4.1 INTRODUCTION

Kolhapur is southern district of Maharashtra State, in western Maharashtra region situated adjacent to Karnataka state geographically in the Sahyadri hill range and on eastern side of Konkan region. The district is located in western part of the state and enriched by all respect. Healthy climate, plain land and good quality of soil, abandon and perennial supply of water made this district prosperous in agriculture. On the other hand, favourable environment, adequate infrastructure, various transport facilities i.e. N.H. 4, Railway, Airway factors helped to lay the foundation of industrialization in the district. With the blessed of habitant of Goddess Mahalaxmi (Kolhapur city), Lord Jyotiba (Jyotiba), Lord Datta (Nrusinhwadi), Lord Bahubali (Bahubali) the district become a well known as a pilgrimage place and thousands of pilgrim visit to the district. District has historical background related to Maratha Empire. District has so many historical and tourist places like Panhala Fort, Vishalgarh Fort, Radhanagari Dam, Bison sanctuary Dajipur, Radhanagari; Dudhaganga; Tilari; Irrigation dams, Rankala tank, Shalini Palace, New palace, Khasbag kusti maidan attract tourist from all part of the India. Since a long period prince Chh. Shahu Maharaj encouraged the sports and education throughout the district. Owing to all of this motivation a large market is evolved in the district and all these characteristics les to the one of the leading district in Maharashtra State.
4.1.1 GEOGRAPHY

Kolhapur district covers an area of 7685 Sq. Kms, Occupying 2.47% area of Maharashtra State. The district is surrounded by district Sangli, Sindhudurg & Ratnagiri district of Maharashtra State and Belgaum district of Karnataka State. The district extends 15 degree to 17-degree north longitude and 73to74-degree east latitude. The western region of the district is hilly area mostly occupied by Sahyadri hills. Many regions of the district are placed at a height of 390 to 600 meters above sea level, but some of the regions are at a height even more than 900 meters.

The district contains two main regions, Shahuwadi, Gaganbavada, Panhala, Radhanagari, Bhudargad, Ajara, Chandagad Karveer blocks comes under hilly region; while Hatkangale, Shirol are comes under non-hilly region. District is situated on the basin of Panchaganga, Warana, Krishana, Dudhaganga, Vedganga Rivers. Kalammawadi, Radhanagari, Tilari and Tulashi are the major irrigation dams in the district.

4.1.2 ECONOMY

District economy mainly depends on agriculture supplemented by dairy industry at village level. District has highest sugar cane crop production. District has 18 sugar factories and also famous for Jaggery, Kolhapuri foot wears and wrestlers.

There are 9 municipalities & one municipal corporation in the Kolhapur district. Pune-Banglore National Highway No. 4 extends from north south goes through Kolhapur district. The main district head quarter Kolhapur that is historical place and situated on this highway, which act as gateway to south India. On this background numbers of industries are well established in the district.

4.1.3 POPULATION

The district has 1217 villages, 12 Blocks and 4 Sub Divisions. According to census 2001 the total population of the district is 3523162. Out of
this total population 1050353 (29.82 %) people resides in urban area, while 2472809 (70.18 %) population reside in rural area. It means most of the people in the district are resides in villages. Majority of this population relied on the allopathic system of medicine.

The present chapter mainly dealt with the public health care system in Kolhapur District especially in rural area.

4.2 HISTORY OF HEALTH SERVICES IN KOLHAPUR DISTRICT

The Public Health Department, was established in 1858 by British government to eradicate the disease of small pox, was transferred to sanitation department in 1895 and appointment of commissioner was made. In 1921, an establishment of ‘Directorate of Public Health’ was made and the same time three post of Assistant Directors were created for three division of erstwhile Bombay State. In 1941, the posts of “District Health Officers” were created. In 1946, the concept of comprehensive health care system was advocated by Bhore Committee and urban oriented approach of health services were replaced by rural oriented one.

In 1847, the first hospital was established in Kolhapur. The new building of hospital was built in 1883, and named as ‘Albert’. The hospital was taken over by the Bombay Government from 1st August 1949 after the merger of Deccan States. Now, this Hospital is recognized as a “Chh. Pamilaraje Hospital”.

Prior to 1950, when Kolhapur was princely state, Chh. Shahu Maharaj has done much work in public health. In 1896, he had established a hospital on the name of Ahilyabai Ranisahieb of Badoda. He founded a hospital in Hatkanangale, where he started a separate ward for female patients; besides, he repaired the old military hospital and availed facility of medicines for children and women.
The Princely state of Kolhapur was merged with Bombay State in August, 1949 afterwards in 1950 Kolhapur health services were transferred to a district. Maharashtra state came into existence on May 1, 1960 and Kolhapur became one of the Districts of Maharashtra State.

4.3 PUBLIC HEALTH ORGANISATION IN KOLHAPUR DISTRICT

Since independence, in India health services have grown manifold. The public health at the district is administered by three agencies viz. State Government, Zila Parishad and Village Panchayat. The District Local Board looks after public vaccination and execution of measures necessary for public health. Sanitation and other functions such as water supply, sanitation, reservation and improvement of health are the responsibilities of village panchayats. State Government functions as an advisory body to the local bodies in respect of public health and sanitary problems.

