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PRIMARY HEALTHCARE SERVICES IN SONIPAT DISTRICT 2006 to 2012

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Abstract:

The Present study covered Sonipat district (Haryana) located at 28o.98'N 77o.02'E. Sonipat is one of the smallest districts in Haryana State and covers 5.11 percent area of the state. The study has been carried out to obtain the mentioned objectives. (1) To find out the Primary Health Care Service Centre in 2006 to 2012 (2) To assess the availability of Health Care Service Centre as per population in 2012 (3) To find out Correlation between Person per Primary Healthcare Services and Primary Healthcare Service centre. The present study has been included whole Sonipat district and primarily based on secondary data, collected from Haryana Statistical Abstract, Ministry of Health and Family Welfare, books and magazines. 204 Primary Healthcare Services Centre in Sonipat District in 2012 as compare 2006. The rank correlation between Sub-Centres and Persons per Sub-Centres is $r = -.316$. Spearman's Correlation clear shows that there is low relation between Sub-Centres and Person's per Sub-Centre. Availability of primary healthcare centre is not equal as per population the rank correlation between PHCs and Persons per PHCs is $r = .738$. Spearman's Correlation clear depicts that there is high relation between PHCs and Person's per PHCs. The rank correlation between CHCs and Persons per CHCs is $r = -.258$. Spearman's Correlation clear shows that there is low relation between CHCs and Person's per CHCs. There is no sufficient progress in Sub-Centres, PHCs and CHCs as compare district population.

KEYWORDS:

Primary Health Care Services, Availability of Healthcare Services,

INTRODUCTION

Health is an important constituent of human resource development. Good health is real wealth of society. It is not only increases human efficiency but also decreases private and public expenditure on sickness and diseases. Health has been declared as a fundamental human right. Healthcare services help to reduce infant mortality rate, check crude death rate, keep diseases under control and raise life expectancy.

Health is the level of functional or metabolic efficiency of a living being. In humans, it is the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain (as in "good health" or "healthy"). The widely accepted definition of health is that given by the World Health Organization (WHO, 1946) which states: "Health is a state of complete physical, mental and social well-being not merely an absence of diseases or infirmity". The health care system in India, at present, has a

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three-tier structure to provide health care services to its people. The three-tier structure, known as:

Primary Health Care Services
Secondary Health Care Services
Tertiary Health Care Services

Primary Health Care Services

The primary health care infrastructure provides the first level of contact between the population and healthcare providers. Realising its importance in the delivery of health services, the centre, states and several government related agencies simultaneously started creating. The primary tier comprises three types of health care institutions:

Sub Centre (SC)

The Sub-centres (SC) are the most peripheral health institutions available to the rural population. Even though the sub-centre/population norms at the national level have been met,

There are wide inter-state variations. States with poor health indices do not have the required number of sub-centres especially in remote areas.

Primary Health Centre (PHC)

