Chapter 9

Conclusion, Problems and Suggestions

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Conclusion, Problems and Suggestions

9.1 Introduction

In this chapter, an attempt is made to find out various problems associated with health care facilities and frequently occurring diseases in Solapur district and suggest solutions to solve those problems.

9.2 Conclusion

1. Primary Health Centers have not been increased at par with the growth of the population in Maharashtra. As per recommendations of Bhor Committee (1946), there should be 1 Primary Health Center for 20000 populations i.e. there should be 5 PHCs for 1 lakh population. In the year 1991 there were 1672 PHCs i.e. 3.5 PHCs for 1 lakh population. In 2011, even though the total number of PHCs in Maharashtra increased to 1816, number of PHCs for 1 lakh population remained 2.95 only.

2. The people below poverty line decreased from 36.9% to 30.7% from 1991 to 2011, which is a good sign of economic development of Maharashtra.

3. The highest 103 PHCs are available in Nasik district, followed by Ahmednagar and Pune districts with 96 PHCs in 2011. Wardha district has the least 27 PHCs.

4. Vacant posts are one of the obstacles in the development of health care facilities in Maharashtra. 1.7% female nurse posts, 36% of health worker posts, 18.9% male health assistant posts, 2.4% doctor posts, 20.3% radiologist posts, 11.6% pharmacist posts, and 8.8% lab technician posts are vacant in Maharashtra.
5. In 2001, 322 rural hospitals were available in Maharashtra and in 2011, this number reached to 363. There were 17322.5 population served by 1 rural hospital in the year 2001 whereas in the year 2011 it served 169451.9 population.

6. In the year 2011 the highest numbers 23 Rural Hospitals were available in Nashik and Ahrnadamgar district whereas the least 3 RH registered in Hingoli district.

7. Population of Solapur district increased from 875368 to 4623824 from 1901 to 2011. During the period 1991-2011, the population grew by 625486 for the district. The increase in percentage was of the order of 19.14 percent for total population, 13.99 percentage for rural and 29.99 percent for urban areas of the district, the total increase was of 296801, which is about 29.99 percent, while for rural areas of the district, contributed 328685, percent which is 13.99 percent in rural areas.

8. According to the 2011 census, about 67.6% population of Solapur district live in rural area and 32.4% of population of Solapur district live in urban area.

9. During the period of 1991 to 2011 the highest populated areas in the district is North Solapur tahsil. Its contribution to the district population is 24.4% in 2011.

10. The highest urban population 79.15% was registered in North Solapur tahsil in the year 1991. In the year 2001 the urban population was 90.81% in North Solapur tahsil. In the year 2011 the urban population was 89.99% in North Solapur tahsil.

11. The density of Solapur district was 258 in 2001, which dropped to 290 in 2011. The highest density of population 1420 was registered in North Solapur tahsil in the year 2001 while in the
year 2011 it was 2097. The least density was recorded in Karmala tehsil.

12. In the year 2011, the rural density of population for the region increases to 201 persons per square kilometer from 180 persons per square kilometer in 1991. Rural density is highest for Malshiras tahsil, while the lowest is for Karmala tahsil in the year 2011. In the year 2011, the average urban density of the region was 3813. The density of urban population varies within the region from 1541 in Malshiras and 129046 for North Solapur tahsil.

13. According to 2011 census, the population of Solapur district is, 4317756 out of this, 2227852 are male and 2089904 are females. The sex-ratio works out to 938 per thousand males. This imbalance in sex ratio probably is due to relatively high mortality among the females and in migration of males on a large scale from other parts of the state of Maharashtra, which is generally dominated by males.

14. As per census 2011, Solapur North tahsil has highest 82.1% and Akkalkot tahsil has lowest 69.6% literacy in the district.

15. Solapur North tahsil shows lowest gap in male & female literacy rate, which is 22.1% in 1991, 19.9% in 2001 & 14% in 2011. The highest gap in male and female literacy was found in Karmala tehsil in 1991, South Solapur tehsil in 2001 and Akkalkot tehsil in 2011.

