

## PROGRESS OF FAMILY WELFARE PROGRAMS THROUGH PRIMARY HEALTH CENTERS IN MYSORE DISTRICT: AN ANALYSIS

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### 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

The performance of Primary Health Centers can be assessed against the set standards. Setting standards is a dynamic process. Currently, the Standard for Primary Health Centers in India has been revised keeping in view the resources available with respect to functional requirements of Primary Health Centre on the basis of minimum standards such as building, manpower, instruments and equipment, drugs and other facilities etc. Primary health care shifts the emphasis of health care to the people themselves and their needs reinforcing and strengthening the capacity to shape their lives. 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 and opportunities for change maximizing the involvement of the community. This includes all relevant sectors avoiding duplication of services and uses only health technologies that are accessible, acceptable, and affordable with appropriateness. Primary health care needs to be delivered close to the people by professional health care practitioners. The 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. They are part of the government-funded public health system in India. The result analysis of this study is made with brief introduction study area of Mysore District where the research work is undertaken.

The working of PHCs in Mysore district is examined using the parameters such as TTPW, BCG, DTP Polio, Measles, D and T and TT. In Mysore district there are successful vaccination programmes with regard to TTPW, BCG, DPT polio, Measles, D and T and TT during the last 10 years from 2002 to 2012. The progress of TTPW has decreased from 108.7% to 82.4% in 2012. The progress of BCG has decreased from 111.1% to 87.0% in 2012. The progress of DPT polio has decreased 111.10% to 87.0% from 2012. The progress of MEASLES has decreased from 108.7% to 87.0% from 2012. The progress of D and T, has decreased from 108.7% to 82.1% in 2012, and The progress of TT has decreased from 108.1% to 85.0% in 2012. The details of all these health parameters of PHCs are shown in table 1: and figure-1:1.

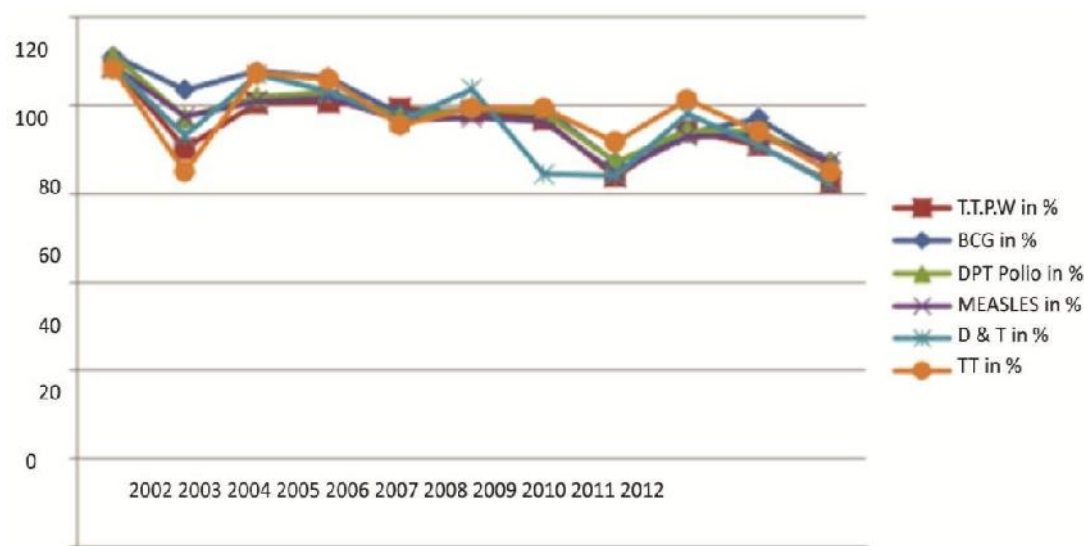
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**Table 1: Mother and Children Health Vaccine Programme through PHCs**

