

EMERGING ISSUES OF PUBLIC HEALTH CARE SYSTEM IN SANGLI DISTRICT



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ABSTRACT

In recent time, public health care system is serious concern for the policy makers. The Indian public health care system is suffering from various problems and shortages and it is weak compare to developed countries. The present research paper attempted to study the various emerging issues of public health care system in Sangli district of Maharashtra. The paper is based on the primary data. Study found that the picture of public health care system is dismal and it is suffering from various problems which become hurdles in the delivery of effective and efficient services to the people. The problems like lack of adequate financial and physical infrastructure, lack of skilled and well educated staff, vacant posts of the doctors, lack of cleanliness and limited use of IT are burring issues in public health care system and that should be solved through concrete policy framework. The study finally arrived at conclusion that, so far as the welfare state, public health and affordable cost in concern, there is much more scope for further development of public health care system during this competitive era. Public health care system is a main health pillar for the rural area in general and poor people in particular.

KEY WORDS – Primary Health Care Centre (PHCs)s, Sub-centres(SBs), Civil Hospital, Public Health Care System

INTRODUCTION

There are two players of the health care facility i.e public sector and private sector. In the present research paper an attempts are made to study the emerging issues of public health care system in Sangli district. The study is based on field work carried out by the researcher. There are total 59 PHCs, 320 sub-centres, two civil hospitals, two-sub district hospitals, eight Municipal Corporation hospitals, 12 rural hospitals and 14 dispensaries functioning under the public health care system. For the present study research has collected data from 10PHCs, 50 Sub- centres, one civil hospital, two hospitals of Municipal

Corporation, 6 rural hospitals and 14 dispensaries. The collected data were processed in SPSS. For the sake of convince the only results are discussed in the present paper.

I. Study Area

The Sangli district is one of the major medically facilitate district of Maharashtra state. It is located between the latitudes 16°45' N and 17°33' N and longitudinal of 73°41' East and 75°41' East.

