International Journal of Global Research Innovations & Technology (IJGRIT)
An International Multidisciplinary Quarterly Double Blind Open Access Peer Reviewed Refereed Journal
e-ISSN : 2583-8717, Impact Factor: (Cosmos:6.972&I2OR: 5.002), Volume 04, No. 02(II), April-June, 2026, pp 104-109

Study of Primary Health Centers in India: An Overview

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Citation: Bhavani, L. (2026). Study of Primary Health Centers in India: An Overview. International Journal of Global Research Innovations & Technology, 04(02(II)), 104–109. https://doi.org/10.62823/IJGRIT/4.2(II).9143

ABSTRACT

Background of the study is that health is the primary concern of all the governments. Government hospitals are established to accomplish this task, but there are much location in the working of these hospitals primary health centers in the background the topic is selected for the study to evaluate the working of primary health centers in Karnataka particularly in Mysore district. To suggest remedies to the problems of primary health centers. The methodology adopted is descriptive analysis. Data collection is on the basis of primary data collected from government health department and compiled with reference to Mysore district. Result show that lack of support staff, non-availability of medicines, lack of infrastructure frequent turnover of medical officers poor community support for the PPP. The manpower deficiencies in the PHC managed by the government called are immediately addressed by PPP.

***Keywords**: PHC, CHC, PHU, NICHE, SWOT, PPP, DHO.*

Introduction

Primary health care shifts the emphasis of health care to the people themselves and their needs, reinforcing and strengthening their own capacity to shape their lives. Hospitals and primary health centers then become only one aspect of the system in which health care is provided. As a philosophy, primary health care is based on the overlap of mutuality, social justice and equality. As a strategy, primary health care focuses on individual and community strengths (assets) and opportunities for change (needs); maximizes the involvement of the community; includes all relevant sectors but avoids duplication of services; and uses only health technologies that are accessible, acceptable, affordable and appropriate. Primary health care needs to be delivered close to the people and it includes the following eight essential components:

- Education for the identification and prevention / control of prevailing health challenges
- Proper food supplies and nutrition; adequate supply of safe water and basic sanitation
- Maternal and child care, including family planning
- Immunization against the major infectious diseases
- Prevention and control of locally endemic diseases
- Appropriate treatment of common diseases using appropriate technology
- Promotion of mental, emotional and spiritual healtProvision of essential drugs (WHO & UNICEF, 1978).

Primary Health Centers (PHCs), sometimes referred to as public health centers, are state-owned rural health care facilities in India. They are essentially single-physician clinics usually with facilities for minor surgeries, too. They are part of the government-funded public health system in India and are the most basic units of this system. Sometimes referred to as **public health center**s, are state owned rural health care facilities in India. As early as 1951, the Primary Health Centres (PHCs) were established as

an integral part of community development programme. Since then lot of changes have taken place. Currently the PHC covers a population of 20,000-30,000 (depending upon the geographical location) and is occupying a place between a Sub- Centre at the most peripheral level and Community Health Centre at block level. They is part of the government funded public health system in India, and are, in fact, the most basic units of this system. Presently there are 23,109 PHCs in India. The Special Focus of PHCs in India is as follows:

- **Infant immunization programs**: Immunization for newborns under the national immunization program is dispensed through the PHCs. This program is fully subsidized.
- **Anti-epidemic programs**: The PHCs act as the primary epidemic diagnostic and control centers for the rural India. Whenever a local epidemic breaks out, the system's doctors are trained for diagnosis. They identify suspected cases and refer for further treatment.
- **Birth control programs**: Services under the national birth control programs are dispensed through the PHCs. Sterilization surgeries such as vasectomy and tubectomy are done here. These services, too, are fully subsidized.
- **Pregnancy and related** care: A major focus of the PHC system is medical care for pregnancy and child birth in rural India. This is because people from rural India resist approaching doctors for pregnancy care which increases neonatal death. Hence, pregnancy care is a major focus area for the PHCs.
- **Emergencies**: All the PHCs store drugs for medical emergencies which could be expected in rural areas. For example anti venoms for snake bites, rabies vaccinations, etc.

