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OBJECTIVES

HYPOTHESES

RESEARCH METHODOLOGY

RESULTS & DISCUSSION

FINDINGS

RECOMMENDATIONS/SUGGESTIONS

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A COMPARATIVE STUDY OF PRIMARY HEALTH CENTRES IN INDIA AND HARYANA

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ABSTRACT

Primary Health Centres (PHCs) constitute the second tier of primary health care. It provides integrated curative and preventive health care services to the people in rural areas. As on March, 2010, there are 441 PHCs functioning in the state in comparison to 23673 PHCs at all India level. Almost there is the lack of staff available at PHC in Haryana as well as on all India level. The present study is an attempt to study primary health care with focus on PHCs functioning at all India level as well as in Haryana state.

KEYWORDS
primary health centres, health care.

INTRODUCTION

The health care sector in India, constitute approximately 5 percent to Gross Domestic Product (GDP). It has emerged as one of the largest service sector in India. There are three different levels of health care to provide health care services to the people. They are: primary care comprises general health practice services which are offered to the population at the point of entry into health care system; secondary care comprises the care provided through specialised services and eventually the super specialities such as plastic surgery, neurosurgery and heart surgery.

Of the three different levels of health care, primary health care is concerned with the provision of health care services to the people nearest to their homes and at a cost within their reach. It comprises three types of health care institutions: Sub Centre (SC), Primary Health Centre (PHC) and Community Health Centre (CHC). Table-1 shows the population norms for the establishment of three types of health care institutions.

TABLE-1: POPULATION NORMS FOR HEALTH CARE INSTITUTIONS

Centre	Population Norms	
	Plain Area	Hilly/Tribal/Difficult Area
Sub Centre	5000	3000
Primary Health Centre (PHC)	30,000	20,000
Community Health Centre (CHC)	1,20,000	80,000

Primary Health Centres (PHCs) constitute the second tier of primary health care. It provides integrated curative and preventive health care services to the people in rural areas. It performs the act of referral unit for 6 sub centres. At present, A PHC is manned by a Medical Officer supported by 14 paramedical and other staff. It has 4-6 beds for patients. The PHCs are established and maintained by the State Governments under the Minimum Needs Programme (MNP) / Basic Minimum services Programme (BMP).

OBJECTIVE OF THE STUDY

The present study is a humble attempt at analysing the current status of PHCs in India and Haryana in the context of availability of infrastructure, growth, facilities available, building positions and staff available at PHCs.

RESEARCH METHODOLOGY

The present study is exclusively based on secondary data. These data have been taken mainly from ***Rural Health Statistics in India, March, 2010.*** Simple statistical tool like percentage and Annual Growth Rate are used to interpret the data and draw conclusion from them. Annual growth rate has been calculated by using the formula *{(Yt - Yt-1) / Yt-1}* 100*, where *Yt* is the current year value and *Yt-1* is previous year value.

REVIEW OF LITERATURE

Baru, R.V. (1994) examined the structure of healthcare provision by the public, private and voluntary sectors across states. The study used the 42nd Round of NSS to examine the utilisation patterns for both out-patient and in-patient care. **Evans, et. al., (2001)** made an attempt to measure health system efficiency (performance) in 191 countries. The study found that estimated efficiency varied highly. The study also found that performance increased with health expenditure per capita. **Naryayana, K.V. (2003)** studied the size and nature of medical facilities in the public and private sector. The study also traced adverse impact of the private sector on public hospitals and gave a brief sketch of major health sectoe reforms in Andhra Pradesh. **Majumder, A. and Upadhyay, V. (2004)** made an attempt to check the productivity/efficiency aspects of the primary health care system in India with focus on reproductive health care services. **Shankar, D. and Kathuria, V. (2004)** made an attempt to analyse the performance of rural public health system of 16 major Indian states. The study used the techniques from stochastic production frontier and panel data estimation using data for the period 1986-97 in order to measure performance. **Ramani, K.V. and Mavalankar, D. (2006)** highlighted the opportunities and challenges for health system in India. The paper also showed the relationship between health and socio-economic development. **Annapoorani, R. (2007)** studied the organisation and management of a selected primary health centre (PHC) in Perumanallur village, Coimbatore district (TamilNadu). She also assessed the beneficiaries and measures the efficiency of the PHC. **Dargent, G. and Bankauskaite, V. (2007)** examined the methodological issues related to health system performance. The paper reviewed relevant concepts and identified the methodological issues of performance indicators and presented some policy implications. **Radhakrishna, S. (2007)** explained the status of health infrastructure and public health expenditure pattern in Andhra Pradesh. The study also examined the utilisation and functioning of primary health centre in Khammam district in particular. **Ramana, M.V.** (Year not mentioned) explored the present status of mobile based health care systems in different countries, shortfalls in primary health care management in rural India. The study also presented the potential solution to fill it with the enabling of mobile web technologies for primary health care. **Bajpai, et., al. (2008)** made an attempt to estimate the financial and human resources required to scale up the primary healthcare services in rural Andhra Pradesh and Karnataka. **Iyengar, S. and Dholakia, R. H. (2011)** made an attempt to measure the extent of primary healthcare services provided to the poorer section. The study use the information collected through the sample survey of 1635 poor households conducted in the 35 villages from the six states (Madhya Pradesh and Uttar Pradesh, Rajasthan, Andhra Pradesh, Karnataka and Tamil Nadu). The study applied BPL criteria for the 'weaker section' to get some evidence directly on the premise of the Planning Commission. **Patil, S.L. and Kamble, D.K. (2011)** analysed the rural healthcare system in the context of three tier system i.e. sub-centres, primary health centres and community health centres. The study also dealt with the problems and challenges of public healthcare system in rural areas. **Sharma, J.K. and Narang, R. (2011)** studied the perception of users availing rural healthcare services in India. The study was conducted in the rural areas of

seven districts in the state of Uttar Pradesh. The study employed factor analysis technique to examine the structure of relationship among variables representing the perceived quality dimensions of healthcare services in India. **Venkatapathy, R. and Anbugeetha, D. (2011)** highlighted the reasons for the unequal distribution of health care services and its impact on the health status of the society.

