

PUBLIC HEALTH CARE DELIVERY SYSTEM IN PALAKKAD DISTRICT OF KERALA

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INTRODUCTION

In the present world Health and Education are the primary concern of all countries. The people of a country are its most valuable asset. The strength and prosperity of a nation lies in its people who are healthy and educated. The highest attainable standard of health is one of the fundamental rights of every human being without distinction of sex, race, religion, and political belief, economic or social conditions. The main responsibility of the government is to provide the best health condition to people. In India Primary Health Centres are the primary agents of Government to enhance the health status of the people. The Primary Health Centre (PHC) is the basic structural and functional unit of public health services in India. Majority of the rural population depends on PHCs for their health needs. This shows that the PHCs have the major responsibility of providing both preventive and curative health care services. They are accessible to a larger population especially for the urban poor and rural masses. The study is fully concentrated in the Palakkad district which is the largest district of Kerala.

OBJECTIVES OF THE STUDY

The main objectives of the study are,

- 1.To understand on the health infrastructure facilities available in allopathic medical practice in the Palakkad district.
- 2.To examine the socio-economic status of the patient respondents who depended on the Public health system for treatment.
3. To trace out the opinion of the sample patient respondents on the availability of health personals and the effectiveness of treatment.

METHODOLOGY AND SOURCES OF DATA

Both primary data and secondary data are used. To analyze the trend in the growth of health infrastructure, the secondary data pertaining to the number of doctors, number of nurses and other health personals, the number of beds, number of health institutions, the health related indicators like Birth Rate, Death Rate, IMR, MMR etc are collected from Directorate of Health services, Thiruvananthapuram, Kerala and from District Health Office

,Palakkad. To obtain the respondents view on working of the Public health care system primary data is collected. SAM,CV ,SD, are used as tools .

REVIEW OF LITERATURE

Srinivasan is of the view that a vast network of rural health institutions has been developed. Rapid expansion has, however, resulted in a considerable drop in the quality of functioning of health institutions. For several reasons, the quality of services and work done by various health institutions and by different categories of health personnel are poor, resulting in low credibility among the rural community.

Ratha Krishna and Ravi are of the view that the overall reduction in malnutrition has been very slow. About half of the population, particularly children and women and women- the most vulnerable groups suffer from various forms of malnutrition and a greater of them suffer from sever malnutrition. Malnutrition is seriously relating improvements in human development and further reduction of child mortality.

Sanyal declared that the result extremely low utilization of PHCs leads to increased load of patients on the first level of referral hospitals (district) and there from on the secondary and even the tertiary level hospitals. The emphasis on PHCs ironically was somewhat effective in the urban areas complementing the urban bias in the expansion to higher level medical care. The surveys thus bring out this foremost inefficiency in the public system, the root cause of which is well known- the paucity of adequate number of physicians and nurses in the PHCs.



DATA ANALYSIS

Government medical institutions

BLOCK	Govt hospi tal S	NO. OF BED S	NO.OF DOCT ORS	DISPENSA RIES	CH C	NO. OF BED S	NO.OF DOCT ORS	NO. OF PHC s	Num ber of beds	No.o f doct ors	of nurs es
ALATHUR	1	154	16	0	2	24	7	5	68	8	15
ATTAPADI	1	52	7	1	1	42	1	3	58	6	17

CHITTUR	1	34	8	0	2	85	4	5	54	7	14
KOLLENGODE	0	0	0	0	1	20	4	6	58	8	16
KUZHALMANN	0	0	0	0	1	34	13	6	64	10	15
AM											
MALAMPUZHA	0	0	0	2	0	0	0	6	38	8	14
MANNARKKA	1	123	13	1	1	22	3	6	44	8	17
D											
NEMMARA	0	0	0	1	1		3	6	10	5	12
OTTAPALAM	0	0	0	0	2	32	4	7	50	7	20
PALAKKAD	0	0	0	1	2	36	5	5	20	5	14
PATTAMBI	1	76	8	0	1	22	3	6	34	8	13
SREEKRISHNA	0	0	0	0	2	67	10	7	74	11	19
PURAM											
THRITHALA	0	0	0	0	2	47	5	6	48	10	14
CHITTUR-	1	108	12	0	0	0	0	0	0	0	8
THATHAMANG											
ALAM											
OTTAPPALAM	1	173	20	0	0	0	0	0	0	0	11
PALAKKAD	3	712	60	0	0	0	0	1	0	1	21
SHORNUR	0	0	0	0	1	32	2	1	0	1	6

Source :Panchayath Level statistics 2011 ,Palakkad

Palakkad district recorded a huge improvement in health sector. Government hospitals, PHCs, and CHCs role is remarkable in this regard. In Palakkad district, there are 13 blocks and four municipalities .When we consider the PHCs we can understand that the availability of PHC is not sufficient for the effective delivery of preventive and curative health services including delivery of reproductive and child health services ,such as antenatal care and immunization in addition to routine inpatient and out patient services. All PHCs lack the full time availability of doctors . This leads to long queue and reduces the effectiveness of treatment. A majority of the High and Middle-classes of rural Palakkad preferred private health centers because of good quality of treatment, personal knowledge of the doctor, good treatment and proximity of the health centre. But the performance of Government hospitals is credible that helped us to achieve the high level health indicators.

