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Functioning And Problems Of Primary Health Centers In Pandharpur Tahsil Of Solapur District

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Abstract: The study is intended to find how the primary Health Centers in the Pandharpur tahsil of solapur district are functioning and to reveal their problems and prospects. Functioning are concerning to visit of physician, required facilities, level of service delivery at PHCs etc. Cross-sectional, Observational study done in an all eight PHCs.A total of 35 medical and 50 Para-medical staff were interviewed with per tested questioners. For qualitative data, 100 beneficiaries were selected (100 men, 100 women).Group study and data analyzed by using statistical methods. This study is based on secondary data collected from Public Health department of solapur District as well as Primary source. The study found that non availability of essential facilities, ill- manned behavior of the staff, and absence of adequate man power, long hours wating,Absence of Doctors, on availability of medicine, No lady staff etc.are the some problems facing at PHCs in study area. Health is an essential input for the development of human resource and the quality of life. Disease free nation leads to high level of productivity of human being and so it is an important element can be attained by improving the health and nutritional status of the population. Hence that is necessary to concentrate to rural population.

Present study gives an idea of real situation of Health Care service Delivery and helps to remove problems in Primary Health Center in Pandharpur tahsil of Solapur District and also helps to planners, Health scientists and research scholars. Further, this study has shown that there is a need of policy change regarding working style of PHCs.

Keyword: Health services, PHC, Medicine, Functioning, Facility, Staff.

INTRODUCTION:

In India, Primary Health Centers are the key stone of rural healthcare.PHCs play a vital role as the first level contact between individuals and the health system. Today human resources development through primary health center is become essential issue to geographical epidemiology, medical geography and spatial pattern of health services in rural community. Primary Health Centers are the back bone of the rural health care services in the state or any country. It provides an integrated health services to the rural population.

The concept of Primary Health Center was first introduced by planning committee of Indian national concerns chaired by Jawaharlal Nehru in 1940. The Bhore committee in 1946 gave the concept of to provide as services close to the people as possible and integrated curative and preventive health care to the rural population. The central council of health as its first meeting held in January 1953 had recommended the establishment of primary health centers, community development blocks to provide comprehensive health care to the rural population. Normally in India, a PHC cover a population of 20000 in hilly tribal or difficult areas and a population of 30000 in plains areas with 4-6 indoor/observations beds. It act as referral unit for 6 sub-centers and the higher order public health center located at the sub-district and district level. The Mudaliar Committee (1955), Jungalwalla committee (1965), karther Singh Committee (1973), the shrivastav Committee (1975), and the Bajaj committee (1986) have also highlited the importance of up gradation of PHCs.

Health is an essential input for the development of human resource and the quality of life. Disease free nation leads to high level of productivity of human being and so it is an important element can be attained by improving the health and nutritional status of the ppulation.Hence that is necessary to concentrate to rural population. Hence we selected said research article. The health care services in India are equivalently provided to all, ignoring the caste,colour,creed,and sex.Primary health center are an effective way of delivering health care in the rural areas.

Study Area

Especially tahsil Pandharpur is located at central part of Solapur district. Pandharpur is a famous pilgrim's center in western Maharashtra. The location at any place indicate the absolute and relative location that place. Absolute location of Pandharpur tahsil is in between coordinate 170 40' 30".North latitude and 75019' 36" East longitudes. It covers an area of 1303 sq.km. And nature of area lies mostly rural. According to 2001census Pandharpur tahsil involved 95 villages.

These tahsil bounded by Madha tahsil to north, Mohal to the north-east,Malshiras tahsil to the north-west, Sangola and Mangalwedha lies respectively to the South-

east and South-west of Pandharpur tahsil.Area of Pandharpur tahsil forms the western edge of the Deccan plateau physiography of entire area is evenly often with exposed basalt. Pandharpur tahsil waving a plateau region. The average altitude is 458 meters above the mean sea level.

