

## CHAPTER VI

### Annotated Bibliography

Agudelo, C. C. A. (1983). Community participation in health activities: Some concepts and appraisal criteria. *Bulletin of Pan American Health Organization* \_17(4)\_ 375-386.

This article presents methods of community participation by which patterns of community participation in one health program can be compared to patterns of community participation in another. This article describes method of analysing patterns of community participation in a health program by using quantitative measurement scales. This article offers more objective analysis of participation by different agents in a health program by making an inventory of activities and defining the roles of different agents involved.

Franco, L. M.; Richardson, P.; Reynolds, J. and Kak, N. (1993). *Monitoring and evaluating programs*. Age Khan Foundation, Washing D.C.; USA and Geneva.

This series of modules published by Age Khan Foundation on Primary Health Care is focused on collecting processing and analysing information of health activities. This module provides wide range of knowledge and ideas on monitoring and evaluation of health activities.

This book provides practical knowledge on developing indicators, collecting and analysing the data of different health activities. The tools and methods, presented in this module are very simple to understand and easily applicable to different situation.

Fryatt, R. J.; Rai, P; Crowley, S. P. and Gurung, Y. B. (1994). Community financing of drug supplies in rural Nepal: evaluating a 'Fee per Item' drug scheme. *Health Policy and Planning*, 9(2): 193-203.

This paper describes the result of an evaluation of drug scheme program of rural Nepal. This evaluation study has reported that with the introduction of 'fee per item' drug scheme was associated with the rise in average daily attendance of patients in public health facilities when compared to a similar period the previous year. This article also describes the potentials of 'fee per item' drug scheme such as increase in utilization, administrative feasibility and more rational use of drugs as compared to other form of drug schemes.

Gilson, L., Russell, S. and Buse, K. (1995). The political economy of user fees with targeting developing equitable health financing policy. *Journal of the International Development*, Vol. 7, No. 3, pp. 369-401.

This paper explains how user fees bring equity in health service utilization, through appropriate exemption policy.

This paper has presented an ideological model of targeting exemption policy, such as, targeting based on economic status of the population, targeting based on age groups, targeting based on geographical location, and exemption targeting based on health services. This article provides in-depth knowledge and ideas on developing appropriate exemption policies while designing user fee mechanisms and advocates that appropriate exemption policy with targeting creates better equity in health service utilization.

How to Use Applied Qualitative Methods to Design Drug Use Interventions (1996). *International Network for Rational Use of drugs (INRUD), Social Scientists Working Group, USA.*

This manual describes approaches for gathering information using applied qualitative methods to design interventions to improve drug use. Although, the methods described in this manual are for collecting data on drug use, these methods are equally important and useful for designing other interventions to improve health of the population.

Methods, in this manual, include In-depth interview, Focus Group Discussion, Structured observation, and Structured questionnaire. This manual has described about the use and procedures of these methods in an easy form and simplified to suit the practical needs in the field situation. Although, research methods will vary in relation to the problem, the changing context in which it occurs, and type of material and human resources available, the steps described in this manual can be used with modification to suit particular resources and study needs.

This book has presented different approaches to designing an intervention. The manual mainly deals in using information for developing educational, administrative, and regulatory interventions regarding drug use.

Hulka, B. S. and Wheat, J. R. (1985). Patterns of utilization: The patient perspective. *Medical Care*, Vol. 23, No. 5, pp. 438-460.

This article has reviewed many research studies on health service utilization and describes the models of health service use and factors affecting the individual's need and demand for health service utilization. This article has analysed study designs and measurements used by researchers in health service utilization. It provides comprehensive knowledge on patterns of health care utilization, self perceived illness and injuries, number of disability days, limited activity days and absenteeism from the routine work are described as the measures of health needs of individual. Similarly number of physicians contact and attendance at health facility are considered as the measures of utilization of health services. This article also describes the factors associated with health care utilization and concluded that the illness and predisposing factors like age, sex, marital status, religion, knowledge, beliefs and practices are associated with health care needs of the population. Whereas, enabling factors such as, families' income, availability, accessibility and acceptability of health services are described as the determinants of health care utilization.

Mills, A. and Lee, K. (1993). *Health Economic Research in Developing Countries*. Oxford Medical Publications, New York, USA.

This book contains selected articles on health economic research conducted in developing countries, mainly in Africa and Asia. This book provides a wide range of Acknowledge and experiences regarding community financing of health care and implications of different health care interventions in health and economic development of the population. Articles of this book describe different economic models used for assessing the effectiveness of health care interventions. It also provides information on cost effectiveness and cost benefit analysis of health programs.

Parker, B. R., Lassner; K.J, Smarzarro, M.S. and Ribero, C.A.B. (1987). Designing primary health care financing strategies for low-income communities of Rio do Janeiro: A heuristic solution. *Socio-economic Planning Science*, Vol. 21, No. 2, pp. 79-91.

This article describes decision making procedures in planning and designing primary health care financing under complex circumstances and without full supporting data or adequate computational resources, suggests heuristics model of decision making may be proved useful in such situation. This paper describes a heuristic method used for selecting financing schemes by which communities might finance, in full or in part, their own PHC services, where groups of service providers and consumers were asked to identify possible PHC financing schemes. They then choose the best subset of these schemes using methods which involved expressing their preferences, evaluating social and other constraints and judging possible usefulness of outcome. The article reported that the systematic ranking of alternative financing schemes according to the preferences of the relevant decision makers in order to select that strategy which appears most likely to solve the financing problem in a given community.

Rubinson, L. and Neuten, J.J. (1987). *Research Techniques for the Health Sciences*. Macmillan Publishing Company, USA.

This book describes in detail about research designs; methods and statistical applications in health related research. The ideas relating to make a research more scientific are best explained in this book which enables scholars making research proposals more relevant and statistically significant.

Sepehri, A. and Pettigrew, J. (1996). Primary health care, community participation and community financing: Experiences of two middle hill villages in Nepal. *Health Policy and Planning*; 11 (1): 93 - 100.

This article describes on research undertaken to compare and contrast the scope and extent of community participation in the delivery of primary health care in a community run and financed health post and a government financed health post, in rural Nepal. This research article has concluded that the villagers of both health area relied on the health post for the treatment of less than one third of symptoms and despite the planners' intentions, community involvement in benefits of health services was found to be very limited.