A headquarter of the Director of Public Health Services is in Mumbai; and he is the Head of the Department for State. Deputy Director, Health Services, Pune is the person in-charge of the Rural Health Services Programme and concerning administration of Zila Parishad in Kolhapur District. In addition control and eradication of communicable disease, Family Planning and Welfare Programme, Health Education, Public Health laboratory, etc. programmes are also under the command of the Deputy Director.

At present there is 01 district hospital, 24 hospitals, 70 dispensaries, 4 maternity homes, 16 Ayurvedic dispensaries, 04 NGO hospitals, 301 private hospitals, 603 private clinics, 06 clinics of charitable institutions, 72 PHCs, 410 Sub-PHCs, 439 Doctors and 1200 Nurses available in 2005-06. It is indicated that the health services system in Kolhapur District; has greatly expanded. Under the minimum need programme, population norm were revised for the establishment of PHC and Sub-PHC. Under these norms there should be
01 sub-PHC for every 5000 population and 01 PHC for every 30000 population. Provision has been made for at least 3 doctors at each PHC.

4.4 PUBLIC HEALTH SERVICES IN KOLHAPUR DISTRICT

The capability theory of living standard (Sen, 1987) holds that “income, commodities, and wealth” do not ensure a decent living standard to their owners. It is the aggregate of certain capabilities like

1. Capability to live long
2. Capability to avoid illiteracy
3. Capability to be free from hunger and undernourishment like
4. Capability to enjoy personal liberty and freedom provides a decent standard of living.

Health is one of the important aspects that help to develop capabilities and sustainability to work long and to contribute to economic growth. In order to provide a good quality health services in a right manner to the people in the district and for the easier to govern, the government has developed two different health services system in district. The two different types of people kept in view firstly those who are resides in urban area and hunting of slum and poverty and the second those who are resides in rural area more vulnerable to diseases due contaminated water, lack sanitation and hygiene and unfavorable environment the government has classified this system on the basis of rural area and urban area.

4.4.1 PUBLIC HEALTH SERVICES ORGANISATION

The Medical Organization of the Zila Parishad Kolhapur district essentially consists of organization of hospitals and dispensaries to render medical relief to the general population. The C.P.R. Hospital, Kolhapur, is the ‘Civil Hospital’ at headquarters. It is owned, financed and controlled by government. Subsidiary to it, there are Municipal, District Zila Parishashad, Government dispensaries, Rural Medical Relief Center and Subsidized Medical Practitioners Center scattered throughout the whole district.
The Civil Surgeon, Kolhapur, is the administrative head of the medical organization in the district. He is directly subordinate to the Surgeon-general with the Government of Bombay. He is in charge of the medical arrangements of the C.P.R. Hospital Kolhapur and exercise complete control over the medical officers attached to it. He is an Inspecting Officer of all Government dispensaries in the district. He is expected to keep himself well informed as to all medical matters which may be required by Government. He is also head of the Government Institutions in the district and is responsible for their efficiency and discipline and for the proper performance of the working.

The health care services in Kolhapur District is classified into category viz. urban health care services coming under command of the Kolhapur Municipal Corporation and other is urban health care system which under command Zila Parishad.

4.5 URBAN PUBLIC HEALTH SERVICE SYSTEM IN KOLHAPUR DISTRICT

Important means to provide health services to urban population are dispensaries and district hospital. In order to reduce the pressure of the patients in district hospital and medical college hospitals, satellite hospitals are established in some places.

The Chh. Pramilaraje Rugnalaya (C.P.R.), which was started by Ex-Kolhapur State in the year 1884, is functioning as an apex or district hospital for both rural and urban people. It has large and commodious building which can accommodate 665 beds. It is classified in more than 25 wards, e.g. accident, outdoor patient, outdoor patient, maternity and after maternity, gynoecia, pediatric, eye, epidemic, orthopedic, prenatal, x-ray and ultrasound, blood bank, heart surgery, etc. except to this so many facilities are available the hospital. Recently the hospital started the new ward for heart patients where patients can get the modern and expensive angiography treatment in rational fees, as well as
the ultra-modern facilities like C.T. scan also available in the hospital in affordable fees.

With intend to provide a health services to urban dwellers there are 3 inter-hospitals viz. general hospital, maternity hospital and epidemic hospital, which is organized by the Municipal Corporation of Kolhapur. Moreover, there is 11 ward hospitals are available in the district. Among them 3 homeopathic, 1 physiotherapy centre, 1 blood bank, vaccination and 6 family welfare centre and 4 urban health centre are working in the Kolhapur district.

The health services system in the city is coming under the administrative field of Kolhapur Municipal Corporation. Kolhapur Municipal Corporation allocates a bulk of funds of its budget in account of urban health care services. The expenditure incurred on the municipal hospitals in recent few years is given in table no. 4.1.

