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HEALTH CARE SERVICES OF PRIMARY HEALTH CARE CENTRES IN KALUULAM TALUK OF KANYAKUMARI DISTRICT

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Health is the most important socio-economic aspect of every individual's life. Its importance is evident in old saying "Health is Wealth." Health is not only a basic to lead a happy life for an individual, but also necessary for all productive activities in the society. The whole development cycle of a person depends upon his intellectual caliber, curiosity and constructive thinking, but all these qualities depend upon his good health. Health is the most precious component for the happiness and all round development of man in society. An individual's health and the health of a society are considered complementary to each other. It is a fact that the individual's health contributes to higher productivity and economic development, which in turn, provides them with higher wages and better prospects for good health. Thus, societal development largely depends on the health of its members. Health is an important indicator of the Human Resource Development. Health is now considered as a birth right of all people.

HEALTH CARE

Health care is the prevention, treatment and management of illness and the preservations of mental and physical well being through the services offered by the medical, nursing and allied health professionals. According to the World Health Organization, health care embraces all the goods and services designed to promote health including preventive, curative and palliative interventions, whether directed to individuals or to population. The organized provision of such services may constitute a health care system. The concept of health care has changed over time from a static concept of "physical condition" to the dynamic concept of "ability to cope". Health is a more broader concept than a narrow biomedical model. Thus, health is considered as an input of the totality of life, and a focal point of human development.

INDIAN HEALTH SECTOR

The Indian health sector consists of medical care providers like physicians, specialist clinics, nursing homes, hospitals, diagnostic service centres and pathology laboratories, medical equipment manufacturers, contract research organizations, pharmaceutical manufactures and third party support service providers (catering, laundary).

PUBLIC SECTOR IN HEALTH CARE

The public health care system consists of facilities run by the central and state governments. These public facilities provide free or subsidized rates to lower income families in rural and urban areas. The constitution of India divides health – related responsibilities between the central and the state governments. While the national government maintains responsibility for medical research and technical education, state governments shoulder the responsibility for infrastructure, employment and service delivery. The Ministry of Health and Family Welfare is instrumental and responsible for implementation of various programmes on a national scale in the areas of health and family welfare, prevention and control of major communicable diseases and promotion of traditional and indigenous system of medicines. Apart from these, the ministry also consists states in preventing and controlling the spread of seasonal disease out breaks and epidemics through technical assistance.

HEALTH EXPENDITURE

Health expenditure has been one of the key motivators to enable higher levels of health achievement as well as increasing over all access to health service. According to the Indian constitution the health sector appears under the concurrent list and thus, the provision of public health in India has been shared by both central and state governments. Health expenditure is a consumption of a resource with the primary motivators of promoting, restoring and maintaining health. National or total health expenditure has been the monetary representation of the

totality of resource being consumed was the health system for a given year. The information on resources consumed is best reported within a formal accounting framework. Hospitalization outpatient visits included all the attendant diagnostic tests, medicines and surgical procedures which clearly meant health expenditures. Alternative or complementary medicine and public health services were also be included. Expenditure on medical, public health, family welfare water supply and sanitation nutrition. Child and handicapped welfare were health care expenditures which directly influenced the health status in India

HEALTH STATUS

Health is a major instrument of social and economic development and it can play a very important role in the creation of a new world. The level of development achieved by a society is often determined on the basis of the level of health and the system of health care and health services prevalent in the society. Health status is generally measured in terms of life expectancy of birth, birth rate, death rate etc. according to World Health Organization health is a state of complete physical, mental and social well – being and not merely the absence of disease. The indicators of health status measured in terms of the birth rate and death rates are more reflective of the demographic changes taking place in the country.

HEALTH CARE INFRASTRUCTURE

Health infrastructure is an important indicator to understand the health care delivery provisions and mechanisms in a country. It also signifies the investments and priority accorded to creating the infrastructure in public and private sectors. The health infrastructure in India is spread over the different systems of medicine such as allopathic, ayurveda, siddha, Tibetan medicine, unani and homoeopathy. In spite of the fact that the Indian health care industry is rapidly expanding, health care infrastructure in India is very poor. A noticeable percentage of India suffers from poor standard of health care services. Most of the health care facilities of India provided by the various health care services are limited and of low standard. Public health services, essential public health services, preventive health services, mental health services, home health services, Magellan health services and school health services are some of the health care services found in India.