z	T.T.P.W			BCG		DPT POLIO			MEASLES			D and T			TT			
	Target	Achi	%	Target	/Achievement	Target	Achievement	%	Target	/Achievement	%	Target	/Achievement	%	Target	/Achievement		
2002	46310	50834	108.7	42870	47647	111.1	42870	47714	111.10	42870	46642	108.7	50870	54908	108.7	50600	54705	108.1
2003	48020	43343	90.2	44500	46086	103.5	44500	43320	97.3	44500	43320	97.3	52050	48458	93.1	50650	43125	84.9
2004	47070	47339	100.5	43340	46711	107.7	43340	44204	101.9	43340	43708	100.8	48580	51928	106.8	48050	51529	107.2
2005	47730	48001	100.6	44250	46975	106.2	44250	45419	102.9	44250	45024	101.7	50680	52351	103.3	49180	52047	105.8
2006	48211	46844	99.2	45500	44632	98.1	45500	44284	97.3	45500	43909	96.5	51119	49181	96.2	50904	48564	95.4
2007	43378	46648	98.4	43194	42833	99.1	43194	42877	99.2	43194	41084	97.1	49271	51050	103.6	50254	49949	99.3
2008	48312	46839	96.9	44289	44060	99.4	444289	43434	98.4	44289	42668	96.3	46809	42063	84.1	48939	45689	93.3
2009	61469	51516	83.8	55722	45957	87.1	55722	45898	87	55722	44620	84.6	59208	49838	84.1	54770	50207	91.6
2010	53247	50143	94.1	48576	45557	93.7	48576	45821	94.3	48516	45107	92.8	50974	49905	97.9	46461	47021	101.2
2011	57748	52596	91.0	49842	48544	97	49842	47075	94	49842	46391	93	49956	45284	91	48738	45870	94
2012	55046	45377	82.4	47659	41244	87.0	47659	41385	87.0	47659	41278	87.0	45632	37460	82.1	45730	38776	85.0

Source: Mysore ZillaPunchayet

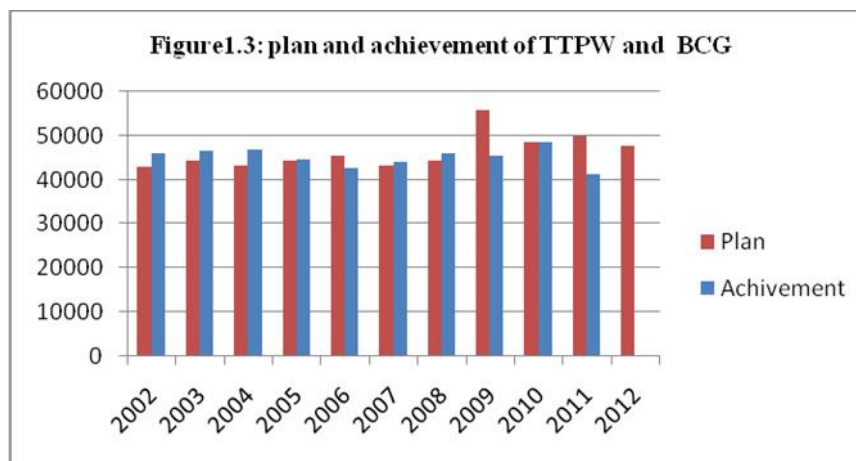
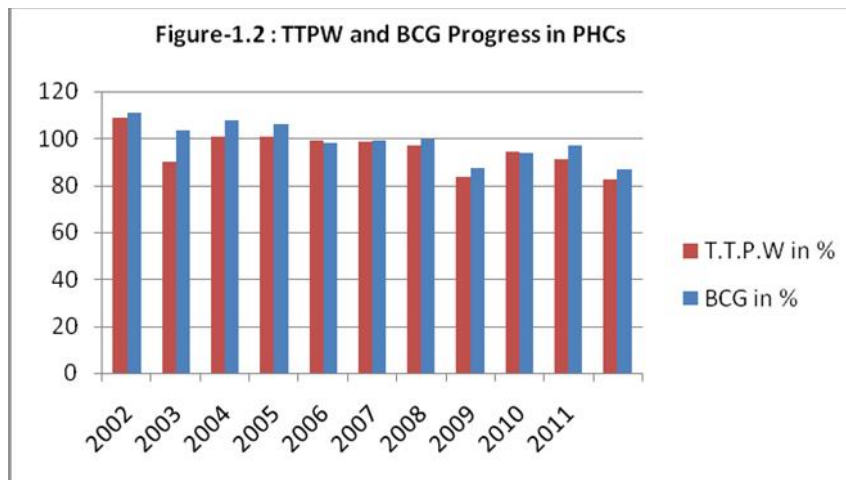
**Figure 1: Mother & Children Vaccine Programme in %**

