

WORKING OF PRIMARY HEALTH CENTERS IN MYSORE DISTRICT: AN OVERVIEW

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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 working analysis of PHCs also made from the point of view of medical care of tuberculosis, Leprosy control and laboratory centers in Mysore district. It is found that there is no improvement of this parameter at PHCs in Mysore district over a period of ten years.

As shown in the table for the period 2002 to 2012, there exists only one leprosy center, one tuberculosis and one district laboratory in Mysore district. Being a district headquarters Mysore has successfully achieved the detection and treatment of leprosy patients in 2002 out of 340 detected leprosy patients 318 have been successfully treated, the following with 100% achievement in the treatment of leprosy patients as shown in table. There is also successful treatment of tuberculosis patients for the study period, leprosy and, tuberculosis patients Between 2002-2006 each year more than 50,000 blood samples were taken and a few cases were detected as malaria and 100% treatment is given, from 2007 - 2012 though more than 50,000 blood samples were taken to test the malaria cases the case detected as very less indicating the eradication of malaria in the district. This is shown in Table 1:

Table 1: The number of Tuberculosis, Leprosy Control and District Laboratory Centers in Mysore District as on 31st March 2015

Year	Leprosy Centers	Tuberculosis Centers	District Laboratories
2002	01	01	01
2003	01	01	01
2004	01	01	01
2005	01	01	01
2006	01	01	01

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2007	01	01	01
2008	01	01	01
2009	01	01	01
2010	01	01	01
2011	01	01	01
2012	01	01	01

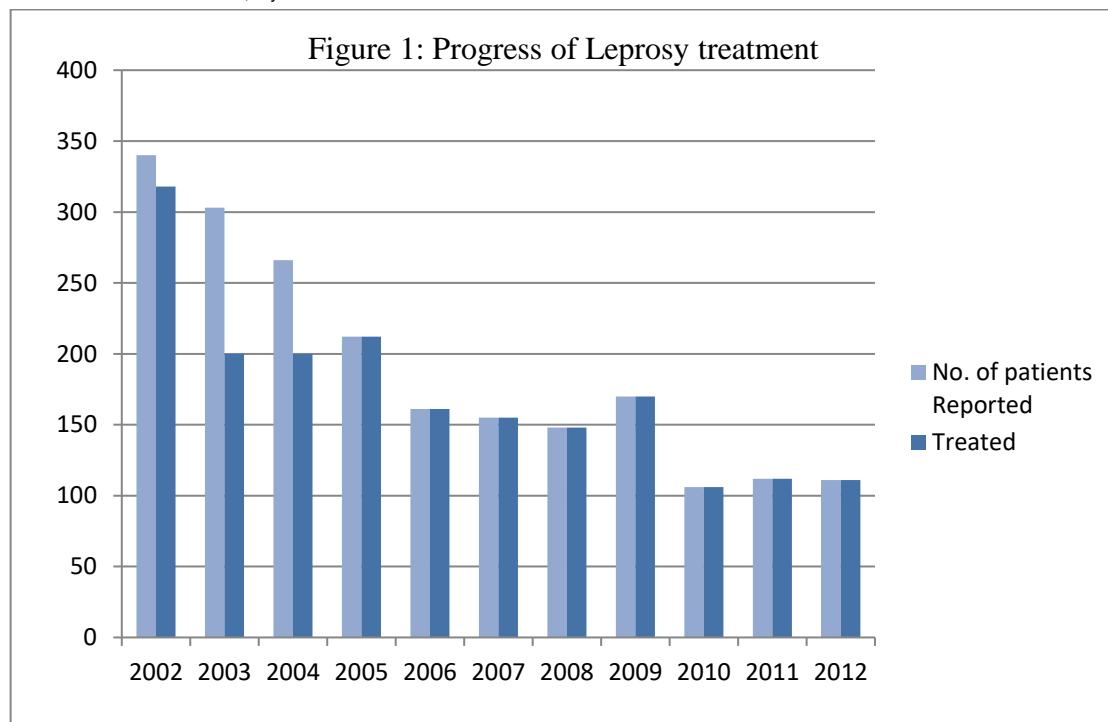
Source: District Health Office, Mysore

The progress of PHCs is also analyzed for Leprosy and Tuberculosis treatment. These centers are good in treating leprosy than tuberculosis' during the study period. It is found that the number Leprosy treatment has increased from 318 in 2002 to 212 in 2005. It stood at 111 in 2012 with 100% treatment against 18207 tuberculosis patients treated showing just 54.40 % during the same period as shown in table and figure:.

