



## A STUDY ON HEALTH ADMINISTRATION PRIMARY HEALTH CENTRES IN PALAMANER MANDAL, CHITTOOR DISTRICT OF ANDHRA PRADESH

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### KEYWORDS :

#### INTRODUCTION

The primary healthcare approach was described as "essential care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community 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". The Alma-Ata Declaration also emphasizes that everyone should have access to primary healthcare, and everyone should be involved in it. The primary healthcare approach encompasses the following key components: Equity, community involvement/participation, intersectorality, appropriateness of technology and affordable costs. Primary healthcare as defined above will do much to address many of the prerequisites for health indicated earlier. For this review article, search strategy involved a detailed literature review on the subject of primary healthcare in India. Indexed and non-indexed journals, websites of important organizations, and national programs in the field were identified and searched for key words like primary healthcare, India, Challenges. Search engine included Google and Pub Med. The most relevant publications were reviewed in details and included in the article.

#### Evolution of Primary Healthcare System in India

Primary healthcare is a vital strategy that remains the backbone of health service delivery. India was one of the first countries to recognize the merits of primary healthcare approach. Long before the Declaration of Alma-Ata, India adopted a primary healthcare model based on the principle that inability to pay should not prevent people from accessing health services. Derived from the recommendations of the Health Survey and Development Committee Report 1946, under the chairmanship of Sir Joseph Bhore, the Indian Government resolved to concentrate services on rural people. This committee report laid emphasis on social orientation of medical practice and high level of public participation. With beginning of health planning in India and first five year plan formulation (1951-1955) Community Development Programme was launched in 1952. It was envisaged as a multipurpose program covering health and sanitation through establishment of primary health centers (PHCs) and sub centers. By the close of second five year plan (1956-1961) Health Survey and Planning Committee (Mudaliar Committee) was appointed by Government of India to review the progress made in health sector after submission of Bhore Committee report. The major recommendations of this committee report was to limit the population served by the PHCs with the improvement in the quality of the services provided and provision of one basic health worker per 10,000 population. The Jungalwalla Committee in 1967 gave importance to integration of health services. The committee recommended the integration from the highest to lowest level in services, organization, and personnel. The Kartar Singh Committee on multipurpose workers in 1973 laid down the norms about health workers.

The major goal of policy was to provide universal, comprehensive primary health services. Nearly 20 years after the first policy, the

second National Health Policy was presented in 2002. The National Health Policy, 2002 set out a new framework to achieve public health goals in socioeconomic circumstances currently prevailing in the country. It sets out an increased sectoral share of allocation out of total health spending to primary healthcare. Recognizing the importance of health in the process of economic and social development and improving the quality of life of our citizens, the Government of India has launched the National Rural Health Mission in 2005 to carry out necessary architectural correction in the basic healthcare delivery system. The goal of the mission is to improve the availability of and access to quality healthcare by people, especially for those residing in rural areas, the poor, women, and children.

#### Challenges for Primary Healthcare System in India

Delivering quality primary care to large populations is always challenging, and that is certainly the case in India. In India, communicable diseases, maternal, prenatal, and nutritional deficiencies continue to be important causes of deaths noncommunicable diseases like diabetes, cardiovascular diseases, respiratory disorders, cancers, and injuries are showing the rising trends. Mental health disorders are also on the rise also taking a substantial toll of human lives. The health issues related to elderly population are common due to increase in life expectancy. India has been witnessing rapid urbanization particularly in recent decades. Currently one-fourth of the urban population lives in slums with severely compromised health and sanitary conditions. While the primary healthcare system is struggling to provide services, there is an emerging need for addressing above mentioned issues. This presents huge challenge to the current primary healthcare system in India. Within the next few decades, we will see an extraordinary increase in the number of older people worldwide. The public health benefit of preventive medicine in old age comes from the compression of the time spent in dependency to a minimum. The rising morbidities clearly showed that a regular, complete health checkup of the elderly should be embedded in the essential elements of the primary healthcare. Patient satisfaction represents a key marker for the quality of healthcare delivery and this internationally accepted factor needs to be studied repeatedly for smooth functioning of the healthcare systems.