HEALTH INFRASTRUCTURE IN TAMIL NADU

Health service is one of the most important of all human endeavours to improve the quality of life. Health development is recognized as an essential and important part of the national socio – economic development. The Government is spending quite a lot of money for setting up Primary Health Service Centres. Tamil Nadu has expanded in health infrastructure in terms of primary health centres.

As health is a state subject in India, respective state governments are primarily responsible for public provision of health care. States exercise major control over health related finance and administration. Hence, it is pertinent to approach efficiency issues at this level. In order to understand efficiency in perspective, it is important to know what an ‘ideal’ system is with respect to a state. Since initial formation of basic infrastructure was based on population norm, the infrastructure visualized by norm can be seen as an ‘ideal’ system. However, its size varies across states depending up on population size.

PRIMARY HEALTH CARE

Primary health care is an essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

PRIMARY HEALTH CARE – FOCUS AND IMPLICATIONS

Primary health care had strong socio-political implications. It explicitly outlined a strategy which would respond more equitably, appropriately and effectively to basic health care needs and also address the underlying social, economic and political causes of poor health. Certain principles were to underpin primary health care, namely, universal accessibility and coverage on the basis of need; comprehensive care with the emphasis on disease

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prevention and health promotion; community and individual involvement and self-reliance; intersectoral action for health; and appropriate technology and cost effectiveness in relation to the available resources.

PRIMARY HEALTH CENTRE

Primary health centre are state owned rural health care facilities in India. They are essentially single doctor clinics usually with facilities for minor surgeries too. They are part of the government funded public health system in India, and are infact, the most basic units of this system.

Health services in India were developed on the basis of the directions and guidance provided by the health survey and development committee (Bhore Committee) of 1946. As per the recommendations of the Bhore Committee it was proposed to establish one Primary Health Centre in every community development block. The basic services provided at the Primary Health Centre dealt with medical care, maternal and child health, family planning, school health, health education, environmental sanitation, control of communicable diseases, collection of vital statistics, active cooperation in the implementation of national programmes like malaria eradication, small pox eradication, control of TB, leprosy and expanded nutritional programme.

OBJECTIVES OF THE PRIMARY HEALTH CENTRES

The objectives of the Primary Health Centres are:

1. To improve the nutritional and health status of children in the age group of 0 – 6 years.
2. To lay the foundations for proper psychological, physical and social development of the child.
3. To achieve effective coordination of policy and implementation amongst the various departments to promote child development.
4. To enhance the capability of mothers to look after the normal health and nutritional needs of the child through proper nutrition and health education.

SPECIAL MEDICAL TREATMENTS IN PRIMARY HEALTH CENTRES

Apart from the regular medical treatments, Primary Health Centres in India have some special focuses.

Infant Immunization Programmes

Immunization for the new borns under the national immunization programme is dispensed through the Primary Health Centres. This programme is fully subsidized.

Anti Epidemic Programmes

The Primary Health Centres act as the primary epidemic diagnostic and control centres for the rural India. Whenever a local epidemic breaks out, the doctors of the system are trained for diagnosis and they identify suspected cases and refer for further treatment.

Birth Control Programmes

Services under the national birth control programmes are dispensed through the Primary Health Centres. 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 Primary Health Centre system is medical care for pregnancy, and child birth in rural India. This is because people from rural India is still averse in approaching doctors for pregnancy care which increases neonatal death instanced in rural India. Hence pregnancy care is a major focus area for the Primary Health Centres.

Emergencies

All the Primary Health Centres store drugs for medical emergencies which could be expected in rural areas for example antivenoms for snake bites, anti – rabies vaccination for dog bites etc.

FUNCTIONS OF THE PRIMARY HEALTH CENTRE

The Government of India's initiative to create and expand the presences of Primary Health Centres throughout the country is consistent with the 10 elements of primary health care outlined in the Alma – Ata declaration. They are:

1. Provision of medical care
2. Maternal-child health including family planning
3. Safe water supply and basic sanitation
4. Prevention and control of locally endemic diseases
5. Collection and reporting of vital statistics
6. Education about health
7. National health programmes
8. Referral services
9. Training of health guides, health workers, local dais and health assistants
10. Basic laboratory workers.

INITIATIVE UNDERTAKEN BY PRIMARY HEALTH CENTRES TO PROMOTE HEALTH SERVICES

The World Health Organization's 2008 World Health Report includes four core primary health care principles of effective health systems which are as follows

1. Universal coverage
2. Enhanced patient-centered primary care services
3. Strengthened community centered public health policies, and
4. Effective health system leadership.

