
Rural health system in India

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Abstract

The objectives of this paper are to analyze the progress of different health centers in India and to find out the health centers functioning in India. The rural health system in India has been divided into three categories the Sub centers, the Primary health centers and Community health centers. According to the population norms, one sub-center is established for each 5000 population in plain areas and for each 3000 population in hilly/tribal/deserted tract areas. One PHC is given for each 30000 rural population in the plains and one PHC for each 20000 population in hilly, tribal, desert areas for more effective coverage and one CHC are currently provided on the population norms of 1 for every 120000 in general area and 1 for every 80000 in tribal/hilly/desert areas. All the health centers show better performance in terms of progress, building position and functioning in India.

Key words: Rural, Health, Sub-centers, Primary Health centers, Community Health centers

Introduction

Health is the state of complete physical, mental and social well being and not merely the absence of diseases or infirmity (WHO) proves to be a major contributor to the level of quality of life. Healthy population plays a key role in achieving the developmental activities as health helps to improve the productivity of mankind both directly and indirectly. Health is the most essential

component of human life. Better health status leads to better productivity. The development of the health is holistic process related to the overall growth and development of social, cultural, economic, and educational and environmental factors.

India is in limelight at global front not only in terms of population burst but also in its health scenario. Even after celebrating its 70 years of independence, its population is still preparing under the threat of degraded health system. There are approximately 85% of the populations who are still fighting for basic healthcare services in their area. This situation has been promoted by worsening living condition of rural habitats. The scenario gets worse through the superstition practiced by ruralites. The blind faith of tribal's that any disease may be cured by magic has subjugated the minds of rural population of India. Due to this kind of impression, the rural areas are under the influence of various malpractices which ultimately seal off the procession of modern pathology here.

Objectives

To analyze the progress of different health centers in India.

To find out the health centers functioning in India.

Rural health system in India

India's rural health system has been divided into three categories.

Centers	Population norms	
	Plain area	Hilly/Tribal area
Sub-center	5000	3000
Primary health center	30000	20000
Community health center	120000	80000

Sub- centers

It is the most essential foundation for health care system in India and is regarded as the initial contact point among all the PHCs and CHCs. According to the population norms, one sub-center is established for each 5000 population in plain areas and for each 3000 population in

hilly/tribal/deserted tract areas. Presently a sub-center is employed by one male health worker normally called as a multipurpose worker. One health assistant(female) mostly known as lady health visitor(LHV) one female health worker generally known as ANM and one health supporter (male) located at the PHC level are assigned with the charge of the administration of all the SCs (generally 6 SCs) under a PHC. The Health Ministry and Family Welfare Government of India provide help to all SCs in the country from 2002 in the shape of remuneration of Auxiliary Nurse Midwives and lady health visitors, rent (if placed in a rented house) and contingency adding to drugs and equipment kits. The remuneration of a male health worker (MHW) is tolerated by the state government. In addition, a voluntary employee is granted at the Sub-Center level as an assistant to ANM, as and when required. The achievement of any countrywide programme would base on effective structures giving services of satisfactory quality to the general population. Modern studies have exposed that guaranteeing their availability and accessibility of quality primary health care services to the people through these SCs is the main concern. The commence of NRHM has endowed with the chance to have a new look at their functioning.

Table 1.1: Progress of sub-centers

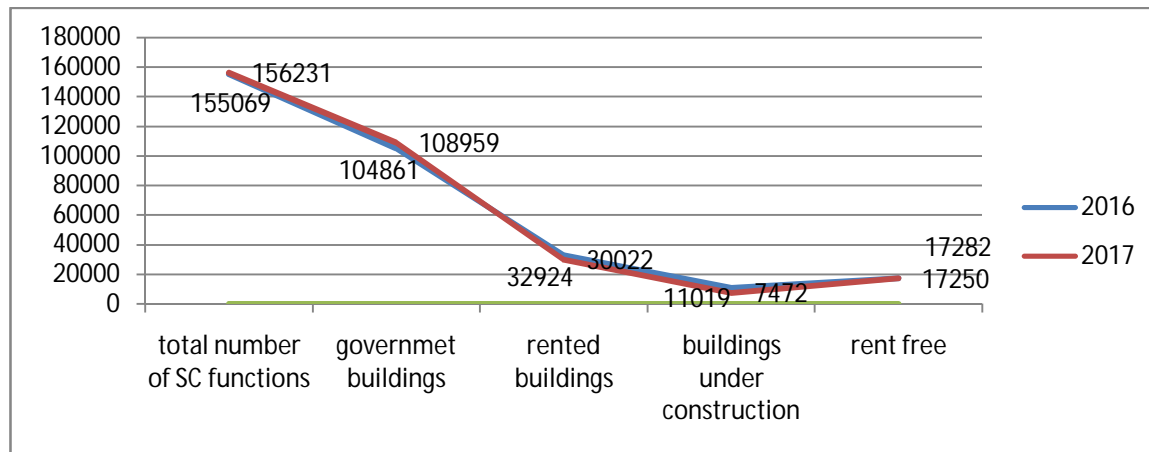
S.NO	Five-year plans	Sub-centers
1	Sixth plan(1981-85)	84376
2	Seventh plan(1985-90)	130165
3	Eighth plan(1992-97)	136258
4	Ninth plan(1997-2002)	137311
5	Tenth plan(2002-2007)	145272
6	Eleventh plan(2007-2012)	148366
7	Twelfth plan(2012-2017)	156231

