. No.	State/UT	2005	2016
		CHCs	CHCs
01	Andhra Pradesh	164	193
02	Arunachal Pradesh	31	63
03	Assam	100	151
04	Bihar	101	148
05	Chhattisgarh	116	155
06	Goa	5	4
07	Gujarat	272	322
08	Haryana	72	110
09	Himachal Pradesh	66	79
10	Jammu & Kashmir	70	84
11	Jharkhand	47	188
12	Karnataka	254	206
13	Kerala	106	225
14	Madhya Pradesh	229	334
15	Maharashtra	382	360
16	Manipur	16	17
17	Meghalaya	24	27
18	Mizoram	9	9
19	Nagaland	21	21
20	Odisha	231	377
21	Punjab	116	150
22	Rajasthan	326	571
23	Sikkim	4	2
24	Tamil Nadu	35	385
25	Telangana		114
26	Tripura	10	20
27	Uttarakhand	44	59
28	Uttar Pradesh	386	773
29	West Bengal	95	349
30	A & N Islands	4	4
31	Chandigarh	1	2
32	Dadra & Nagar Haveli	1	0
33	Daman & Diu	1	2
34	Delhi	0	0

35	Lakshadweep	3	3
36	Puducherry	4	3
	All India/ Total	3,346	5,510

Source: RHS, 2016, <https://pubheal.wordpress.com>

The status of Community Health Centers Functioning in India are depicted in Table number 01. It demonstrates the correlation of the quantity of CHCs that were working in the year 2005 and in the year 2016. It uncovers that there is an expansion in the quantity of Community Health Centers however actually; it has not gotten up to speed with the expansion in populace. (RHS, 2016, <https://pubheal.wordpress.com>).

Budget Allocation for Ministry of Drinking Water and Sanitation

Table Number 2 Showing Budgetary Allocation of the Ministry of Drinking Water and Sanitation (In Crores)

Major head	Actual 2015-2016	Revised 2016-2017	Budgeted 2017-2018	% change
SBM-G	6,703	10,500	13,948	33%
NRDWP	4,369	6,000	6,050	1%
Total	11,081	16,511	20,010	21%

Sources: Demands for Grants 2017-18, Ministry of Drinking Water and Sanitation; PRS.

The Ministry of Drinking Water and Sanitation is accountable for method masterminding, sponsorship and coordination for tasks of safe drinking water and sanitation in nation districts. The Ministry was at that point an office under the Ministry of Rural Development, and was made a free Ministry in 2011. In the Union Budget 2017-18, the Ministry has been distributed Rs 20,010 crore. This is a development of R.s 3,499 (21%) over the reconsidered evaluations of 2016-17. Table Number 02 gives the budgetary allotments to the two noteworthy plans.

Government Initiatives for Healthcare and Sanitation

In order to highlight the various initiatives of healthcare and sanitation, an attempt has been made to present in brief the various schemes and initiatives of the government of India for improving the sanitation and healthcare:

Janani Suraksha Yojna

Janani Suraksha Yojana was launched in April 2005 by modifying the National Maternity Benefit Scheme (NMBS). The NMBS came into effect in August 1995 as one of the components of the National Social Assistance Programme (NSAP). It is being implemented with the target of diminishing maternal and new born child mortality by advancing institutional conveyance among pregnant ladies. The plan was transferred from the Ministry of Rural Development to the Department of Health & Family Welfare during the year 2001-02 (<http://vikaspedia.in/health/nrhm/national-health-programmes-1>).

Mission Indradhanush

Mission Indradhanush was launched on December 25, 2014. The Assignment Indradhanush

focuses to cover every one of those individuals by 2020 who are either unvaccinated, or are decently ensured against immunization avertible ailments. India's Universal Immunisation Programme (UIP) provides free vaccines against 12 life threatening diseases, to 26 million children annually. The Universal Immunization Programme provides life-saving vaccines to all children across the country free of cost to protect them against Tuberculosis, Diphtheria, Pertussis, Tetanus, Polio, Hepatitis B, Pneumonia and Meningitis due to Haemophilus Influenzae type b (Hib), Measles, Rubella, Japanese Encephalitis (JE) and Rotavirus diarrhoea. (Rubella, JE and Rotavirus vaccine in select states and districts) (ibid).