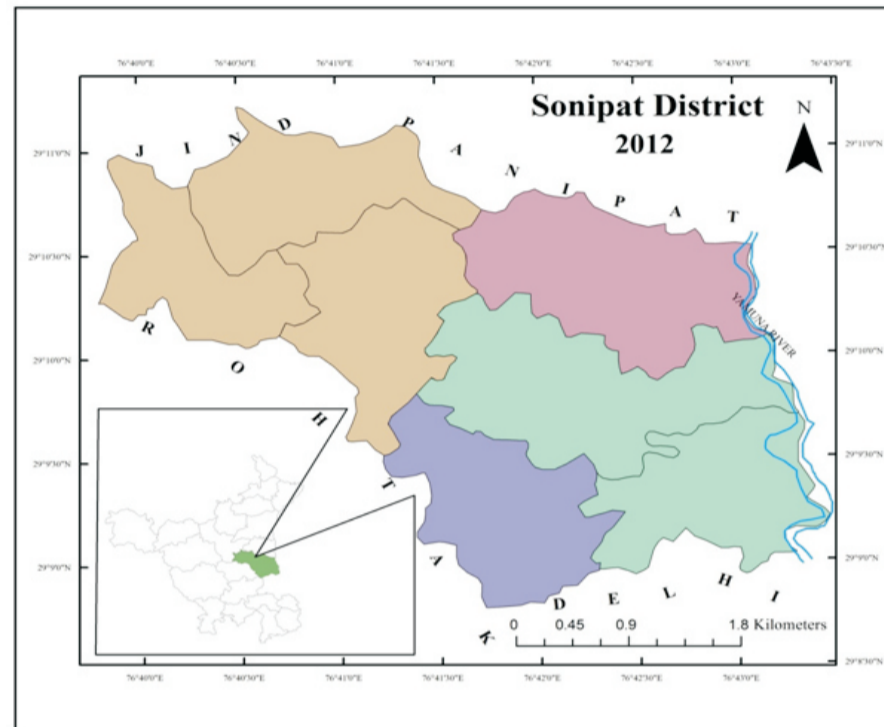
Primary Health Centres are a referral unit for six sub-centres. All PHCs provide outpatient services; a majority have four to six in-patient beds. According to the norms they have one medical officer, 14 Para-medical and other supporting staff. At the national level there are more than an adequate number of PHCs and doctors posted at PHCs but the distribution across states is uneven; there are no functional PHCs in many remote areas in dire need of health care.

Community Health Centre (CHC)

Community Health Centre (CHC) is the First Referral Unit (FRU) for four PHCs offering specialist care. According to the norms each CHC should have at least 30 beds, one operation theatre, X-ray machine, labour room and laboratory facilities and is to be staffed at least by four specialists i.e. a surgeon, a physician, a gynaecologist and a paediatrician supported by 21 para-medical and other staff.

Study Area

The Present study covered Sonipat district (Haryana) located at 28o.98'N 77o.02'E. Sonipat is one of the smallest districts in Haryana State and covers 5.11 percent area of the state. The district is surrounded by Panipat district in the north, Jind district in the west, Rohtak district in the South-West direction and Delhi in the South. The district headquarter, Sonipat is connected by metalled roads with important cities of the state and to Delhi.



OBJECTIVES

The proposed study will be carried out with the following objectives:-

- (1) To find out the Primary Health Care Service Centre in 2006 to 2012
- (2) To assess the availability of Health Care Service Centre as per population in 2012
- (3) To find out Correlation between Person per Primary Healthcare Services and Primary Healthcare Services

RESEARCH DESIGN AND METHODOLOGY

An analytical study has been carried out to obtain the above mentioned objectives. The present study has been included whole Sonipat district and primarily based on secondary data, collected from Haryana Statistical Abstract, Ministry of Health and Family Welfare, books and magazines.

An attempt has been made to highlight the data by applying appropriate tables and maps. Data is analysed with the help of general statistical techniques, Spearman's Correlation and ARC GIS 9.3 software. Primary Health Care Services in Sonipat District (2006 to 2012)

Sonipat District has progressed 2012 as compared to the 2006 in health care services. Primary Healthcare services provide to the people of this district, different medical institutions have been established here. However, the health care system has not developed greatly. According to 2012 data shows that the district has balanced growth in this sector. In Rural area/Urban area, the public health care service is provided through a network. Primary healthcare service is commonly viewed as a first level of care or as the entry point to the health care system for consumers. Under the primary tier, three types of healthcare institutions serves their services: (1) a Sub-Centre (SC) for every 3000–5000 population, (2) Primary Health Centre (PHC) for every 20000–30000 population and (3) Community Health Centre (CHC) to serve as a referral centre for every four PHCs covering a population of 80,000–1,20,000. The major portion of its population has to depend on these primary health care services.