Source: ministry of health and family welfare government of India Rural health statistics 2016

The above table shows clearly that there has been raising the number of sub-centers in the last seventh five-year plans. In the seventh plan, the sub-centers increased from 84376 to 130165 in

twelfth plans. This means the government has focused to create a number of sub-centers which is beneficial for the people and also provides quality of life to the rural people.

Graph 1.1: Building positions of sub-centers



Source: Ministry of Health and Family welfare Government of India Rural Health Statistics 2016

It is evident from the above graph that the number of Sub-centers functions in the country is 156231 in 2017 in contrast to 155069 in 2016. As on 31st March 2017, 108959 Sub-centers were situated in government buildings. The others were situated in either in rented building or rent-free panchayat or society building. The 11019 is still under construction.

Primary health center

PHC is not a new concept to India. The Bhole Committee In 1946 gave the concept of a PHC as a vital health component to grant as near to the community as feasible, an included, remedial and deterrent health care to the village community with pressure on defensive and primitive portions of health care. In India, the health organizers have envisaged the PHC and its sub-centers (SCs) as the best foundation to provide health offerings to the rural areas. The important chamber of health at its initial gathering held in January 1953 had suggested the foundation of PHCs in network improvement squares to give close health care to the country individuals. These focuses were working as secondary health benefits organizations with next to zero or no people's participation.

The sixth five-year plan(1981-85) planned reform of PHCs on the foundation of one PHC for each 30000 rural population in the plains and one PHC for each 20000 population in hilly, tribal, desert areas for more effective coverage. Though, in India the population density is not same.

Therefore, as in the case of SCs, it would create important sense to interface the number not to the population but as an alternative to caseload. The PHC became a 24x7 facility with nursing services. Select PHCs, particularly in vast blocks where the CHC is above the one hour of travel time away, might be enthused up to give 24x7 emergency hospital care for various circumstances by expanding the number of medical officers. In India, the PHC is a contact point in the rural health system. This is managed by one additional medical officer and there is 14 Paramedical staff whose work is to run the work as per India Public Health Standard (IPHS). There is an arrangement for two additional staff attendants at PHCs under NRHM on a contract basis. It goes about as an appointment unit for 6 sub-centers and has 4-6 beds for patients. Presently there are 28863 PHCs in India.