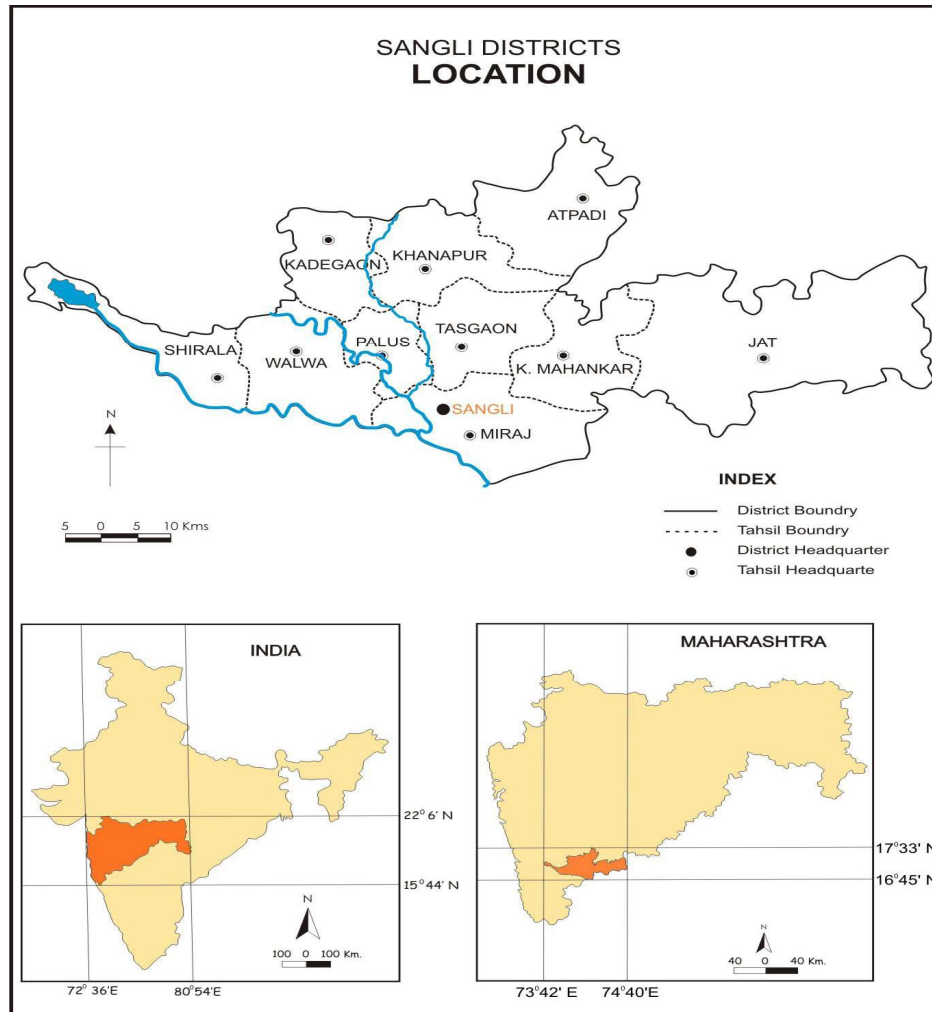


Fig. 1

According to 2011 censuses, Sangli district having 28,22,143 population and the total geographical area of the district is 8601.5 Sq.km. The Satara district lies on the North western side of the district. Southern part of the district is boarded by Belgam and Bijapur district of Karnataka State. Kolhapur district lies at the south and east and the Ratnagiri district lies on West of Sangli district. The district is separated in to five Administrative sub divisions for effective administration, namely Khanapur, Walwa, Miraj, Tasgon, Palus. The Shirala and Walwa Taluaka was included in Walwa Sub Division. The Miraj Sub division Comprises of Jath, Kavthe Mhanakal and Miraj. The Khanapur Sub division includes Atpadi and Khanapur and Palus Sub Division Include Kadegaon and Palus.

OBJECTIVES OF THE STUDY

The major objectives of the present study are as below.

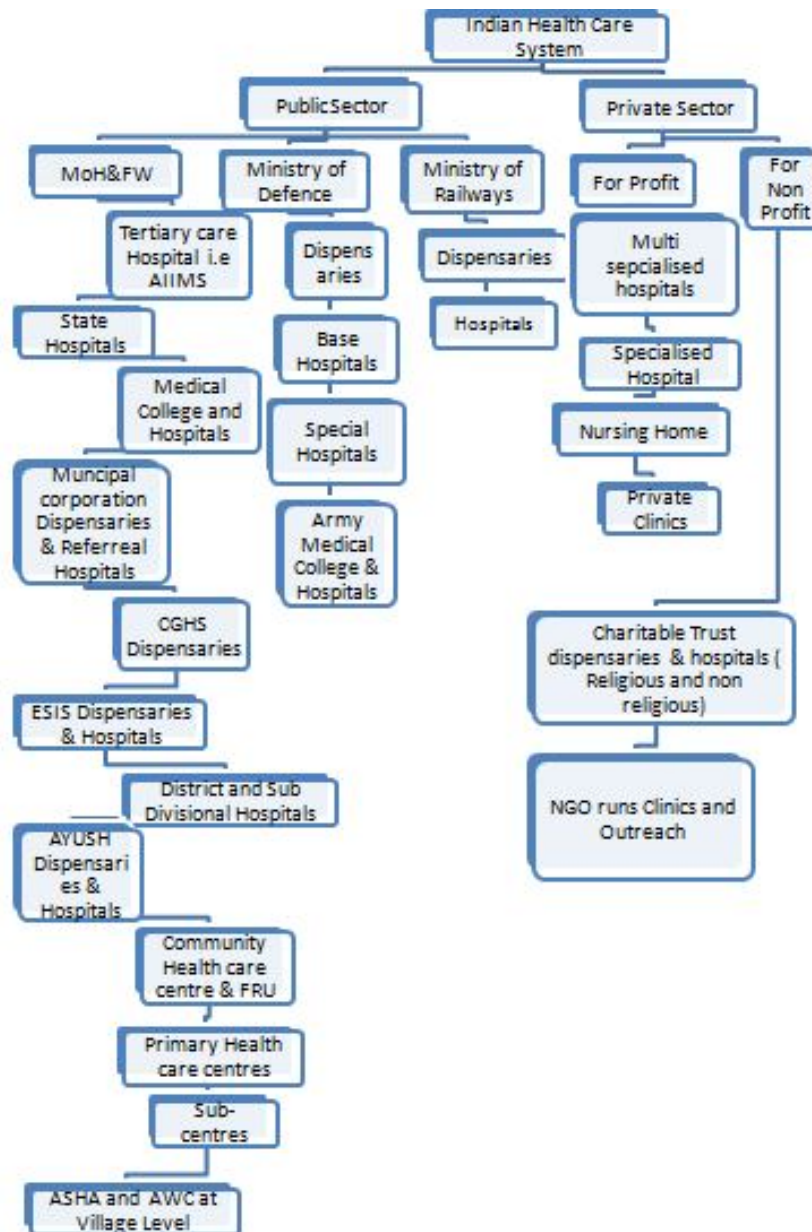
1. To study the present scenario of public health care system in Sangli District

2. To study the emerging issues of Public health care system in Sangli district
3. To suggest appropriate policy implication.

