International Journal of Academic Research
ISSN: 2348-7666; Vol.3, Issue-1(1), January, 2016
Impact Factor: 3.075; Email: drtvramana@yahoo.co.in

A Study of Infrastructure Facilities in Primary Health Care Service's (PHC'S) - With special reference to Alur (T) Hassan (Dist.)

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Abstract

Good health is an invaluable assets for better economics productivity , both of the individual and national level, but above all: it is valued by those who it is a prerequisite for a better quality of life and better standards of living, sub population who are at the highest risk poor health and its effects on longevity and morbidity are the poor, women, the scheduled costs and scheduled tribes and peasant farmers, the main reason for the high level of vulnerability of these sub groups are, first the inaccessibility at health care and second, their inability to spend on health care therefore provide that critical barrier ill-health and the once, who are most vulnerability but here too factors such as financing and efficiency greatly influence the quality and converge at public health care services, the health services in Karnataka today is a combination of achievements and challenges. Significant advances have taken place in health and health services over the past decade. The study is mainly focus on infrastructures which has been in primary health care hospitals in Alur taluka at Hassan District, which support to enhance the health among the people; therefore it has used primary and secondary sources to describe.

Key words: *achievements and challenges, health care, grassroots*

Introduction:

Primary health care (PHC) refers to "essential health care" that is based on scientifically sound and socially acceptable methods and technology, which make universal, universally accessible to individuals and families in a community. It is through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination In other words, PHC is an approach to health beyond the traditional health care system, that focuses on health equity-producing social policy.PHC includes all areas that play a role in health, such as access to health services, environment and lifestyle. Thus, primary health care and public health measures, taken together, may be considered as the cornerstones of universal health systems.

This ideal model of health care was adopted in the declaration of the International Conference on Primary Health Care held in Alma Ata Kazakhstan in 1978 (known as the "Alma Ata Declaration"), and became a core concept of the world health organisation's goal of all. The Alma-Ata Conference mobilized a "Primary Health Care movement" of professionals and institutions, governments and civil society organizations, researchers and grassroots organizations that undertook to tackle the "politically, socially and economically unacceptable" health inequalities in all countries. There were many factors that inspired PHC; a

prominent example is the Barefoot doctors of China.

Traditional health practitioners are a valuable and sustainable resource that already exists in most communities. The training and utilization of these practitioners in primary health care, working in close collaboration with conventional health staff, can be expected to contribute, in many countries substantially, to obtaining more practical, effective, and culturally acceptable health. India has rich centuries old heritage of medical and health sciences. However, over the centuries, with the intrusion of foreign influences and mingling of cultures, various system of medicines evolved and have counties to be practiced widely the allopathic system of medicines gained popularity system of medicine gained popularity under the British rule and made a major impact on the entire approach to health care in the country after independence.

Good health is an invaluable assets for better economics productivity , both of the individual and national level, but above all: it is valued by those who it is a prerequisite for a better quality of life and better standards of living, sub population who are at the highest risk poor health and its effects on longevity and morbidity are the poor, women, the scheduled costs and scheduled tribes and peasant farmers, the main reason for the high level of vulnerability of these sub groups are, first the inaccessibility at health care and second, their inability to spend on health care therefore provide that critical barrier ill-health and the once, who are most vulnerability but here too factors such as financing and efficiency greatly influence the quality and converge at public health care services, the health services in Karnataka today is a combination of achievements and challenges. Significant advances have taken place in health and health services over the past decade.

The health care system in India, at present, has atier –tier structure to provide health care services to its people. The first tire, known as primary tire, has been developed to provide health care services to the vast majority of rural people. The primary tire comprises three types of health care institution, sub center (SC), primary health care and community health centers. The rural health care infrastructure has been developed to provide primary health care services through a network of integrated health and family welfare delivery system.

The experience and concern in health development and primary health care in India date back to the Vedic period, in the Indus-Valley Civilization as far back as 3000 B.C., one finds evidence of well-developed environmental sanitation program such as underground drains, public baths in the cities etc.

'Arogya' or 'health' was given high priority in daily life and this concept of, health include physical, mental, social and spiritual well being. This cherished value regarding health is also enshrined in an ancient Sanskrit verse, Sarve Santu Niramayaha', which means 'Let all be free from disease/let all be healthy', and which was often used to express good wishes.

Goals of the Primary Health Care Center:

- ✓ The global goal as stated in the Alma Ata Declaration is Health for all by the year 2000 through self-reliance.
- ✓ Health begins at home, in schools and in the workplace because it is

there where people live and work that health is made or broken.

- ✓ It also means that people will use better approaches than they do now for preventing diseases and alleviating unavoidable disease and disability and have better ways of growing up, growing old and dying gracefully.
- ✓ It also means that here will be even distribution among the population of whatever resources for health are available.

Objectives of the study:

The present study mainly has the following objectives.

1. To analyze the infrastructure facility available in primary health care services in the study area.
2. To do study on health facilities providing by PHC's at Alu rtaluk.
3. To understand the requirement to the PHC's based on the existing infrastructures.