Functions of Primary Health Centers

The Government of India's initiative to create and expand the presences of Primary Health Centers throughout the country is consistent with the eight elements of primary health care outlined in the Alma-Ata declaration. These are listed below:

- Provision of medical care
- Maternal-child health including family planning
- Safe water supply and basic sanitation
- Prevention and control of locally endemic diseases
- Collection and reporting of vital statistics
- Education about health
- National health programmers, as relevant
- Referral services
- Training of health guides, health workers, local dais and health assistants
- Basic laboratory workers.

Highlights of the Growth of PHCs in India

- As on March, 2010, there are 147069 Sub Centers, 23673 Primary Health Centers (PHCs) and 4535 Community Health Centers (CHCs) functioning in the country.
- Number of Sub Centers existing as on March 2010 increased from146026 in 2005 to 147069 in 2010. There is significant increase in the number of Sub Centers in the States of Chhattisgarh, Haryana, Jammu & Kashmir, Maharashtra, Orissa, Punjab, Rajasthan, Tamil Nadu, Tripura and Uttarakhand.
- Percentage of Sub Centers functioning in the Government buildings has increased from 50% in 2005 to 57.8% in 2010 mainly due to increase in the government buildings in the States of Chhattisgarh, Goa, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Orissa, Punjab, Rajasthan, Sikkim, Tripura, Uttarakhand, Uttar Pradesh and West Bengal.
- As on March, 2010 the overall shortfall (difference in requirement for existing infrastructure as compared to manpower in position), in the posts of HW (F) / ANM was 8.8% of the total requirement. The overall shortfall is mainly due to shortfall in States namely, Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Jammu & Kashmir, Kerala, Orissa, Tripura and Uttar Pradesh. Primary Health Centers (PHCs)

- At the national level, there is an increase of 437 PHCs in 2010 as compared to that existed in 2005.
- Significant increase is also observed in the number of PHCs in the States of Bihar, Chhattisgarh, Haryana, Jammu & Kashmir, Karnataka, Maharashtra, Nagaland, Uttarakhand, and Uttar Pradesh
- The number of ANMs at Sub Centers and PHCs has increased from 133194 in 2005 to 191457 in 2010, an increase of about 44%.
- Percentage of PHCs functioning in Government buildings has increased significantly from 78% in 2005 to 88.6% in 2010. This is mainly due to increase in the Government buildings in the States of Assam, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh Karnataka, Madhya Pradesh, Maharashtra, Nagaland and Uttar Pradesh.
- The Doctors at PHCs have increased from 20308 in 2005 to 25870 in2010
- For allopathic Doctors at PHCs, there was a shortfall of 10.3% of the total requirement for existing infrastructure as compared to manpower in position. This is again mainly due to significant shortfall in Doctors at PHCs in the States of Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Madhya Pradesh, Orissa, Punjab, Uttarakhand and Uttar Pradesh Community Health Centers
- At the national level there is an increase of 1189 CHCs in 2010 as compared to that existed in 2005
- Significant increase is observed in the number of CHCs in the States of Arunachal Pradesh, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Punjab, Rajasthan, Tamil Nadu, Uttarakhand, Uttar Pradesh and West Bengal
- Number of CHCs functioning in Government buildings has increased appreciably in 2010 as compared to 2005. The % of CHCs in Govt. buildings has increased from 90% in 2005 to 93.4% in 2010.
- The Specialist doctors at CHCs have increased from 3550 in 2005 to 6781 in 2010. However, as compared to requirement for existing infrastructure, there was a shortfall of 62.8% of Surgeons, 55.2% of Obstetricians & Gynecologists, 72% of Physicians and 69.5% o Pediatricians. Overall, there was a shortfall of 62.6% of specialists at the CHCs as compared to the requirement for existing CHCs.
- Along with the specialists, about 9933 General Duty Medical Officers (GDMOs) are also available at CHCs as on March, 2010.
- Significant increases in the number of paramedical staff is also observed when compared with the position of 2005
- The number of Radiographers at CHCs has increased from 1337 in 2005 to 1817 in 2010.
- Number of Pharmacists at PHCs and CHCs has increased from 17708 in 2005 to 21688 in 2010.
- Number of Laboratory Technicians at PHCs and CHCs has increased from 12284 in 2005 to 15094 in 2010.
- Number of Nurses at PHCs and CHCs has increased from 28930 in 2005 to 58450 in 2010
- The coverage of PHCs in terms of distance, villages and people during the plan period has increased. There is one PHC for a population of 20, 00 to 30,000 in rural areas and each PHC is covered nearly 27 villages in India. This i is shown in table -1.5