National Ayush Mission

The basic objective of NAM is to promote AYUSH medical systems through cost effective AYUSH services, strengthening of educational systems, facilitate the enforcement of quality control of Ayurveda, Siddha and Unani & Homoeopathy (ASU &H) drugs and sustainable availability of ASU & H raw-materials. It envisages flexibility of implementation of the programmes which will lead to substantial participation of the State Governments/UT.

The NAM contemplates establishment of a National Mission as well as corresponding Missions in the State level. NAM is likely to improve significantly the Department's outreach in terms of planning, supervision and monitoring of the schemes (ibid).

Swachh Bharat Mission (Gramin)

To accelerate the undertakings to achieve comprehensive sanitation thought, the Prime Minister of India moved the Swachh Bharat Mission on second October, 2014, which centers to achieve an open crap free (ODF) and Swachh Bharat by second October. The viability of the Program is predicated after creating interest for toilets prompting their development and supported use by all the family individuals. This is to be empowered with sufficient execution capacities as far as prepared representatives, financial motivations; frameworks and systems for determining and watching. (https://mdws.gov.in/sites/default/files/Annual_Report_2017-18_English.pdf).

National Rural Drinking Water Programme (NRDWP)

The Government is planning to reach 'Har Ghar Jal' by 2030, in accordance with the UN's Sustainable Development Goals, for example giving safe and satisfactory drinking water to each provincial family through synchronized endeavors of the State Governments. In the reestablished center, the push zone is conveyed water supply, ideally through a reasonable blend of supportable surface and ground water based assets (ibid).

Key Linkages between Rural Health Care and Rural Sanitation: A Way towards Sustainable Development of India

The rural healthcare infrastructure and sanitation are distinct but important areas that can be amalgamated strategically so as to create a holistic impact thereby resulting into sustainable growth and development.

The importance of health as a key feature of human development was recognized, with three MDGs explicitly linked to health indicators and the others structured around major determinants of health.

There is a direct relationship between the Health Care and Sustainable Development. Better the health facilities better the growth of India. Many projects and schemes have been implemented by the Government to improve the healthcare sector but the objective evaluation of these plans and projects in force through impact assessment studies is the need of the hour. The role of rural sanitation which is often neglected in the rural areas should be of prime focus for the Government so as to enhance well-being of rural communities. The government with the help of community engagement should work to increase the rural sanitation facilities that will eliminate the diseases emanating in the rural areas and thus strengthen the overall healthcare infrastructure amenities in the rural areas.

Towards Total Sanitation and Hygiene: The Need of Hour

Continual assessment of existing policies and their impact/effectiveness

The key strides towards complete sanitation and cleanliness will be perpetual assessments of the circumstance, documentation of key exercises and attestation of what should be tended to. The key steps towards complete sanitation and tidiness will be ceaseless evaluations of the situation, documentation of key activities and affirmation of what ought to be tended to. Such examinations will fuse investigation of Statistics.

Building Political Will

The attitude of the ruling government and the political will plays a major role in determining the availability of infrastructure. There must be will to designate government assets and private area speculations.

The superlative and masterful personalities should be immersed to quicken usage and improve administrations, with an affirmation to come to the underserved

(https://itn.buet.ac.bd/publications/books/sacosan_2003/Chapter%204.pdf).

Determining Appropriate Levels of Service

The movement of commonplace sanitation organizations may reach out from pour-flush toilets to fundamental pit restrooms discovered some detachment from the house. A great part of the time, the element of organization is directed by organization costs, the monetary status of systems and nuclear families, and the enthusiasm of customers to pay or for the most part add to the foundation of a sanitation structure. In various zones, for instance, remote natural areas of India, nuclear family toilets may not by any means be the most fitting option (ibid).

Developing the health interface

The prosperity impacts of sanitation will be one of the fundamental inspirations to develop a National Sanitation Policy. The methodology system will address perceived sanitation-related prosperity worries, for instance, the runs rates, child mortality,

helminth pollutions, and cholera scourges, to ensure that the general populace become aware of the issues that rise up out of poor sanitation and grasp the activity that proper sanitation organizations can play to address these issues, and the budgetary points of interest that gather out of diminished impediment healthy lifestyle years (DALYs). In this regards, the Ministry of Health and Family Welfare will be basic in the establishment and use of incredible sanitation courses of action.