PRIMARY HEALTHCARE SERVICES IN SONIPAT DISTRICT 2006 to 2012

Table 1: Primary Healthcare Service Centres 2006 to 2012

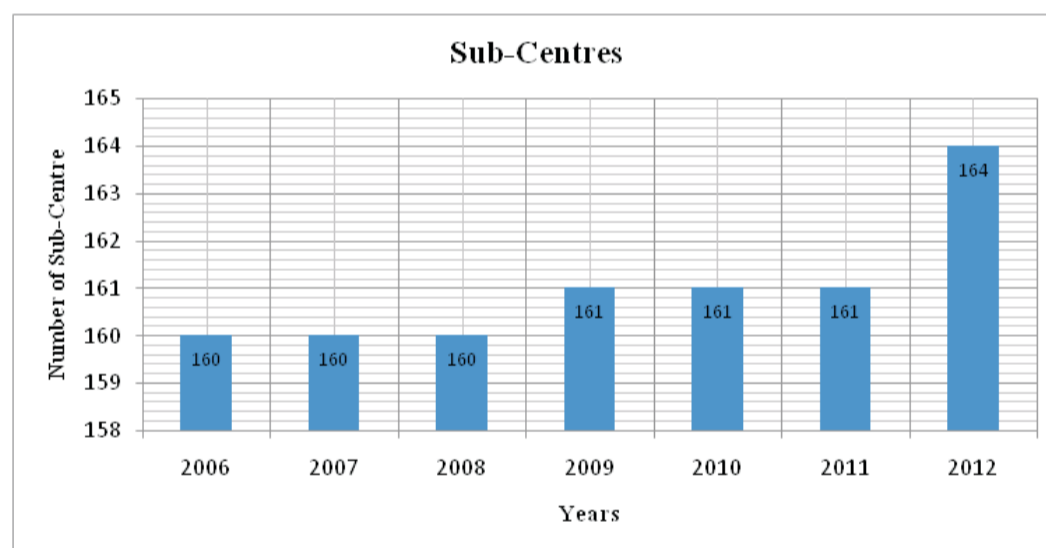
District	Year	CHCs	PHCs	Sub-Centres	Total
Sonipat	2006	4	24	160	188
	2007	7	28	160	195
	2008	7	28	160	195
	2009	5	29	161	195
	2010	6	28	161	195
	2011	6	28	161	195
	2012	7	33	164	204

Source: Ministry of Health and Family Welfare

SUB CENTRE IN SONIPAT DISTRICT

Sub-Centre (SC) is the most peripheral and first contact point between the primary health care system and the community. Sub-Centres are assigned tasks relating to interpersonal communication in order to bring about behavioural change and provide services in relation to maternal and child health, family welfare, nutrition, immunization and control of communicable diseases programmes. The Sub-Centres are provided with basic drugs for minor ailments needed for taking care of essential health needs of men, women and children. Figure 1 shows the number of Sub-Centres and changes their growth in 2006 to 2012. In Sonipat district since 2006 to 2012 only 4 Sub-Centre are increase, in 2006 Sub- Centres in Sonipat only 160 and 2012 there is only 164 that is less growth in six year as compare district population and healthcare norms.

Figure 1: Number of Sub-Centres in 2006 to 2012



Availability of Sub-Centre

One Sub Centre is to cover a population of 3000 in Hilly / Tribal / Difficult areas and 5000 in Plain areas. Availability of Sub-Centre in Gohana tehsil near to norms but in Sonipat

Table 2: Person per Sub-Centre in Sonipat District at Tehsil wise (2011-12)

Name of Tehsil	Total Population	Sub- Centres	Persons per Sub-Centres
Sonipat	710183	56	12682
Gohana	372034	60	6200
Ganaur	206889	24	8620
Kharkhoda	160895	24	6703