A better appreciation of the factors pertaining to client satisfaction would result in implementation of custom made programs according to the requirements of the patients, as perceived by patients and service providers. It has been observed that there is poor level of client satisfaction in rural as well as urban areas of India regarding primary healthcare services. Client satisfaction is an important measure of the quality of healthcare and needs to be addressed in order to improve the utilization of primary healthcare services. Patients often complain of rude and abrupt health workers that discriminate against women and minorities from scheduled castes or tribes. The current primary healthcare infrastructure and manpower is also deficient. According to Rural Health Survey (RHS) 2011, as on March 2011 there are 148,124 subcenters; 23,887 PHCs; and 4,809 community health centers (CHCs) functioning in India. The norms set for the population coverage for subcenter, PHC, and

CHC for plane areas are 5,000; 30,000; and 120,000; respectively. As per RHS, 2011 the average population covered by a subcenter, PHC, and CHC was 5,624; 34,876; and 173,235; respectively.

Considering the population norms for PHC of 30,000 in plane areas (here the population norms for PHC of 20,000 for tribal and hilly areas is not considered), India requires more than 27,700 PHCs. So when compared with RHS, 2011; India requires 3,800 more PHCs. There is urgent need to address inadequate infrastructure as well as manpower for better service and delivery of primary healthcare. Only after addressing these issues we can think of applying Indian Public Health Standards to all healthcare infrastructures.

The current primary healthcare structure is extremely rigid, making it unable to respond effectively to local realities and needs. The lack of resources, which is acute in some states, is certainly a contributing factor to the poor performance of the primary healthcare system. There is a need to explore and understand the reasons that prompt people to visit health facilities and the reasons driving them away from free government care. Ubiquitous absenteeism, low client-provider interaction, poor referral systems, and a low perceived quality of care could emerge as possible reasons for this situation. Large diversity in India calls for local adaptation of the basic healthcare package and its delivery mechanism.

### Need for the study

To Analyses about the status and working of health administration in the study area, working of Primary Health Centre Hospital in Palamaner Mandal.

### Statement of the problem

The title of the present study "Health Administration - A study on Primary Health Centre, Palamaner, Chittoor District, Andhra Pradesh.

### Limitations of the study

1. The study was limited to only primary health centre hospital administration of the Palamaner town.
2. The study covers only the schemes and development aspects related to the confined to selected study area.

### Scope

The impact of the Primary Health Centre can be elicited from the respondents in the rural as well as urban areas. Moreover, bottle necks, if any may also be found.

### OBJECTIVES OF THE PRESENT STUDY

- To the study the evolution of the Primary Health Centre in India
- To study the health administration in the state of Andhra Pradesh
- To study the organizational set up Primary Health Centre in Chittoor district
- To study the working of primary health centre in palamaner
- To analysis the problems and suggestion.

### Research Methodology

- To evaluate the role of Primary Health Centre in the study area, the primary sources of data collection for the study include fieldwork, interviewing of officials and beneficiaries.
- Secondary data includes articles, journals and relevant documents issued by the Government.

### Study Area of the profile;

The Study of Profile is a Primary Health Care Center in Palamaner. It is founded of British Period Christian Missionary In 18<sup>th</sup> Century. It is Started primary health centre only 10 beds and Only One Doctor two Nurse and one of the at tender In Primary Health Care Center In Palamaner.

The After Independent In Andhra Pradesh Government Chief Minister Y.S. RAJASHEKAR REDDY Government in the year 2005 Development Of The 50 Beds in Primary Health Care Center In Palamaner.

### Palamaner demography:

the palamaner total of information in a the palamaner is a rural area mandal the district in chittoor and total of village into palamaner mandal.

state of	-	Andhra Pradesh
district in	-	chittoor
The population of	-	30,307(2011) – 33,338 (2018 approx)
Total village	-	17
Total of household-		7280
Total of male	-	15,231
Total female	-	15076
Total of workers	-	55.3%
Total of literate	-	60.1%
Total of cultivators	-	16.6%
Total of agriculture laubor	-	24.8%

### Climate

The minimum temperature hovers between 12 and 28 degrees all round the year. The climate here varies seasonally and is invariably moderate which makes the inhabitants uncomplaining.

### Education

The primary and secondary school education is imparted by government, aided and private schools, under the *School Education Department* of the state. The medium of instruction followed by different schools are English, Telugu, & Urdu.

### Primary Health Care:

- In 1997, the government of India had launched a rural health mission, based on the principle of "placing the people health in people hands.
- Primary health centers are the corner stone of rural health services.
- It acts as a referral unit for 6 sub centers and refers out cases to central health center.
- It covers a population of 30,000 in plain area and 20,000 in hilly and tribal area.
- There are 4-6 beds for patients and some diagnostic facilities are also available.
- In 1953, recommended for establishment of primary health center is for 1, 00,000 population with little or no community involvement.
- Poorly staffed and equipped, inadequately for covering the population.
- Primary health centers, sometimes referred to as public health centers.
- They are essentially single –physician clinics usually with facilities they are part of minor surgeries, too.