III Structure of Indian Public Health Care System

Health is a state subject under the Indian Constitution. Therefore by taking into consideration the needs of the people each state has to developed its own healthcare delivery system in which both public and private sector operating. Though states are responsible for the functioning of their respective healthcare systems, certain responsibilities also fall on the Central government.

The organisation at the national level consists of the Union Ministry of Health and Family Welfare (MoH&FW). In each State, the organisation is under the State Department of Health and Family Welfare that is headed by a State Minister and with a Secretariat under the charge of the Secretary/Commissioner (Health and Family Welfare) belonging to the cadre of Indian Administrative Service (IAS). The Indian systems of medicine consist of both Allopathy and AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy).



Each regional/zonal set-up covers 3–5 districts and acts under authority delegated by the State Directorate of Health Services. The district level structure of health services is a middle level management organisation and it is a link between the State and regional structure on one side and the peripheral level structures such as Primary Health Care (PHC) and Sub-Centre on the other.

Public Health Care system in Sangli District

The District Civil Hospitals, Sub- District Hospitals, Hospitals working under *Maha Nagarpalika*, Rural Hospitals, Primary Health Care Centres, Sub- Centres and Dispensaries are working under the public health care system in the Sangli district. Therefore, before starting core part of the present chapter, it is essential to review of existing scenario of these public health care runners.

➤ District Civil Hospital

There are two civil hospitals in the district located in Sangli and Miraj. Out of these two, Sangli civil hospital has been surveyed for the present study. Study found that the bed intake capacity of Sangli civil hospital is 390 which are not adequate as per the requirement. It is also found that the issue of medical infrastructure is burning issue in Sangli civil hospital. The quality of resources is very poor. There are total 400 doctors (including medical students) in the Sangli civil hospital. The 150 doctors are permanent and most of them are M.D and M.S The non doctor staff is 2000 in the Sangli civil hospital. It is also seen that there are 15 ICU rooms, 15 wards and 15 operation theaters. The facilities of C.T Scan, TB wards, Dialysis, EMR and Physiotherapy are not available in Sangli civil hospital but it is made available in Miraj civil hospital.

➤ Sub –District Hospitals

There are two sub-district hospitals in the Sangli district located in Islampur and Kavthe Mhanakal. The sub-district hospital of Islampur has been considered for the study. The bed intake capacity of the sub-district hospital of Islampur is only 50 beds. Study found that there are 8 specialized doctors and 30 skilled and unskilled non-doctor staff providing medical services at 24 hours. The services like TB medicine course, sonography, lab, delivery, plaster, immunization, family planning operation and all programmes under the NRHM and IPHS are being provided efficiently and regularly. The specialized rooms and ICU facility are not made available in the selected sub-district hospital. The two posts of the gynecologist are vacant.

➤ Hospitals Working Under *Maha Nagarpalika*

There are total 8 hospitals which are working under the Sangli, Miraj and Kupwad *Mahanagarpalika* authority in the district. It has been found that these hospitals are facing the problem of specialized doctors. The infrastructure and service quality of these hospitals is not satisfactory. However these hospitals are following all the health related programmes and schemes of state and central Government. The *Mahanagarpalika* Authority has not concessive as much as private hospital. Lack of adequate financial support is major problem of these hospitals. There are two maternity homes and 35 non doctor but skilled staff is working in the selected hospital. There are also 10 RCH centers and four NHMU. There is one diagnostic center and two maternity homes working in *Mahanagarpalika* hospitals. There are 10 RCH centers under which the programmes like “*Janani Suraksha Yojana*” “*Regular Immunization Programmes* under child age 0 to 5 years” “*Operation of Family Welfare*” “*Savitribai Fule Kanya Kalyan Yojana*” and all the programmes introduced under NRHM are being offered to the peoples. In these hospitals around 9000 delivery patients are benefited in the year 2014. These hospitals are working in both area i.e rural and urban.

➤ Rural Hospitals

There are total 12 rural hospitals in the districts. Out of which one has been surveyed. In the selected hospital, 3 doctors, 7 nurses, 3 wardens, a driver, 3 peon are working. The same numbers are working in remaining each rural hospital. All the hospitals are works under the sub-district hospitals and they are facing several alarming problems like shortage of drinking water, irregularity of electricity, lack of drudge storage facility and medical equipment etc. The infrastructure condition of these hospital is very poor.