Source: Mysore ZillaPunchayet

**Table 2: TTPW and BCG Programme through PHCs**

Year	T.T.P.W			BCG		
	Plan	Achievements	%	Plan	Achievement	%
2002	46310	50834	108.7	42870	47647	111.1
2003	48020	43343	90.2	44500	46086	103.5
2004	47070	47339	100.5	43340	46711	107.7
2005	47730	48001	100.6	44250	46975	106.2
2006	48211	46844	99.2	45500	44632	98.1
2007	43378	46648	98.4	43194	42833	99.1
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2009	61469	51516	83.8	55722	45957	87.1
2010	53247	50143	94.1	48576	45557	93.7
2011	57748	52596	91	49842	48544	97
2012	55046	45377	82.4	47659	41244	87

Source: District Health Office, Mysore



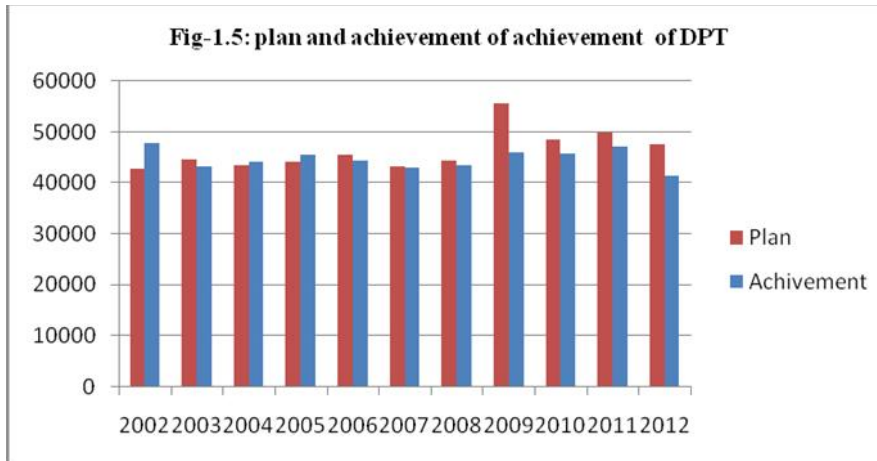
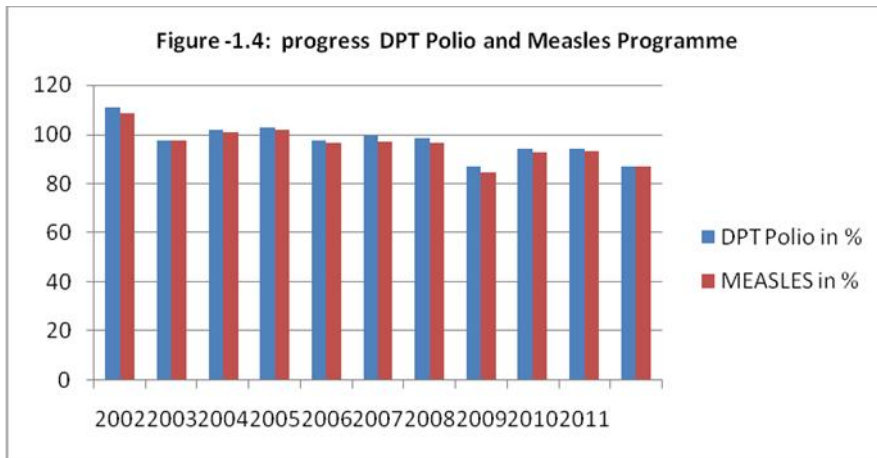
Source: District Health Office, Mysore

The working analysis also made on DPT polio and measles programs through the PHCs of Mysore district. The plan achievement of DPT polio has decreased from 111.1% in 2002 to 87% in 2012 with highest of 102% in 2005. Similarly, the measles program has also shown fluctuation during the study period. The percentage of achievement has reduced from 108.7% in 2002 to 87% in 2012 during study period. In total, these two programs of PHCs have shown good progress over a period of ten years from 2002 to 2012. This is shown in table 3: and figure 1.4: figure-1.5: and figure-1.6:

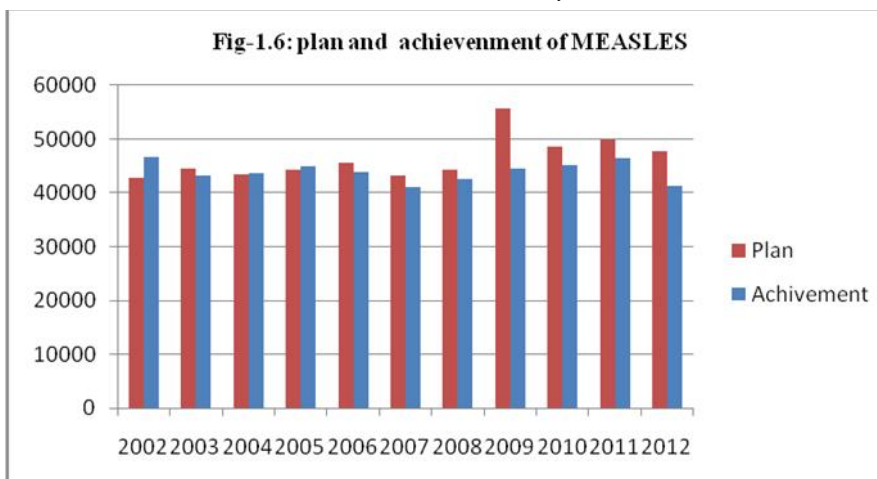
**Table 3: DPT Polio and Measles Programme through PHCs**

Year	DPT POLIO			MEASLES		
	Plan	Achievement	%	Plan	Achievement	%
2002	42870	47714	111.1	42870	46642	108.7
2003	44500	43320	97.3	44500	43320	97.3
2004	43340	44204	101.9	43340	43708	100.8
2005	44250	45419	102.9	44250	45024	101.7
2006	45500	44284	97.3	45500	43909	96.5
2007	43194	42877	99.2	43194	41084	97.1
2008	44289	43434	98.4	44289	42668	96.3
2009	55722	45898	87	55722	44620	84.6
2010	48576	45821	94.3	48516	45107	92.8
2011	49842	47075	94	49842	46391	93
2012	47659	41385	87	47659	41278	87

Source: District Health Office, Mysore



Source: District Health Office, Mysore



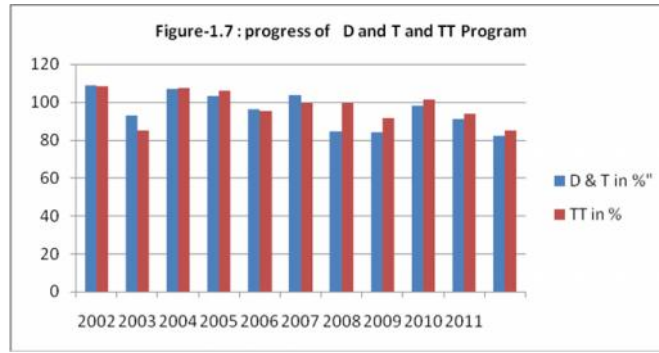
Source: District Health Office, Mysore

The performance of PHCs is also made using the health parameters of D and T and TT in Mysore district. The percentage of D and T program and TT has shown decreasing trend during the study period. The plan achievement of D and T has decreased from 108.5 % in 2002 to 82.1% in 2012. In the same way, the achievement of TT program has also reduced from 108.1% in 2002 to 85 % in 2012. This is shown in table 4: and figure-.1:7, 1:8, and.1: 9

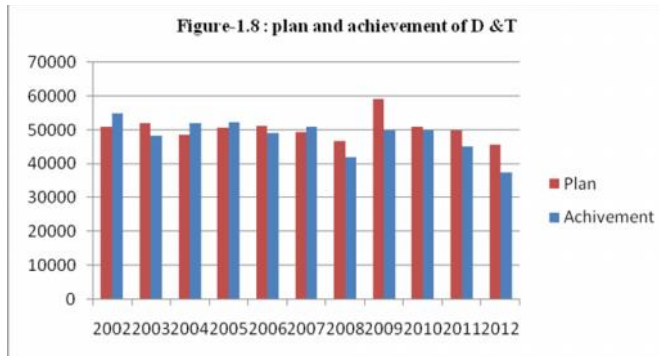
**Table 4: D and T and TT Programme through PHCs**