Incorporating Environmental Considerations

Continuously, sanitation is being seen as a vital issue in regular confirmation. Less than ideal exchange of human wastes can grimy water bodies, groundwater, and land surfaces, making unimaginable perils prosperity and influencing the area, nearby and national economy, and such practices can negatively impact general feel and the general individual fulfillment for those living in the district and Continuously, sanitation is being seen as a vital issue in regular confirmation.

Less than ideal exchange of human wastes can grimy water bodies, groundwater, and land surfaces, making unimaginable perils prosperity and influencing the area, nearby and national economy, and such practices can negatively impact general feel and the general individual fulfillment for those living in the district and worsen wellbeing dangers in circumstances, for example, cataclysmic events, particularly floods. (https://itn.buet.ac.bd/publications/books/sacosan_2003/Chapter%204.pdf).

Formulating Financial Mechanisms

The budgetary issues related to the CRSP and related courses of action fuse the capital costs required for sanitation structure and workplaces, and redundant costs required to work and keep up the offices. Extra program costs incorporate preparing, institutional improvement, network association, and cleanliness training.

A Shared Vision For Change

Perceiving the requirement for cross-sectoral ways to deal with sanitation and cleanliness, the strategy procedure will bolster a quickened program and include clear outline of jobs and duties of every single included organization at different dimensions towards a shared objective. (<https://mdws.gov.in/sites/default/files/CountryPaperonSanitationOct2003.pdf>).

Conclusion

India is leapfrogging in the healthcare sector and the Primary Health Services framework are the critical touch points for the India's growth story. The launch of the flagship initiative "Ayushman Bharat" will prove to be a game changer.

The Ayurvedic, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH) will play a pivotal role in the well being of the society. Further, the emergence of Public-Private Partnership (PPP) and collaborative efforts will lead to capacity building of the health care sector. Thus, from the review of literature conducted it can be clearly understood that better sanitation facility is of

prime importance as it is directly linked with promoting health and well-being of rural communities. In order to further sustain the state of affairs of rural healthcare community engagement initiatives and its participation will play a pivotal role in enhancing the rural healthcare facilities especially with reference to the weaker sections of the society. Several schemes have been initiated by the government for upliftment and betterment of rural communities but the grass root reality needs to be thoroughly evaluated. The awareness among rural communities about hygiene practices, housekeeping and cleanliness and the support from Community Healthcare Centre will affect the health in an integrated way and leads to healthy life of rural communities, which further leads to sustainable development of community.

References

- Agarwal, Siddharth (2011), "The State of Urban Health in India: Comparing the Poorest Quartile to the Rest of the Urban Population in Selected States and Cities", *Environment and Urbanization*. Vol. 23. No. 1. 2011. PP. 13-28.
- Ahmad, Siraj and Maqbool, Adeel (2013), "Use of TQM in Primary Health Care", Available at SSRN: <https://ssrn.com/abstract=2349077> or <http://dx.doi.org/10.2139/ssrn.2349077>, retrieved on 12-12-2018.
- Alma Pentescu, et al (2013), "The Positioning of the Private Health Care Providers in Romania: An Important Strategic Approach", *Indian Journal of Applied Research*. Vol. 3 (9), PP. 388- 390.
- Anitha, CV and Navitha Thimmaiah (2013), "Satisfaction from Primary Health Care Services: A Comparative Study of Two Taluks in Mysore District", *Paripex: Indian Journal of Research*, Vol. 2. (12), PP. 45-49.
- Bangdiwala, Shrikant, et., al (2012), "Public Health Education in India and China: History, Opportunities, and Challenges", *Public Health Reviews*, Vol. 33 (1), PP. 204-224.
- Barbara S (2011), "Politics, primary, and health", *Journal of Epidemiol Community Health*, Vol. (65), PP. 653-655.
- Bhuputra Panda, et., al (2012), "Public Health Nutrition Programmes in Odisha: A Conceptual Approach to Assessment of Intervention. *Global Research Analysis*", Vol. 1. (4), PP. 67-69.
- Cueto M (2004), "The Origins of Primary Health Care and Selective Primary Health Care", *American Journal of Public Health*, Vol. 22. (94), PP. 1864-1874.
- Report of Ministry of Drinking Water and Sanitation (2017-18), "Demands for Grants PRS".
- Doke, Prakash Prabhakarao, et., al (2014), "Community-Based Monitoring Under National Rural Health Mission in Maharashtra: Status at Primary Health Centres", *Indian Journal of Public Health*, Vol. 58. (1), PP. 65-69.
- Gupta, D. (2009), "Disparities in Development, Status of Women and Social Opportunities: Indian