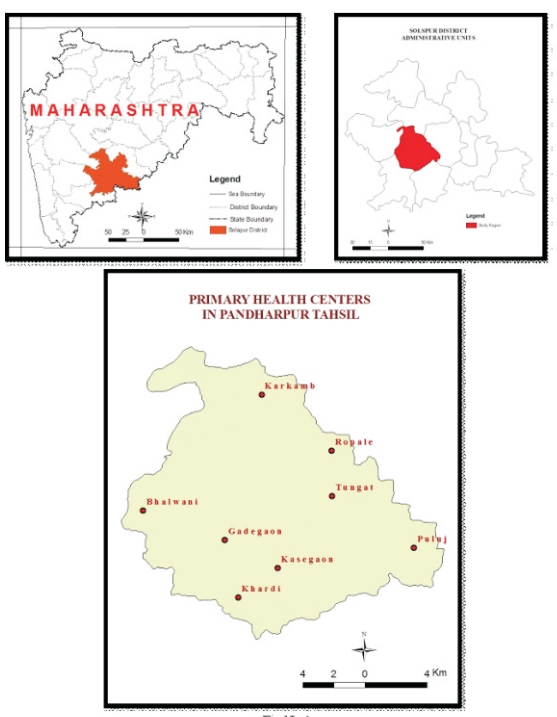

Fig No.1

OBJECTIVES

This study is undertaken in eight primary Health Centers in Pandharpur Tahsil.The objectives of this paper are:

1.To evaluate the functioning and problems of primary health centers in Pandharpur tahsil.

2.To scrutinize community perception concerning the working style of PHCs.

DATA BASE METHODOLOGY

Present study mostly relies on the Primary data collected through PHC Staff, patients, local leader's etc.collected by means of field work, case study, community norms study, participant observation, and interview. Secondary data collected through Public Health Department Solapur and PHCs records of pandharpur Tahsil. The study is undertaken during the December 2012 to March 2013.A total 8 PHCs selected in through tahsil and 35 medical and 50 Para-medical staffs were interviewed. For qualitative data, 200 beneficiaries' were selected (100 male, 100 female).It is collected open-ended questionnaires using interview and focus groups study. Quantitative and Qualitative data has been analyzed using statistical method.

PRIMARY HEALTH CENTER:

As per Indian public health standard primary health center means "A center which to provide as services close to the people as possible and integrated curative and preventive health care to the rural community. PHS prescribed standards for a PHC covering 20,000 to 30, 000 populations with one primary health centers respectively hilly / tribal and plain region. Population having a minimum 5000 to 10,000 with single sub centers.

In Pandharpur Tahsil, total eight primary health centers and forty three sub-centers are well distributed in pandharpur tahsil of solapur district. According to IPHS norms all primary health centers in study area covers a population near about 30,000 due to in plain areas with six sub-centres and 4 to 6 bedded systems.

POPULATION COVERAGE

A PHC is established with a population norm of 20,000 people for hilly and tribal areas and 30,000 people for plain area. The PHC is also required to serve 6 sub-centers within its jurisdiction. In this context, an attempt has been made to understand as to whether such norms have been followed when the PHCs were established.

Table 1: Coverage of Population PHCs with Sub-centre -2009-2010

Sr. No	PHC Name	Coverage of	
		Population	Sub-Center
1	Karkamb	39,300	7
2	Ropale	32,305	6
3	Tungat	30,212	5
4	Puluj	34,508	5
5	Khardi	32,879	5
6	Kasegaon	38,206	6
7	Gadegaon	34,600	5
8	Bhalawani	33,000	4
Total		**2,75,010**	**43**
Average Population		**34,376**	**05**

Source: Annual Register of PHCs of pandharpur tahsil 2009-2010,

It can be seen from table no 3.2 on population come under only PHCs is 275010 and remaining population of study area under various forty three sub center as far as coverage of sub center by PHC is concerned, it is noticed that the aggregate level, about five sub centers served under primary health center for average population 34376. More coverage of population and sub center by a PHC in a large majority of the cases are indicative of the fact that adequate number of PHCs has not been established against their requirement. This is not only affects the quality delivery of the health care services adversely but also accentuates the problem of overcrowding in PHC.

