ORIGINAL RESEARCH PAPER

Economics

A PICTURE OF PRIMARY HEALTH CARE CENTERS AT S.B.S NAGAR

KEY WORDS: Primary Care, Primary Health Center, Accessibility, 24*7 hours, OPD.

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ABSTRACT

Primary health care is the first level of contact between a doctor and a patient. The primary health care approach can affect the health care system and development of communities in many ways. First, primary health care general can be defined as the immediate and often continuing-medical and health management of a child, adult-like a family when the patient first presents to the formal health care system. Second, primary health care services must be shared equally by all people irrespective of their ability to pay. Rich or poor/ rural or urban must have access to health services. The study evaluates the performance of primary health centers (PHCs) at S.B.S Nagar district of Punjab. The main aim of the study was to check the functioning of the PHCs. The data shows that 94% of the PHCs were serving rural areas. The majority of the PHCs were under 10 km from the farthest village. Nearly 18% of the PHCs were facing an overpopulation burden. The state government should take steps to create such infrastructure in these health care institutions so that these institutions can meet the health care needs of present and future generations. The state government should allocate more public funds to the health care sector.

1. Introduction

The rural health delivery system in India is mainly based on primary health care, which envisages the attainment of better health status for all. Being holistic, it aims to provide preventive, promote curative and rehabilitative care services (Singh, 1991). A country's population is healthy only if the people are physically, mentally, and intellectually healthy. A healthy mind and proper intellectual level will help proper manpower that is suitable for economic development. In India, health care is entirely a government role in rural areas; however, in the urban areas both public and private health centers exist side by side. The health services offered by the health centers should be well-thought-out in such a way that makes sure the health needs of the total population.

In rural areas, PHC is the first level contact point linking rural population and the medical officer for primary health care facilities. In India, as per the government norms a PHC is manned by a medical officer supported by paramedical staff and other staff including nurse and pharmacists, laboratory technicians, health educators, clerk, driver, class four, etc. It acts as a referral unit for 6 sub-center and should have 4 -6 beds for indoor patients service. Primary health care is not only building a disparity on the local level, it is having a collision on health care plans at the national and international levels with 24*7 hours services.

2. Database, Sampling, and Methodology of Study

The study is primarily based upon the primary data, which was collected from the rural S.B.S Nagar district of Punjab. The primary data have been generated through the census survey conducted from June 2019 to August 2019 by visiting all 17 PHCs located in S.B.S Nagar district through a well-structured questionnaire-cum-schedule. Along with the primary data, some secondary data were also used to build a support base for the study.

3. Health Care Facilities in Rural SBS Nagar District

Presence of good physical infrastructure is an important variable that may affect utilization of primary health services. The study shows that there were 211 public health institutions (Table 1) in the district out of which 92 sub-centers, 3 health and wellness centers (HWCs), 95 subsidiary health centers, 4 PHCs, 13 HWCs PHCs, 2 CHCs, one sub-divisional hospital, and one district hospital. There were 350 beds in health institutions of the district and out of 350 beds, 150 beds were only in two hospitals sub-divisional hospital and district hospital which were located in urban areas. So in a rural area, there were 200 beds out of which 16 beds were in PHCs and 124 beds in HWCs PHCs, 60 beds were in CHCs.

Table 1: Number of Public Health Institutions in S.B.S Nagar District, 2019

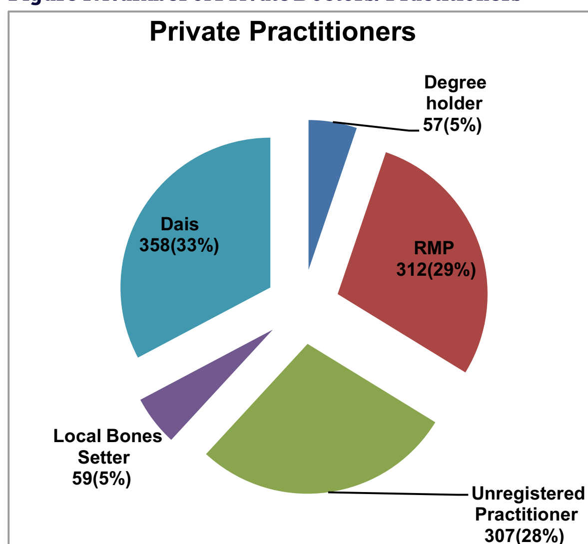
Centers	Number	Location	Bed
Sub-centers	92	Rural	-
HWCs Sub Center	3	Rural	
Subsidiary Health Centres	95	Rural	0
PHCs	4	Rural	16
HWCs PHCs	13	Rural	124
CHCs	2	Rural	60
Sub Divisional Hospital	1	Urban	50
District Hospital	1	Urban	100
Total	**211**	**-**	**350**