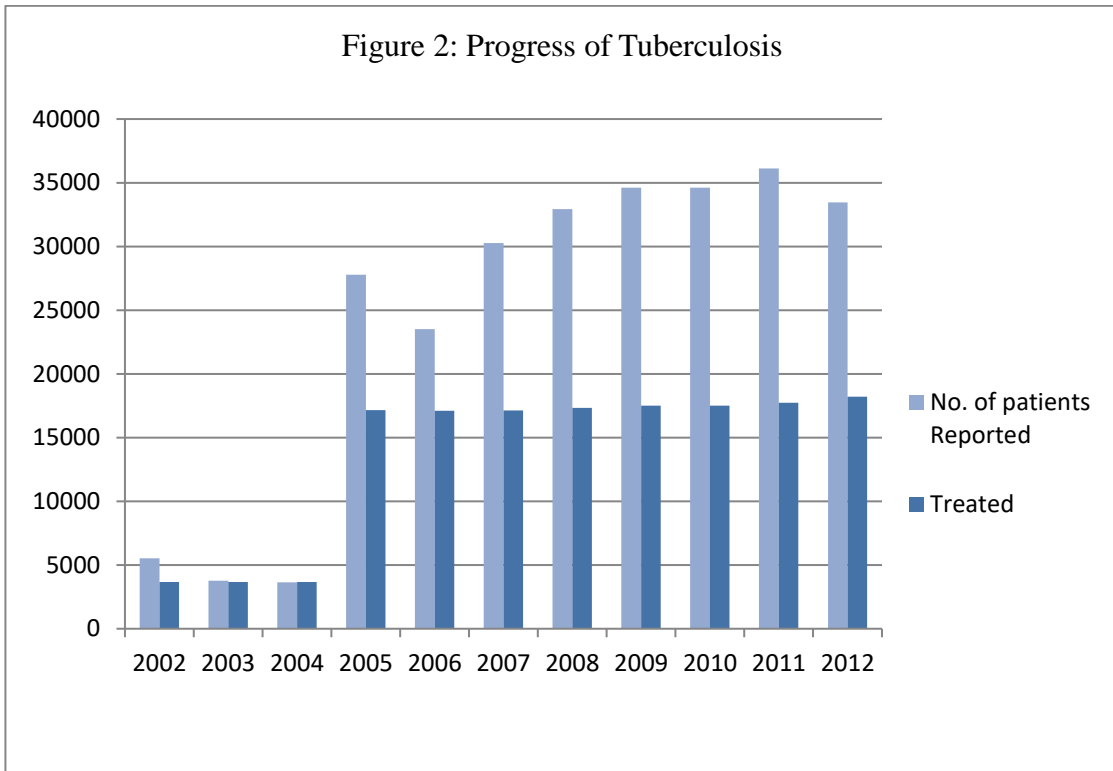
Table 2: The Progress of Leprosy, Tuberculosis Programmers' through the PHCs

Year	Control of Leprosy			Control of Tuberculosis		
	No. of patients Reported	Treated	Treated in %	No. of patients Reported	Treated	Treated in %
2002	340	318	93.53	5519	3660	66.32
2003	303	200	66.01	3779	3660	96.85
2004	266	200	75.19	3634	3660	100.72
2005	212	212	100.00	27788	17153	61.73
2006	161	161	100.00	23510	17112	72.79
2007	155	155	100.00	30276	17143	56.62
2008	148	148	100.00	32924	17325	52.62
2009	170	170	100.00	34623	17503	50.55
2010	106	106	100.00	34623	17503	50.55
2011	112	112	100.00	36116	17746	49.14
2012	111	111	100.00	33470	18207	54.40