➤ **Primary Health Care Centers and Sub-Centres**

There are total 59 PHCs in the Sangli district out of which 35 are located in four tahsils namely Walwa, Tasgaon, Miraj and Jat. It means nearly 59 percent PHCs are concentrated in only these four tahsils. Nearly 15.94 percent of the total sub centers are located in the Walwa tahsil followed by Shirala and Jat by 13.13 percent. On the contrary the lowest percentage (i.e 5.31 %) is observed in Palus followed by Atpadi (95.63%) and Kadegaon (5.63 %). If we considered plain area norms then there should be 23 community Health Centres, 94 PHCs and 564 sub centres in the district. But the reality is different there are only 59 primary health care centres, 320 sub centres, and 3 community health care centres in the district. This gap indicates the low accessibility of public health care system in Sangli district.

➤ **Dispensaries**

There are total 14 dispensaries in district. Out of 14 three are closed and 11 are working. The infrastructural and service conditions of dispensaries are not satisfactory. In fact it seen that they are nearer to close. The response of the peoples to the dispensaries is not up to the mark.

Emerging Issues of Public Health Care system in Sangli District.

1. Availability of Doctors

There are total 420 doctors are working in the public sector out of which 241 that is near 57.38 percents are working in only Miraj and Sangli City. It means that the public health care system is more agglomerated in urban or semi-urban area. Most of the doctors were B.A.M.S and there is shortage of high qualified and specialized doctors.

2. Medical Infrastructure

There is acute shortage of medical infrastructure like shortage of drugs, laboratory, bed, operational equipments, medical facility, access of pure drinking water etc. Computerized high technological machines like C.T. Scan are not observed in the public health care system.

3. Physical Infrastructure

Buildings of the public health care system are old and not adequate. The facility of transport like ambulance is also inadequate. The bed intake capacity is serious concern in the public sector hospitals. There is always irregularity in electricity, internet connection.

4. Skilled Staff

Skilled staff like x-ray technician and lab assistant is very tiny in public sector hospitals of the Sangli district. The number of nurses is also inadequate.

5. Poor Response of the Peoples to the Government Programmes

The awareness of the people regarding health care policy and feeling of insecurity and low service quality in public hospital resulted in poor response to government policy. Even for the treatment of pregnancy, immunization and family welfare operation peoples are approaching to the private hospitals due to low service quality and carelessness.

6. Inadequate Financial Support

Lack of adequate financial assistance and delay in fund from Government resulted in passiveness in services. Most of the construction work is pending due to financial assistance.

7. Lack of Cleanness

It has been observed during the survey period that there absence of cleanness in the public sector hospitals.

Especially in rural area most of the PHCs and sub-centres are located in unhygienic environment.

8. Mismanagement of the Water, Drainage Facility and Medical Waste

It has been observed from the study that there is totally mismanagement of water, lack of underground drainage facility, lack of pure drinkable water. The medical waste were not properly managed.

POLICY IMPLICATIONS

- The regional distribution of Public health care system is uneven. Therefore it has been suggested that the number of primary health centres should be increased particularly in rural areas and remote places of the district.
- As per the population norms the present public health care system is inadequate in study region. Hence it has been suggested that this norms and reality gap should be reduced as early as possible. While establishing new PHCs the criteria of population size and geographical location should be considered.
- The only having PHCs and sub-centres is not enough for the smooth progress of the quality of public health care system in Sangli district, along with that there should be investment on the necessary medical equipment and infrastructure. Through which public health care system can stand strongly in the health service competition.
- In order to strengthen the pub health care system the vacant post of doctors and non-doctor staff should be filled immediately. Through which burden on the existing staff will be decline and they able to provide good service more efficiently. In order to increases accessibility of the public health care service to the bottom segment of the social strata, Government has to take initiatives with the participation of local people.
- The government spending on health care system should be increased up to 5 percent of the total GDP.
- There should be provision for contingency and emergency fund for the public health care system at state and national level. Such a type of fund can also maintain at district level through local government.
- The financial assistance from the Government to the PHCs should be made available at timely.
- If the number of PHCs and SCs increased as per the plain population norms then the geographical distance burden on the PHCs and SCs will be reduced significantly.

CONCLUDING REMARK

It is dearer to say that the present research work is free from defects. There may be some missing area where research is again inevitable. However the present research work has considered the limited objectives and attempted to fulfilled it. The picture of public health care system is dismal and it is suffering from various problems which become hurdles in the delivery of effective and efficient services to the people. The problems like lack of adequate financial and physical infrastructure, lack of skilled and well educated staff, vacant posts of the doctors, lack of cleanliness and limited use of IT are burring issues in public health care system and that should be solved through concrete policy framework. So far as the welfare state, public health and affordable cost in concern, there is much more scope for further development of public health care system during this competitive era. The all findings and suggestions are definitely helpful to the Government, policy makers and researchers.

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