Table 3: Correlation between Persons per Sub-Centres and Sub- Centres

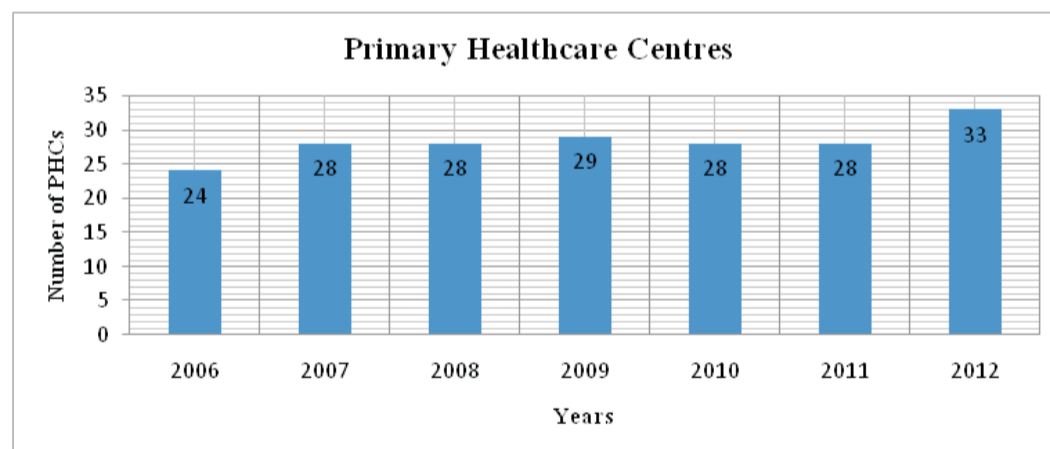
Method	Variables		Persons per Sub-Centres	Sub-Centers
Spearman's rho	Persons per Sub-Centers	Correlation Coefficient	1.000	-.316 (*)
		N	4	4
	Sub-Centers	Correlation Coefficient	-.316(*)	1.000
		N	4	4

12682 persons depend on one Sub-Centre; this depending ratio of persons per Sub-Centre is not near to norms. Table 2 is showing the clear picture of availability Person per Sub-Centre. It is compare to Sonipat tehsil there is much difference in Gohana, Ganaur and Kharkhoda. The rank correlation between Sub-Centres and Persons per Sub-Centres is $r = -.316$. Spearman's Correlation clear shows that there is low relation between Sub-Centres and Person's per Sub-Centre. One Sub-Centre available for 8620 persons in Ganaur and in Kharkhoda 6703 persons depend on one Sub-Centre. Analysing the data, it has been observed that a wide gap exists between the availability and expected health care facilities against the national norm and the situation is more or less same in all the tehsil.

Primary Health Centre in Sonipat District

Primary Health Centre (PHC) is the first contact point between village community and the Medical Officer. The PHCs were envisaged to provide an integrated curative and

Figure 2: Number of Primary Healthcare Centres in 2006 to 2012



preventive healthcare to the rural population with emphasis on preventive and promotive aspects of healthcare. Figure 2 shows the data 2006 to 2012 number of Primary Healthcare centre in Sonipat district. In 2006 Primary Healthcare Centres (PHCs) in district only 24 serve their services and in 2012 there are 33 as compare 2006. Nine Primary Healthcare Centres are increased in 2012 there is not sufficient progress in PHCs as compare district population this is wide gap between PHCs and healthcare norms.

PRIMARY HEALTHCARE SERVICES IN SONIPAT DISTRICT 2006 to 2012

Availability of Primary Health Centre

According to The National Health Policy (N.H.P., 1983, 2011) one Primary Healthcare Centre (PHC) for every 20000–30000 population but here in Sonipat one primary healthcare centre for 88773 persons, in Gohana 28618 person per P.H.C., in Ganaur 41378 person per P.H.C., in Kharkhoda 22985 in 2011-12. The table 4 shows the number of Primary Healthcare centre in 2011-12 and also clearly shows that all the PHCs serve 2-3 times larger population than its capacity .