The Government –Funded Public Health System in India and Are The most basic unit of This System. There Are 1, 48,124 Primary Health center In India.

A Focus Apart of from the Regular Medical Treatments, Primary Health centers In India Have Some special Focuses.

The Primary Health centre Occupies A Key Position In The Nation's Health care System It Provide An Integrated curative And preventive Health care To The Rural Population With Emphasis on Preventive And Pro-motive Aspects of Health care .

### Public Health Administration:

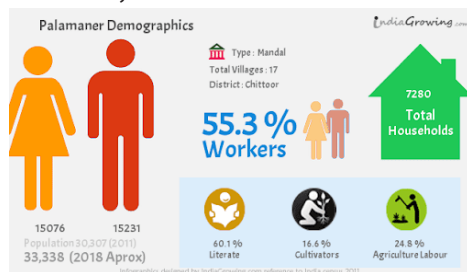
A systematic public health administration was introduced under British rule in the country. the British rulers appointed several committees and enacted a number of act in order to develop the system.

The following are some of the important act and committees related to the health administration in India in the pre and post independence era.

- The quarantine act (1825) was the first enacted for the purpose of improvement of people suffering from communicable diseases.
- A public health committee was the appointed in 1864, for surveying the public health needs of Bengal, madras and Bombay presidencies.
- The birth and death registration act (1873) was introduced to have a record of birth and deaths.
- The vaccination act was passed in (1880).
- The subject "public health and medical relief included in the transferred subjects of the state list under montage chums ford (1919).

#### Primary Health Centre Service:

- 1) Medical Care 24x7.
- 2) Maternal And Child Health Care Including Family Planning.
- 3) Medical Termination of Pregnancy.
- 4) Management Of (RTI) And (STI)
- 5) Nutrition Services.
- 6) School Health.
- 7) Adolescent Health Care.
- 8) Promotion Of Safe Drinking water And Basic Sanitation.
- 9) Prevention And Control Of Locally Endemic Disease.
- 10) Health Education and Behaviour Chang Communication.
- 11) Other National Health Program.
- 12) Collection and Reporting Of Vital Events.
- 13) Referral Service
- 14) Training.
- 15) Basic Laboratory Services.



#### Study of the Palamaner Primary Health Centre.

The Study Of Profile Is A Primary Health Care Center In Palamaner. There Is founded Of British Period Chirstian Missionary In 18<sup>th</sup> Century .There Is A Started Of Simply In A 10 Beds It One Room And Only One Doctor Two Nurse And One Of The Attender In Primary Health Care Center In Palamaner.

The After Independent In Andhra Pradesh Government Chief Minister Y, S. RAJASHEKAR REDDY In 2005 Development Of The 50 Beds It Primary Health Care Center In Palamaner .The President Total Of A Palamaner Mandal Famous Of Primary Health Care Center.

1994- Spotted View –More Editions Hospital/Primary Health Care Center 68/Q 37 Punganur. Dispensary/Maternity and Child Welfare Center +/A38 Chowdepalli. 039 Somala\* 40 sadom 58 Plamaner No.

The Primary Health Care Centres Some Time Referred To As Public Health Care Center In Andhra Pradesh State – Owned Rural Health Care Facilities In Andhra Pradesh. They are Essential Single – Physician Clinics Usually with Facilities for Facial Program Focus.



#### FUNCTION OF PRIMARY HEALTH CARE CENTER:

The function of Primary Health Care Provision Of Medical Care Maternal Child Health Including Family Planning Safe Water Supply and Basic Sanitation Prevention and Control of locally disease collection and reporting of Vital Statistics Education about National Health Program, as relevant referral Services.



#### PRIMARY HEALTH CARE CENTER PROGRAMS:

Immunization for New Born Under the National Immunization Programs in Urban Level. Dispensed Through The Primary Health Care Center.

#### ANTI-EPEDEMIC PROGRAMS:

The Primary Health Care Centre as the Primary Epidemic Diagnostic and Control for the rural India whenever b Local epidemic Break out the system's Doctor are trained for diagnosis. They Identify Suspected case and refer for Further Treatment.

#### BIRTH CONTROL PROGRAMS:

Services under The Nation to rural Birth Control Programs Are Dispensed Through The Primary Health Care Center. Sterilization Surgeries Such as Done here these services are Fully Subsidies.

#### EMERGENCIES PROGRAMS:

All the Primary Health Care Center Store Drugs for Medical Emergencies Which Could be Expected in rural areas.

