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RURAL HEALTH INFRASTRUCTURE IN INDIA – AN ANALYSIS

Dr. Manjuprasad C Guest Faculty, DoS in Economics and Cooperation,Manasagangotri, University of Mysore, Mysore.

Dr. S. M. Basavaraju* Associate Professor, DoS in Economics and Cooperation,Manasagangotri, University of Mysore, Mysore. *Corresponding Author

ABSTRACT This paper examines the rural infrastructure of India is in a very sad state of affairs. Although the government initiated National Rural Health Mission Programme (NRHM) aims to bring qualitative and quantitative changes in the rural infrastructure, however the goal to provide a universal access to healthcare facilities remains a distant dream in rural India. Health infrastructure is an important indicator for understanding the health care policy and welfare mechanism in a country. In this context the present study was carried out with the objective of assessing to examine the Status of Rural Health Infrastructure in India, to study the Health Centres Functioning of Five Year plans in India and to analyse the current status of rural infrastructure and facilities available of health care services in rural health centres in India.

KEYWORDS : Rural, Health, Infrastructure, Centres, Facilities.

INTRODUCTION

Good health is an important determinant of economic growth and a component of well-being of the population. The performance of the nation's public healthcare system and the importance of health as a means to enhance economic growth and development of a nation have received widespread attention in recent decades. Improving the health status of the population has become a forefront agenda of most developing countries for a very long time (WHO, 2000). Health is no longer viewed as an end product of the development process, but an important contributorto the development of a nation. The linkages between health, a productive workforce, poverty reduction, and development have been well recognised.

This necessities the need for the existence of a strong and efficient public healthcare system which is not only an important determinant of an individual's health but the health of population as a whole. Therefore,The tasks laid down before every government are addressing the issues related to good health a strong and efficient health care system to deliver the objectives and thus achieving the end result which is improved health of the population and economic development.

Infrastructure has been defined as the basic services or social capital of a country, or part of it, which make economic and social activities possible" (Rutherford, 2002). Its components may directly protect the health of the individuals, such as public sanitation systems or they may indirectly support the activities that protect and promote the health of a population. Thus, the physical health infrastructures are looked upon as formal and tangible structures that support the health system. Since health is a basic universal and fundamental right, the distribution of health resources is also important both in terms of quantity and quality (Goel, 2009).

Health infrastructure is an important indicator for understanding the health care policy and welfare mechanism in a country. It signifies the investment priority with regards to the creation of health care facilities. India has one of the largest populations in the world; coupled with this wide spread poverty becomes a serious problem in India. The country is geographically challenged; this is due to its tropical climate which acts both as a boon and a bane, a Sub Tropical Climate is conducive to agriculture however it also provides a ground for germination of diseases. Due to a cumulative effect of poverty, population load and climatic factors India's population is seriously susceptible to diseases. Infrastructure has been described as the basic support for the delivery of public health activities. Five components of health infrastructure can be broadly classified as: skilled workforce; integrated electronic information systems; public health organizations, resources and research. When we talk about health infrastructure we are not merely talking about the outcomes of health policy of a particular country, but the focus is upon material capacity building in the arena of public health delivery mechanisms.

Need To Strengthen Rural Health Infrastructure

The rural infrastructure of India is in a very sad state of affairs. Although the government initiated National Rural Health Mission Programme (NRHM) aims to bring qualitative and quantitative changes in the rural infrastructure, however the goal to provide a universal access to healthcare facilities remains a distant dream in rural India. Under the NHRM some steps have been taken for the transformation for rural health infrastructure, and undoubtedly some changes have been ushered in. NRHM provides different standards of healthcare institutions at different levels, namely Community Healthcare Centre (CHC) for a population of 80,000 to 120,000 people; a Primary Healthcare Centre (PHC) for a population of 30,000 (20,000 in hilly areas); and sub-centres at the lowest for a population of 5,000 people (2,000 in hilly areas). At the ground level it has been realized that the funds which have been created for the NHRM are hardly sufficient to meet its stated objectives namely to provide affordable, equitable, and good quality healthcare service to rural poor.

There are also variations in the levels of implementation of NHRM; it has been observed that those states which have a good infrastructure even before the inauguration of NHRC, are implementing the NHRM in a better way with regard to utilization of funds, and other are lagging behind. Uttar Pradesh has been provided around one third of the total allocation of NHRC, but unfortunately around 40 per cent of this allocation has remained unutilized by the state government46. Moreover in most of the states there is lack of detailed data with regard to the utilisation of finances under NHRM, and their consequent impact in improving the delivery of health care services, which makes it extremely difficult to assess the success or failure of NRHM. There have also been cases of grave mismanagement and irregularities in the implementation of NRHM as like non-appointment of personnel.