Table 1:PHCs in India as on 2014

Sl. No	Particulars/ Norms	Status
1	20000-30000 Population / PHCs	34641
2	Coverage of Rural Area	129.66 Square KMs
3	**Average Radial Distance Covered**	**6.42 KMs**
4	Average Number of Villages covered	27

Source: Ministry of Health and Family Welfare, Government of India-2014

The government of India has provided sufficient inftrastructural facilities including building to the PHCs during the five year plans. It is found that the government has 90% of building of PHCs while 5.6% of buildings are used on rent basis and the rest of 4.2% is rent free as shown in table-1.6 and figure-1.1

Table 2: Building Position of PHCs in India as on 2012

Sl. No	Particulars	%
1	Government	90.2
2	Rented	5.6
3	Rent Free	4.2

Source: Report of NRGM-2014

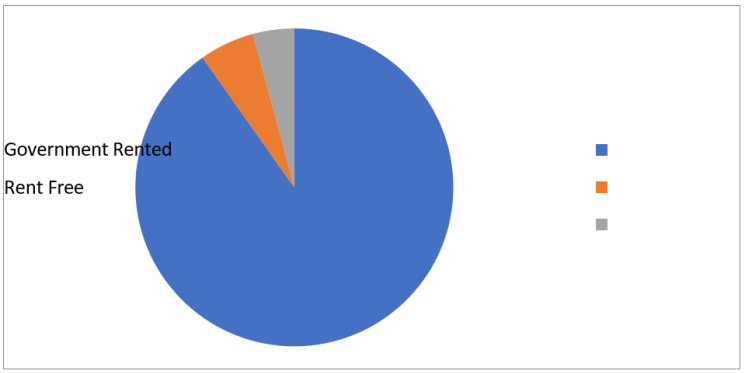


Figure 1: Building Position of PHCs in India as on 2012

Source: Report of NRGM-2014

In India, it is found that PHCs have 10.3% of doctors and 52.6% of health assistants of Male and 38.6% of female health assistants. And the percentage of male health workers is 65.2% and it is 3.8% in case of female health workers. This is shown in table-3 and figure 2.

Table 3: Medical and Paramedical Staff of PHCs in India as on 2012

Sl. No	Particulars	%
1	Doctors in PHcs	10.3
2	Health assistants (M)	52.6
3	Health assistants (F)	38.6
4	H W (M)	65.2
5	H W (F)	3.8

Source: Report of NRGM-2014

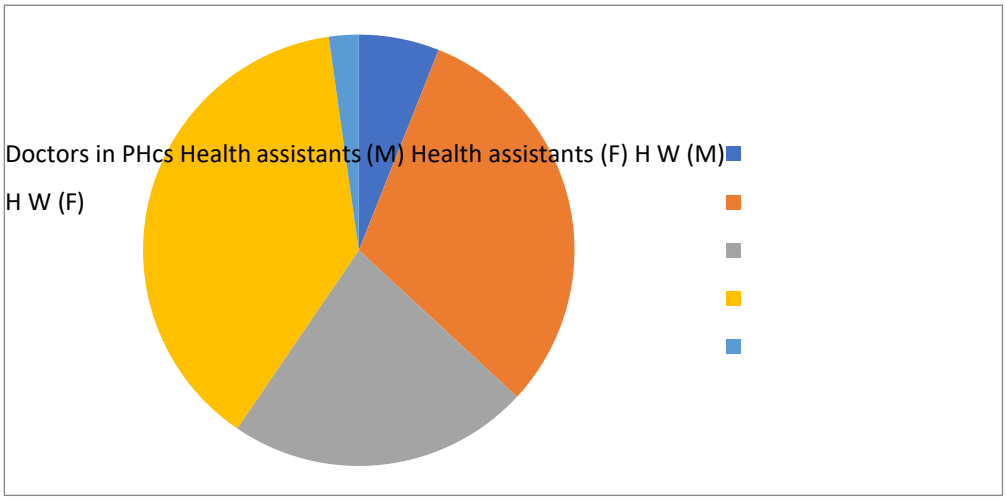


Figure 2: Medical and Clenical Staff of PHCs in India as on 2012.