Source: Statistical Abstract of Punjab, 2019 and Rural Health Statistics 2019.

Number of Private Doctors/Practitioners

Figure 1 shows the number of private doctors/practitioners in rural S.B.S Nagar. The data revealed that there were 1093 private doctors/practitioners in the rural S.B.S Nagar out of which 57-degree holder practitioners, 312 RMP, 307 Unregistered Practitioners, 59 local bones setter, and 358 dais were serving the population.

Figure 1: Number of Private Doctors/Practitioners

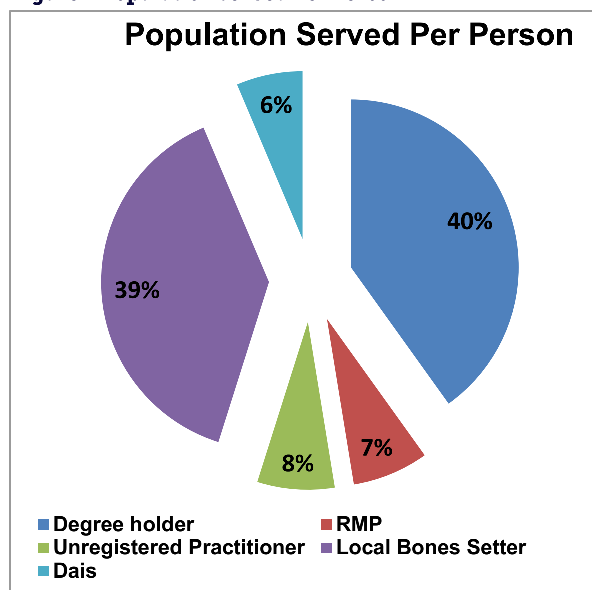


Source: Calculated from Village Directory 2018-19.

Further, figure 2 reveals that degree holder doctor/s were 57 population served per degree holder was 8542 people. Population served per RMP was 1561 people. Population

served per Dai was 1360 people, per unregistered practitioners 1586 people and per local bones setter 8252 people.

Figure2: Population Served Per Person

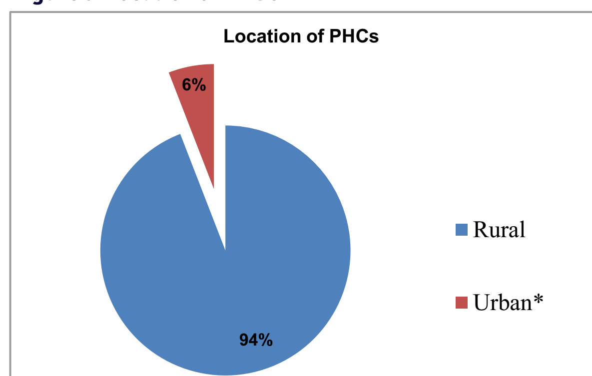


Source: Calculated from Village Directory 2018-19.

4. Location and Accessibility of Sampled PHCs in Rural SBS Nagar

An analysis of data (figure 3) indicated that 16 PHCs (94.12 percent) were located in the rural areas, whereas only one PHC (5.88 percent) was located in the urban area. Further, in case of distance of PHC, (Table 2) from the farthest village there were 9 PHCs (52.94 percent) which were located at less than 10kms, 3PHCs (17.65 percent) were located at 11 to 20 kms, 3 PHCs (17.65 percent) were at 21 to 30 kms, 1 PHC (5.88 percent) at 31 to 40 kms and remaining 1 PHC (5.88 percent) was located at more than 40 kms from the farthest village.