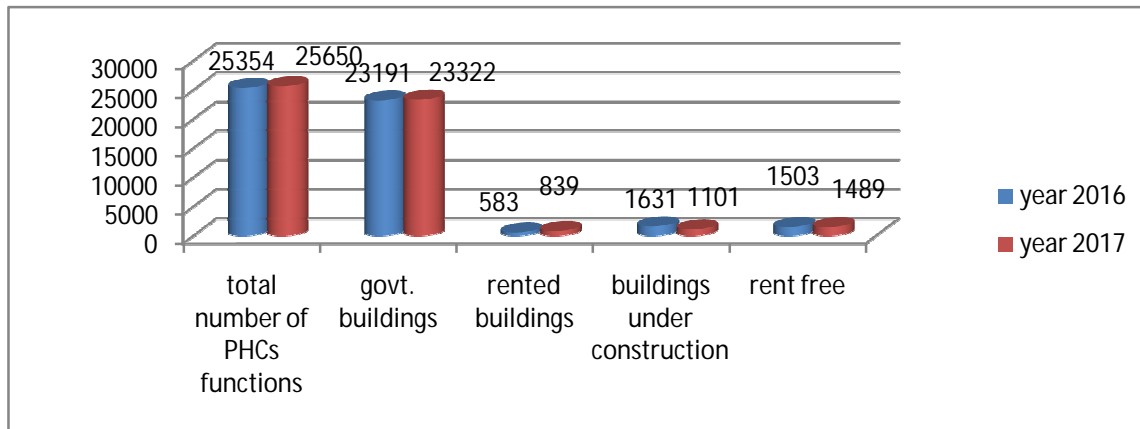
Table 1.2: Progress of PHCs

S.NO	Five-year plans	PHCs
1	Sixth plan(1981-85)	9115
2	Seventh plan(1985-90)	18671
3	Eighth plan(1992-97)	22149
4	Ninth plan(1997-2002)	22875
5	Tenth plan(2002-2007)	22370
6	Eleventh plan(2007-2012)	24049
7	Twelfth plan(2012-2017)	25354

Source: Ministry of Health and Family Welfare government of India Rural Health Statistics 2016

The above table shows the number of PHC has increased from 9115 in the fifth five-year plan to 25354 in 12th plans. One more thing which understands from the above table is that in the seventh five-year plan there has been increased the most number of PHCs as compared to other plans.

Graph 1.2 Building position of PHCs



Source: Ministry of Health and Family Welfare government of India Rural Health Statistics 2016

The above graph clearly shows that as on 31st March 2017, 25650 PHCs are functions in the country in which 23322 is government buildings, 839 rented buildings, 1101 buildings under construction and 1489 are rent-free buildings.

Community health center

The CHCs are currently provided on the population norms of 1 for every 120000 in general area and 1 for every 80000 in tribal/hilly/desert areas. The CHCs is a 30 bedded hospital which provides specialists in Gynecology, obstetrics, surgery, medicine, pediatrics, AYUSH and Dental. As per rural health statistics, there are 5510 CHCs working in the country. These centers are though fulfilling the tasks allocated to them only to a restricted level. The start of the NRHM provides us the chance to have a clean look at their performance. NRHM visualize raising up the CHC facilities to the level of Indian Public Health Standard (IPHS). Although there are currently existing guidelines according to recommended by the Agency of Indian measures for 30 bedded hospitals, these are at current does not feasible as they are extremely benefit concentrated. The ASHA is being imagined in every village to advance the health activities under NRHM. With the end objective to guarantee the nature of administrations, the IPHS is being set up for CHCs with the ultimate objective to give a standard to measure the associations being given there. This archive gives the basic prerequisites for the at least efficient rank of a CHC and the attractive necessities obligatory for a perfect condition.