The Result of the study is shown in below :(R stands for Respondent)

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Table 2: How often does a Physician visit PHC?

Response	Male		Female		Total	
	R	%	R	%	R	%
Regular	26	26	48	48	74	37.00
Often	37	37	39	39	76	38.00
Rare	21	21	13	13	34	17.00
No Visit	16	16	-	-	16	8.00
Total	100	100%	100	100	200	100%

Source: Compiled by Researcher

Table 3: How often does a peripheral health worker visit PHC?

Response	Male		Female		Total	
	R	%	R	%	R	%
Regular	53	53	42	42	95	44.5
Often	42	42	51	51	93	46.5
Rare	3	3	3	3	6	3
No Visit	2	2	4	4	6	3
Total	100	100	100	100	200	100

Source: Compiled by Researcher

Table 4: what do you think PHCs have required facilities?

Response	Male		Female		Total	
	R	%	R	%	R	%
Yes	46	46	58	58	104	52
No	49	49	36	36	85	42.5
Don't Know	4	4	4	4	8	4
No Response	1	1	2	2	2	1
Total	100	100	100	100	200	100

Source: Compiled by Researcher

Table 5: Are you satisfied with the service delivery at PHC?

Response	Male		Female		Total	
	R	%	R	%	R	%
Yes	54	54	48	54	102	51
No	41	41	46	41	87	43.5
Don't Know	5	5	6	5	11	5.5
No Response	0	0	00	0	0	00
Total	100	100	100	100	200	100

Source: Compiled by Researcher

Table 6: Are you facing these problems at PHC?

Response	Male	Female	Total	percentage
Long hours of waiting	28	19	47	23.50
Distance factor	23	23	46	23.00
Absence of Doctors	21	28	49	24.50
Non availability of medicines	17	16	33	16.50
No upgraded facility	4	6	10	5.00
Rude Behaviours of Staff	7	3	10	5.00
No Lady Doctors	00	5	05	2.50
Total	100		200	100

Source: Compiled by Researcher

Table 7: Are you satisfied with service?

Response	Male	Female	Total	percentage
Yes	24	31	55	27.50
No	72	66	138	69
No Response	4	3	7	3.5
total	100	100	200	100

Source: Compiled by Researcher

Table 8: Opinion of PHC Staff about Govt. Policy

Response	Total	
	R	%
Grant is not enough	32	32
No facility for staff	47	47
Distance factors	6	6
Safety factors	9	9
Other	6	6
Total	100	100

Source: Compiled by Researcher

Table 9: facility available in the PHCs

Sr.No	Facility	PHCs %
1	Own Building	90
2	With Labour room	62
3	With Operation theatre	74
4	With 4-6 Bed	62
5	With 24 hours Delivery Facility	73
6	Without Electric Supply	2.7
7	With Telephone	55.9
8	With Toilet	73
9	Generator Functional	33
10	Vehicle functional	64
11	Linkage with Dist.Blood Bank	25

Source: Compiled by Researcher

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Table 10: Workforce available in the PHCs

Sr.No	Service	PHCs %
1	Multipurpose WORKER/ANMS (Female)	76
2	Doctor's	41
3	Staff Nurses	44
5	Pharmacists	52
6	Lab Technicians	23
7	Health Worker (male)	46
8	Health Worker (female)	49

Source: Compiled by Researcher

DISCUSSION OR RESULTS:

This study revealed that doctors are available in PHCs only s41 percent in the study region. Multipurpose worker are available 76 percent in the PHCs. region. Here is a rate for medical personnel, especially pharmacists 52 percent are available in PHCs, and only for 23 percent lab technicians. 37% respondent says Physician is regularly visit at PHCs,eight percentage respondents says there are no visit of Physician at PHC.As far as concerning peripheral health worker of PHCs 46.5 percentage oftenly visit. 52 percentage male and female have required facilities.43.5 percentage respondent are not satisfied about service delivery at PHCs.Patient purches drugs from outside of the PHCs 20 percent of the time even though they are to get free medicines. Delivery of drugs to PHCs and sub-centers do not conduct proper accounting