Figure 3: Location of PHCs



Source: Primary Survey

Regarding the travel time to reach the PHC from the farthest village, there were 2 PHCs which were at less than 10 minutes, 7 PHCs were at 11 to 20 minutes, 4 PHCs (23.53 percent) were at 21 to 30 minutes and the remaining 4 PHCs were located at more than 40 minutes distance.

Table 2: Accessibility of Sampled PHCs in Rural SBS Nagar District

Distance of PHC from the farthest village in (Km)		
Less Than 10	9	52.94
11 To 20	3	17.65
21 To 30	3	17.65
31 To 40	1	5.88
More Than 40	1	5.88
Travel time to reach the PHC from the farthest village in (minutes)		
Less Than 10	2	11.76
11 To 20	7	41.18
21 To 30	4	23.53
31 To 40	-	-
More Than 40	4	23.53

Source: Primary Survey

5. Population served by the PHCs

As per the government norms, every PHC in a plain area should serve a population of up to 30000. The data showed that 2 PHCs (11.76 percent) covered population less than 20000, 8 PHCs (47.06 percent) covered 20000-25000 people, 4 PHCs (23.53 percent) served 25000 to 30000 people, 2 PHCs (11.76 percent) covered 30000- 35000 people and 1 PHC (5.88 percent) covered 35000-40000 population. So data clearly showed that 17.64 percent PHCs are serving more than 30000 which shows the overburden of population on PHC's staff.

Table 3: Population Covered by PHCs (in thousands)

Population	PHC (Number)	Percentage
Less than 20000	2	11.76
20000-25000	8	47.06
25000-30000	4	23.53
30000-35000	2	11.76
35000-40000	1	5.88

Source: Primary Survey

6. Availability of Basic Health Care Facilities

Further table 4 revealed the basic health care services available at PHCs. The data shows that the performance of PHCs was not good at providing services. Only 3 PHCs (17.65 percent) have 24*7 hours of services. All the PHCs have OPD service. Only 3 PHCs (17.65 percent) have emergency services with them. 8 PHCs (47.06 percent) has referral service. 6 PHCs (35.29 percent) have inpatient service. All the PHCs were providing primary management of wounds.15 PHCs (88.24 percent) were providing primary management of fracture.13 PHCs (76.47 percent) do minor surgeries like draining of abscess etc., 14 PHCs (82.35 percent) do primary management of poisoning and burns.

Table 4: Basic Health Care Services Available at PHCs in SBS Nagar District

Variable	PHC	Percentage
24*7 Hours Service		
Available	3	17.65
Not Available	14	82.35
OPD Service	17	100.00
Emergency Service	3	17.65
Referral Service	8	47.06
In-Patient Service	6	35.29
Primary Management of Wounds	17	100.00
Primary Management of Fracture	15	88.24
Minor Surgeries like Draining of Abscess, etc.	13	76.47
Primary Management of Poisoning	14	82.35
Primary Management of Burns	14	82.35

Source: Primary Survey.

7. Main Conclusions and Public Policy Suggestions

The study reveals that 94% of the PHCs were serving rural areas. The majority of the PHCs were less than 10 km from the farthest village. Nearly 18% of the PHCs were facing an overpopulation burden i.e. they were serving more than 30,000 people. Further regarding the basic services the results were not satisfactory. Only 17.65 percent PHCs were providing the 24*7 hours service which put a question mark

on the health delivery system of other PHCs. Because non-availability of 24*7 hours service lowers the accessibility of health services for rural people and they had to travel to long distance in an emergency in the evening or night time. Further inpatient service was available in 35.39 percent. So study shows that the performance of the PHCs was poor. They were not fully providing the basic services to people.

Since the physical infrastructure of the PHCs is a very important factor for better delivery of health services, adequate measures must be taken to raise physical facilities of good quality in these PHCs/CHCs. The state government should take steps to create such infrastructure in these health care institutions so that these institutions can meet the health care needs of present and future generations. The state government should allocate more public funds to the health care sector. Immediately, raise the financial allocation to the public health sector to at least 1.50 percent of the state's income and subsequently raise it 2.00 percent in the next year and 3.00 percent in the next year. The Punjab government should focus on promoting more effective utilization of already created public health infrastructure. Health policy should also give due care to the curative aspects along with the preventive aspects.

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