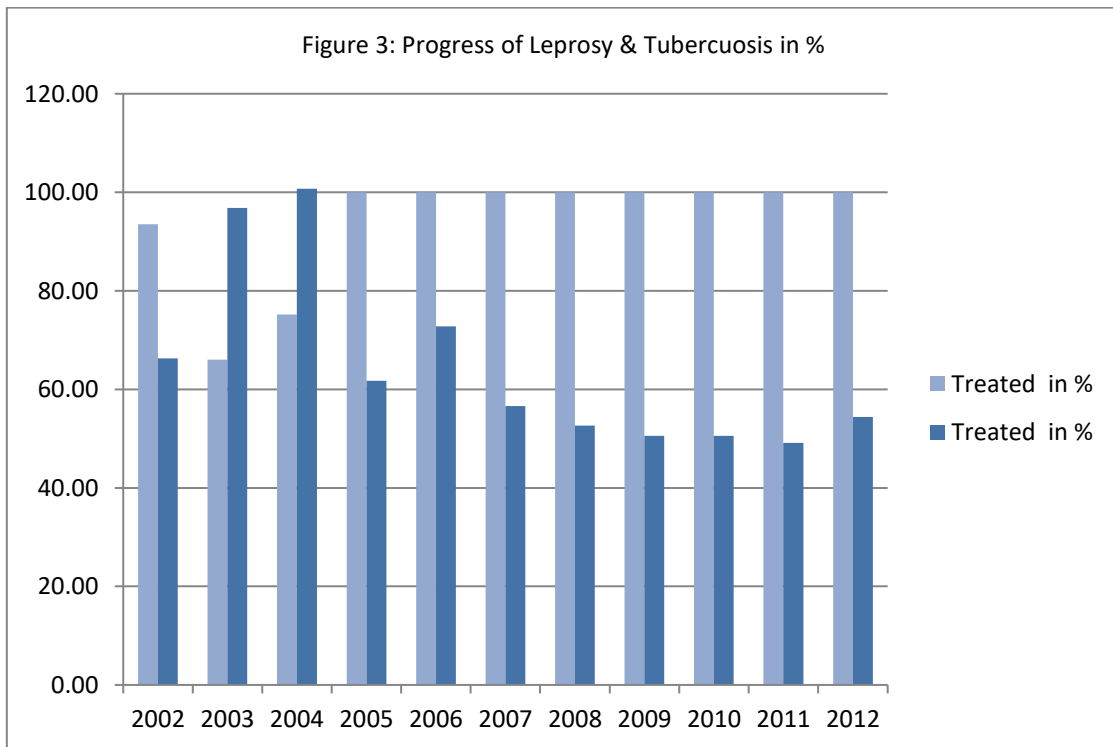
Source: District Health Office, Mysore



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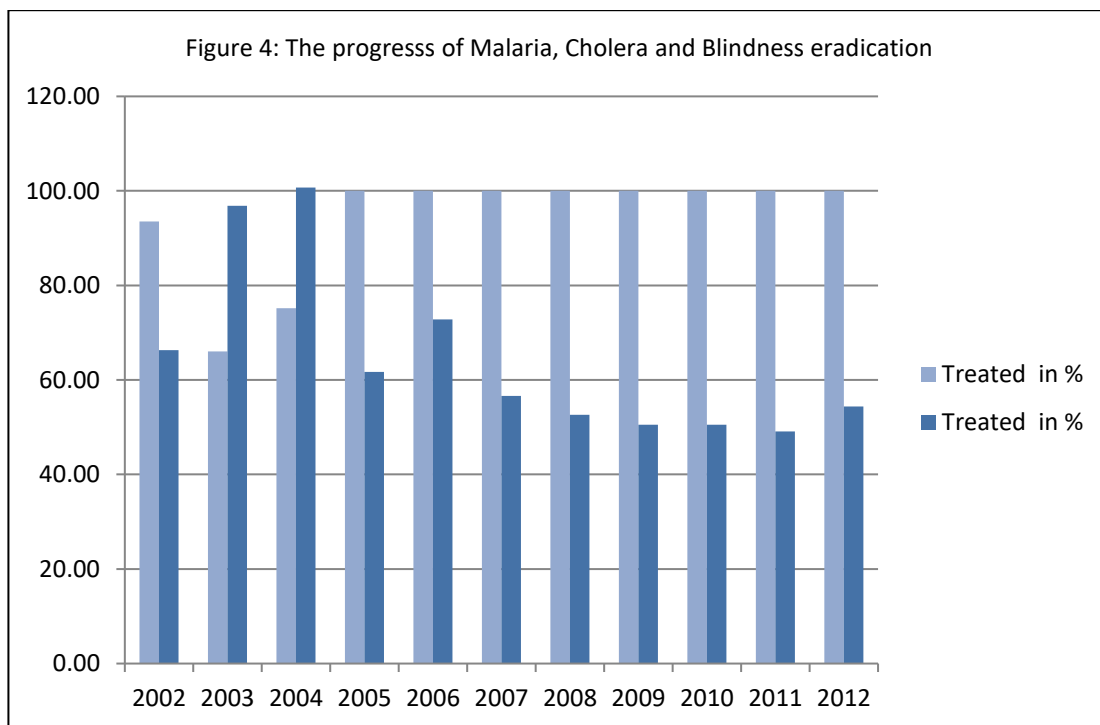
The working of PHCs in Mysore district is also analyzed considering the treatment of Malaria, Cholera and Blind eradication. In PHCs of Mysore district, Between 2002-2006 each year more than 50,000 blood samples were taken and a few cases were detected as malaria and 100% treatment is given, from 2007 -2012 though more than 50,000 blood samples were taken to test the malaria cases the case detected as very less indicating the eradication of malaria in the district.

With regard to the cholera cases for the study period 2002-2012 in Mysore district though registered cases are within 100 in each year, the death cases are only 4 for the entire study period. As far as, the blindness eradication programme is concerned every year during the study period, more than 10,000 cataract operations have been done with a maximum of 19,442 operations in 2011 and the progress is more than 89.3% in all the years of the study period with 100% progress in 2012. This is shown in Table and Figure.

Table 3: The programs of Malaria, Cholera and Blindness eradication

Year	Malaria			Cholera		Blindness Eradication	
	No. of Blood samples Tested	Cases detected	Treatment Given	No. of cases Registry	Death cases	Cataract Operations Done	Progress %
2002	659999	6405	6364	74	-	13014	104.10%
2003	59759	1995	1995	3	-	11209	72.30%
2004	572093	502	502	18	1	10643	68.60%
2005	579508	161	161	45	1	13562	98.30%
2006	545563	168	168	20	-	15006	98.30%
2007	523696	92	92	36	1	15013	100.10%
2008	530727	34	34	48	-	17870	100%
2009	593141	34	34	27	-	18376	100%
2010	503925	32	32	49	-	19442	98.80%
2011	478182	91	91	40	-	17999	89.30%
2012	411606	67	67	92	1	17378	100%

