

# THE PERFORMANCE OF PRIMARY HEALTHCARE CENTRES IN INDIA

Mrs. N. MALARVIZHI

Research Scholar,

Department of Economics, Periyar University, Salem-11, India

Dr. D. JANAGAM

Associate professor

Department of Economics, Periyar University, Salem-11, India

## Abstract

*India's public health services are enhanced by the government pledge to provide universal health insurance to India in a cheap and affordable way. Primary Health Care is the backbone of health care around the world. The primary health care vision is inclusive, integrated and manageable health care rooted in the needs of the community. Especially in low- and middle-income countries like India, there are significant challenges in implementing primary health care delivery policies. Strengthening primary health care is essential to achieving health-related Sustainable Development Goals (SDGs) and universal health care. In addition to the Health Goals (SDG3), it contributes to the achievement of poverty, hunger, education, gender equality, clean water and sanitation, work and economic growth, and reduces inequality and climate protection. A medical system in which basic medical care is widely available, affordable and accepted by all people in the country is called primary health care. This study aims to study Indian medical systems, especially PHC infrastructure facilities.*

## Introduction

Health and economy are directly related as national economy improves the health of citizens and vice versa. Therefore, in order for any country to develop, its people must be healthy and live longer. However, providing the right health care is a challenge, especially in a highly populated country like India. Despite the fact that India's economy is one of the fastest growing, India's primary care (PHC) system is at risk. "Primary care is a whole-of-society tactic to health that aims to safeguard the highest possible standards of health and well-being and reasonable distribution, focusing on the needs of people as quickly as possible along the continuum of health promotion and disease prevention, treatment, rehabilitation, palliative care, and to bring people closer to their daily environment as soon as possible" (WHO and UNICEF). A apparition for primary care in the 21st century: Towards UHC and SDGs. PHC contains three interrelated and synergistic components: multi-sectoral policies and actions to address proactive and broad determinants of health; Engage and empower individuals, families and communities to increase social engagement and improve self-care and health independence. A health care system in which basic health care is publicly available, readily accessible, and acceptable to everyone in a country is called primary care. The definition itself is rather complex. Still, it's very simple to get to the point. Primary care is a society-wide approach to health and well-being based on the needs and preferences of individuals, families and communities. Covers the broad determinants of health and focuses on the complex and interrelated aspects of physical, mental and social health and well-being.

## Statement of the Problem

India has an extensive public health infrastructure that provides health care to 72.2% of the country's rural population through 23,391 primary care (PHC) centers and 145,894 satellite centers. India's health care system has been struggling for a long time with a number of issues, including a small number of facilities and insufficient manpower. India has suffered from incomplete infrastructure, including a shortage of well-equipped medical institutions for a relatively long time. One of India's most pressing problems is a serious shortage of qualified medical personnel, including: Doctors, nurses, paramedics and primary care workers. These questions highlight the need to explore the possibilities and functions of PHC in India.

## Review of Literature

ShyamkumarSriram (2018) identified many infrastructure and human resource flaws in PHC. As a result, the shortage of doctors in AYUSH was 86.6%, and the shortage of medical staff was 13.33%. He also noted that PHC lacks the human resources and critical infrastructure needed to function effectively on a daily basis and provide primary health care to the public. The challenges of weak PHC in India are increasingly recognized and acknowledged. India's National Health Policy (NHP) 2017 proposes to strengthen the PHC system, investing more than two-thirds of government health care spending in PHC and gross domestic product by 2025. Increased to 2.5% of (GDP) (1.18%). 2015-16 (National Health Policy 2017). The subcenter has midwives as midwives and one male and one female multipurpose medical worker. Activities planned at the subcenter level, such as awareness raising and vaccination, are primarily for health promotion, and treatment services are provided by PHC (Chokshi2016). The main challenge in implementing primary care in India is to move away from the overall vision of primary health care, which is comprehensive, accessible to all, contextual and community-based (Balarajan2011).

## Objectives of the study

- To identifying the importance and functioning of PHCs in India.
- To examine the infrastructural facilities of PHCs in India.

## Methodology:

In this study, the required information is collected from various government statistics and secondary sources from various articles or websites related to them.