16. Solapur district’s rural male literacy was 65.6% in 1991; 79.6% in 2001 & 82.8 % in 2011 while female literacy rate was 35.6% in 1991; 56.1% in 2001 & 64.6% in 2011.
17. As per census of 2011, Barshi (84.3%), Malshiras (83.5%), Solapur North (83.4%), Mohol (84.0%), Pandharpur (83.4%) tahsil shows more male literacy rate than districts rural male literacy rate (82.2%). In 2011, Malshiras (66.9%), Solapur North (66.6%), Madha (68.0%) Barshi (58.6%), Mohol (66.9%) tahsil shows more female literacy rate than districts rural female literacy rate (64.6%).

18. Solapur district’s urban male literacy rate was 81.0% in 1991; 87.2% in 2001 & 89.7% in 2011 while female urban literacy rate was 56.3% in 1991; 67.5% in 2001 & 76.4% in 2011. According to census of 2011, Karmala (81.4%), Madha (93.5%) Barshi (91.6%), Pandharpur (81.3%), Sangola (69.7%) tahsil shows more female literacy rate than districts urban female literacy rate (76.4%).

19. In 1991, birth rates for Solapur district were 22.64 percent, which slightly declined and became 22.61 percent in 2001. During 2010-2011 periods, it substantially declined and became as low as 20.58 percent. The birth rates within the Solapur district vary enormously within the district the highest rates were for the North Solapur tahsil and the lowest rate is for South Solapur tehsil.

20. The average death rate was found 5.35 percent for the region as a whole. In comparison to previous two decades of 1991 and 2001, the year 2011, does not show a much significant variation in death rate within various tahsils in Solapur district. The highest death rate was recorded to 6.78 percent for North Solapur tahsil and the lowest death rate of 3.68 percent was observed in Karmala Tahsils.

21. The infant mortality rate in Solapur district has declined gradually.

It was higher for Barshi tahsil, on the one hand, and lowest for
Malshiras tahsils on the other. Except, three tahsils namely Pandharpur, North-Solapur and Barshi, all other tahsils have shown, the infant mortality rate, below the district average.

22. The hierarchical distribution of health centres follows the pattern from the state. In rural health structure there is a District Health Department at the top level under which Primary Health Centres along with Health Sub centres work effectively. In Civil health system, there is District Civil Hospital at the top level under which Sub-district hospitals and rural hospitals work.

23. In Solapur district, there are 01 District Hospital, 3 Sub-district Hospital, 13 Rural Hospitals, 77 Primary Health Centres, 433 Sub-Primary Health centres, 568 Doctors and 1663 Nurses existing in the district in 2011 to tackle the health problems of the people in the district.

24. The distribution of health centers shows that there are 77 Primary health centers in the district. Those consists of Karmala 5, Madha 8, Barshi 7, North Solapur 5, Mohol 7, Pandharpur 8, Malshiras 12, Sangola 6, Mangalwedha 5, South Solapur 6 and Akkalkot 8.

25. As per recommendations of Bhor Committee (1946), there should be 1 Primary Health Center for 20000 population. It means that in Solapur district there should be 216 PHCs against the population of 4317756. But there are only 77 PHCs in the district. So, there deficit of 139 PHCs. Tahsilwise shortage is Karmala 8, Madha 8, Barshi 12, North Solapur 49, Mohol 6, Pandharpur 14, Malshiras 12, Sangola 10, Mangalwedha 5, South Solapur 7 and Akkalkot 8.

26. The highest doctor-population ratio is observed in Sangola tahsil 21523 followed by Barshi tahsil 19616.37, Akkalkot tahsil 17476.11, South Solapur tahsil 17393.13, Mohol tahsil 16289.41, Mangalwedha tahsil 14709.43, Madha tahsil 14088.13,
Pandharpur tahsil 13824, Malshiras tahsil 13490.14, Karmala tahsil 10603.71, and the least ratio is found in North Solapur tahsil which is 2978.46.

27. The highest nurse-population ratio is observed in Pandharpur tahsil 9616.7 followed by Malshiras tahsil 8672.23, Mohol tahsil 6754.15, Mangalwedha tahsil 6056.82, Madha tahsil 6000.5, Sangola tahsil 5978.61, Akkalkot tahsil 5935.28, South Solapur tahsil 5324.43, Karmala tahsil 4989.98, Barshi tahsil 4778.35, and the least ratio is found in North Solapur tahsil which is 921.84.