The impact of the success of NRHM mission is accessed only through the deployment of healthcare personnel and by establishing medical care centre at different levels, but this criteria is faulty as it does not tell us the impact of NHRM on the poor people; to know the ground reality we have to access the impact of the infrastructure created by NHRC in terms of the reduction of medical expenses bared by people. It has been reported that most of the Indians spend around 70 per cent of their out of pocket income on medicines and healthcare services, hence to bring substantial changes in the health infrastructure, the government must strive to reduce the expenditure on healthcare. It has been argued by K S Jacob (Faculty, Christian Medical College, Vellore) that greater financial inputs for governance and a coordinate approach between the NRHM and state medical services is crucial for the improvements in health infrastructure.

NRHM, even with all its inherent lacunae, has proved to an extraordinary tool to improve the rural health, although the programme would end in 2012. If the programme is not extended by the Union Government it would be too much to expect from the state government to continue the schemes which have been started under the NRHM, and maintain the infrastructure created under it. Therefore it is imperative that the central government must not stop the funding for the NHRC; it must continue through the 12th five year plan, and further. The central government must focus on the integration of the state health services, NHRC, and other related schemes/programmes. There is greater need for continuous monitoring of the implementation of plans and utilisation of funds allocated. Moreover the central government must also focus on some issues of the non-medical expenditure, which are nevertheless related to the good health of citizens as like making people aware about the hygienic practices, sanitation, cleanliness; creation of infrastructure for availability of safe drinkable water for rural India, etc.

Objectives And Methodology Of The Study

The present study was carried out with the objective of assessing toexamine the Status of Rural Health Infrastructure in India, to study the Health Centres Functioning of Five Year plans in India, and toanalyse the current status of rural infrastructure and Facilities available of health care services in rural Health Centres in India. In this direction, the study made use of secondary data and data has been collected from the various literature has also been gathered from Ministry of Health and Family Welfare Statistics Division 2015,published articles, books and other government reports.

ANALYSIS AND DISCUSSION

Status Of Rural Health Infrastructure

The rural health-care infrastructure in India has been developed as a three tier system with Sub-Centre (SC), Primary Health Centre (PHC) and Community Health Centre (CHC) being the three pillarsof Primary Health Care System. The establishment of these health centres is based on the population norms of 5000 per Sub- Centre, 30000 per PHC and 120000 per CHC in Plain areas and, 3000 per Sub-Centres, 20000 per PHC and 80000 per CHC in Hilly/Tribal/Desert areas. Further, there will be six Sub-Centres per PHC and four PHCs per CHC (GOI, 2011). The growth of these health-care institutions, especially growth of the Sub-Centres is a prerequisite for the overall progress of the entire system.

The sub centre's is the most peripheral and fist contact point between the primary health-care system and the community. Sub-Centres, manned by one Auxiliary Nurse Midwife (ANM)/Female Health Worker and one Male Health Worker (and one additional second ANM under NRHM), are expected to provide services in relation to maternal and child health, family welfare, nutrition, immunization, diarrhea control and control of communicable diseases programmes.

The PHC is the first contact point between village community and the medical officer. A PHC manned by a medical officer and 14 paramedical and other staff, acts as a referral unit for 6 Sub-Centres andhas 4 to 6 beds for patients. PHCs are envisaged to provide an integrated curative and preventive health-care to the rural population.

The third layer of India's rural health-care system is CHC. A CHC, manned by four medical specialists (i.e. Surgeon, Physician, Gynecologist and Pediatrician) and 21 paramedical and other staff, acts as the referral centre for four PHCs and also provides facilities for obstetric care and specialist consultations. It has 30 in-door beds with one Operation Theatre, X-ray, labour room and laboratory facilities.

Table 1: Health Centres Functioning Of Five Year Plans In India

Five Year plans	Sub Centres	Primary Health centre's	Community Health Centres
Sixth Plan (1981-85)	84376	9115	761
Seventh Plan (1985-90)	130165	18671	1910
Eight Plan (1992-97)	136258	22149	2633
Ninth Plan (1997-2002)	137311	22875	3054
Tenth Plan (2002-2007)	145272	22370	4045
Eleventh Plan (2007-12)	148366	24049	4833
Twelth Plan (20012-March 2015)	153655	25308	5396

Source: Ministry of Health and Family Welfare Statistics Division, GoI.

Table 1 gives that the number of Sub Centres functioning over the years revealed that at the end of the Sixth Plan (1981-85), there were 84,376 Sub Centres, which increased to 1,30,165 at the end of Seventh Plan (1985-90) and to 1,48,366 at the end of Eleventh Plan (2007-2012). 1,53,655 Sub- Centres were functioning in the country as on 31st March, 2015.Similar progress can be seen in the number of PHCs which was 9115 at the end of Sixth Plan (1981-85) and almost doubled to 18671 at the end of Seventh Plan (1985-90). Number of PHCs rose to 24049 at the end of Eleventh Plan (2007-2012). As on 31st March, 2015, there were 25,308 PHCs functioning in the country. A number of PHCs have been upgraded to the level of CHCs in many States. In accordance with the progress in the number of Sub Centres and PHCs, and the number of CHCs has also increased from 761 at the end of Sixth Plan (1981-85) to 1910 at the end of Seventh Plan (1985-90) and 4833 at the end of Eleventh Plan (2007-2012). 5,396 CHCs were functioning in the country as on 31st March, 2015.