Table 4: Person per P.H.C. in Sonipat District at Tehsil wise (2011-12)

Name of Tehsil	Total Population	PHCs	Persons per PHCs
Sonipat	710183	08	88773
Gohana	372034	13	28618
Ganaur	206889	05	41378
Kharkhoda	160895	07	22985

Table 5: Correlation between Persons per Primary health Centre and PHCs

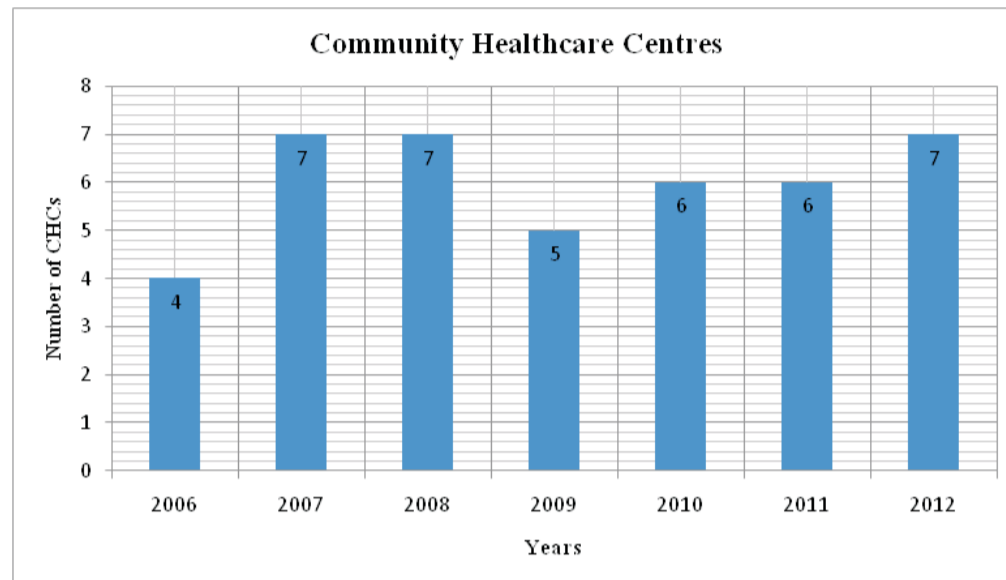
Method	Variables		Persons per PHCs	PHCs
Spearman's rho	Persons per PHCs	Correlation Coefficient	1.000	.738(*)
		N	4	4
	PHCs	Correlation Coefficient	.738(*)	1.000
		N	4	4

Availability of primary healthcare centre is not equal as per population the rank correlation between PHCs and Persons per PHCs is $r = .738$. Spearman's Correlation clear depicts that there is high relation between PHCs and Person's per PHCs; in average one PHC for every 43939 persons in the district. This is not close to the norms of its provision. There is wide Variation in every tehsil.

Community Healthcare Centre in Sonipat District

It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations. Community Health Centre (CHC) is required to be manned by four Medical Specialists i.e. Surgeon, Physician, Gynaecologist and Paediatrician supported by paramedical and other staff. It has 30 indoor beds with one OT, X-ray, Labour Room and Laboratory facilities. In 2006 government established 4 Community Healthcare Centre and in 2012 there are only 7 CHCs established by government. There are only three CHCs increased in last seven year; according to norms of TheNational Health Policy (N.H.P., 1983, 2011) one CHC referral centre for 4 PHC but in 2012, 164 PHCs in Sonipat district. Data clearly shows that 08 PHCs depend on One CHC. There is huge dependability on one CHC. It is not near to norm of National Health Policy. This depending ratio clear shows that government established more CHCs in Sonipat district for better health services.

