



Healthcare Facilities Available in Primary Healthcare: A study of India and its states

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ABSTRACT

Health care facilities are the basis of the development of any country. India being a developing country, lagging behind in its health care facilities particularly in rural areas in its primary health care facilities. The present paper explains the number of facilities available at the primary level in the different states of India. Facilities at the Primary Health Centres also play a crucial role in the health standard of the people. Generally, primary health centers (PHCs) are the first interaction point of health seekers and health personnel. Thus, the availability of facilities at PHCs is very important. Not only in the healthcare infrastructure (SCs, PHCs and CHCs), but the country also faces the lack of healthcare facilities at these centers, and the most vulnerable are the women and child. In rural areas, PHCs are the nearest advanced health care centers where rural people get health care.

Keyword: Primary Healthcare, Sub centers, Primary Health Centre, Community Health Centre

In India as a whole, 25,308 PHCs are functioning, out of which only 70 percent have labour rooms, 30 percent have operation theaters, and the percentage of PHCs that have at least 4 beds is only 70.3 percent. The percentage of the shortfall in the availability of facilities with the Health care centers presented the complete picture of health status in the country. On account of the unavailability of labor rooms, women are birthing either at their homes or at an open place which results in serious health problems including the risk of maternal and neonatal deaths. In the case of an emergency when women need an operation for birthing, it becomes very important that the nearest health care center must have equipped with an operation theater. But in the case of India, only 39 percent of PHCs have such an important facility. The next two days after

delivery are very critical for the mother as well as for the newborn. For seeking postnatal care (Care after Delivery), mothers have to be in the health care centers. But the country experiences a shortfall in the number of beds with the PHCs. Only 70.3 percent of Primary Health Centres have at least 4 beds.

Looking at the state wise picture, it is observed that there is a huge inter-state disparity in the availability of health care facilities. Among the major states, only two states viz. Andhra Pradesh and Madhya Pradesh have 100 per cent required facilities at primary health centers. Uttar Pradesh has 100 per cent PHCs which have at least 4 beds as recorded in 2015, while the labour room and operation theater has 45.4 and 40.5 per cent respectively. The states of Assam and Orissa have the least number of Operation Theater and at least 4 beds in their PHCs. In 2015, Orissa has 0 per cent Operation Theater while the state has 77.6 per cent of PHCs where there is a labour room. In Kerala, out of the total 827 PHCs, only 62 have a labour room, 60 has Operation Theater and 251 has at least 4 beds (Table 3.10)

Table.1
Facilities at Primary Health Centres for Women and Child health care

States	No. of PHCs	Number of PHCs With					
		Labour Room	%	Operation Theatre	%	At least 4 beds	%
AP	1069	1069	100	1069	100	1069	100
ASM	1014	720	71	28	2.8	296	29.6
BR	1883	795	42.2	496	26.3	NA	NA
GUJ	1247	1123	90.1	1158	92.9	1123	90.1
HAR	461	324	70.3	54	11.7	274	59.4
KAR	2353	1677	71.3	1239	52.7	2267	96.3
KER	827	62	7.5	60	7.3	251	30.0
MP	1171	1140	97.4	435	37.1	1154	98.5
MAH	1811	1640	90.6	1489	82.2	1811	100
ORS	1305	1013	77.6	0	0	28	2.1
PUJ	427	272	63.7	107	25.1	251	58.8
RAJ	2083	1556	74.7	607	29.1	1507	72.3
TN	1372	1229	89.6	73	5.3	888	64.7
UP	3497	1587	45.4	1416	40.5	3497	100
WB	909	909	100	104	11.4	841	92.5
INDIA	25308	17815	70.4	9875	39	17796	70.3

Source: Rural Health Statistics, 2015, Ministry of Family and Health Welfare, Govt. of India.

The overall situation of available facilities is somewhat in a good position, but the state level data has plagued the situation. Until and unless, people did not get the better health care facilities at their nearest places, health standard of the people could not be improved.

Table.2
Average Rural Population Covered by a SC, PHC, and CHC

States	Total Rural Population	SC	Covered population in %	PHC	Covered population in %	CHC	Covered population in %
AP	49,386,799	4501	0.91	32979	6.68	193020	39.08
ASM	31,169,272	5801	1.86	26437	8.48	177530	56.96
BR	103,854,637	9491	0.91	49040	4.72	1319163	127.02
GUJ	60,383,628	4770	0.79	29961	4.96	115649	19.15
HAR	25,353,081	6495	2.56	36364	14.34	151462	59.74
KAR	61,130,704	4045	0.66	16780	2.74	194142	31.76
KER	33,387,677	3819	1.14	21075	6.31	77996	23.36
MP	72,597,565	5997	0.83	45426	6.26	157357	21.68
MAH	112,372,972	5818	0.52	33990	3.02	170989	15.22
ORS	41,947,358	5229	1.25	26797	6.39	92760	22.11
PUJ	27,704,236	5877	2.12	40619	14.66	115628	41.74
RAJ	68,621,012	3575	0.52	24736	3.60	90830	13.24
TN	72,138,958	4276	0.59	27195	3.77	96700	13.40
UP	199,281,477	7569	0.38	44414	2.23	200928	10.08
WB	91,347,736	6005	0.66	68408	7.49	179202	19.62
IND	1,210,193,422	5437	0.04	33323	0.28	155463	1.28

Source: Rural Health Statistics, Ministry of Health and Family Welfare, Government of India.