Source: Report of NRGM-2014

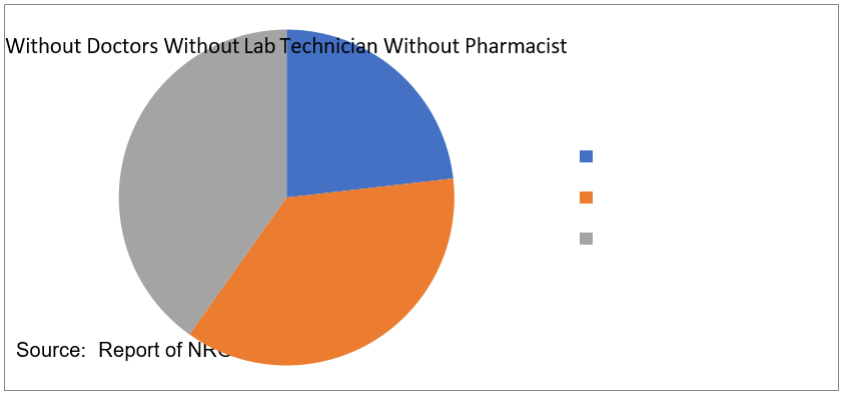
The Percentage of PHCs without Doctors, Lab Technicians, Pharmacist in India as on 2012 is also shown in table 4 and figure 3.

Table 4: PHCs without Doctors and other staff in India as on 2012

Sl.no	Particulars	%
1	Without Doctors	23.1
2	Without Lab Technician	36.5
3	Without Pharmacist	40

Source: Report of NRGM-2014

Figure 3: Percentage of PHCs without Doctors and other staff



Source: Report of NRGM-2014

The government of India has given importance to the development of PHC in all states and union territories. The State-wise distribution of primary health centers in India is shown in table 5.

Table 5: State wise Distributions of PHCs in India as on 2012

Sl. No	State/UT	No of PHCS	No of CHC
1	Andrapradesh	1624	281
2	Arunachal pradesh	97	48
3	Assam	975	109
4	Bihar	1863	70
5	Chhattisgarh	755	149
6	Goa	19	5
7	Gujarat	1158	318
8	Haryana	447	109
9	Himachal Pradesh	472	76
10	Jammu Kashmir	396	84
11	Jharkhand	330	188
12	Karnataka	2310	180
13	Kerala	809	217
14	Madhyapradesh	1156	333
15	Maharashtra	1811	363
16	Manipur	80	16
17	Meghalaya	109	29
18	Mizoram	57	9
19	Nagaland	126	21
20	Odessa	1226	377
21	Punjab	449	132
22	Rajasthan	1528	382
23	Sikkim	24	2
24	Tamilnadu	1227	385
25	Tripura	79	12
26	Uttarakhand	257	59

27	Uttarapradesh	3692	515
28	West Bengal	909	348
29	Andaman & Nikobar	22	4
30	Chandigarh	0	2
31	Dadar & Nagarahaveri	6	1
32	Daman & Diu	3	2
33	Delhi	5	0
34	Lakshadweep	4	3
35	Pandecherry	24	4

Source: Ministry of Health and Family Welfare, Government of India-2014

India is a developing country when it comes to the question of providing medical and health care facilities to its entire people. For the past 60 years efforts are being made to bring multifold expansion of medical & health infrastructure so that health care needs of ever increasing population could be met both in urban and rural areas. India has made an impressive progress in all walks of life - social, economic, political and technological. Being a country of vast cultural heterogeneity and diversity, it is plagued with growing population, poverty, pollution and depletion in resources, deterioration in ecological balance resulted in more demand for health care services both in urban and ruaral areas. Thus India is besieged with myriads of problems and poor health conditions, which are intimately linked with every aspect of human life.

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