For Example: Anti venoms for Snake Bites, Rabies Vaccinations, Etc.

#### PREGNANCY TEST PROGRAM IN HEALTH CARE PALAMANER:

1. Helps in identifying Complication of Pregnancy one Time and Their Management.
2. Ensures health out Comes for the mother and her baby.
3. Necessary For Well –Being of Pregnant Woman.

#### SUPPLEMENTATION DURING PREGNANCY:

1. Folic Acid Tab 400 UG Daily in 1st Trimester.
2. Iron Folic Acid tab Daily From 14 Weeks on Wards
3. For Anemic Women ,Iron Folic Acid tab twice daily

#### REGISTRATION AND 4 MINIMUM ANTENATAL CHECKUPS:

##### During pregnancy And More If Indicated

REGISTRATION & 1 <sup>st</sup> ANTENATAL CHECKUP	In First 12 Weeks Of Pregnancy
2 <sup>nd</sup> Antenatal Checkup	Between 14 And 26 Weeks
3 <sup>rd</sup> Antenatal Checkup	Between 28 And 34 Weeks
4 <sup>th</sup> Antenatal Checkup	Between 36 Weeks And Term

#### List of PHC & Private Hospital in Palamaner mandal :

The total of 17 government hospital in palamaner mandal and only 15 of the private hospital in palamaner . Th palamaner rural area in hospital of list.

1. S.v.m.hospital -MBT road padmasri theatre old pet Palamaner
2. Government hospital-old pet palamaner
3. Manavita hospital -new pet palamaner
4. SLV hospital -rangapuram palamaner
5. Varalashmi hospital -old pet palamaner
6. Jai bharathama hospital-new pet palamaner
7. Balaji nursing hospital -new pet palamaner
8. Saraswathi hospital -new pet palamaner
9. Basha hospital -new pet palamaner
10. Sha child hospital-old pet CTM road Palamaner

#### IMPLEMENTATION OF WORKING IN PRIMARY HEALTH CARE

##### Implementation:

Primary health care centers guidelines are developed local

guidelines for primary health care centers and counseling in one or more of the following eight task Areas:

- i. Non –pharmacological Treatment of high Blood pressure.
- ii. Treatment follow-up of types 2 diabetes mellitus.
- iii. Diagnosis and Treatment of Depression.
- iv. Treatment and follow-up of high serum cholesterol level.
- v. Counseling on health –enhancing physical activity.
- vi. Counseling on Non –smoking.
- vii. Counseling on stress.
- viii. Counseling on health nutrition.

If the primary health care centers had implemented guidelines, further questions were asked to characterize the implementation process in That particular of Primary health care centers.

The implantation of primary health care center the unit purposefulness was classified as follow:

1. Purpose full- the health center is goals oriented in the adoption of health center it has implemented several health and it has versatile and established methods for their implementation.
  2. Vague purpose –the health center has some experience but vague purpose in the implementation.
  3. Lacking purpose –the health center has no experience or, at best, limited experience and methods in the implementation of primary health care center.
- To ascertain the overall health care delivery mechanism in the target primary health care centers Including op facilities there in.
  - To ascertain the existing basic infrastructural facilities of the primary health care centers in the selected are identify the deficiencies if any.
  - To ascertain overall impact of primary health care centers .service rendered in the district through the primary health care centers.
  - To offer suggestion for improving the existing health care system in the district.

### Working of Primary Health Care Center:

The mainly study on working it primary health care center in palamaner: The primary health care provides medical care to all patient without any discrimination of gender ,cast, or religion.

This primary health care center provides quality of services on the minimum assured services set by Indian public health standards (IPHS).

### Services Available

OPD service	24 hour service	Ayus/ homeopathy	Laboratory	
Laboratory room	x-ray service	Pharmacy	Family welfare service	Referral to higher facility
24 hours emergency and medical	Immunization			

The primary health care center is working on the mainly concept of public health care system in India. The primary health care center working in employee's appointment in state government & district local government. The working of important in primary health care center.

- The working on 24 hours is service in primary health care center.
- The working on a medical facility in 24 hours in primary health care center.
- The working on 24 hours nurse in primary health care center .
- The 24 hours working in emergency time service of primary health care center.
- The ambulance service is 24 hours working on primary health care center .
- The maintenance of cline in 24 hours of primary health care

center.

- The working of Doctor 24 hours in primary health care center.
- The primary health care center is a mainly conducted of public health care programs in are.
- Work with local communities and enrolled population.
- Identify and remove health inequalities.
- Offer access to comprehensive service to improve, maintain and restore service is.
- Develop the primary health care workforce; and
- Continuously improve quality using good information.
- Quality improvement calling for a national framework for quality improvement in primary health care centers .