Source: District Health Office, Mysore



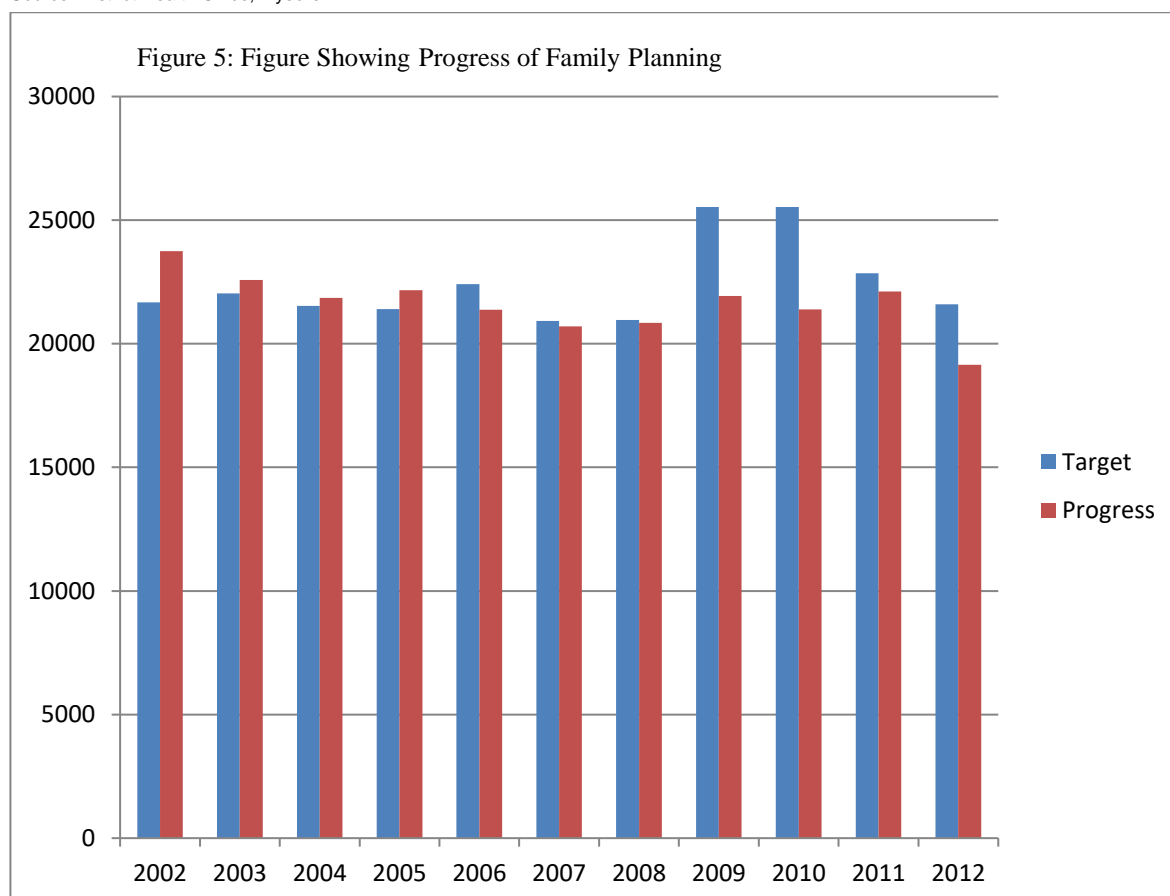
Source: District Health Office, Mysore

Mysore district is not lagging behind in family welfare programme. Sufficient progress has been made with regard to family planning implementation..Vanki adaptation is also on the rise, there is sufficient progress in number of tablet users to adopt family planning. As shown in table, family planning has shown progress of 104.2% against its target in 2002 and its progress is 92% in 2012. Similarly, the progress achieved in Vanki adoption has been increased from 95.62% in 2002 to 110.86% in 2012. The progress of tablet users decreased from 104.2% to 92% in 2012. The details of family planning, Vanki adoption and tablet users are shown in table, figure.