In order to provide quick, affordable health services, the Primary Health Centres functions include immunization against major infectious diseases, educating the masses about healthy habits particularly in rural areas, appropriate treatment of common diseases using technology, provision of medicines, maternal and child care, family planning and promoting mental and emotional health.

PRIMARY HEALTH CENTRES IN KANYAKUMARI DISTRICT

At Kanyakumari district health care delivery system to the rural has been provided by 9 block Primary Health Centres, 27 additional Primary Health Centres, 6 urban Primary Health Centres and 267 Health Sub Centres. Through the health centres curative and preventive services are being extended to the rural community.

PRIMARY HEALTH CENTRES IN KALKULAM TALUK

There are 12 primary health centres in Kalkulam Taluk of Kanyakumari District. The working hours of primary health centres are from 9.30am to 5.00pm. In these primary health centres allopathy treatment is conducted as usual programme. Medicines are also provided by these centres. The immunization programme and pre-natal check programme are regularly conducted in all the primary health centres in Kalkulam Taluk. Many people of the neighbouring villages are getting medical advices and medical benefits from these primary health centres.

STATEMENT OF THE PROBLEM

Over the years, the researchers, academicians and governments have tried to find ways and means to many issues of health. This includes provision of quality services and an effective delivery system, managing health expenditure and adequate expansion of service network to rural areas to achieve equity in access health care. The primary health centres and sub-centres were grossly underutilized. This underutilization was sound to be the result of several defects in the primary health care organization. Primary health centres are normally expected to provide services around six to seven hours per day. But the availability of doctors of primary health centre at least in a day was around about three hours. The patients were never sure when the doctor would be available at primary health centres during needy time, so that users of the health care services were not satisfied with the quality and quantity of services provided. The growing importance of efficiency in resource utilization, particularly in social sectors

like the health care sector, has attracted researcher in the area. There have been numerous attempts by researchers across the globe in recent years to address the empirical measurement of efficiency in health care institutions. These attempts focus on system endowments and the efficient utilization of resources within the system to produce health outcomes that can be appropriately measured by a suitable method. So the researcher makes an attempt to analysis the health care service of primary health centres in Kalkulam taluk.

OBJECTIVES OF THE STUDY

The objectives of the study are:

1. To assess the health status of the people in the study area.
2. To examine the opinion as well as the attitude of the respondents regarding facilities available and services rendered by primary health centres.
3. To assess the factors responsible for accessing primary health centres.
4. To find out the extent of health service provided by primary health centre.
5. To study about the men and material existing in primary health centres.

METHODOLOGY

The present study is based on primary data. The relevant data was collected through interview schedule. For the present study the sample was selected among the patients. In Kalkulam Taluk there are 3 blocks, the researcher have selected 40 sampling units from each block, so total 120 sampling units. The primary data thus obtained were tabulated under various heads for a detailed discussion. The secondary data was collected from the books, journals and General Information Register, primary health centres, Kalkulam Taluk.

ANALYSIS OF THE PRIMARY DATA

Personal Profile of the Sample Respondents

Age : Age has been defined as the estimated or calculated interval of time between the date of birth and date of time census, expressed in completed years.

Sex: The sex wise distribution of the respondents is needed to know about the male and female ratio of the respondents.

Marital Status: The marital status tells us whether the respondents are married or not. An unmarried person is more independent where as a married person is not independent as he is the head of the family. He is responsible for his family welfare.

Educational Qualification: Education is one of the important factors which bring the necessary and desired economic changes in the life of an individual and also the life of the community as a whole. The planning activities of the government and programmes for family welfare will be working efficiently through the literacy level of the people.

Personal profile of the sample respondents are presented in Table.1. Age, marital status and educational qualification are presented.

Table 1, Personal Profile of the Sample Respondents

Attributes	Category	Number of Respondents	Percentage
Age	Below 20	38	31.7
	21 - 30	26	21.7
	31 - 40	10	8.3
	41 - 50	16	13.3
	51 - 60	18	15
	Above 61	12	10
Sex	Male	32	26.7
	Female	88	73.3

Marital Status	Married Unmarried	72 48	60 40
Education Level	Illiterates Primary School Middle School High School Higher Secondary College Others	14 26 18 22 16 14 10	11.7 21.6 15 18.3 13.3 11.7 8.3

Source: Survey Data.