Table no. 4.1

Expenditure on Municipal Hospitals

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Hospital/Personnel</th>
<th>2003-04</th>
<th>2004-05</th>
<th>2006-07</th>
<th>2007-08</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Savitribai Phule Hospital</td>
<td>24055482</td>
<td>24945397</td>
<td>27486492</td>
<td>35454200</td>
</tr>
<tr>
<td>2</td>
<td>Family Welfare Centre</td>
<td>5399145</td>
<td>5449454</td>
<td>5899284</td>
<td>7653500</td>
</tr>
<tr>
<td>3</td>
<td>Panchganga Hospital</td>
<td>4091256</td>
<td>4494427</td>
<td>4485709</td>
<td>5838900</td>
</tr>
<tr>
<td>4</td>
<td>T. B. concession</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1000</td>
</tr>
<tr>
<td>5</td>
<td>Anti AIDS remedies</td>
<td>79499</td>
<td>5205</td>
<td>75000</td>
<td>10000</td>
</tr>
<tr>
<td>6</td>
<td>Eye disease campaign</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10000</td>
</tr>
<tr>
<td>7</td>
<td>Staff Health</td>
<td>3095644</td>
<td>3503180</td>
<td>2965414</td>
<td>4113000</td>
</tr>
<tr>
<td>8</td>
<td>Isolation Hospital</td>
<td>4128189</td>
<td>3941818</td>
<td>4605046</td>
<td>5803200</td>
</tr>
<tr>
<td>9</td>
<td>All Wards Hospitals</td>
<td>12649946</td>
<td>13162269</td>
<td>14140762</td>
<td>17037100</td>
</tr>
<tr>
<td>10</td>
<td>Blood Bank</td>
<td>1092204</td>
<td>1047368</td>
<td>11266535</td>
<td>1353800</td>
</tr>
<tr>
<td>11</td>
<td>Health Programme</td>
<td>24525</td>
<td>6852</td>
<td>70424</td>
<td>245300</td>
</tr>
<tr>
<td>12</td>
<td>Physiotherapy Centre</td>
<td>375611</td>
<td>276016</td>
<td>309297</td>
<td>496000</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>54991501</td>
<td>56831986</td>
<td>61163963</td>
<td>78196000</td>
</tr>
</tbody>
</table>

Source: Kolhapur Municipal Corporation Records
Since long time the government has weaved an extensive net of better health services in Kolhapur city. People could get the benefits of the treatment from municipal hospitals and they need not to go to the expensive private hospitals. However, over the time the people’s belief on this system were come to an end because of deteriorating of quality of health services in the municipal hospitals. The health care services and health staff in municipal hospital has not increased in the increasing population ratio. Hence public health care services become unable to retain the health of people in the Kolhapur city.

Table no. 4.2
Sanctioned and In Position Posts in Municipal Corporation of Kolhapur

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Post</th>
<th>Sanctioned</th>
<th>In position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Officer</td>
<td>56</td>
<td>45</td>
</tr>
<tr>
<td>2</td>
<td>Sister (in charge)</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>Blood Bank Superintendent</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Physiotherapist</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Nurse BPNA</td>
<td>73</td>
<td>66</td>
</tr>
<tr>
<td>6</td>
<td>Nurse ANM</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>7</td>
<td>Lab technician</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>X-ray technician</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>Senior Mishrak</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>Co-ordinator</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>Store keeper cum clerk</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>Health visitor</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>Clerk</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>Dresser</td>
<td>25</td>
<td>17</td>
</tr>
<tr>
<td>15</td>
<td>Ward boy</td>
<td>64</td>
<td>61</td>
</tr>
<tr>
<td>16</td>
<td>Aaya cum sweeper</td>
<td>120</td>
<td>107</td>
</tr>
<tr>
<td>17</td>
<td>MPW</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>Supervisor</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>19</td>
<td>Refrigerator Mechanic</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Kolhapur Municipal Corporation Records
Since the year of 2008, there were so many post are vacant or not recruited though posts was sanctioned in municipal hospital. At the same time approved sanctioned posts were also less than population norms. Consequently extra pressure on limited doctors, Nurses and paramedical staff as well as on health care services couldn’t retain the quality. The result is misadministration, negligence and lack of optimum use equipments, insanitation and squalor. Owing to this patients are turned out to the private clinics even they are not affordable.

4.6 RURAL PUBLIC HEALTH SERVICES SYSTEM IN KOLHAPUR DISTRICT

More than 70 per cent of population in the district resides in the rural area. Obviously it is the responsibility of the government to provide health care services in the rural area. Rural health services are indispensable aspect of primary health care system. To accomplish the health care requirements of the rural area the State Government Ministry of Health and Family Welfare have developed a three-tier structure based on predetermined population norms to rendering health services to the rural India. In this three-tier the CHC/RHs working as a referral centre for PHCs of the area and at taluka place. PHC is the first contact point between the community and medical of offices working at village level. Sub-PHC is the peripheral outpost institution between community and health services in rural area.

Kolhapur is a district of 1217 villages which integrated 70.18 per cent population of the district. Consequently to mitigate the health care requirements of these rural masses, now, there are 01 District Hospital, 02 Sub-district Hospital, 16 Rural Hospitals, 72 Primary Health Centres, 410 Sub-Primary Health Centres, 439 Doctors and 1200 Nurses existing in the district in 2008 to tackle the health problems of the rural people in the district. There are now 06 Subsidised Medical Practitioners Centres working in the district.
The present structure of the rural public health services in Kolhapur District is given below:

**Fig. no. 4.1**

**Referral System**

- District Hospital
  - Rural Hospital (with 30 beds)
    - Primary Health Centre (each serving 30,000 people)
      - Sub-Primary Health Centre (Each serving 5,000 people)
        - Village Health Guide and Dai (Each 01 for every village or 1000 population)
          - Villager

**a) District Hospital**: District Hospital known as civil hospital or Chh. Pramilaraje Rugnalaya (hospital) (CPR) acts as second referral unit. Emergency cases referred by the Rural Hospitals (RH) or Gramin Rugnalaya to the District Hospital. The District Hospital consists of 26 Departments, 685 beds; it provides curative services to the peoples in rural area.