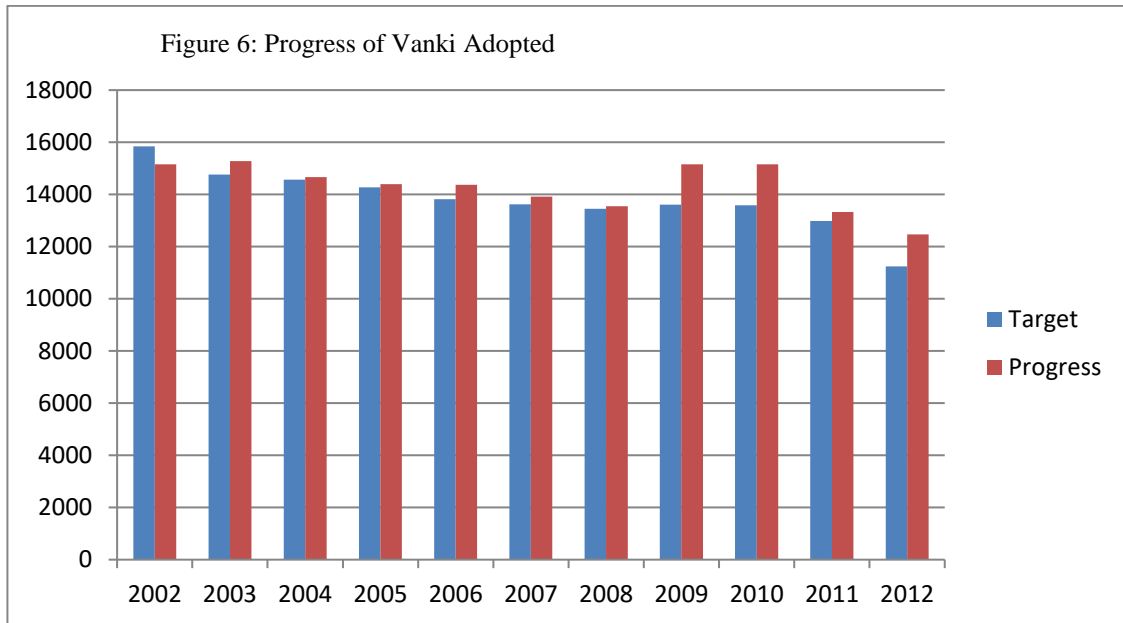
Table 4: The Progress of Family Welfare Programme through the PHCs

Year	No of Family Planning			No. of Vanki adopted			No of Tablet users		
	Target	Progress	Progress in %	Target	Progress	Progress in %	Target	Progress	Progress in %
2002	21670	23748	109.59	15844	15150	95.62	9132	8760	104.2
2003	22030	22577	102.48	14760	15280	103.52	8120	8650	93.8
2004	21530	21859	101.53	14565	14660	100.65	8317	9330	89.1
2005	21400	22170	103.60	14271	14400	100.90	9240	9392	98.4
2006	22418	21371	95.33	13824	14370	103.95	8639	9660	89.3
2007	20924	20705	98.95	13622	13913	102.14	8922	9231	96.6
2008	20959	20848	99.47	13445	13552	100.80	9240	9392	98.4
2009	25538	21930	85.87	13604	15154	111.39	8587	14349	60
2010	25538	21391	83.76	13582	15154	111.57	7476	14349	52.1
2011	22851	22108	96.75	12978	13328	102.70	7865	12117	64.9
2012	21599	19154	88.68	11247	12468	110.86	9592	10464	92.00%