Year	D and T			TT		
	Plan	Achievement	%	Plan	Achievement	%
2002	50870	54908	108.7	50600	54705	108.1
2003	52050	48458	93.1	50650	43125	84.9
2004	48580	51928	106.8	48050	51529	107.2
2005	50680	52351	103.3	49180	52047	105.8
2006	51119	49181	96.2	50904	48564	95.4
2007	49271	51050	103.6	50254	49949	99.3
2008	46809	42063	84.4	48939	45689	99.3
2009	59208	49838	84.1	54770	50207	91.6
2010	50974	49905	97.9	46461	47021	101.2
2011	49956	45284	91	48738	45870	94
2012	45632	37460	82.1	45730	38776	85

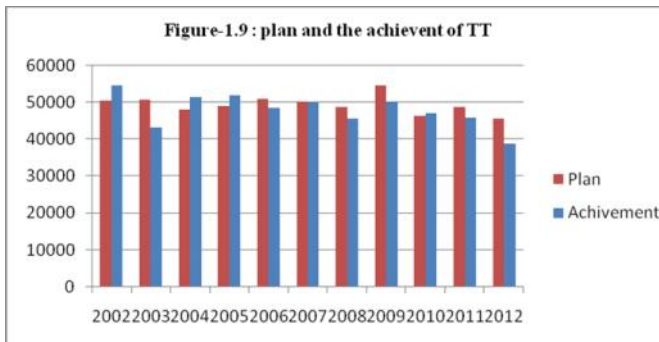
Source: District Health Office, Mysore



Source: District Health Office, Mysore



Source: District Health Office, Mysore



Source: District Health Office, Mysore

### Findings

Thus, the performance of PHCs in Mysore district is made considering the parameters of medical and paramedical staff, referral Maternity Hospitals and Mobile Tribal health unit Leprosy, Tuberculosis and District Laboratory centers, Malaria cholera and Blindness eradication program, Family welfare program, under that vanki adoption tablet users and family planning, Mother and child vaccine program under that TTPW, BCG, DPTPOLIO, MEASLES, D, AND T, TT.

The service of PHCs for mother and child vaccine program is also evaluated for 10 years from 2002 to 2012. This vaccine program included TTPW, BCG, DPT Polio, measles D and T, and TT Data collected for all these program and targets with achievements from 2002 to 2012. Regarding TTPW program they could achieve the target of 50834. But the achievement of this program 45377 against the target of 55046 in 2012.

So far as BCG program is concern they could achieve 47647 against the target of 42870. They bring 41244 people under this program against the target of 47659 in 2012. Regarding DTP Polio program they brought 47714 people under this program against the target of 42870 in 2002. Its achievement was 41385 against the target 41659 in 2012.

Measles program was also undertaken by the PHCs under mother and child vaccine program. The measles vaccination was done 46642 against target of 42870 in 2002 measles vaccination was conducted 41278 people against the target of 47659 in 2012. D and T vaccination program was also conducted through the PHCs under MRCH program. This vaccination is done for 54908 people against the target 50870 in 2002. D and T vaccination was conducted for 37460 people against the target of 45632 in 2012.

So far as TT vaccination is concern 55705 people were vaccinated against the target of 50600 in 2002. TT vaccination was done for 38766 against 45730 in 2012. Thus the child and mother vaccination program is implemented through the PHCs. The service of PHCs in rural healthcare and mother and child vaccination family planning program and the program of NRHM covering Leprosy, tuberculosis, Malaria, cholera, blindness eradication is evaluated. In performance analysis PHCs is evaluated using budgetary allocation, medical staff, Para-medical staff, other staff, implementation of NRHM program, family planning and mother and childcare vaccines as parameters.

It is concluded that PHCs is overburdened with national and state healthcare programs with poor budgetary allocation and infrastructure in Mysore district. There is shortage of medical and para-medical staff for the proper implementation of healthcare services. The PHCs just refer the cases to the general hospitals and district hospitals, as there is no facility for healthcare. This has given scope for private practitioners in rural areas. It is also found that there is no proper network for communication between PHCs, CHCs, and general hospitals.

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