### INTERNAL ORGANIZATION OF GOVERNMENT TECHCHING HOSPITAL:

The administration organization of the government hospital could conveniently be discussed under six heads.

1. The superintendent
2. The advisory committee
3. The administrative wing (technical)
4. The administrative wing (non- technical)
5. The medical wing
6. The nursing wing

### THE SUPERINTEND:

Every hospital is heads by a superintend , who is appoint by the general administration department (GAD) on recommendation of the health department in which generally seniority and administration of experience will be taken into consideration .as head , the superintend coordinates the multi faceted activities .they are;

- Gives direction to and by acting as a link between the various department and ward.
- Act as liaison between administrations other medical per - medical department.
- Act as the chief spokesman of the hospital deals with the state government and all other external agencies.

The study on palamaner primary health care center problems and analyses in health care.

### 1. General medicine:

The general medicine department brings in patients with various health problems, to our hospital and the mobile clinics as well.

Basic general health problems, it's also takes care of special programs for hypertension, dermatology, mother & child care etc.

A-24 hour's emergency service is available for cardiac cases, poisoning, snake bites, accident victims and other emergency cases.

General Cases:

Dermatology	-8930
Hypertension	-320
Respiratory	-393
TB	-387
Cardia	-25
Hiv +	-18
Eye	-5347
General	-5026

### 2. Ophthalmology:

Palamaner being economically and socially backward, we at Emmaus swiss referral hospital realized the desperate need for the curable blind.

Emmaus awiss referral hospital has done service major door-to-door and school surveys to detect night blindness , low vision and causative factors such as malnutrition ,diabetes etc in children .

### 3. Laboratory:

With the help of latest equipments the lab at a capable of handing awide rang of testing required for most health conditions.



## PROBLEMS SUGGESTION AND CONCLUSION

### Problems;

#### 1) Shortage of doctors, of specialists in particular:

- At the moment not more than 6 specialists are working in the hospital.
- If you compare this number to the large amount of patients, lack of medical care is inevitable the cause may be that it lies in a remote region.
- It is very difficult to persuade doctors to move to the bush, for away from the capital.
- Low salaries are another problem.

#### 2) Drug supply by the government is not reliable:

- Under normal circumstances, the hospital is provided by the government –run “medical department store” in dare salaam.
- But quite frequently, medicaments are not available at all or only with great delay.
- Therefore the hospital has to buy the necessary drugs in local, private pharmacies to much higher price.

#### 3) Missing budget:

- There is hardly any budget to buy new budget and hospital equipment.
- most devices are therefore outdated.
- as soon as they stop working they cannot be replaced by new ones.

#### 4) Uncertain water –and electricity supply:

- The hospital has four water –drill-holes with ground water pumps.
- In addition, the hospital is connected with the public electricity grid.
- Very often, some time for several hours are even days.
- Power cuts occur.

#### 5) Insufficient laboratory equipment:

- Many devices in the laboratory are very simple and outdated.
- Naturally, this diagnosis of many diseases.

#### 6) Disability care:

The disability prevention & medical rehabilitation (DPMR) program was begun in Feb 2007. In the first stage, training programs were conducted at different intervals in the 3 districts of Chittoor, Ananthapur & Kurnool of Andhra Pradesh.

### SUGGESTIONS:

- There are no specialist doctors in the hospital they should be appointed in specialist doctors in primary health care center.
- Departments like radiology scanning, etc, should be introduced in primary health care center.
- Proper medicines are not available in the hospital so patients are forced to buy costly medicines from outside.
- State government should provide costly medicines in primary health care center.
- As long as the doctors in government hospital do their duty for public utility & wholeheartedly they will win the hearts of poor people.
- The doctors not working in 24 hours primary health care center.
- The government should provide hospital equipments for the Primary health centre.

### CONCLUSION:

Primary health care is a vital aspect in rural health care delivery system. Therefore, the study analyzed various factors that contribute to the primary health care centre's performance.

It can be concluded that reliability in a PHC's delivery, providing infrastructure facilities, involvement of and coordination with community participation are influencing the performance of primary health care services. The study also attempted to identify the factors influencing rural health care delivery services and concluded that lack of effective delivery services in primary health

care, on various aspects of health care in rural areas of Andhra Pradesh and most of them have pointed out that those deficiencies in vital resources and poor coordination in administering the levels of staff required are having an adverse effect on the primary health network. Insignificant impact on the rural health care delivery services.

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