Table 1 explains that, 31.7 per cent of the respondents are below the age of 20, 21.7 per cent of the respondents belong to the age group of 21 – 30, 8.3 per cent of the respondents belong to the age group of 31 – 40, 13.3 per cent of the respondents belong to the age group of 41 – 50, 15 per cent of the respondents belong to the age group of 51 - 60 and 10 per cent of the respondents are above 60.

Table shows out 120 respondents of the, 32 of the respondents are male and 88 of the respondents are female. Then the Table depicts the marital status Table of the respondents. In the total sample 72 respondents are married nd 48 respondents are unmarried. It is interesting to note that majority of the respondents are married.

The educational qualification of the sample respondents is also presented in Table 1, it shows that, 11.7 per cent respondents are illiterates, 21.6 per cent of the respondents have education up to primary school level, 15 per cent of the respondents have education up to middle school level, 18.3 per cent of the respondents have education up to high school level, 13.3 per cent of the respondents have education up to higher secondary school level, 11.7 per cent of the respondents are degree holders and 8.3 per cent of the respondents have diploma level education related to nursing, hotel management and ITI.

Economic Condition

Only little amount was spend on health by the respondents. Because the people are getting free treatment from the primary health centres.

Table 2,Income

Attributes	Category	Number of Respondents	Percentage
Income(in `)			
	Below 2000	15	12.5
	2001 – 5000	17	14.1
	5001 – 7000	26	21.7
	7001 – 9000	24	20
	Above 10000	38	31.7

Table 2 shows that, 12.5 per cent of the respondents earn income below ` 2000, 14.1 per cent of the respondents earn income between `2001–5000, 21.7 per cent of the respondents earn income between `5001–7000, 20 per cent of the respondents earn income between `7001–9000 and 31.7 per cent of the respondents earn income above `10000.

Health Expenditure

Only little amount was spend on health by the respondents. Because the people are getting free treatment from the primary health centres.

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Table 3,Health Expenditure of the Respondents Per Month

Amount Spend (in `)	No. of Respondents	Percentage
Below 500	18	15
501 – 1000	25	20.8
1001 – 1500	22	18.4
1501 – 2000	36	30
Above 2000	19	15.8
Total	**120**	**100**

Source: Survey Data

Table 3 shows that, 15 per cent of the respondents spend below `500 for health, 20.8 per cent of the respondents spend between `501–1000, 18.4 per cent of the respondents spend between `1001 – 1500, 30 per cent of the respondents spend between `1501 -2000 and 15.8 per cent of the respondents spend above `2000.

Disease Affected

The respondents are normally affected by fever, skin disease, joint pain, diabetics and blood pressure. These diseases are treated by the doctors who are visiting the particular primary health centre. These primary health centres is also providing polio drops.

Table 4,Disease Affected by the Respondents

Disease Affected	No. of Respondents	Percentage
Fever	58	48.3
Skin disease	4	3.3
Joint pain	7	5.8
Diabetics	10	8.3
Blood pressure	12	10
Prenatal care	15	12.6
Immunization	14	11.7
Total	**120**	**100**

Source: Survey Data

Table 4 shows that, 48.3 per cent of the respondents have suffered from fever and get treatment in the primary health centre, 3.3 per cent of the respondents have suffered from skin disease, 5.8 per cent of the respondents have suffered from joint pain, 8.3 per cent of the respondents have suffered from diabetics, 10 per cent of the respondents have suffered from blood pressure, 12.6 per cent of the respondent get prenatal care and 11.7 per cent of the respondents benefited by immunization.

Visit : The respondents visit the respected primary health centre to consult doctor and to get the medicines for the diseases. They may visit the primary health centre for single day or several days up to the recovery.

Table 5,Visit by the Respondents

Visits	No. of Respondents	Percentage
1 Visit	64	53.3
2 – 3 Visits	10	8.3
3 – 4 Visits	6	5
4 – 5 Visits	6	5
Above 6 Visits	34	28.34
Total	**120**	**100**

Source: Survey Data

Table 5 shows that, 53.3 per cent of the respondents have visited primary health centre once, 8.3 per cent of the respondents have visited 2 – 3 times, 5 per cent of the respondents have visited 3 – 4 times, 5 per cent of the respondents have visited 4 – 5 times and 28.4 per cent of the respondents have visited above 6 times.