28. As per the Bhore Committee, the bed-population ratio (BPR) should be 1:1000. Study reveals that except North Solapur tahsil, all tahsils are having ratio more than 1000. The highest bed-population ratio is observed in South Solapur tahsil i.e. 5115.63, followed by Sangola tahsil 4891.59, Akkalkot tahsil 4032.95, Mohol tahsil 3846.11, Madha tahsil 3682.13, Barshi tahsil 3654.03, Mangalwedha tahsil 3432.2, Karmala tahsil 3181.11, Malshiras tahsil 3054.37, Pandharpur tahsil 2853.99, and North Solapur tahsil 597.37.

29. The projected population in the year 2021 will be 4785969 in the district. The highest population will be 1153901 in North Solapur tahsil followed by Malshiras, Pandharpur, Barshi, Sangola, Madha, Akkalkot, South Solapur, Mohol, Karmala, and the least population will be observed in Mangalwedha tahsil with 240603 people. The population projection will be 5254182 in the district in the year 2031. The highest population will be 1250450 in North Solapur tahsil followed by Malshiras, Pandharpur, Barshi, Sangola, Madha, Akkalkot, South Solapur, Mohol, Karmala, and the least population will be observed in Mangalwedha tahsil with 275274 people.
30. Additional hospitals required for projected population of Solapur district in the year 2021 and 2031 are 0 and 1 respectively.

31. Additional dispensaries required for projected population of Solapur district in the year 2021 and 2031 are 3 and 7 respectively.

32. Additional maternity homes required for projected population of Solapur district in the year 2021 and 2031 are 1 and 4 respectively.

33. Additional PHC required for projected population of Solapur district in the year 2021 and 2031 are 10 and 17 respectively.

34. Additional health sub centers required for projected population of Solapur district in the year 2021 and 2031 are 49 and 99 respectively.

35. Additional doctors required for projected population of Solapur district in the year 2021 and 2031 are 55 and 113 respectively.

36. Additional nurses required for projected population of Solapur district in the year 2021 and 2031 are 163 and 325 respectively.

37. Additional beds required for projected population of Solapur district in the year 2021 and 2031 are 264 and 525 respectively.

38. Job structure in PHC of Solapur district consists of 2 medical officers, 1 nurse, 3 health assistants, 1 pharmacist, 1 clerk, 3 ward boys, 1 peon, 1 driver and 1 lab technician.

39. In Solapur district for 77 PHCs, total sanctioned posts are 1740, out of which 1374 posts are working and 366 are vacant posts. There are 154 sanctioned posts of doctors, out of which 121 are working and 33 posts are vacant. There are 449 sanctioned posts of nurses out of which 399 are working and 50 posts are vacant.
There are 120 sanctioned posts of H.A. out of which 88 are working and 32 posts are vacant. There are 77 sanctioned posts of L.H.V. out of which 63 are working and 14 posts are vacant. There are 940 other sanctioned posts out of which 703 are working and 237 posts are vacant.

40. In the year 1991, there were 31700 IPD male patients in the district. The highest 9200 IPD male patients were registered in North Solapur tahsil, whereas the lowest 200 IPD male patients were registered in Mangalwedha tahsil. In the year 2001, the number of IPD male patients increased to 41800, with an increment of 32%. The highest 15600 IPD male patients were registered in North Solapur tahsil, whereas the lowest 100 IPD male patients were registered in Mohol tahsil in the year 2001. In the year 2011, the number of IPD male patients dropped to 22637, with a decrease of 46%. In this year, the maximum 15485 IPD male patients were found in North Solapur tahsil, and the lowest 192 IPD male patients were noticed in Mangalwedha tahsil.

41. In the year 1991, there were 730100 OPD male patients in the district. The highest 255100 OPD male patients were registered in North Solapur tahsil, whereas the lowest 15200 OPD male patients were registered in South Solapur tahsil. In the year 2001, the number of OPD male patients dropped to 579600, with a decrease of 21%. The highest 211500 OPD male patients were registered in North Solapur tahsil, whereas the lowest 15100 OPD male patients were registered in South Solapur tahsil in the year 2001. In the year 2011, the number of OPD male patients dropped to 394886, with a decrease of 32%. In this year, the maximum 231222 OPD male patients were found in North Solapur tahsil,
and the lowest 1028 OPD male patients were noticed in Mohol tehsil.

