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ACCESSING PRIMARY HEALTH CARE IN RURAL AREAS OF MANIPUR

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ABSTRACT Accessing healthcare service at different levels are still a very tough challenges to the government as well to health activists particularly at rural. Proving health services are influenced by different factors, but gap between infrastructure and facilities provided can be considered as one of most important.

The objectives of this research study are to map the current healthcare status comprehensively, prioritize the challenges or gaps based on the relative impact on access, and provide a roadmap to guide future improvements.

It is necessary to highlight the problem at different level that hampers the service of primary health care at rural areas. This study will help us in finding out some basic remedies to provide better service.

KEYWORDS : Primary Health, Community Health Centre, infrastructure, National Rural Health Mission, Rogi Kalyan Samity

Introduction

Healthcare service has become very crucial with the increasing in number of communicable and non-communicable diseases worldwide. Mother and Child healthcare are also an important area of concern where services are needed by the community, particularly at the rural areas.

The study of primary health care is vital in providing care of underserved communities for everyone, regardless of their ability to pay. Expanding healthcare access is a critical priority for the Government of India and private sector is also taking an important role in this sector. Yet the gap between the aspiration - of providing quality healthcare on an equitable, accessible and affordable basis across all regions and communities of the country has become more apparent as compared with the reality. India has made significant progress

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Accessing Health Care

Healthcare access, for the purposes of this study, must be defined with reference to the population of India. In this regard four dimensions have been considered. They are Physical accessibility, Availability of service to the patient, Quality of the healthcare and Affordability of treatment by the patient.

When one of these components is missing, a patient is unlikely to receive appropriate healthcare service. A few major needs are to be discussed and analysis may be made for a better outlay of this study:

The physical accessibility of public or private healthcare facilities is a challenge in rural areas. But in urban areas, accessibility is less challenging due to availability of more facilities. As per the commitment of the NRHM to improve public health services, one of the core strategies has been to strengthen PHCs and Community Health Centres (CHCs) to meet the level of Indian Public Health standard. Even though a well structured rural health care system exists in the country, the health care sector in the rural areas of NER suffers from inadequate physical infrastructure as well as essential facilities and well trained manpower (Saikia, D. 2014).

Sankar and Kathuria (2004), pointed out that one of the foremost problems plaguing the Indian health system were the persistent gaps in manpower and infrastructure. The wide interstate disparities at the primary health care level affect the rural people to a large extent.

Status of Health Infrastructure in Manipur

With the inception of NRHM, the numbers of health infrastructure are considerably increased. But while comparing to all India level average, it is still going behind. Table No. 1 indicate the progress in health centres in Manipur. The figure in parenthesis represents number of SCs per each PHC and number of PHCs per each CHC.

Table No. 1: Progress of Health Centres in Manipur

States	March 2005			March 2011		
	SC	PHC	CHC	SC	PHC	CHC
Manipur	420 (5.8)	72 (4.5)	16	420 (5.3)	80 (5.0)	16
All India	146026 (6.3)	23236 (7)	3346	148124 (6.2)	23887 (5.0)	4809

Sources: Bulletin on Rural Health Statistics in India, 2011

India has made significant progress in health care infrastructure, but the improvement has been quite uneven across the regions with large scale inter-state variation. Further, accessibility to health care services is extremely limited to many rural areas and backward regions. While about 70 percent of India's population lives in rural areas, only 20 percent of hospital beds are located in rural areas (Bhandari and Dutta, 2007)

An increasing proportion of the population is using private healthcare facilities for both inpatient and outpatient treatments. Time consuming and absence of diagnostic facilities are among the main reasons why private healthcare facilities are chosen over public centres for inpatient treatment. For outpatient treatment, the availability of doctors and quality of diagnostic and testing facility are cited as reasons for selecting a private healthcare facility. However, patients would readily switch to public healthcare centres if these issues were well addressed. In order to address the problems of inadequate laboratory facilities at PHCs, states like Bihar and West Bengal have entered into public private partnerships to provide laboratory services. However, any kind of public private partnership for core services like laboratory services defeats the very purpose of strengthening medical care in PHCs and thus strengthening public health services. One of the basic assumptions for entering into partnership is the explicit acknowledgement of the inability of the public sector to render those services.

Several evaluation of the NRHM has identified the strength of the Rogi Kalyan Samity (RKS) as a means to empower PHCs. With reference to NRHM Govt. of India, one of the major strengths of RKS is its ability to generate funds. Inevitably, this has to the criticism that these funds are inadequate and sometimes used irrationally. It was found that

during the initial years, the funds were not adequately utilized.

The cost of treatment at a public healthcare facility is much more affordable than at a private centre. However, due to lack of physical accessibility, availability of quality treatment and other practices, patients are forced to use more expensive private facilities. In overall, there are significant challenges in healthcare access which are still continue to exist for the Indian population, especially in rural areas.

Sheikh (2012) argue that major health problems in rural areas are Lack of health care facilities and about 80% are concentrated in urban areas where only 20% of the population resides, resulting in gross unavailability of health care support in the rural area and unavailability of health care staff in the place of posting has been a major challenges in the primary health care of rural areas in Manipur.

Conclusion

It is the responsibilities of not only the government but also for the general public to facilitate health care service in rural areas. In this regards the role of health activists cannot be under estimate. From this study it has come to our knowledge that there is a wide gap between public and health infrastructure. With the substantial contribution of these health activist these gap can be filled up and problems of poor rural people can be reduced.

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