Method of Treatment

Various treatments are provided in primary health centres, namely allopathy, homeopathy and ayurvedic. It shows that various treatments are provided for the respondents in the primary health centre in the study area.

Table 6,Method of Treatment

Method of Treatment	No. of Respondents	Percentage
Allopathy	109	90.8
Homeopathy	4	3.4
Ayurvedic	7	5.8
Total	**120**	**100**

Source: Survey Data

Table 6 shows that, 90.8 per cent of the respondents taking the allopathy treatment, 3.4 per cent of the respondents taking the homeopathy treatment and 5.8 per cent of the respondents taking the ayurvedic treatment.

Availability of Medicines

Health facilities also includes the medicines available in the primary health centre. In most of the primary health centres medicines are available sometime the respondents have to buy medicines from medical shop.

Table 7,Availability of Medicines

Availability of Medicines	No. of Respondents	Percentage
Available	112	93.3
Unavailable	8	6.7
Total	**120**	**100**

Source: Survey Data

Table 7 shows that, 93.3 per cent of the respondents get benefited by the medicines available in the primary health centre and only 6.7 per cent of the respondents have bought medicines from outside.

Doctor's Service

The respondents of the study area offers their opinion about the doctor's service in primary health centres. The opinion about the satisfaction of the services of the doctors are given in Table 4.11.

Table 8, Respondents Opinion about the Doctor's Service

Opinion	No.of Respondents	Percentage
Highly Satisfied	38	31.7
Satisfied	62	51.6
Not Satisfied	20	16.7
Total	**120**	**100**

Source: Survey Data

Table 8 shows that, 31.7 per cent of the respondents have opined that the doctor's service are highly satisfied, 51.6 per cent of the respondents have opined that the doctor's service are satisfied and 16.7 per cent of the respondents have opined that the doctor's service are not satisfied.

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Health Staff

Health staff includes nurses, laboratory workers and helpers. Health staff should have the sympathetic hearts to handle the patients.

Table 9,Respondents' Opinion about the Health Staff

Opinion	No. of Respondents	Percentage
Highly Satisfied	20	16.7
Satisfied	72	60
Not Satisfied	28	23.3
Total	**120**	**100**

Source: Survey Data

Table 9 shows that, 16.7 per cent of the respondents have opined that the service of health staff are highly satisfied, 60 per cent of the respondents have opined that the service of health staff are satisfied and 23.3 per cent of the respondents have opined that the service of health staff are not satisfied.

Presence of Medical Officer

Presence of medical officer is also one of the important factors for the healthy functioning of a primary health centres.

Table 10,Respondent's Opinion about the Presence of Medical Officer

Opinion	No. of Respondents	Percentage
Regular	86	71.7
Irregular	14	11.6
Rare	8	6.7
No opinion	12	10
Total	**120**	**100**

Source: Survey Data

Table 10 shows that 71.7 per cent of the respondents have opined that the presence of medical officer is regular, 11.6 per cent of the respondents have opined that the presence of medical officer is irregular, 6.7 per cent of the respondents have opined that the presence of medical officer is rare and 10 per cent of the respondents have denied to give their opinions about the presence of medical officer.

Hospital Facilities

There is a wide divergence of opinion among the respondents about the facilities provided by the hospitals.

Table 11,Respondent's Opinion about the Hospital Facilities

Opinion	No. of Respondents	Percentage
Highly Satisfied	48	40
Satisfied	64	53.3
Not Satisfied	8	6.7
Total	**120**	**100**

Source: Survey Data

Table 11 shows that, 40 per cent of the respondents have opined that the hospital facilities are highly satisfied, 53.3 per cent of the respondents have opined that the hospital facilities are satisfied and 6.7 per cent of the respondents have opined that the hospital facilities are not satisfied.

Reasons for Dissatisfaction about Hospital Facilities

The respondents have indicated five reasons for their dissatisfaction about the facilities available in the primary health centres they visited for their health problem.

Table 12,Reasons for Dissatisfaction about Hospital Facilities

Reasons	No. of Respondents	Percentage
Inadequate availability of equipment	18	15
No proper treatment	32	26.6
Facility not good	10	8.4
No emergency service	35	29.2
No timely treatment	25	20.8
Total	**120**	**100**

Source: Survey Data

Table 12 shows that, 15 per cent of the respondents have referred that they are dissatisfied because of the inadequate availability of equipment in the hospitals, 26.6 per cent of the respondents have referred that they are dissatisfied because of the improper treatment in the primary health centres, 8.4 per cent of the respondents have referred that the facility not good in the primary health centres, 29.2 per cent of the respondents have referred that there is no emergency services in the primary health centres and 20.8 per cent of the respondents referred there is no timely treatment.