In spite of a vast network of primary health care in rural areas in the country, there exists a wide gap of accessibility of healthcare infrastructure across the states. Moreover, health is a state subject; there are imbalances and variations in the availability of primary health care centers in rural areas between the states. The states of Assam, Haryana, Kerala, Orissa, Punjab, Andhra Pradesh, and West Bengal have more average rural population covered by a Sub-Centre as compared to other states. The states of Punjab, Haryana, Assam, Andhra Pradesh, and West Bengal have the best coverage of the rural population by a primary health center. Likewise, the states of Bihar, Assam, Punjab, Andhra Pradesh, Haryana, Kerala, and West Bengal have more average of the rural population covered by a community health center. The states with a high population like Uttar Pradesh, Maharashtra, and Bihar have a low percentage of population converge among all the states. Bihar has more than 10 crores of the population, out of which only 0.19 percent of the population is covered by the sub-centres (**Table.2**).

Table. 3
Average Rural Area (Sq. Km.) - Covered by Primary Healthcare Centres
(As on 31st march 2014)

State/UT	Sub Centre	Primary Health Centre	Community Health Centre
Andhra Pradesh	2.62	7.09	17.16
Assam	2.31	4.93	12.78
Bihar	1.74	3.95	20.49
Gujarat	2.89	7.24	14.23
Haryana	2.32	5.49	11.19
Karnataka	2.53	5.16	17.54
Kerala	1.57	3.7	7.11
Madhya Pradesh	3.31	9.1	16.94
Maharashtra	3.01	7.26	16.29
Odisha	2.7	6.11	11.36
Punjab	2.28	6	10.12
Rajasthan	2.73	7.17	13.75
Tamil Nadu	2.07	5.23	9.86
Uttar Pradesh	1.91	4.62	9.82
West Bengal	1.62	5.47	8.85
All India	2.55	6.3	13.6

Source: Rural Health Statistics, Ministry of Health and Family Welfare, Govt. of India.

3.4 Availability of Primary Health Care in Rural Areas (SC/ PHC/ CHC)

A large part of our population lives in rural areas and still experiences a decisive improvement in their living standard. The percentage of below poverty line (BPL) population is declining continuously, but only at a modest speed. Many people still lack access to health care services because of unavailability of healthcare infrastructure without which rural people can not avail better health care services. There is a wide gap in the availability of primary health care in rural areas. **Table.3** shows the average rural area covered by primary health care in India and

Table. 4
Facilities Available at Community Health Centres

Number of Community Health Centres								
(As on 31st March, 2015)								
State	No. of CHCs functioning	With all four specialist	With functional laboratory	With functional OT	With functional labor room	With functioning Stabilization Units for New Born	With New Born Care Corner	With at least 30 beds
AP	179	179	179	179	179	40	179	179
ASM	151	4	128	30	119	59	106	85
BR	70	24	52	63	70	NA	22	70
GUJ	320	86	318	305	305	135	144	318
HAR	109	7	101	65	103	63	97	47
KAR	206	25	206	193	193	156	193	206
KER	222	7	176	106	82	8	8	87
MP	334	4	323	313	334	62	323	334
MAH	360	164	360	360	360	166	360	360
ORS	377	23	377	312	377	26	345	60
PU	150	24	140	138	141	20	108	150
RAJ	568	14	536	425	535	162	343	424
TN	385	0	385	349	385	42	385	299
UP	773	85	623	633	628	358	374	557
WB	347	48	316	306	341	260	332	267
IND	5396	751	5024	4473	4913	1862	4240	3933

in its states. In India, there is a huge gap in the availability of primary health care center.

Source: Rural Health Statistics, Ministry of Health and Family Welfare, Govt. of India.

From the table.4 facilities provided by the government at CHCs has been depicted. In the state of Uttar Pradesh total 773 CHCs has been in working condition. Among them only 85 CHCs has all the four specialist regulated by the NRHM. 623 of them have laboratory. Ironically these laboratories are used for storage of drugs or any other unproductive purposes. It has been seen while surveying in the study area. 633 have functioning operation theaters with only 628 labor rooms.

Table.5**Facilities Available at Community Health Centres (Contd...)***Source:* Rural Health Statistics, Ministry of Health and Family Welfare, Govt of India.