**b) Rural Hospital (RH)**: Taluka Hospital known as Gramin Rugnalay or Taluka Hospital. Rural Hospitals are the outcome of the recommendation of Shrivastav Committee (1975). Rural hospitals refer to the hospital at first referral level; they governed by State Government and work at Taluka level.
Rural hospitals intended to establish proper linkages between PHCs and the District Hospitals. In Kolhapur District, 13 rural hospitals are distributed in 11 talukas on the basis of population norms.

**c) Public Health Centres (PHCs) and Sub-Public Health Centres (Sub-PHCs)**: The backbone of rural health programme is the PHC and its vast network of sub-centres. Each Block has PHC for providing basic health services to patients in rural area. PHCs are an organization established to achieve certain objectives in delivery of health services.

**d) Village Health Guide (VHG) and Dai**: For every village or 1000 population 01 VHG is to be selected and trained in primary health care, serving on the part-time basis. The VHG can give health education, first aid in emergency, and refers cases to the sub-PHC at early stage. Dais has great influence in rural area. Untrained Dais is often a cause of maternal deaths, but with training many of them are of great value in the MCH services.

**e) Rural Medical Relief Scheme**

Rural Medical Relief Scheme is in existence in this district for the last ten years and is rendering wonderful service to the village population, so far as relief of common ailments is concerned. There at present 117 centers working throughout the district. They are providing allopathic medical aid to the public. The scheme is providing simple remedies at a price within the reach of village patients. The scheme is run by sub-dispensers who are either school teachers, secretaries of panchayats or social worker from a village.

### 4.7 SUB-PRIMARY HEALTH CENTER (SUB-PHC) IN KOLHAPUR DISTRICT

It is said that ‘Prevention is better than cure’ in fact it is motive behind the set up of the each Sub-primary health centers at grass root level. Sub-primary health centre is the most peripheral and first contact point between the primary health care system and the commodity. It comprises first-tier of the health care system in rural India. Located at grass root level, it is the first unit
of health system for the villagers. It is an organization established to render preventive health care services as well as to serve the first aid to the rural people who are most vulnerable to the diseases. It is mainly established for the purpose of propagate the importance of personal and social hygiene, sanitation, immunization, nutrition, exercise, entertainment and family planning. Sub-centers are assigned the task relating to interpersonal communication in order to bring about behavioral change and provide services in relation to maternal and child health, family welfare, nutrition, immunization, diarrhea control and control of communicable disease programs. The sub-centers are provided with basic drugs for minor ailments needed for taking care of essential health needs of men, women and children.

At present, there are 413 sub-PHCs providing their most vital service in the Kolhapur District. There were 145272 sub-centers functioning in the country as on March 2007.

As per the Public Health Department norms there will be 01 PHC for every 3,000 population in tribal hilly area and 5,000 populations in non-tribal area and non hilly area. The staff in sub-PHC is being stationed at the sub-PHC and being a link between village health guide, patients and MO of PHC. The staffing pattern of sub-PHC is as given below \(^2\)

Table no. 4.3

**Staffing Pattern at Sub-center**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Post</th>
<th>No. of sanctioned post</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Auxiliary Nurse Midwife</td>
<td>01</td>
</tr>
<tr>
<td>2.</td>
<td>Multi Purpose Worker (Male)</td>
<td>01</td>
</tr>
<tr>
<td>3.</td>
<td>Part time lady attendant</td>
<td>01</td>
</tr>
</tbody>
</table>

**Source:** Primary Health Centre Manual

4.7.1 FUNCTIONS OF SUB-PHC

Sub-PHC is the first and indispensable part of rural public health care system. According to objects of prevention and promotion of health the
functions of the sub-PHC are designed. The main functions of sub-PHC have to perform are given below;

1. Perform Maternal and Child Health services
2. Implementation of RCH including family planning services
3. Implementation of UIP
4. Implementation of various national health programs.
5. Providing primary services and referral services at grass root level.
6. Control of communicable diseases
7. Training of Traditional Birth Attendants and ASHAs.
8. Treatment of minor ailments.
9. Co-ordinate services of Anganwadi workers, ASHA, village health and sanitation committee, etc.
10. Promotion of sanitation including use of toilet and appropriate garbage disposal.
11. Field visit by appropriate health workers for disease surveillance, family welfare services, STI and RTI awareness

As the personnel working at grass root level Sub-PHCs are implemented all the programmes sponsored by the Centre and the State Governments. It has been proposed that facilities for IUD insertion and simple laboratory investigations like routine examination of urine for albumin and sugar would be established at each centre.