Reasons for Choice of primary health centres for treatment of illness

Various factors have influenced the respondents to choose primary health centres for treatment.

Table 13,Reasons for the Choice of Primary Health Centres for Treatment

Reasons	No. of Respondens	Percentage
Specialized Treatment	26	21.6
Free Treatment	39	32.5
Quality Medicines	32	26.6
Nearby	23	19.3
Total	**120**	**100**

Source: Survey Data

Table 13 shows that, specialized treatment is the reason for 21.6 per cent of the respondents to choose the primary health centres for treatment, 32.5 per cent of the respondents have choose the primary health centres because of free of cost treatment, 26.6 per cent of the respondents have choose the primary health centres because the medicines provided are quality medicines and as the primary health centres is very nearby 19.3 per cent of the respondents choose the primary health centres for treatment.

Doctors Consulted

The sample respondents are asked to state their habits about consulting same doctor and approaching specialist.

Table 14,Doctors Consulted

Doctors Consulted	No. of Respondents
Consulting Same Doctor	25
Approaching Specialist	37
Consulting the available Doctor	58
Total	**120**

Source: Survey Data

Table 14 shows that, 25 respondents are having a practice of approaching the same doctor, 37 respondents are consulting the specialists for treatment and 58 respondents are consulting the available doctor.

Health care practices

The sample respondents are asked to state their health care practices about checking prices, checking expiry date and insisting bills.

Table 15,Health Care Practices by the Respondents

Health Care Practice	No. of the Respondents
Checking Prices	54
Expiry Date Checking	30
Insisting Bills	28
No Health Care Practices	8
Total	**120**

Source: Survey Data

Table 15 shows that, 54 respondents are having a practice of checking prices, 30 respondents are having a practice of checking expiry date of medicine, 28 respondents are insisting the bills and others are not having the practice of bill checking, expiry date checking and insisting bills.

Services

The specific services such as antenatal clinics, normal delivery facility, facility for internal examination, facility for MTP available at the primary health centres, fixed immunization day and BCG and measles vaccine given regularly are provided by the primary health centres. They are listed in Table 4.19.

Table 16,Availability of Specific Services at the PHCs in Kalkulam taluk

Specific Services	No. of PHCs
Antenatal clinics organized by the PHCs regularly	12
24 hours normal delivery facility available in the PHCs	12
Facility for internal examination	3
Facility for MTP available at the PHCs	4
Fixed immunization day	12
BCG and measles vaccine given regularly in the PHCs	12

Source: General Information Register, PHCs in Kalkulam Taluk.

Table 16 shows that, 12 primary health centres are providing the service of antenatal clinics regularly, 12 primary health centres are providing the service of the 24 hours normal delivery facility, 3 primary health centres are providing the service of internal examination, 4 primary health centres are providing the service of the facility for Medical Termination of Pregnancy, 12 primary health centres are providing the service of fixed immunization day programme and 12 primary health centres are providing the service of BCG and measles vaccine regularly.

Training

Training is important before starting a work. Various training provided by primary health centres and the beneficiaries of the training are given in Table 4.20.

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Table 17,Training of Personnel During 2013

Training	Number Trained
Tradition birth attenders	30
Health worker (Female)	27
Health worker (Male)	9
Medical officer	6
Initial and periodic training of paramedics in treatment of minor ailments	27
Training health worker in antenatal and skilled birth attenders	42

Source: General Information Register, PHCs in Kalkulam Taluk.

Table 17 shows that, in 2013 primary health centres in Kalkulam Taluk to provided the tradition birth attenders training to 30 members, health worker training was given to 27 women and 9 men, 6 members were get medical officer training, initial and periodic training of paramedics in treatment of minor ailments was given to 27 members and 42 members were get health worker in antenatal and skilled birth attenders.

Medical Camp

By the government order primary health centres conducted the special medical camps such as blood donation camp and medical camp for mental disorder students.

Table 18,Medical Camp Conducted by the Primary Health Centers in Kalkulam Taluk

Medical Camp	No. of Times
Blood donation camp	3
Special medical camp	3
Medical camp for mental disorder student	3

Source: General Information Register, PHCs in Kalkulam Taluk.

