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| **Name of the Programme** | **Bachelor of Social Work** |
| **Semester** | **VI** |
| **Course Code** | **BSW-601** |
| **Nature of Course** | **SEC** |
| **Course Title** | **Health System and Services** |
| **Credits** | **2** |
| **Marks** | **100** |

**Objectives:**

* To understand the concept of health and health system in India
* To develop skills for social work intervention in the field of health
* To learn the critical issues pertaining to healthcare services and programmes.
* To gain knowledge of health programmes in Indian context

**Course Contents**

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| **Units** | **Name of the Unit** | **Contents** | **L** | **T** | **P** | **Marks** |
| **1** | **Understanding Health** | * Health: Concept of health * Physical, mental and community health * Indicators of health * Changing concept of public health * Health scenario of India: epidemiology and aetiology of major communicable and non -communicable diseases. | **6** | **2** | **-** | **20** |
| **2** | **Health care and Social work** | * Historical evolution of social work practice inn health settings * Community based social work approaches to prevention of diseases and promotion of health * Domains of social work practice in institutional health services: behaviour change communication, social assistance, social support strategies, problems of treatment adherence, counselling and rehabilitation, hospice and palliative care. | **6** | **2** | **-** | **20** |
| **3** | **Healthcare Services** | * Structure of healthcare services in India: primary, secondary, tertiary level healthcare structure, issues of availability, affordability and accessibility of healthcare services and their functions; * Post Alma Ata declaration initiatives in India; * Health extension and community outreach services, designing, implementing and monitoring of community health programmes, facilitating intersectoral collaboration, influencing community attitudes and health behaviours | **6** | **2** | **-** | **20** |
| **4** | **Health Programmes in India** | * Health Planning and policy: National health policy, 2017, National Health Mission with focus on RCH and NCD, ASHA Network. * Health Statistics: HMIS, NFHS, SRS,Census and Health Planning over five year plans; * Public-private participation and collaboration in health care: Role of NGO and private sector in health care, Quality in health service delivery-NABH and other accreditation, Infection prevention and waste management; importance of supply chain management, understanding demography and health insurance. | **6** | **2** | **-** | **20** |
| **TOTAL CONTACT HOURS** | | | **32** | | | **80** |
| **Note : End Semester Exam : 80 Marks, In Semester 20 Marks ( 10 In Semester Exam, 5 Presentation, 5 Assignment)** | | | | | | |

***References:***

* Grech, S., Soldatic, K. (Eds.) (2016). Disability in the global south, critical handbook. Springer, Cham.
* Gupta, J., &Vegelin, C. (2016). Sustainable development goals and inclusive development. International environmental agreements: Politics, law and economics, 16(3), 433-448.
* Rousso, H. (2015). Education for All: a gender and disability perspective. UNESCO
* Liasidou, A. (2014). Critical disability studies and socially just change in higher education. British Journal of Special Education, 41(2), 120-135.
* Lancioni, G. E., & Singh, N. N. (Eds.). (2014). Assistive technologies for people with diverse abilities. Springer Science & Business Media.
* Lancioni, G, & Singh, N. (2014). Assistive technologies for people with diverseabilities. New York: Springer.
* Ahmad, F. K. (2015). Use of assistive technology in inclusive education: Making room for diverse learning needs. Transcience, 6(2), 62-77.
* 12. World Bank (2007). Disability in India: From Commitments to Outcomes. Working Paper, 2007, Washington DC
* K.Park – Community Medicine

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