

Foreword

Preventive non-clinical public health services are generally assumed to be the responsibilities of the government. Basic things like clean and safe drinking water, disposal of waste, sanitation and control of mosquitoes that spread diseases are services every citizen should expect to get in order to enjoy a healthy life. However, in developing countries, these services are generally not easy to access. Modern systems of service delivery are expensive and consumers of service generally do not pay enough to finance the operational costs, leave alone paying for the capital expenditures. However, it is necessary that we find ways of providing these services to all citizens in cost-effective ways. The challenge is greater in rural areas because of the wide geographical spread of habitations and lower incomes of the rural population, in general.

Reaching such basic public health services to all the citizens is an objective that has found expressions in many policy documents at national, international and sub-national levels. Achieving these objectives has financial implications; but more importantly, it requires institutional innovations that ensure participation of communities in improving the reach of the services across population groups.

This study reports an analysis of the various efforts to achieve greater coverage of the preventive population-based public health services in rural India. The study has a focus on Karnataka state and is based on a project carried out by ISEC at the request of the Government of Karnataka and funded by the World Bank. The authors have attempted to put together restructured institutional mechanisms for rural local bodies to achieve better coverage of the public health services.

Though there are many studies on various dimensions of decentralisation in Karnataka, I believe, this is the first attempt to examine its relevance and implications for a particular sector such as public health delivery. It is hoped that the study will be of much relevance towards operationalising a full coverage of habitations under the programmes of safe drinking water supply, sanitation and other basic public health services. Towards this goal, this study also provides a plan of action.

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