42. In the year 1991, there were 82 family planning centers in the district. The highest 18 family planning centers were registered in North Solapur tahsil, whereas the lowest 5 family planning centers were registered in South Solapur tahsil. In the year 2001, the number of family planning centers increased to 96, with an increment of 17%. The highest 18 family planning centers were registered in North Solapur tahsil, whereas the lowest 5 family planning centers were registered in South Solapur tahsil in the year 2001. In the year 2011, the number of family planning centers remained constant and no growth took place. In this year, the maximum 23 family planning centers were found in North Solapur tahsil, and the lowest 5 family planning centers were noticed in Mangalwedha tahsil.

43. In the year 1991, there were 86701 triguni vaccination in the district. The highest 20150 triguni vaccination were registered in North Solapur tahsil, whereas the lowest 4442 triguni vaccination were registered in South Solapur tahsil. In the year 2001, the number of triguni vaccination dropped to 74638, with a decrease of 14%. The highest 10776 triguni vaccination were registered in Malshiras tahsil, whereas the lowest 1166 triguni vaccination were registered in Mohol tahsil in the year 2001. In the year 2011, the number of triguni vaccination increased to 105179, with an increase of 41%. In this year, the maximum 23729 triguni vaccination were found in North Solapur tahsil, and the lowest 3129 triguni vaccination were noticed in Malshiras tahsil.

44. In the year 1991, there were 88121 polio vaccination in the district. The highest 21215 polio vaccination were registered in
North Solapur tahsil, whereas the lowest 4503 polio vaccination were registered in South Solapur tahsil. In the year 2001, the number of polio vaccination dropped to 74638, with a decrease of 15%. The highest 10776 polio vaccination were registered in Malshiras tahsil, whereas the lowest 1166 polio vaccination were registered in Mohol tahsil in the year 2001. In the year 2011, the number of polio vaccination increased to 123498, with an increase of 65%. In this year, the maximum 42495 polio vaccination were found in North Solapur tahsil, and the lowest 3180 polio vaccination were noticed in Malshiras tahsil.

45. In the year 1991, there were 91830 BCG vaccination in the district. The highest 24796 BCG vaccination were registered in North Solapur tahsil, whereas the lowest 4402 BCG vaccination were registered in Mangalwedha tahsil. In the year 2001, the number of BCG vaccination increased to 94856, with a hike of 3%. The highest 19559 BCG vaccination were registered in North Solapur tahsil, whereas the lowest 5515 BCG vaccination were registered in Karmala tahsil in the year 2001. In the year 2011, the number of BCG vaccination decreased to 89504, with a reduction of 6%. In this year, the maximum 22929 BCG vaccination were found in North Solapur tahsil, and the lowest 3293 BCG vaccination were noticed in Malshiras tahsil.

46. In the year 1991, there were 84917 govar vaccination in the district. The highest 18298 govar vaccination were registered in North Solapur tahsil, whereas the lowest 4515 govar vaccination were registered in South Solapur tahsil. In the year 2001, the number of govar vaccination dropped to 73527, with a decrease of 13%. The highest 10430 govar vaccination were registered in Malshiras tahsil, whereas the lowest 2599 govar vaccination were
registered in North Solapur tahsil in the year 2001. In the year 2011, the number of govar vaccination increased to 78778, with an increase of 7%. In this year, the maximum 20335 govar vaccination were found in North Solapur tahsil, and the lowest 2943 govar vaccination were noticed in Malshiras tahsil.

47. In the year 1991, there were 73647 D.T. vaccination in the district. The highest 17063 D.T. vaccination were registered in North Solapur tahsil, whereas the lowest 3775 D.T. vaccination were registered in Mangalwedha tahsil. In the year 2001, the number of D.T. vaccination increased to 81343, with a hike of 10%. The highest 12130 D.T. vaccination were registered in North Solapur tahsil, whereas the lowest 5339 D.T. vaccination were registered in South Solapur tahsil in the year 2001. In the year 2011, the number of D.T. vaccination decreased to 59100, with a reduction of 27%. In this year, the maximum 9511 D.T. vaccination were found in Mangalwedha tahsil, and the lowest 2410 D.T. vaccination were noticed in North Solapur tahsil.