## Primary Health Center (PHC)

PHC is the first point of contact between the village community and public health officials. PHC focused on the preventive and facilitative aspects of health care and aimed to provide integrated therapeutic and preventive health care to rural populations. Primary health care must be available to the people to whom it is given. Large hospitals or medical colleges located 30 km from the patient's place of residence are not considered primary health care. Second, basic medical care must be accepted by people.

Psychiatric tests should not be accepted by the majority of the population. It should not be considered primary health care. Communities where medical services are provided need to be actively involved in this process. Without their participation, basic medical care is not guaranteed. Finally, the medical services provided by primary health care should be easy, affordable and suitable for the country's economic situation. The price of the service should be such that a sick person can afford it. Stronger primary health care is essential to achieving health-related Sustainable Development Goals (SDGs) and universal health care. It contributes to the achievement of other goals along with health goals (SDG3) including poverty, hunger, education, gender equality, clean water and sanitation, work and economic growth, and reduces inequality and climate protection. According to the 2017 National Health Profile, our country has only 1 million symptomatic physicians to treat a population of 1.3 billion. Of the million doctors, only 10% work in public health systems. According to the World Health Organization, only one in five local physicians is eligible to practice medical care.

## Primary Health Care Level:

### Primary Health

Primary health care is the first level of contact between the healthcare facility and the patient, Which Includes subcenters and primary health centers. At least half of the world's population still does not fully cover essential health services

- Primary health care covers most of human health needs throughout life, including prevention, support, treatment, rehabilitation and palliative care. Can be met
- First, the degree of contact between the individual and the community with the medical system
- Provided by the subcenter, PHC, ANM, ASHA, AWW, VHG, TBA

Subcenter This is the most peripheral and first point of contact between the patient and the medical facility.

There are 3

1. The health worker male
2. The health worker female and
3. A voluntary worker.

The Ministry of Health and Family Welfare of the Government of India is responsible for providing 100% funding to the subcenter.

Primary Health Center-The first point of contact between the village community and doctors. It has the strength of at least 15 people, including medical officers and medical assistants. The medical manager is considered the leader of the team or primary health center. Each primary health center serves as a reference point for the six subcenters.

And they have 4 to 6 beds.

### Secondary Education Level:

This level tends to address more complex issues that require prophylactic and therapeutic secondary education services.

- These amenities are provided by district hospitals and communal health centers.
- First Level Referral (FRU) Secondary is a first level referral, depending on the severity of the problem. Includes

Community Health Centers. Community Health Center-Here we have 30 staff and 4 specialists. You need a doctor, surgeon, obstetrician / gynecologist, and pediatrician. 3 new posts have been shaped under the NRHM program. Each community health center serves as a reference point for the four primary health centers.

## India Health System Higher Education Level:

Higher Education Level is the second level of referrals, including hospitals and medical colleges. This level of care is provided by state / regional / central institutions

- Requires specialized facilities and highly specialized healthcare professionals

- These institutions serve as referral units for primary and secondary education increase

### **Primary Health Center**

The Primary Health Center (PHC) will be the first contact point between villages, located in flat areas of 30,000 people and hills / difficult to reach / tribal areas of 20,000 people. Municipal and medical officers. PHC needs to provide integrated therapeutic and preventive health care to rural populations, focusing on the prophylactic and facilitative aspects of health care. PHC is well-known and upheld by the state government under the Minimum Needs Program (MNP) / Basic Minimum Services (BMS) program. As a minimum requirement, PHC should have medical personnel supported by 14 emergency medical staff and other staff. Under NRHM, there is a provision that PHC has two additional office workers on a contract basis. Acting as a referral unit for 56 SCs, it has 46 beds for inpatients. PHC's activities include health promotion and treatment services.

### **Types of PHCs**

- PHC with delivery load of less than 20 deliveries in a month comes under type A.
- PHC with delivery load of 20 or more deliveries in a month comes under type B.