4.7.2 JOB RESPONSIBILITIES OF PHC FUNCTIONARIES

4.7.2.1 Auxiliary Nurse Midwife (ANM)

Mostly nursing staff in the sub-PHC has to perform the function of Reproduction and Child Health as well as the post has shouldered the responsibility of family planning programme. Simultaneously ANM has to perform the programmes such as to assist M.O., to train dais and ASHAs, control of epidemic, collect vital statistic, maintaining reports and register, visit to Anganwadi, and screening school health etc.
4.7.2.2 **Multi Purpose Worker (Male) (MPW)**

In the functioning sub-PHC the role of MPW male is extremely important. The Government of India have recommended sanctioning the post of MPW at every sub-PHC. Under the Multi Purpose Health Services Scheme one Male Multipurpose Health Worker (MHW) should appoint at sub-PHC level. He has expected to serve 50000 populations for plain area or 3000 populations for hilly/tribal at each sub-PHC. At the same time MHW should visit to each house after every 15 days in area of sub-PHC. On the other hand MHW has to perform the functions given below:

1. To help in the implementation of national health programme
2. To maintain environmental sanitation
3. Collection and maintenance of vital statistics
4. First aid and minor ailments
9. Implementation of Reproduction and Child Health Programme
10. Working for Iodine Deficiency Disease Programme
11. Maintaining of Register and Report
12. Work as a teamwork

**4.7.3 FINANCIAL MANAGEMENT OF SUB-PHC**

Financial aid or support for the most of the Sub-PHCs are made by union ministry of health and family welfare and remaining sub-PHCs are dependent of state government. State government met their financial needs under the Minimum Need Programme or Basic Minimum Service. Male worker in the sub-PHC are paid by state government.

Table no. 4.4

<table>
<thead>
<tr>
<th>No.</th>
<th>Purpose</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SC construction</td>
<td>Rs. 3,00,000 (one time)</td>
</tr>
<tr>
<td>2.</td>
<td>Instruments and equipments</td>
<td>Rs. 50,000 (at the time of establishment)</td>
</tr>
<tr>
<td>3.</td>
<td>Medicines</td>
<td>Rs. 6000 annum</td>
</tr>
<tr>
<td>4.</td>
<td>Contingency</td>
<td>Rs. 1500 annum</td>
</tr>
</tbody>
</table>

*Source: Primary Health Centre Manual*
The Ministry of Health and Family Welfare is providing 100 per cent Central assistance to all the Sub-centers in the country since April 2002 in the form of salary of ANMs and LHV's rent at the rate of Rs. 3000/- per annum and contingency at the rate of Rs. 3200/- per annum in addition to drugs and equipment kit. The salary of the male worker is borne by the State Government. The ANM pays to the voluntary worker from her contingency fund.

4.8 PRIMARY HEALTH CENTER (PHC)

Primary health centers playing a crucial role in the health care of the rural population in the Kolhapur. It is an organization established to achieve certain objective in delivery of health care services in rural area. The PHC comprises the second tier in rural health care system. PHC are established and maintained by State Government under the Minimum Needs Programme (MNP) or Basic Minimum Services Programme (BMS). It acts as a referral unit for six sub-centres. It is an institution which covers most of the health care needs of large section of the population. Its services are available to all rural people at an accessible distance and at affordable price in terms of money or other resources.

The PHCs are the first contact point between the community and medical officer. These are expected to serve as centers for promotion of positive health. It is multipurpose unit which renders curative, preventive and promotive health care services to people living in rural area with emphasis on preventive and promotive aspects. Joseph Bhore Committee submitted its report in 1946 on need of primary health care in India. It recommended the coverage of 66000 people in 100 villages by one PHC. Dr. A. L. Mudaliar committee of 1962 emphasised on the strengthening of PHCs before new one were opened. It recommended PHC should not be made to cater the needs of more than 40000 patients. Afterwards the Government of India has reduced the coverage of patients. At present, as per the Public Health Department norms there will be 01 PHC for every 20,000 population in tribal hilly area and 30,000
populations in non-tribal area and non hilly area. The PHC is an organization which endeavors to provide basic health care to safeguard and promote the health of the community. A primary health center provides accommodation for out door clinic, MCH/FP clinic, minor surgery room, small laboratory and a ward of a 6 beds, 4 being reserved for maternity.

In the 1961 there were only 24 PHCs are working in Kolhapur district which were increased to 39 in 1980-87, 66 and 71 respectively in the year of 1980-81, 1991-92 and 2001-02. In 2008, there were 73 PHCs which is 3.96 percent to total no. of PHCs in Maharashtra State are functioning in the rural area of the Kolhapur District. Though the no. of appear to be increase; there is still a shortfall when compared to the required norms for PHCs.