48. In the year 1991, there were 82871 dhanurvat vaccination for pregnant women in the district. The highest 19495 dhanurvat vaccination for pregnant women were registered in North Solapur tahsil, whereas the lowest 4374 dhanurvat vaccination for pregnant women were registered in South Solapur tahsil. In the year 2001, the number of dhanurvat vaccination for pregnant women increased to 85549, with a hike of 3%. The highest 13517 dhanurvat vaccination for pregnant women were registered in North Solapur tahsil, whereas the lowest 4604 dhanurvat vaccination for pregnant women were registered in Mangalwedha tahsil in the year 2001. In the year 2011, the number of dhanurvat vaccination for pregnant women increased to 111733, with an
increase of 31%. In this year, the maximum 26622 dhanurvat vaccination for pregnant women were found in North Solapur tahsil, and the lowest 3261 dhanurvat vaccination for pregnant women were noticed in Malshiras tahsil.

49. In the year 2011, there were 102729 pre-delivery examinations in the district. The highest 38329 pre-delivery examinations were registered in North Solapur tahsil, followed by Barshi tahsil 10515, Malshiras tahsil 9957, Pandharpur tahsil 9040, Madha tahsil 6088, Sangola tahsil 5904, Akkalkot tahsil 5662, Karmala tahsil 5009, Mohol tahsil 4603, South Solapur tahsil 4361. The lowest 3261 pre-delivery examinations were registered in Mangalwedha tahsil.

50. In the year 2011, there were 91112 deliveries in the district. The highest 36418 deliveries were registered in Pandharpur tahsil, followed by Barshi tahsil 6192, Malshiras tahsil 6398, Pandharpur tahsil 36418, Madha tahsil 4184, Sangola tahsil 7816, Akkalkot tahsil 7390, Karmala tahsil 5790, Mohol tahsil 3344, South Solapur tahsil 3462. The lowest 3344 deliveries were registered in Mohol tahsil.

51. In the year 2011, there were 78 mother deaths during delivery in the district. The highest 62 mother deaths were registered in Pandharpur tahsil, followed by Barshi tahsil 0, Malshiras tahsil 4, Pandharpur tahsil 62, Madha tahsil 2, Sangola tahsil 1, Akkalkot tahsil 0, Karmala tahsil 1, Mohol tahsil 3, South Solapur tahsil 2. The lowest mother deaths i.e. 0 were registered in Akkalkot tahsil. In the district, 1451 infant deaths occurred during delivery in the year 2011. The highest 731 infant deaths were registered in Pandharpur tahsil, followed by Barshi tahsil 64, Malshiras tahsil 122, Pandharpur tahsil 731, Madha tahsil 29, Sangola tahsil 66,
Akkalkot tahsil 74, Karmala tahsil 77, Mohol tahsil 48, South Solapur tahsil 89. The lowest 29 infant deaths were registered in Madha tahsil.

52. In the year 1991, there were 2850 deaths in the district. The highest 878 deaths were accounted for breathing related problems followed by Heart attack 740, TB 532, Cancer 425, Numenea 145, Gastro/Decentry 76, Typhoid 38, Jaundice 9, Cholera 7, and malaria 0. In the year 2001, the number of deaths increased to 3182, with a hike of 12%. The highest 1279 deaths were due to Heart attack. In the year 2011, the number of deaths decreased to 2499, with a reduction of 21%. In this year, the maximum 1172 deaths were also accounted for Heart attack.

53. In the year 1991, there were no deaths on account of malaria in the district. In the year 2001, the number of malaria deaths increased to 10. The highest 3 deaths were registered in North Solapur tahsil, whereas the lowest 0 death was registered in Mangalwedha tahsil in the year 2001. In the year 2011, the number of malaria deaths decreased to 5, with a reduction of 50%. In this year, the maximum 2 deaths were found in Sangola tahsil, and the lowest 0 deaths was noticed in Akkalkot tahsil.

54. In the year 1991, there were 7 cholera deaths in the district. The highest 2 cholera deaths were registered in South Solapur tahsil, whereas the lowest 0 cholera deaths were registered in Akkalkot tahsil. In the year 2001 and 2011 the number of cholera deaths dropped to 0 in all tahsils, with a decrease of 100%.