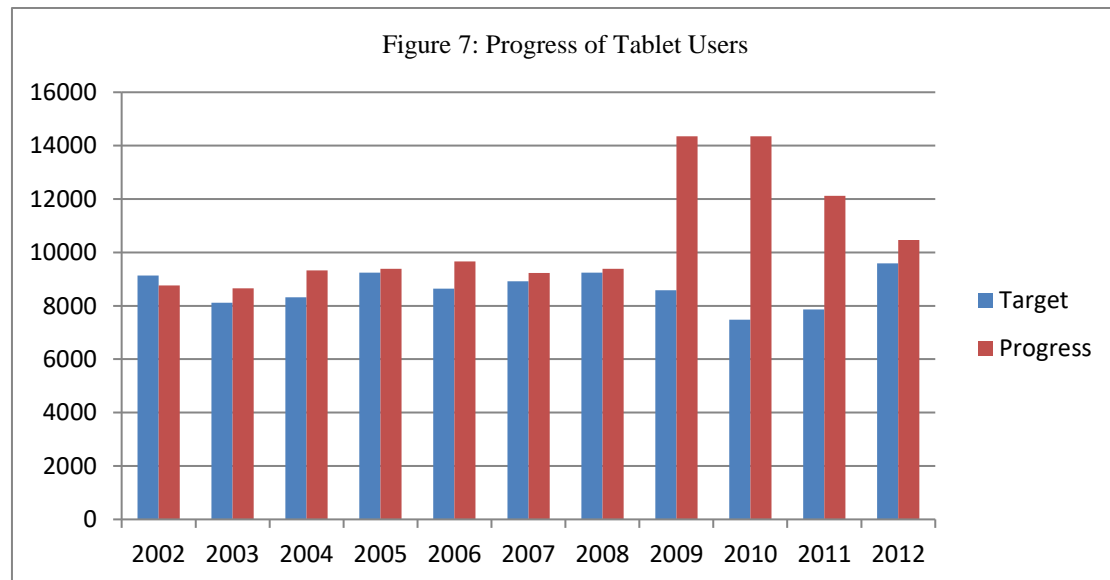
Source: District Health Office, Mysore



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Findings

The PHCs have been working to provide health services through the maternity hospital and mobile tribal health units. The PHCs refer maternity cases to the community health centers, general hospitals and districts hospitals. The mobile tribal health units also operate through the PHCs. The maternity hospitals for the study period from 2002 to 2012 remain constant. There is no significant increase in number of maternal tribal health units operating through PHCs during the study period.

The service of PHCs to rural poor through the district leprosy and tuberculosis centers and district laboratories is satisfactory. The government appointed ASHA workers to coordinate PHCS with other National health program activities. There is 1 ASHA worker for every 1000 population in the service area of PHCS. Each PHCS is attached 21 ASHA workers appointed on contract basis by the state government. The ASHA workers play a significant role in the PHCS. Their role in detecting leprosy,

tuberculosis and referring the cases to the leprosy and tuberculosis centers through the PHCS is really appreciable though the number of leprosy and tuberculosis including the district laboratories remaining the same during the study period. The number of cases of detected for leprosy and tuberculosis and the treatment given through the PHCS under National rural health program is satisfactory.

PHCs have played a greater role in the eradication and of leprosy and tuberculosis. In 2002 the PHCs reported 340 cases of leprosy and treated 318 patients through the district leprosy centers. The number of cases reported for leprosy has decreased 112 on 31 March 2012 and, all the cases were treated through the district leprosy center with 100% progress. Similarly they played a significant role in controlling tuberculosis. The cases are increased to the extent 33470 as on 31 March 2012. The number of cases treated for tuberculosis through primary health centers has increased from 3660 in 2002 to 18207 as on 31 March 2012. The achievement of PHCs in treating tuberculosis is not as good as leprosy control in Mysore district.

The service of PHCs in the eradication of malaria, cholera and blindness is also evaluated; under NRHH the PHCs detected 6405 cases of malaria, in 2002. With blood sample 659999 in 2002. The number of detected cases of malaria reduced to the extent of 67 with tested blood sample of 411606 as on 31 March 2012, all the detected cases were successfully treated under NRHH through the PHCs in 2012.

The number of cases registered cholera in 2002 was 74 with no death cases. The registered cases for cholera just increased to 92 with the report of 1 death case as on 31 March 2012.

The PHCs also conducted programs to eradicate blindness. The cataract operation done through PHCs as increased from 13400 in 2002 to 17378 as on 31 March 2012, thus the performance of PHCs in the eradication of malaria, cholera and blindness, through NRHH, can be analyzed.

The performance of primary health centers in family welfare program is also evaluated during the study period. The data collected on the target and progress of vanki adaptation, tablet usage and family planning under gone. In 2002 they had target of covering 21670 people under family planning. They could successfully done family planning program to the extent of 23748 2002. In 2012 they brought 19154 people under the family planning against the target 21599 people.

Number of people adopted for vankies 2012 was 15150 against the target of 15844. But the number of vanki adopted people under family people reduced to 12468 against the target of 11247 in 2012. Similarly the number of tablet users under family planning was 8760 in 2012 against family planning was 8760 in 2012 against the target of 9132.

But similarly the number of tablet users is increased to 10464 against the target of 9592 as on 31 March, 2012. Thus the PHCs in Mysore district performed well in the implementation family planning program by increasing the number of vanki adoption and tablet users.

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