Table 18 shows that, PHCs conducted 3 blood donation camp, 3 special medical camp and 3 medical camp for mentally disorder students.

Beneficiary Report

By the one camp centre approximately 500 – 1800 peoples were get the benefits from that camp.

Table 19,Population Covered by the Camp

Beneficiaries	No. of Camp
500 – 700	1
700 – 900	2
900 – 1200	2
1200 – 1500	2
1500 – 1800	2

Source: General Information Register, PHCs in Kalkulam Taluk.

Table 19 shows that, 1 camp covered the population of 500–700, 2 camps covered the population of 700 – 900, 2 camps covered the population of 900 – 1200, 2 camps covered the population of 1200 – 1500 and 2 camps covered the population of 1500 – 1800.

Manpower

The quality of the health workforce is crucial in delivering good health outcomes. Evaluation reports have highlighted a shortage of manpower of doctors at the primary health centre level.

Table 20,Availability of Manpower in Primary Health Centres in Kalkulam Taluk

Personal	Current Availability in PHCs
Medical Officers	27
Pharmacist	12
Nurse – Midwives	27
Health Workers	48
Clerks	6
Laboratory Technicians	12
Drivers	3

Source: General Information Register, PHCs in Kalkulam Taluk.

Table 20 shows that, 27 medical officers are at the primary health centres in kalkulam taluk, 12 pharmacist are working in the primary health centres in kalkulam taluk, 27 nurses are available at primary health centres in kalkulam taluk, 48 health workers are serving at primary health centres in kalkulam taluk, 6 clerks are rendering their service at primary health centres in kalkulam taluk, 12 laboratory technicians are doing lab work in primary health centres in kalkulam taluk and 3 drivers are driving primary health centres' vehicles in kalkulam taluk.

Building Facility

Building facilities such as outpatient building, inpatient building, official building and staff building are needed for the proper working of the primary health centres.

Table 21,Building Facilities of Primary Health Centres in Kalkulam Taluk

Nature of Building	No. of Building
Tiled	49
Concrete	62

Source: General Information Register, PHCs in Kalkulam Taluk.

Table 21 shows that, in primary health centres in kalkulam taluk there are 49 tiled buildings and 62 concrete buildings.

Furniture

Hospital furniture along with modern medical equipments have important role to play in health care. Hospital furniture directly related to patients and health care providers like hospital beds, ward furniture, hospital cart and stands, bedside tables and also furniture for waiting rooms.

Ambulance Facility

Ambulance is used to transfer the patient to higher hospital for higher treatment in the critical cases. The two types of ambulance facility available in PHCs are Mobile and JSSK unit.

Table 23, Ambulance Facility

Ambulance Facility	No. of Ambulance
Mobile unit	3
JSSK unit	3

Source: General Information Register, PHCs in Kalkulam Taluk

Table 23 shows that, 3 mobile unit and 3 Jananni Shushu Suraksha Karyakiram scheme ambulance are functioning in primary health centres in Kalkulam Taluk.

SUGGESTIONS

The study brings out the fact that the primary health centres have not been able to deliver the intended health care and medical services to the people in the rural areas. The following suggestions are made for improving their performances.

1. The government should take adequate steps to improve the facilities of the existing rural health care services both quantitatively and qualitatively by opening more rural based health care centers with sufficient health staff which will enable all people to get enough health services.
2. Community participation and involvement are crucial elements for the successful functioning of the primary health care centers. People should get awareness about these health care services.
3. Health variables such as safe water, drainage, sanitation, hygiene and environment are the major determinants of health of the people. Top preference should be given for the improvement of these health variables.
4. Greater decentralization of health care institutions should be made. A greater data base for marginalized sections especially in rural and tribal areas should strengthen.
5. There is a wide gap in the budget allocation for rural health. Hence, budget allocation under the public health in rural areas should increase.

CONCLUSION

Hygiene, cleanliness and maintenance at the primary health centres are average or below average especially in the hospitalization wards. The patients also do not get all types of medicine from the primary health centre and are forced to purchase medicine from outside. Many of the patients are not cured in spite of taking treatment from the primary health centres and are forced to go to for private hospitals for getting treatment under a strained economic condition. They face the problems of non-availability of doctors and staff, emergency problem at night, long waiting hours at day time due to late arrival of doctors. The primary health centres do not take proper measures for up keeping of environmental sanitation in the village area and for de-addiction among the rural youth.

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