(As on 31st March, 2015)							No. of CHC having a regular supply of	
Number of Community Health Centres								
State	With functional X-ray machine	With quarters for specialist doctors	With specialist Doctors living in quarters	With referral transport available	With registered RKS	Functioning as per IPHS norms	Allopathic drugs for common ailments	AYUSH drugs for common ailments
AP	98	67	67	179	179	179	179	80
ASM	42	78	53	115	123	NA	77	47
BR	47	28	24	70	68	NA	50	9
GUJ	253	65	28	318	297	100	318	305
HAR	56	35	20	109	109	8	109	80
KAR	154	156	64	193	206	0	26	87
KER	29	0	0	186	222	7	222	0
MP	65	219	121	334	334	6	334	323
MAH	246	184	184	360	360	127	360	360
ORS	42	292	263	377	377	NA	377	314
PU	118	87	47	123	131	NA	150	138
RAJ	405	360	269	512	553	194	563	232
TN	176	57	9	385	385	317	385	385
UP	358	594	332	597	466	134	654	594
WB	113	94	33	335	314	155	343	311
IND	2707	2613	1721	5022	4925	1420	5158	3590

Financial Assistance Available for Health Care Services

Another noteworthy input in the mechanism of delivery of health care services is financial resources. Financing health is important from policy point of view, as it reduces the out of pocket expenditure on health care and protects the people from financial catastrophe related to health care. The out of pocket expenditure on health care in India is 71 percent of total health spending, whereas the global standard of out of pocket expenditure is less than 15 percent of the total spending (Ministry of Health and Family Welfare, 2010). In India the public spending on health is low and it accounts to be the lowest in the world. The total public spending on health in percentage of GDP is always less than 2 percent.

If we consider the private health expenditure of total percentage of GDP, it is 2.7 percent in recent times. In 1990 the public expenditure on health was 1.3 percent, which declined to 0.9 percent in 1999 and then increased to 1.2 percent in 2011. The total health expenditure in India from all sources in 2011 is 3.7

percent. Of the total health expenditure the share of private health spending is 69 percent and public spending is 31 percent. The share of public spending of the total health expenditure in 2004-05 was 19.67 percent which has increased gradually and reached to 28.2 percent in 2010 and 31 percent in 2011 but still it is low and responsible for out of pocket expenditure on health care of people.

The figure 3.4 shows the share of public and private health spending of the total health expenditures in different years. Dividing the periods in three parts that is prior to 2000, 2000 to 2005 and 2005 to 2011, it can be seen from the figure 3.3 that out of the total health expenditure, share of private spending was less during the period prior to 2000 and it started increasing gradually and was highest in between the period 2000 and 2005 and after that it started declining, while during this periods the share of public spending on health started increasing. The public and private expenditure on health in percentage of GDP is shown in the figure 3.4, which shows that the share of public spending is still lesser than the private spending. The private health spending was 3.16 percent in 2000, which increased to 3.31 in 2005 and in 2010 it declined to 2.69 and the public spending on health was 0.94 in 2005, increased to 1.06 in 2010. Thus it is found that of the total health expenditure large amount is from the private spending. In India with major portion of the people belonged to rural areas, and with large number of poor people such expenditure on health is really a great burden. More public spending on health is thus the most important requirement for the rural masses of the country.

However, the Eleventh Five-Year Plan (2007-12) suggests the necessity of building a responsive public health system with the need for increasing the public spending on health from 0.9 per cent of GDP to 2-3 per cent of GDP. Increased public health expenditure is important for smooth delivery of health care services and better health outcomes. Since 2005-06 with the launch of NRHM, promotion of health has got its importance and accordingly there have been increase in government expenditures on health both in the central and states. The budget allocation for health expenditure which was ₹ 136147 crores in the Tenth Five-Year Plan (2002-07), increased to ₹ 415855 crores in the Eleventh Five-Year Plan (2007-12).

According to the annual health report of the Ministry of Health and Family Welfare (2010) the growth in state health expenditures in the pre-NRHM period was 5.7 per cent, which increased to 18.4 percent in the post NRHM period. Public expenditure on health in Assam as share of Gross State Domestic Product is 0.86 percent and the public expenditure on health as share of state expenditure is 3.08 percent in the year 2004-05. Of the total health expenditure of the state, the share of public expenditure consists of 20.89 percent and the share of private health expenditure is 79.11 percent (National Health Profile, 2010). Of the total health expenditures in the states like the national level, the share of private health expenditures constitutes the highest. The budgetary allocation for health sector remained less for all plan periods. Under the provision of NRHM for the achievement of targeted health status, though the budget allocation is made but still requires a more.

The above discussion shows the facilities available at the primary health care facilities. The data presented by the tables shows that there are large number of disruptions in the number of posts sanctioned and number of vacancies approved by the government and most important is the number of human health care personals actually available at a primary health care facility.

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