- Experience", *Journal of Alternative Perspectives in the Social Sciences*, Vol. 1(3), PP. 687-721.
https://www.researchgate.net/publication/301286952_Patients'_Perception_Views_and_Satisfaction_with_Community_Health_Center_Services_at_Mardan_District_of_Khyber_Pakhtunkhwa, Retrieved on 12-2-19.
- <http://vikaspedia.in/health/nrhm/national-health-programmes-1>, Retrieved on 10-2-19.
- <https://ccchclinic.com/low-income-clinics/importance-benefits-primary-health-care/>, Retrieved on 10-2-19.
- https://mdws.gov.in/sites/default/files/Annual_Report_2017-18_English.pdf, Retrieved on 12-2-19.
 (https://itn.buet.ac.bd/publications/books/sacosan_2003/Chapter%204.pdf), Retrieved on 12-2-19.
- <https://mdws.gov.in/sites/default/files/CountryPaperonSanitationOct2003.pdf>, Retrieved on 14-2-19.
- <https://www.merriam-webster.com>, Retrieved on 12-2-19, Retrieved on 16-2-19.
- Kotler, Philip., Armstrong, Gary (2016), "Principles of Marketing", 15th Edition, Pearson. PP. 719.
- Mahal, Ajay and Indira Rajaraman (2010), "Decentralization, Preference Diversity and Public Spending: Health and Education in India", *Economic & Political Weekly*. Vol. 45. No. 43, PP. 57-63.
- Muniraju, M (2013), "Health Care Services in India: An Overview", *Indian Journal of Applied Research*, Vol. 3. (7), PP. 160- 162.
- Nand Kishor, KM (2010), "Public Health Implications of Oral Health – Inequity in India" *Journal of Advanced Dental Research*, Vol. 1. No. 1, PP. 1-10.
- Pandve HT. (2008), "Environmental sanitation: An ignored issue in India" *Indian Journal of Occupational Environment Medicine*. Vol. 1, PP 12:40.
- Ravi Duggal (2012), "Challenges in Financing Healthcare", *Economic & Political Weekly* Vol. 47. No. 35, PP. 22-23.
- RHS, 2016, <https://pubheal.wordpress.com>, Retrieved on 19-2-19.
- Ritu Priya and Anjali Chikersal (2013), "Developing a Public Health Cadre in 21st Century India" Addressing Gaps in Technical, Administrative and Social Dimensions of Public Health Services, 76 *Indian Journal of Public Health*. Vol. 57. No. 4, PP. 219- 224.
- Sathyamala, C, et al (2012), "Public Report on Health: Some Key Findings and Policy Recommendations", *Economic & Political Weekly*. Vol. 47. No. 21, PP. 43-55.
- Sharma, Abhishek (2013), "Sustainability and Quality in Health Care System: Organizational Structure-Process Approach", *Indian Journal of Applied Research*. Vol. 3. No. 12, PP. 345-347.
- Sowmya Paul, P and Amulya, M (2014), "Foreign Direct Investment in Indian Health Care Sector", *Indian Journal of Applied Research*. Vol. 4. No. 3, PP. 235-239.
- Sunil S Amrith (2009), "Health in India since Independence", BWPI Working Paper No. 79. Manchester: Brooks World Poverty Institute, February 2009.
- White F (2015), "Primary health care and public health", *foundations of universal health systems*. *Med Princ Pract* (24), PP. 103-116.