Figure 3: Number of Community Healthcare Centres in 2006 to 2012



Availability of Community Health Centre

As per minimum norms one Community Health Centre covers a population of 80000

in Hilly/ Tribal/ Difficult areas and 120000 in Plain areas. All tehsil of Sonipat district is not favourable situation regarding the ratio of number of CHCs and the current population of the tehsil. In Sonipat tehsil 355091 persons depends on one CHC in Gohana it is 186017 persons per CHC in Ganaur 206889 persons per CHCs and in Kharkhoda there is only 80447 persons depends on one CHCs. Table 6 shows Sonipat and Ganaur tehsil is not near to norms. The rank correlation between CHCs and Persons per CHCs is $r = -.258$. Spearman's Correlation clear shows that there is low relation between CHCs and Persons per CHCs.

Table 6: Person per C.H.C. in Sonipat District at Tehsil wise (2011-12)

Name of Tehsil	Total Population	CHCs	Persons per CHCs
Sonipat	710183	2	355091
Gohana	372034	2	186017
Ganaur	206889	1	206889
Kharkhoda	160895	2	80447

Table 7: Correlation between Persons per CHCs and CHCs

Method	Variables		Persons per CHCs	CHCs
Spearman's rho	Persons per CHCs	Correlation Coefficient	1.000	-.258
		N	4	4
	CHCs	Correlation Coefficient	-.258	1.000
		N	4	4

PRIMARY HEALTHCARE SERVICES IN SONIPAT DISTRICT 2006 to 2012

Availability of CHCs measured in terms of population, CHCs ratio shows that huge difference person per CHCs in Sonipat. There is no sufficient progress in CHCs as compare district population and it is close to the norms in Gohana, Ganaur and Kharkhoda.

CAUSES OF DECREASING THE PRIMARY HEALTHCARE SERVICES

There are many causes found by which the failure of referral mechanism in the public health care system.

Uncertainty in the availability of staff and medicines at the Primary Health Centres (PHCs) and Ayurvedic, Unani, Homoeopathic Institution the patients go directly to the first referral (district and area/sub divisional hospitals) and teaching hospitals even for the minor health problems.

The growth of private hospitals and diagnostic centres was encouraged directly by the central and state governments by offering tax exemptions, land at concession rates, etc.

The lack of government or any other regulation on the minimum standards in terms of staff, facilities, etc. and on the pricing of services in the private hospitals has contributed to the rapid expansion of private sector in medical care. Having no controls on its size, quality and pricing, the medical care became a very attractive outlet for private investment.

The low public investment in health services over the last six decades has been a significant cause for the poor functioning and utilisation of public services. The per capita expenditure on health is low compared with other countries with same level of income, and the government expenditure is even lower.

CONCLUSION

Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. They include personal and non-personal health services. After analyzing the data it can be said that the people of Sonipat District are still unable to access proper healthcare services and facilities as the health care delivery system is very poor here. In every stage of the health care system, a mismatch exists between there quired and available healthcare services and facilities .The situation is more depressing in rural areas. The rank correlation between Sub-Centres and Persons per Sub-Centres is $r = -.316$. Spearman's Correlation clear shows that there is low relation between Sub-Centres and Person's per Sub-Centre. One Sub-Centre available for 8620 persons in Ganaur and in Kharkhoda 6703 persons depend on one Sub-Centre.

In Sonipat one primary healthcare centre for 88773 persons, in Gohana 28618 person per P.H.C., in Ganaur 41378 persons per P.H.C., in Kharkhoda 22985 in 2012. Availability of primary healthcare centre is not equal as per population the rank correlation between PHCs and Persons per PHCs is $r = .738$. Spearman's Correlation clear depicts that there is high relation between PHCs and Person's per PHCs; in average one PHC for every 43939 persons in the district.

In case of Community Health Centre no tehsil has a favourable situation regarding the ratio of number of CHCs and the current population of the tehsil. The rank correlation between CHCs and Persons per CHCs is $r = -.258$. Spearman's Correlation clear shows that there is low relation between CHCs and Person's per CHCs. There is no sufficient progress in Sub-Centres, PHCs and CHCs as compare district population.

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