4.8.1 FUNCTIONS OF PRIMARY HEALTH CENTER IN KOLHAPUR DISTRICT

The Alma-Ata declaration in 1978 setting the goals for Health for All by 2000 AD. The functions of the PHC cover 8 essential elements of primary health care outlined in the Alma-Ata. Ever primary health center has to provide following functions:

1. Providing Medical care: (a) OPD service 4 hours in morning and 2 hours in afternoon or evening. (b) 24 hours emergency services: injuries and accidents, dog bite and snake bite cases (c) referral services (d) In patients services.
2. Disease surveillance and control programs and propagate the preventive measures.
3. Providing environmental hygiene e.g. safe drinking water, sanitation, etc.
4. Promotion of health education and nutrition programs.
5. Promotion of MCH and family welfare.
6. Implementation of national health programs such as MCHP, NMEP, NLEP, NTCP, NDDCP, ARI, STD and AIDS in the circumference of the PHC.
7. Planning and providing Reproductive and Child Health Services
8. To undertake national immunization program.
9. To organize health inspection of the school in the area.
10. To control of Communicable Diseases and epidemics.
11. To provide basic laboratory tests/services: (a) routine urine, stool and blood tests, (b) diagnosis of STDs and RTI (c) chlorine level of water, etc.
12. To organize training programs for local leaders, dais, health guides and volunteers.
13. Testing water quality and disinfection of water services.
14. Collecting and reporting vital events.
15. Organizing training programs such as HA, birth attendants, ASHAs, IMNCI, AYUSH doctors, etc.
16. Selected surgical procedures e.g. vasectomy, tuberculosis, MTP, etc.
17. Monitoring and supervision: (a) performance of Sub-PHC in area (b) NHP programs (c) Activities of ASHAs, HA (M), and LHV.

4.8.2 ADMINISTRATION OF PRIMARY HEALTH CENTERS

Primary Health Centre functions under administrative control of Zila Parishad. All the administrative powers in Zila Parishad are vested to Chief Executive Officer (CEO) of Zila Parishad. In case of health the term infrastructure takes on wider role than mere physical infrastructure. For the better result of health facilities existing in India health care centre, dispensaries or hospitals need to be manned by well trained staff with a service perspective.

4.8.3 STAFFING PATTERN OF PRIMARY HEALTH CENTERS

Primary health centre is one administrative unit. Medical Officer is a part of the health system, which includes Health Assistants, Multi purpose workers, Pharmacist, administrative staff and sub centers at satellite location. Table no. 4.5 indicates the staffing pattern at primary health centre.6
Table no. 4.5
Staffing Pattern at Primary Health Center

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Post</th>
<th>No. of sanctioned post</th>
<th>Non-tribal area</th>
<th>Tribal area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.</td>
<td>Technical Posts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Medical Officer Class II</td>
<td>2</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Medical Officer Class III</td>
<td>-</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>Health Assistant (Male)</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Health Assistant (Female)</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>Auxiliary Nurse Midwife</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>Laboratory Technician</td>
<td>-</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Pharmacist</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>B.</td>
<td>Non-technical Posts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Junior Assistant</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>9.</td>
<td>Driver</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>10.</td>
<td>Sweeper</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>11.</td>
<td>Lady attendant</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>12.</td>
<td>Male attendant</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>13</td>
<td>14</td>
</tr>
</tbody>
</table>

Source: Primary Health Centre Manual

4.8.4 JOB RESPONSIBILITIES OF PHC FUNCTIONARIES

Being a first contact point of health care among rural masses, the responsibility of effective implementation of its multiple objectives is vested in a specialized and fixed staffs among the various functions were delegated on the basis of their qualification which is subject to change as per the government’s decision from time to time. The functions of every person working at primary health centre are mentioned below:
4.8.4.1 Medical Officer (MO)

Medical Officer (M.O.) is the captain of the health team of the PHC. There are two Medical Officers in each PHC. The senior M. O. acts as a head and performs administration. The second M.O. performs identified duties. Medical Officer is leader of the health team at PHC. The team consists of a group of people who share a common health goal and common objective, as determined by community and program needs. As a team leader Medical Officer is the ultimately responsible to the people, the community and users PHC serve. Finally responsibility for any endeavor rest with the M.O. The main functions of the Medical Officer as follow.  

To organize and manage dispensary, out patient clinic and indoor bed and allot duties to other staff.

ii) As an administrative chief M.O. has to take decision on all administrative matters of PHC. He has to perform daily routine work at PHC and he has powers regarding to leave, penalty, pension, etc. of staff under his authority.

ii) Monitoring of various activity or records periodically is essential for smooth and efficient functions of PHS. Medical Officer should prepare this register and pay attention to maintain it.

iv) Medical Officer has to conduct PHC level meeting and participate in block and district level Meetings.

v) Medical Officer should take personal interest in preparing and exhibiting the charts and graphs in the PHC.

vi) Execute the National Family Welfare Programs and Universal Immunization Program at PHC.

vii) Executing the programs such as MCHP, NMEP, NLEP, NTCP, NDDCP, ARI, STD and AIDS and control of communicable diseases under his jurisdiction.

vii) Health statistics are facts and figures which reveal the state of health of the community. Hence M.O. collects and maintains the vital statistics regarding to health.
ix) Organised a programme of training and health education.

tax) To regularly visit and monitoring the working of sub-PHC in his area.

xi) To organize and develop laboratory services for diagnostic and follow-up purposes.

xii) To train and guide his all his staff, health guides, community health guide, dais, ASHA, etc. in the treatment of minor ailments, injuries and first aid.

xiii) MO has to visit to school in the PHC area of regular intervals and arrange for medical check up and immunization.