### **Mandatory service of PHC:**

- OPD service: OPD service for a total of 6 hours. Of these, 4 hours in the morning, 2 hours in the afternoon, and 6 days a week.
- 24-hour emergency service
- Referral service
- Hospitalization service (6 beds)

### **India's Primary Health Care State**

The state of India's community health system is not a secret, especially in Indian villages where infrastructure is at a critical stage. Public hospitals survive in very bad conditions and often collapse to provide the sick with the medical care they need. And a private hospital that stays out of reach of most people. • India is at the top of the list of most sick countries. • Health-related illnesses account for more than 32% of all deaths in India. • According to a global study of burns, India ranks 154th out of 190 countries on health indicators. Despite these poor statistics, the budget allocation for the health series is small. India spends only about 2% of GDP on medical care.

The main challenges facing India's primary health care system are:

- Low patient-to-doctor ratio
- Missing infrastructure
- Low public spending
- Low local health insurance
- High out-of-pocket costs
- Unequal distribution of talent.

The number of PHC in rural areas increased by 1619 from 23236 to 24855 during the period 2005-2019. A mixed tendency can be seen in various conditions. 25 percent Significant rises were seen in Karnataka (446), Gujarat (406), Rajasthan (369), Assam (336), Jammu and Kashmir (288) and Chhattisgarh (275). The percentage of PHC operating in government buildings has increased significantly from 69% in 2005 to 94.5% in 2019. This is mainly owing to the rise in government buildings in Gujarat (813), Uttar Pradesh (807) and Karnataka (615)., Rajasthan (506), Madhya Pradesh (418), Chhattisgarh (351). 5190 PHCs are in operation in urban areas. As of March 31, 2019, 5190 PHCs are in operation in urban areas of the country. As of March 31, 2019, there are 4211 operational PHCs in the tribal area. About 64% of PHC have separate toilets for male and female patients, and 93% of PHC have toilet facilities for staff. At the national level, as of March 31, 2019, 24855 PHCs are in operation in rural areas (ie 16613 PHCs and 8242 HWCPCs). 8242PHC has been upgraded to HWCPC. Significant conversions from PHC to HWCPC in Andhra Pradesh (1145), Uttar Pradesh (946), Orissa (827), Gujarat (772), Tamil Nadu (716) and Telangana (636) It was observed.

### **Importance of Primary Health Care**

- These provide basic medical facilities and work towards disease prevention rather than disease prevention.
- Primary health care is the only practical way to address the problems of malnutrition, infant mortality, and other illnesses that cause other illnesses in India.
- It guarantees the health of not only individuals and families, but the entire community, especially in rural and remote areas.
- Primary health care is the foundation of the country's health infrastructure, the right infrastructure will help the country achieve its health-related Sustainable Development Goals.
- Most patients go directly to a distant secondary care center to cure a simple illness. This is due to the lack of primary health care.
- It also helps raise awareness about viral illnesses, hygiene practices and family planning. Finally, it can help control the country's population.
- By improving basic medical services, patients can reduce their out-of-pocket costs.

*Copyrights @Kalahari Journals*

*Vol. 6 (Special Issue, Nov.-Dec. 2021)*

*International Journal of Mechanical Engineering*

- Most illnesses are prevented and cured at the first level, so the appropriate medical infrastructure needed can ease the burden on the government.

### Government Measures to Improve India's Primary Health Care

In addition to government-provided medical services, private health care is flourishing in India. In the last decade alone, hospitalization costs have increased by 300%, indicating that most of household savings are used to access medical services. In 2008, the Government of India introduced the National Health Insurance system for the rural population of India.

The program provided medical care worth 3 rupees to families working in unorganized departments. Similar systems were established at the state level, but none of these systems complied with certain standards. The Government-founded National Health Protection Mission or Aayushman Bharat Yojna is the first major step in improving India's primary health care. It focuses on providing good medical care to the vulnerable parts of society. The purpose is to provide insurance for up to 5 rupees for all families. This regulation also aims to improve secondary and tertiary industries. According to the government, this is the largest medical system in the world. But I think time shows the value of this plan. Under the National Health Mission (NHM), the Primary Health Center (PHC) will be established to cover a population of 30,000 in rural areas and 20,000 in hills, tribes and deserts. PHC is set to cover specific demographics. According to 2019 Rural Health Statistics, as of March 31, 2019, a total of 24,855 rural PHCs and 5,190 urban PHCs are in operation in the country. The percentage of PHC operating in government buildings has increased significantly from 69% in 2005 to 94.5% in 2019. The details of the state (more than 1000 PHC) are as follows.