Methodology of the study:

The methodology of the present study can be broadly outlined with the help of the Primary information collected through schedules and secondary source of data and information of national and state level. "A Study of Infrastructure Facilities in Primary Health Care Service's (PHC'S) - With special reference to Alur (T) Hassan (Dist.)" is estimated on the basis of available annual data. Secondary sources such are Government publications, reports of ministry of finance, departments, various state level and national level journals and books.

Importance of the study:

The current study is significant as far as the study of PHCs is concerned. The Health field is growing rapidly therefore majority people in the rural areas are turning their face towards the private health centers in urban areas. This study is helpful to understand whether the basic facility and programs provided in rural areas are satisfactory to the people or not. The motto of this study is to provide information regarding the basic facility and services provided by primary health carecenters as well as programs related to PHCs. Thus this study is a planned program which includes the significant information.

Limitation of the study:

The present study is trying to analyze the infrastructure condition in alur Taluk by considered 11 PHCs; this study is based on the primary sources collected in the visited areas through the interview schedule and secondary information's with the concerned authorities of PHCs and also the observations.

Analysis of Data

The study is considering eleven primary health care hospitals in the study area, which is mainly focusing on infrastructure facilities in the PHC's for analyse the various health care factors at the study area. Therefore here we have collected data that would be discussed with the help of simple index method to understand the data.

Nature of Hospital.

The below table is representing the nature of the hospital which related to eleven hospitals I the study area. Nature of the hospital in alur taluk. There are 7 public hospitals and 4 private hospitals have been selected for the study, which

has been shown by the table and diagram.

Doctors.

The following chart reveals that Doctors working in various hospitals at the study area, as stated majority of the hospitals has single doctor who working in the hospital.

Table1. Doctors available

Sl.No	Name of the hospitals.	Number of doctor
1	Govt hospital Alur.	5
2	Govt hospital Palya.	1
3	Govt hospital Byrapura.	1
4	Govt hospital Magge.	2
5	Govt hospital Rayarakoppalu.	1
6	Gangadhara hospital.	1
7	Rupa hospital.	1
8	Kalpana hospital.	2
9	Govt hospital Chikkakanagalu	1
10	Govt hospital Hosakote.	1
11	Manu hospital Channapura.	1
	Total	17

Nurses & Beds available at hospitals

The table is representing the number of nurses who are working in the hospitals, as we found 72% of hospitals has less number of nurses hired in the hospitals.

Table 2: Nurses & Beds available at hospitals

SI NO	Name of the hospitals	Number of nurse	Beds
1	Govt hospital Alur	14	65
2	Govt hospital Palya	2	23
3	Govt hospital Byrapura	2	22
4	Govt hospital Magge	5	30
5	Govt hospital Rayarakoppalu	2	14
6	Gangadhara hospital	3	5
7	Rupa hospital	1	2
8	Kalpana hospital	2	12
9	Govt hospital Chikkakanagalu	2	10
10	Govt hospital Hosakote	2	2
11	Manu hospital Channapura	1	15
	Total	36	200

The above table shows the number of beds in the hospitals. This table shows that 65 beds in the Govt hospital Alur, 23 beds in the govt hospital playa, 22 beds in

the Govt hospital Byrapura, 30 beds in the Govt hospital Magge, 14 beds in the Govt hospital Rayarakoppalu, beds in the Gangadhara hospital Alur, 2 beds in the Rupa hospital, 12 beds in the Kalpana hospital, 10 beds in the Govt hospital Chikkakanagalu, 2 beds in the Manu hospital Channapura, 15 beds in the Govt hospital Hosakote.

X-RAY, Surgery & Ambulance facility

The table shows the availability of X-ray facility in the hospital, out of 11 hospitals, 1 hospital having availability of the X-ray facility and 91% hospitals doesn't have the X-ray facility.

Table: 3. X-RAY, Surgery & Ambulance facility

Observation	X-ray	Surgery	City scanning	Ambulance facility
Yes	1	7	0	5
No	10	4	11	6
Total	11	11	11	11

The above table shows that 63% hospitals have surgical facility, and city scanning facility which is not available and 45% hospital have ambulance facility for emergency.

Table 4:Blood test & computer room facility.

Observation	Blood test facility	Computer room facility
Yes	1	1
No	10	10
Total	11	11

The above table shows that only 9% hospitals have Blood test facility and computer room facility, and rest of the hospitals does not have such facilities.

Patient getting treatment in a day.

The table shows that number of patients comes to hospital every day for get treatment. Majority of hospitals have giving treatment to more than 50 patients in a day.

Major Findings of the Study

From the above information discussed would have been found various major findings of the study.

- In Alur taluk there are 7 Public hospitals and 4 Private hospitals, total there are 11 hospitals in Alur taluk.
- 17 Doctors working in all the 11 hospitals.
- Out of 17 Doctors 8 doctors are female and 9 male doctors in the hospitals.