INFRASTRUCTURE FACILITIES OF PALAKKAD

I.No	Category	Palakkad		State	
		Nos.	Beds	Nos	Beds
1	Hospitals	9	1651	150	29979
2	Primary Health Centres	87	777	963	5100
3	Community Centres	6	336	80	3442
4	Dispensaries	8		52	154
5	T.B.Centres	1		21	268
6	Leprosy Centres	1		15	--
	TOTAL	112	2764	1281	38943

Source :Panchayath Level statistics 2011 ,Palakkad

The table shows the total number of PHCs in Palakkad District is 87. That means the One PHC is expected to serve 32298 population. Medical services continued to be provided by a multiplicity of agencies – State Government, Local Bodies, Voluntary Organizations and Individuals. There are Nine Government Hospitals, 87 Primary Health Centres, 8 dispensaries and 6 Community Health Centres and One T.B.Centre in the Government Sector. Altogether there are 2764 beds in the Government Hospitals. There are 79 Private Hospitals with a bed strength of 2200 beds are also functioning in the district. Under the Government sector One District Ayurvedic Hospital with 60 beds functioning in the Palakkad Town. Four Taluk Hospitals are also functioning with a capacity of 80 beds. There are 65 Ayurvedic Dispensaries are also in the Government Sector. In the Private Sector 2 hospitals with 60 beds are functioning, .In addition to this there are so many Ayurvedic Vaidyasalas working in the district. In the Homeo sector One Government Hospital with 25 beds and One private Hospital with 20 beds are functioning in Palakkad Town and Coyalmannam respectively. In addition to this there 137 Homeo Dispensaries are also in the district in Government and Private Sector.

BED POPULATION RATIO (GOVT) (CENSUS 2011)

	POPULATION	NO.OF BEDS	RATIO
PALAKKAD	2810892	2764	1017

KERALA 33387677 38241 873

Source :Panchayath Level statistics 2011 ,Palakkad

DOCTOR BED RATIO AND NURSE BED RATIO(GOVT)

	NO.OF BEDS	NO.OF DOCTORS	RATIO	NO.OF NURSES	RATIO
PALAKKAD	2764	680	4.06	718	3.84
KERALA	38241	5061	7.56	9360	4.08

Source :Panchayath Level statistics 2011 ,Palakkad

The bed population ratio of Palakkad district is lower than the state. In Kerala the bed population ratio is 873 while it is only 1017 in Palakkad. But the Doctor bed ratio and nurse bed ratio of Public health system is better than the state average.

Socio Economic Factors And The Opinion Of The Patient Respondents

600 sample selected at random from all the 13 blocks. The major socio-economic factors that influences the utilisation of public health centres are Mother's education, income, occupation and awareness. High income group approach Public health facilities for immunization and preventive health care services. But low income group approaches for both curative and preventive medicines including immunisation. Out of 600 samples the family monthly income of 147 families are above 50000, 193 families are in between 10000 to 50000 and 260 families belongs to low income group with an income of less than 10000. There exists an inverse relationship between the Income and dependency of government health centres in rural Palakkad. Education of the family members especially the mother's education promises 100% immunisation without time delay. In the case of low educated mass in the rural areas the para medical staff of Public health system has to take the full responsibility to ensure 100% immunisation. Palakkad is the only district which recorded 100% immunisation. Thiruvananthapuram district ranks second with 9606% immunisation. Kasargode ranks the last position with only 40.5 immunisation. Highly educated people reaches PHCs without any intimation from health personals but rural poor need the intimation. Occupation is also an important determinant. High class and white collar employees prefer the private hospital while the blue collar workers prefer the public health facilities. The knowledge about various facilities available in Public health centres increased with the increase in social class position. Most of the respondents from all the three social classes restricted their visit to the outpatient ward of the Public health centres.

CONCLUSION

The existing Public health care delivery mechanism in the rural Palakkad is inadequate to promote the health status of the rural poor. Infrastructure facilities of Public health system is not sufficient like the number of doctors, operation theatre, labour room, beds etc. Non availability of essential drugs is another important problem. Findings also reveal the reality that beneficiaries are not satisfied with the existing facilities and services of Primary Health Centres in the study area Education, Occupation, Income, social class etc are the major factors that determine the utilization of Public health care system. Operational efficiency of the Public health system is measured in terms of awareness, availability, acceptability, accessibility, patient satisfaction etc. Degree of awareness of the existence public health center is higher among lower strata and lower among higher strata. But the utilisation of specialized departments is more in higher class. While the Rate of utilization of basic public health facilities is higher among lower strata than the higher strata in Rural Palakkad. Provision of adequate health facilities is must for human development which is essential for poverty alleviation as well as for realizing the goal of economic development.

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