**Table No.1:**

**Number of Primary Health Centre's (PHCs) Operational in Rural and Urban Areas**

State/UT	PRIMARY HEALTH CENTRES (PHCs)		
	Rural	Urban	Total
Andhra Pradesh	1,145	364	1,509
Assam	946	55	1,001
Bihar	1,899	95	1,994
Gujarat	1,476	318	1,794
Karnataka	2,127	435	2,562
Madhya Pradesh	1,199	136	1,335
Maharashtra	1,828	538	2,366
Odisha	1,288	87	1,375
Rajasthan	2,082	377	2,459
Tamil Nadu	1,422	463	1,885
Uttar Pradesh	2,936	624	3,560
West Bengal	908	448	1,356
All India	24,855	5,190	30,045

Source: NHM for the years 2017-18 to 2020-21.

### Future Direction

- Now the focus needs to shift from a hospital-centric model to India's enhanced primary health system. For this purpose, medical practices should provide training and encourage work with the primary health care provider of decision-making bodies such as MCI.
- Primary health care is a society-wide approach to health and well-being, focusing on the needs and preferences of individuals, families and communities. It addresses the broader determinants of health and focuses on the broadly interrelated aspects of physical, mental and social health and well-being.
- Provides lifelong comprehensive health care, not just a specific set of illnesses. Primary Health Care guarantees comprehensive care from promotion and prevention to treatment, rehabilitation and palliative care as close as possible to people's daily environment.
- Strengthening primary health care is essential to achieving health-related Sustainable Development Goals (SDGs) and universal health insurance. Helps achieve other goals beyond health goals (SDG3), such as poverty, hunger, education, gender equality, clean water and sanitation, work and economic growth, inequality and reduction of climate protection.

- WHO recognizes the central role of primary health care in achieving the health and well-being of all people of all ages.
- India's 2017 National Health Policy requires the government to invest most of its resources (> 2/3) in PHC.
- The primary mechanism for achieving this is the 150,000 Health and Wellness Center (HWC), which aims to be the primary focus of the community within the public health system.
- These centers provide comprehensive health care covering approximately 70% of outpatient care, including non-communicable diseases and maternal and child health services.
- These centers also provide free essential medicine and diagnostic services and referral access to secondary and tertiary care.
- This is part of the government's efforts to achieve universal health insurance through its flagship initiative, the Ayushman Bharat program. Launched in 2018, this program includes the health insurance component Pradhan Mantri Jan Aarogya Yojana (PMJAY).

#### **Conclusion:**

Empower PHC to provide high quality prevention, promotion, treatment, surveillance, and outreach services in the following ways: Adherence to standard treatment guidelines and protocols. However, given the pace of achievement of past and future goals, further focus on policy design in terms of capacity building of existing talent, improve further allocation of health care funds, and identify areas through operational actions. is needed. The quantity and quality of medical care in India. The path must be set, operational and move forward. The priority is to develop an effective and sustainable health system that can meet the two needs of increasing non-communicable diseases and people's needs for better quality and level of care. There is a global consensus that universal health insurance can only be achieved on the basis of a stronger primary health care system. Renewed attention is being paid to enhancing and providing comprehensive primary health care services in India through the Health & Wellness Center. Therefore, health policy makers and managers need to take the necessary steps to empower health care professionals. Thus, the public health approach is being strengthened by human resources development. India's experience can provide other low- and middle-income countries with lessons and insights to strengthen primary health care for universal health care.

#### **References**

- Eisenberger R , Huntington R, Hutchison S Sowa D,1986-71, Perceived organizational support. Journal of ApplPsychol ; pp.500-7.
- Hochwarter WA, Kacmar C, Perrewe PL, Johnson D, 2003, Perceived organizational support as a mediator of the relationship between politics perceptions and work outcomes.Journal Vote Behav: pp. 438-56.
- Kurtessis JN, Ford MT, Buffardi LC, Stewark KA, 2009, Perceived organizational support; An updated meta-analytic review. Posters Presented at the 24<sup>th</sup> Annual Meeting of the society for industrial and Organizational psychology. New Orleans.