4.8.4.2 Male Health Assistant (MHA)

In the Multi purpose health programme, one Female Health Assistant (FHA) and one Male Health Assistant (MHA) supervise four Health workers. MHA is the first level supervisory position. All the previous designation such as sanitary inspector, health inspector, health supervisor etc. is amalgamated into one designation as HA. Under the MHW scheme an MHA has expected to serve 20000 population of PHC. At the same time supervise 4 sub-PHC and 4 Male Health Workers (MHW). As well as merger of the Reproductive and Child Health Programme and Leprosy eradication programme in primary health services associated and changes considering in other national programme has been seen the responsibilities of the MHA as follow:

i) Supervision and guidance the health workers in the delivery of health care to the community.

ii) Indent, procure and supply material to health workers

iii) Promote team work among the workers

iv) Maintaining reports and records in PHC

v) Collecting statistics regarding to life

vi) Propagation of Environmental sanitation

vii) First aid and miscellaneous disease and referral services

viii) Participate in mass camps and campaigns in health program.

ix) Health education, Training, Communication and Counselling.
x) Anganwadi and Ashram School visit
xi) Review the consolidate and submit periodical report to MO of PHC

4.8.4.3 Female Health Assistant (FHA)

The responsibilities of the post of Female Health Assistant (FHA) under the Multipurpose Health Services Programmes are determined by the Government of India and it has been accepted by the State Government. FHA has expected to serve 15000 populations in rural area or 10000 populations in tribal area of PHC. At the same time she should supervises and control Female Health Workers (FHW) working in 3 sub-PHCs. The responsibilities of FHA are given below:

i) Carry out supervisory house visiting
ii) Conduct MCH and family planning clinics and carry out educational activities.
iii) Material supply and maintenance
iv) Maintenance of register and report
v) Organise and conduct training for dais, ASHA and woman leader with help of health worker.
vi) Guide to the female health workers in establishing women depot holders for distribution of conventional contraceptive.

vi) Nutrition counselling
viii) Providing medical treatment to the patients.
i) Health education, Communication skill and Counselling.

4.8.4.4 Auxiliary Nurse Midwife (ANM)

Mostly all nursing staff in the PHC has to perform the function of Reproduction and Child Health as well as the post has shouldered the responsibility of family planning programme. Simultaneously ANM has to perform the programmes such as to Assist M.O., to train dais, to control of epidemic, to collect vital statistic, maintaining reports and records, visit to Anganwadi, and screening school health are the function of ANM.
4.9 COMMUNITY HEALTH CENTRE (CHC) OR RURAL HOSPITAL (RH)

Community Health Centres (CHC) or Rural Hospitals forming the uppermost tier are established and maintained by the State Government under the Minimum Needs Programme (MNP) or Basic Minimum Services Programme (BMS). The CHCs are the outcome of the recommendation of Shrivastav Committee (1975) with intended to establish proper linkages between PHCs and the District Hospitals. It is the third tier of the network of rural health care institutions, was required to act primarily as a referral centre for the patients requiring specialised health care services. The objective of having a referral centre for the primary health care institutions was two fold’ to make modern health care services accessible to the rural people and to ease the overcrowding in the district hospitals. There are 04 PHCs included under each CHC thus catering to approximately 80000 populations in hilly/tribal areas and 120000 populations in plain area. It is a 30 bedded hospital with an X-ray room, a delivery room, an operation theatre, a laboratory. Presents CHCs has been rendered there services to the rural area with the help of modern equipments such as X-ray machine, Sonography, Micro-scope, Cardiogram, Oxygen Cylinder, Sakshan Machine, etc. There four specialists doctors provide there services to the rural peoples at CHCs they are physician, surgeon, gynaecologist and paediatrician along with supported by 21 paramedical staff and other staff.

At presently, there are 16 RH or CHC are distributed in all talukas in Kolhapur district on the population norm. Besides out of 16 rural hospitals 10 are located in the hilly area and 3 in plains or urban area of the district. Though 3 rural hospitals are located in the vicinity of urban area they are providing services to the nearly rural population. As on March 2007, there are 4,045 CHCs functioning in the country.
4.9.1 FUNCTIONS OF CHC

Functions of CHCs are given below:
1. Providing special health services to the rural area such as Paediatric, Gynaecologist, Physician and Surgeon.
2. To make available all preventive and curative health services to the rural people.
3. Care of routine and emergency cases in surgery.
4. Caring and supervision of concerned PHCs.
5. Providing consultancy/referral services to PHCs
6. Referring patients to teaching hospitals and district hospitals.
7. Implementing of all National Health Programmes with active participation in them.
8. Providing Reproductive and Child Health (including family planning) services.
9. Routine and Emergency Care of sick children and New-born care, etc.
10. Providing full range of family planning services including Laparoscopic Services.
11. Providing facilities i.e. blood storage, Essential laboratory services, referral (transport) services, etc.