- There are 36 Nurses in all the 11 hospitals.
- There are 200 Beds available in the 11 hospitals.
- Only one hospital have the facility of X-ray and 10 hospitals does not having the X-ray facility.
- In 1 hospital there is a facility of Blood testing and other remaining is nil.
- The 11 hospitals do not have city Scanning facilities.
- In 7 hospitals there is an availability of Surgery other remaining nil.
- The 5 hospitals available Ambulance facility. In 6 hospitals does not having the Ambulance facility.
- The 7 hospitals having the Drinking water facility and then 4 hospitals do not have the Drinking water facility.
- All the 11 hospitals having the Toilet facility.

Problems of the Primary Health Care Centers

- Shortage of funds to upgrade the hospitals which is receiving as now.
- Lack of materials and equipment
- Shortage of appropriate staff
- Lack of commitment which can be at the individual or government level.
- Inadequate community participation to promote awareness among the people.
- Inadequate intersect oral collaboration
- Rapid turnover of policy makers
- Lack of manpower training and development
- Inadequate utilization of services
- In appropriate staff recruitment.

Suggestions

The study brings out the fact that the PHCs have not been able to deliver the intended health care and medical services to the people in the rural areas. The following suggestions are made for improving their performance.

- Appropriate educational programs to be organized for different groups of people. Health education to the community should be a prime function of the health workers and village level functionaries. Health education in schools and adult education session should incorporate various health problems, and the methods for their prevention and control.
- This dismal condition can be substantially improved by organization and conducting nutrition education in the community and in the schools; encouraging people to make kitchen gardens and community gardens; and educating the people on food hygiene. Steps also need to be taken to encourage growing local more food such are cereal, pulses, vegetables, fruits, milk, fish and poultry products through co-operative and other efforts so as to make this easily accessible and affordable to the people. Simultaneously, the purchasing capacity of the families might be improved through a variety of income generation schemes. In addition for the moderately and

severely malnourished groups, special nutrition programs are to be organized.

- A systematic approach should be made to survey and identify resources of safe water and to carry out proper analysis of the water. Arrangements should be made for regular purification of water through chlorination etc.It would be important to organize the people and the resources for the constructing household and community latrines, and making arrangements for collection and disposal human and animal wastes.
- Systematic efforts should be made to progressively increase antenatal registration and care of pregnant women from the present level of 35-50 per cent to 100 per cent. It is also to be ensured that progressively almost all deliveries are conducted under aseptic conditions by trained health personnel i.e. the dais or female multi- purpose workers.
- For dealing with these problems, the dais and female health workers and health assistants have to be properly trained in prenatal and neonatal care adopting a high-risk approach. Proper facilities for referrals to the secondary and tertiary levels are also to be developed and organized. Communities are to be properly educated about the importance of antenatal neonatal care, and be encouraged to actively participate in these programs.
- Now more concentrated attention has to be given to younger couples with low parity i.e. the newly married couples and one-child and two-child families for contraceptive protection with spacing method.
- To ensure the availability, adequacy and functionality of health infrastructural facilities including the medical and Para-medical staff in PHCs, there is an urgent need to emphasize the systemic mechanism of supervision, monitoring and review of the functioning of primary health care institutions. This will not only help improve the quality of health delivery system, but also ensure optimum use of public resources.
- A holistic approach to primary health care system needs to be adopted which should strive to integrate the allopathic system of medicine with Indian systems of medicine. The Indian systems of medicine have advantage over the western system of medicine on many counts. For instance, the allopathic treatment and medicines are becoming increasingly unaffordable and the study has clearly brought home the point that non-availability of medicines in PHCs is one of the main constraints being faced by the people in general and the poorest of the poor in particular.
- If the adequate number of lady doctors is not available for posting in the rural areas, the Para-medical staff especially the Nurses should be provided training on obstetrics/gynecology so as to enable them to popularize and facilitate the institutional deliveries.
- The existing PHCs should be made equipped with essential infrastructure and diagnostic facilities which will help increase the

utilization rate. Besides, Medicines should be made available in PHCs especially for those who are living below the poverty line.

Conclusion

- In spite of the fact that the Primary care needs to become the central focus of the health system. The development of a properly integrated primary care service can lead to better outcomes, better health status and better cost-effectiveness. Primary care should therefore be readily available to all people regardless of who they are, where they live, or what health and social problems they may have. Secondary care is then required for complex and special needs which cannot be met solely within primary care.Primary care services offer great potential to achieve the growth and development in service provision that the Health Strategy is seeking to achieve. Their wide availability, their locally accessible and personal nature facilitates a close on-going relationship between providers and users of the service.
- A new vision of primary care focused on the health of populations. Integration of services and practitioners, continuity of care, and a focus on health promotion and disease prevention would all be supported by new facilities, and funding mechanisms. Patient navigators and advocates, along with case management and discharge planning would all work towards keeping people healthy and helping them manage their own care. Participants argue that investments in primary care that work towards this vision will yield savings in the long-term.

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