In this study ,an attempt has been made to examine the perception of benificiers about the quality of healthcare in their respective PHCs.This study has found that 23 percent people are prefer to visit nearby private health centers because of the non-availability of regular staff,equipment,medicine,and diagnostic facilities at PHCs.It is also found that factors like that rude behavior of the staff, distance factor, transport problem,lomg waiting time, on availability of lady physicians are some of the other reason why people or beneficiaries do not show interest in visiting PHCs.These finding are all the PHCs concluded that non availability if adequate man power,finance,equipment were some of the prime reasons why people have negative perceptions about the PHCs.#@ percentage staff conclude grant is not enough provide to government.

On other hand, a majority of the staff of PHCs has expressed their problems as including lack of proper accommodation, lack of amenities in PHCs, poor quality building, and transport problem, an inadequate supply of both medicine and paramedical staff. Regarding the process of medical care, the frequent transfer of doctors and health staff, lack of their dedication, different attitude towards people, insufficient medicine are observed in study region. Regarding the outcome of these health centers services areas of prevention of disease before their actual attack and lack of follow up methods.

Selecting the PHC treatment depends upon several criteria. Most often, there are several reasons why the beneficiaries families do not visit the primary health centers in their jurisdictions. The common cause of the low level of the choice if PHCs for health care treatment are the lack of knowledge among the beneficiary families about PHCs, lack of funds at PHCs provide efficient service and the repeated absences of doctors. In this study it is discovered that that policymakers, PHC users, communities, and NGOs lack of access to relevant information on health service, and they are not involved in monitoring service providers.

The functioning of PHCs in pandharpur tahsil is not free from problems. Several impediments on the path of functioning of PHCs such as illiteracy of the people, lack of response from beneficiaries, lack of fund from the government, lack of staff at PHCs and lack of interest of people occupying authority are observed at ht e time of field work.

CONCLUSIONS

The first step is to provide adequate facilities and equipment for the existing PHCs (land, equipment, building, man power) set up by the government. Every PHC should consist of a preliminary screening room with a computer, an examination room for the doctor, laboratory for medical tests and supplies, toilets. A majority PHCs lack even such basic element of infrastructure as electricity. The government should consider providing either solar panels or diesel generators depending on low cost as well as connected to battaries.Additionaly each PHCs should have a full time staff consisting of a lady doctor, a paramedical to perform initial screening test, a trained nurse or physicians, assistants and a laboratory technicians.

The state should provide every PHC a computer and all required lab equipments. Patients visiting PHCs have should also be provided health education by the staff through posters and audiovisual demonstrations. Staff should have tried hard to create awareness about family planning and communicable disease amongst the people.

Work pressure on other staff nurse is high so there is the chance of mistake by nurse. So there is need of appointing trained staff and other paramedical staff. The service of PHC in pandharpur tahsil is median leveled satisfactory. They are available at the time of when it is need. Behavior of lab technician, health assistant, pharmacist, nurse, medical officers good. But regarding the fourth grade staff some patient are unsatisfied. They claim that those staff does not listen to them or ignores their request. While asking, those staff about these they said that it is impossible for them to give importance to each and every patient as the number is very less

About cleanness of the ward, toilet maximum percentage of patient is unsatisfied. This is so because there is less number of fourth grade staff. So it is impossible to maintain perfect cleanness in health center. Regarding g the changing bed sheet in the ward should not be change daily. So there is chance of infection. Proper ventilation is present in all health centers.

As a final step, we advise increasing the diagnostic capacity of PHCs through video consultations wherein the patient (through the PHC) will access a physician (and even a specialist0 via a two-way, if possible with the help of NGOs.

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