Table2: Number of Sub Divisional Hospital, District Hospital & Mobile Medical Units Functioning up to 31st March, 2019

Type of Hospitals	Number of Hospitals in all India
SubDivisionalHospital(SDH)	1234

DistrictHospital(DH)	756
MobileMedicalUnits(MMU)	1415
MedicalColleges	240

Source: Ministry of Health and Family Welfare Statistics Division, GoI. 2018-19

Table 2 stated the number of Sub Divisional Hospital, District Hospital & Mobile Medical Units functioning in India end of 31st March, 2015. Sub divisional hospitals is 1234, district hospital is 756, and 1415 mobile medical units located and 240 Medical Collegesin India.

Table3: Status Of Building For Health Centres Up To 31st March, 2019

HealthCentres	Government	Rented	Rent-free/Panchayat Vol.Society Buildings	Buildings Under Construction	Buildings required1tobe constructed	Total
Sub Centres	118600	26770	12041	12041	6968	157411
Primary Health centre's	23497	699	659	997	885	24855
Community Health Centres	5299	5	31	354	5	5335

Source: Ministry of Health and Family Welfare Statistics Division, GoI. 2018-19

Table 3 gives the status of buildings for Sub Centres, PHCs and CHCs, respectively, in 2019. As may be seen, numbers of Sub Centres functioning in the government buildings has 118600 in end of March 2019. Similarly, numbers of PHCs functioning in government buildings has 23497 in end of March 2019. And the numbers of CHCs in govt. buildings has 5299 in end of March 2019.

Status of Facilities Available in Health Centre's up to 31st March, 2015

Along with the progress in health centres, facilities available in the health centres are another important dimension of the health-care system.

Table 4: Facilities Available at Sub Centres

Facilities Available	**Number of Sub Centers**
Number of Sub Centres with ANM Quarter	88502
Number of Sub Centres with ANM living in Sub Centres Quarter	49576
No. of Sub Centres Functioning as per IPHS norms	5076
Without Regular Water Supply	28309
Without Electric Supply	39286
Without All-Weather Motorable Approach Road	17151

Source: Ministry of Health and Family Welfare Statistics Division, GoI. 2018-19

Table 5: Facilities At Primary Health Centres

Facilitiesavailable	Number of Primary Health Centres
With Labour Room	11979
With Operation Theatre	6064
With at least 4beds	12760
With Telephone	9476
With Computer	12704
Without Electric Supply	795
Without Regular Water Supply	1358
Without All-Weather Motorable Approach Road	1355
Referral Transport	9373
Registered RKS	14299
No.of PHCs Functioning as per IPHS norms	1372

Source: Ministry of Health and Family Welfare Statistics Division, GoI. 2018-19

Table6: Facilities Available At Community Health Centres

Facilitiesavailable	Numberof CommunityHealth Centres
With all four specialists	378
With computer/ StatisticalAsst. for MIS/ Accountant	4702
With functional Laboratory	5133
With functional O.T.	4453
With functional LaborRoom	5052
With functioning Stabilization Units for NewBorn	2344
With NewBorn Care Corner	4639
With at least 30beds	4210
With functional X-Ray machine	2923
With quarters for specialist Doctors	2983
With specialist Doctors living in quarters	2010
With referral transport available	4891
With registered RKS	4852
Functioning as per IPHS norms	1165
All opathic drugs for common ailments	5051
AYUSH drugs for common ailments	3364

Source: Ministry of Health and Family Welfare Statistics Division, GoI. 2018-19

Facilities available in the health centres are another important dimension of the health-care system. Table 4, 5 and 6 reports the various facilities available in the health centres in the India as on 2019.

CONCLUSION

It is found that Good health is an important determinant of economic growth and a component of well-being of the population. Health infrastructure is an important indicator for understanding the health care policy and welfare mechanism in a country. The rural infrastructure of India is in a very sad state of affairs. Although the government initiated National Rural Health Mission Programme (NRHM) aims to bring qualitative and quantitative changes in the rural infrastructure, however the goal to provide a universal access to healthcare facilities remains a distant dream in rural India. The rural health-care infrastructure in India has been developed as a three tier system with and Community Health Centre (CHC) being the three pillars. The number of Sub Centres, PHC and CHCs functioning over the five year plans has increased in the country as on 31st March, 2015. The status of buildings for Sub Centres, PHCs and CHCs were highest located in govt. buildings end of March 2019. And compared to Sub-Centre and Primary Health Centres health facilities the Community Health Centres provide good health facilities in India.

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