4.9.2 ADMINISTRATION OF CHC

Rural hospitals are governed by State Government and work at Taluka level. All the rural hospitals in the Kolhapur District are functioning in the building providing by the state government and all have uniform structure. The establishment and maintenance of CHCs are done under the minimum need programme (MNP) and basic minimum service (BMS) of the state government. To strengthen the infrastructure of the rural health system, financial assistance is also available from Prime Minister Village Development Fund.
### 4.9.3 STAFFING PATTERN

The pattern of rural hospitals in the district is working under the supervision and control of the Civil Surgeon, the civil hospital of Kolhapur District. The civil hospital, Kolhapur acts as the second referral unit. Emergency cases are referred by the rural hospital to the District Hospital. As an administrative head of the rural hospitals Civil Surgeon performed the following functions:

1. Supervision and control
2. Duties as Ex-officio Chairman
3. Reporting
4. Financial powers
5. Transfer and leaves.

Residential Medical Officer (RMO) is second authority in case of rural hospitals. The RMO play a vital role from the point of view of rural hospitals. The functions of RMO are as under:

1. Examination and treatment of patients
2. Administrative and medical legal work as necessary.
3. Supervision and control.
4. Miscellaneous

The other important personnel from the point of view of rural hospital are nurses, dresser, pharmacist, laboratory assistant, ward boy, ayah, sweeper, driver, guard, washer man, gardener, etc. The staffing pattern in the rural hospital is as follow:
<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Post</th>
<th>No. of posts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Doctors (Paediatric, Gynaecologist, Physician and Surgeon)</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Nurses (Nurse Midwife, Community Health Nurse/Nurse grade II, Nurse grade I)</td>
<td>7</td>
</tr>
<tr>
<td>3.</td>
<td>Dresser</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Pharmacist / Compounder</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>Laboratory Assistant</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>Radiographer</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Ward boy</td>
<td>2</td>
</tr>
<tr>
<td>8.</td>
<td>Cleaning workers/sweepers</td>
<td>3</td>
</tr>
<tr>
<td>9.</td>
<td>Dhobi (Washer man)</td>
<td>1</td>
</tr>
<tr>
<td>10.</td>
<td>Mali (Gardener)</td>
<td>1</td>
</tr>
<tr>
<td>11.</td>
<td>Chawkidar (Watchman)</td>
<td>1</td>
</tr>
<tr>
<td>12.</td>
<td>Ayah (Care taker)</td>
<td>1</td>
</tr>
<tr>
<td>13.</td>
<td>4\textsuperscript{th} Class servant</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

*Source*: Primary Health Center Manual

The state government provides the finance for the establishment and maintenance of CHCs under the minimum need program (MNP) and basic minimum service (BMS). The CHC can obtain the financial assistance from Prime Ministers Village Development Fund the strengthening the infrastructure of the rural health system.

### 4.10 DISTRICT HEALTH MISSION

On the background of State Health Mission the District Health Mission is established for each district in the State.
4.10.1 VISION AND MISSION

- The District Health Mission seeks to provide effective healthcare to rural population throughout the district especially for tribal people.
- It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations and strengthen public health management and services delivery in the country.
- The Mission aims at effective integration of health concerns through decentralized management at district, with determinants of health like sanitation and hygiene, nutrition, safe drinking water, gender and social concerns.
- The Mission seeks to improve access to rural people, especially rural women and children to equitable, affordable, accountable and effective primary health care.

4.10.2 OBJECTIVES OF DISTRICT HEALTH MISSION

The physical targets/objectives for each program by the end of the mission period is given below

1. To reduce MMR below 165
2. To reduce IMR by 25
3. To reduce neonatal mortality rate to 20
4. To bring down the TFR below 1.67
5. To achieve and maintain detection of at least 70% of such TB cases in the population
6. Reduction of mortality on account of Malaria, Dengue, Japanese Encephalitis (J.E.) by half by 2010 & efficient morbidity control.
8. To reduce the prevalence of blindness from 0.95% to 0.8%
9. To reduce prevalence Rate of leprosy to 0.5 per 10,000 population
10. To reduce disability proportion due to leprosy to 0.4% by 2012
11. To achieve elimination of Leprosy in every village by March 2012
12. To upgrade 80% of community health centers in the state to Indian Public Health Standards.

4.10.3 APPROACHES AND STRATEGIES

- In order to achieve the above objectives, the health mission envisages the following broad strategies or approaches
- Decentralized planning and implementation
- Involving NGOs and voluntary organizations in programme implementation
- Participations of community and Panchayat Raj institutions in organizing services in rural areas.
- Strengthening existing PHCs and CHCs and provision of 30-50 bedded CHC per one lakh population for improved curative care as per IPH standards.
- Integrating health and family welfare programmes at state, district and block levels through Convergence within the health department
- Behaviour change communication strategies
- Improving quality of services provided by strengthening the health system by training of personnel, supply of high tech equipments, Strengthening follow up services and monitoring of services
- Improved disease surveillance by establishment of Integrated Disease Surveillance system.
- Formulation of transparent policies for deployment and career development of human resources for health.

To achieve these goals, economic growth and financial resources are of course necessary, but they are not enough. It needs a framework where citizens, governments and donors can take action and accelerate progress towards the common objectives of District Health Mission.
4.11 CONCLUSION

The district has planned and designed health policies on the basis of needs of rural and urban population in respect health status of the Kolhapur District. To tackle the problems of health of the people in the district the government have waved a well and wide net of District Hospital, Sub-district Hospital, Rural Hospitals, Primary Health Centres, Sub-Primary Health centres. All these factors can make the Kolhapur district Healthy and wealthy.

However, even though a well structured public health care system exists in Kolhapur District certain deficiencies and demerit has been seen at every level of health system which is discussed in the fifth and sixth chapter.

REFERENCE