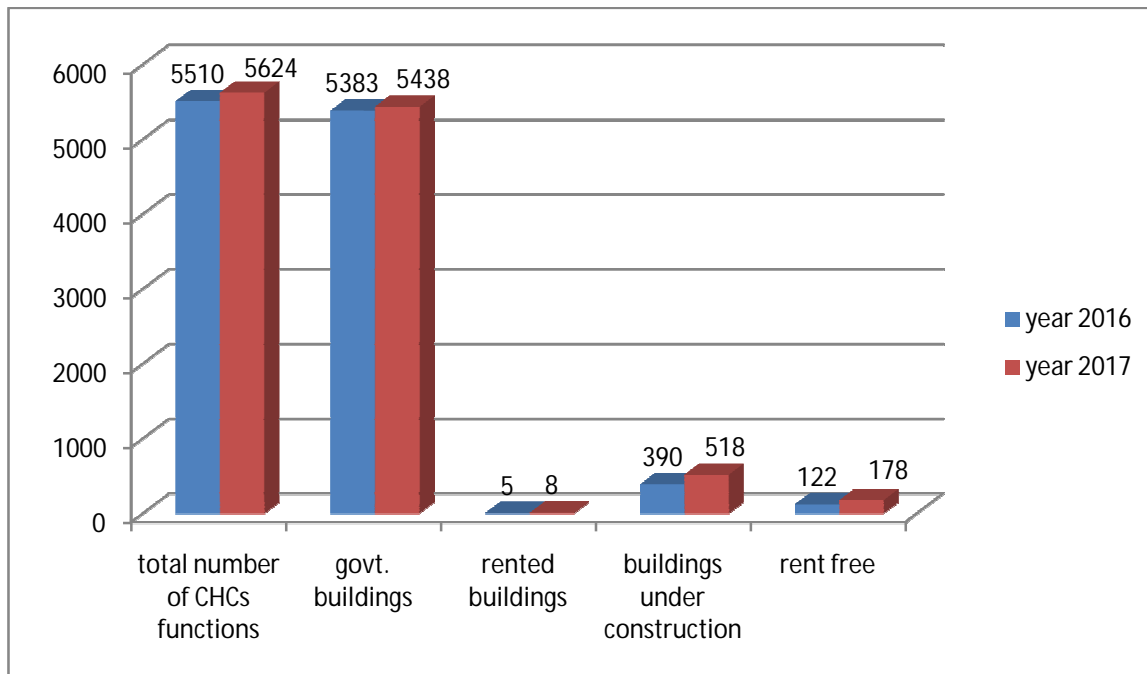
Table 1.3: Progress of CHCs

S.NO	Five-year plans	CHCs
1	Sixth plan(1981-85)	761
2	Seventh plan(1985-90)	1910
3	Eighth plan(1992-97)	2633
4	Ninth plan(1997-2002)	3054
5	Tenth plan(2002-2007)	4045
6	Eleventh plan(2007-2012)	4833
7	Twelfth plan(2012-2017)	5510

Source: Ministry of Health and Family Welfare government of India Rural Health Statistics 2016

After analysis of the above table evidently, point out that the seventh plan has been augmented the most number of community health centers in India.

Graph 1.3 Building position of CHCs



Source: Ministry of Health and Family Welfare Government of India Rural Health Statistics 2016

The above graph clearly shows that as on 31st March 2017, 5624 CHCs are functions in the country in which 5438 is government buildings, 8 rented buildings, 518 buildings under construction and 178 are rent-free buildings.

Table 1.4 Number of SC, PHC and CHC functioning

State/UT	2012			2017		
	SC	PHC	CHC	SC	PHC	CHC
Andhra Pradesh	12522	1624	281	7458	1147	193
Arunachal Pradesh	286	97	48	312	143	63
Assam	4604	975	109	4621	1014	158
Bihar	9696	1863	70	9949	1899	150
Chhattisgarh	5111	755	149	5186	785	169
Goa	205	19	5	214	24	4
Gujarat	7274	1158	318	9082	1392	363
Haryana	2520	447	109	2589	366	112
Himachal Pradesh	2065	472	76	2083	538	89
Jammu & Kashmir	1907	396	84	2967	637	84
Jharkhand	3958	330	188	3848	297	188
Karnataka	8871	2310	180	9381	2359	206
Kerala	4575	809	217	5380	849	232
Madhya Pradesh	8869	1156	333	9192	1171	309
Maharashtra	10580	1811	363	10580	1814	360
Manipur	420	80	16	421	85	17
Meghalaya	397	109	29	436	109	27
Mizoram	370	57	9	370	57	9
Nagaland	396	126	21	396	126	21
Orissa	6688	1226	377	6688	1280	370
Punjab	2951	449	132	2950	432	151
Rajasthan	11487	1528	382	14406	2079	579

Sikkim	147	24	2	147	24	2
Tamil Nadu	8706	1227	385	8712	1362	385
Telangana	Telangana state came into being existence in 2014-15			4797	689	114
Tripura	719	79	12	987	93	21
Uttrakhand	1848	257	59	1847	257	60
Uttar Pradesh	20521	3692	515	20521	3621	822
West Bengal	10356	909	348	10369	914	349
Andaman & Nicobar	119	22	4	123	22	4
Chandigarh	16	0	2	17	3	2
Dadar & Nagar Haveli	50	6	1	71	9	2
Daman & Diu	26	3	2	26	4	2
Delhi	41	5	0	10	5	0
Lakshadweep	14	4	3	14	4	3
Pondicherry	51	24	4	81	40	4
Total India	148336	24049	4833	156231	25650	5624

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

The above table exposed that in 2012 there were 148336 sub-centers, 24049 PHCs and 4833 CHCs operating in the nation. But in 2017 the number of SCs, PHCs and CHCs centers has increased to 156231, 25650, and 5624 respectively. There has been an accumulation of 7895 sub-centers throughout the year 2017. Considerable amplify in the sub-centers has been reported in the states of Rajasthan 2919, and Gujarat 1809. PHCs have increased by 1601 during the year 2017. The number of CHCs has increased by 4209 during the year 2017.

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