PHCs IN INDIA AND HARYANA

Alma Ata Declaration (1978) stressed that the PHCs should address five basic principles: equitable distribution of health care services; community involvement in health related decision; focus on preventive and curative services; appropriate technology to make the health care services efficient and a multi sector approach including nutrition, education, water supply, shelter, etc.

TABLE-2: AVAILABILITY OF HEALTH CENTRES IN HARYANA AND INDIA

	Sub Centres	PHCs	CHCs
Haryana	2484	441	107
India	147069	23673	4535

Source: Rural Health Statistics in India, 2010.

The Table-2 shows the availability of health centres in Haryana and India. As on March, 2010, there are 2484 Sub Centres, 441 PHCs and 107 CHCs functioning in the state in comparison to 147069 Sub Centres, 23673 PHCs and 4535 CHCs at all India level.

TABLE-3: GROWTH OF PHCs DURING FIVE YEAR PLANS

Five Year Plans	Haryana	Annual PHCs Growth Rate	India	Annual PHCs Growth Rate
6th Plan (1981-85)	163	-	9115	-
7th Plan (1985-90)	366	124.53	18671	104.83
8th Plan (1992-97)	399	9.01	22149	18.62
9th Plan (1997-2002)	403	1.00	22875	3.27
10th Plan (2002-02)	411	1.98	22370	-2.20
11th Plan (2007-12)	441	7.29	23673	5.82

Source: Rural Health Statistics in India, 2010.

Table-3 shows the growth of PHCs during Five Year Plans in Haryana as well as in India. As compared to 6th plan period when there were 163 PHCs in Haryana and 9115 PHCs at all India level, there are 441 PHCs in Haryana and 23673 PHCs at all India level during 11th plan period as on march, 2010. The number of PHCs has all grown over the Five Year Plans. Annual PHCs growth rate have declined from 124.53 percent in 6th Plan to 7.29 percent in 11th Plan in Haryana. In the same way, Annual PHCs growth rate have declined from 104.83 percent in 6th Plan to 5.82 percent in 11th plan in India.

TABLE-4: FACILITIES AVAILABLE AT PHCs

	Haryana		India	
Facilities at PHCs	**Number**	**Percentage**	**Number**	**Percentage**
With Labour Room	272	81.4%	15361	64.9%
With Operation Theatre	60	18.0%	8526	36.0%
With 4-6 Beds	250	74.9%	14039	59.0%
With Telephone	260	77.8%	11930	54.3%
With Computer	197	59%	9953	47.0%
Without Electric Supply	3	0.9%	3124	14.2%
Without Regular Water Supply	11	3.3%	2731	12.4%
Without All-Weather Motorable Approach Road	0	0.0%	1524	7.5%

Source: Rural Health Statistics in India, 2010.

Table-4 shows the facilities available at PHCs in Haryana and India. In Haryana, only about 82 percent of PHCs have the facilities of labour room. While at all India level, about 65 percent PHCs have the facilities of labour room. Overall there is the lack of facilities available at PHCs in Haryana and India. It can be seen from the Table that even the essential amenity like water supply is not available in more than 96 percent PHCs in Haryana and more than 87 percent PHCs in India.

TABLE-5: BUILDING POSITIONS FOR PHCs

PHCs Functioning In	Haryana	India
Government Buildings	309	19317
Rented Buildings	0	1447
Rent Free Panchayat/ Voluntary Society Buildings	132	1046
Building Under Construction	79	1283
Building Required To Be Constructing	53	1543

Source: Rural Health Statistics in India, 2010.

Number of PHCs functioning in Government buildings was 309 in Haryana as compared to 19317 at all India level in 2010. This is mainly due to increase in the Government buildings in the State of Haryana as shown in Table-5.

TABLE-6: NO. OF PHCs WITH DOCTORS AND WITHOUT DOCTORS/LAB TECHNICIANS/PHARMACISTS

PHCs	Haryana	India
With 4+ Doctors	0	873
With 3 Doctors	21	985
With 2 Doctors	177	6073
With 1 Doctor	114	14040
With lady Doctor	112	4408
Without doctor	22	753
Without Lab Technician	148	7924
Without Pharmacist	51	3825

Source: Rural Health Statistics in India, 2010.

Table-6 shows the No. of PHCs with doctors and without doctors/Lab technicians/Pharmacist. In Haryana there is not even a single PHC which have more than 4 doctors. Almost there is the lack of staff available at PHC in Haryana and as well as on all India level.

CONCLUSION

As the data used in the study shows that the quality of health care services available and provided by PHCs is poor and unsatisfactory. When we combine physical infrastructural status of PHCs with the human resource front we can see the poor state of health care in the state as well as on all India level. It is clear from the Table-4 and Table-6 that the current status of healthcare facilities at PHCs is such that adequate performance on health outcomes cannot be expected. Physical availability of services without provision of the most essential components like water, electricity and health personnel is extremely disastrous for the public perception of quality of services and the faith people put. Sometimes it is better not to provide any services rather than making available half-hearted, improper and lacklustre services to the population.

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