55. In the year 1991, there were 532 TB deaths in the district. The highest 67 TB deaths were registered in Pandharpur tahsil, whereas the lowest 23 TB deaths were registered in Mohol tahsil. In the year 2001, the number of TB deaths increased to 558, with a
hike of 5%. The highest 75 TB deaths were registered in North Solapur tahsil, whereas the lowest 26 TB deaths were registered in Akkalkot tahsil in the year 2001. In the year 2011, the number of TB deaths decreased to 463, with a reduction of 17%. In this year, the maximum 69 TB deaths were found in North Solapur tahsil, and the lowest 22 TB deaths were noticed in Akkalkot tahsil. More number of TB patients in North Solapur district can be ascribed to higher population of the tahsil.

56. In the year 1991, there were 145 pneumonia deaths in the district. The highest 18 pneumonia deaths were registered in Mangalwedha tahsil, whereas the lowest 7 pneumonia deaths were registered in Sangola tahsil. In the year 2001, the number of pneumonia deaths dropped to 85, with a decrease of 41%. The highest 11 pneumonia deaths were registered in Pandharpur tahsil, whereas the lowest 4 pneumonia deaths were registered in Akkalkot tahsil in the year 2001. In the year 2011, the number of pneumonia deaths decreased to 54, with a reduction of 36%. In this year, the maximum 7 pneumonia deaths were found in Pandharpur tahsil, and the lowest 3 pneumonia deaths were noticed in Akkalkot tahsil. More number of deaths in Pandharpur tahsil can be attributed to autoimmune diseases.

57. In the year 1991, there were 76 diarrhea deaths in the district. The highest 10 diarrhea deaths were registered in Pandharpur tahsil, whereas the lowest 3 diarrhea deaths were registered in Sangola tahsil. In the year 2001, the number of diarrhea deaths dropped to 34, with a decrease of 55%. The highest 5 diarrhea deaths were registered in North Solapur tahsil, whereas the lowest 2 diarrhea deaths were registered in Akkalkot tahsil in the year 2001. In the year 2011, the number of diarrhea deaths decreased to 26, with a
reduction of 24%. In this year, the maximum 4 diarrhea deaths were found in Pandharpur tahsil which can be ascribed to parasite or gastroenteritis, and the lowest 1 diarrhea deaths were noticed in Akkalkot tahsil.

58. In the year 1991, there were 740 heart attack deaths in the district. The highest 93 heart attack deaths were registered in Pandharpur tahsil, whereas the lowest 32 heart attack deaths were registered in Mohol tahsil. In the year 2001, the number of heart attack deaths increased to 1279, with a hike of 73%. The highest 172 heart attack deaths were registered in North Solapur tahsil, whereas the lowest 60 heart attack deaths were registered in Akkalkot tahsil in the year 2001. In the year 2011, the number of heart attack deaths decreased to 1172, with a reduction of 8%. In this year, the maximum 175 heart attack deaths were found in North Solapur tahsil, and the lowest 56 heart attack deaths were noticed in Akkalkot tahsil.

59. In the year 1991, there were 38 typhoid deaths in the district. The highest 5 typhoid deaths were registered in Mangalwedha tahsil, whereas the lowest 2 typhoid deaths were registered in Sangola tahsil. In the year 2001, the number of typhoid deaths dropped to 15, with a decrease of 61%. The highest 2 typhoid deaths were registered in South Solapur tahsil, whereas the lowest 1 typhoid deaths were registered in Akkalkot tahsil in the year 2001. In the year 2011, the number of typhoid deaths decreased to 9, with a reduction of 40%. In this year, the maximum 1 typhoid deaths were found in South Solapur tahsil, and the lowest 0 typhoid deaths were noticed in Akkalkot tahsil.

60. In the year 1991, there were 425 cancer deaths in the district. The highest 54 cancer deaths were registered in Pandharpur tahsil,
whereas the lowest 18 cancer deaths were registered in Mohol tahsil. In the year 2001, the number of cancer deaths increased to 569, with a hike of 34%. The highest 76 cancer deaths were registered in North Solapur tahsil, whereas the lowest 27 cancer deaths were registered in Akkalkot tahsil in the year 2001. In the year 2011, the number of cancer deaths decreased to 437, with a reduction of 23%. In this year, the maximum 65 cancer deaths were found in North Solapur tahsil, and the lowest 21 cancer deaths were noticed in Akkalkot tahsil.

61. In Solapur district, there are 11 tahsils and 77 PHCs. The study of all PHCs was very difficult and time-consuming. Hence, 2 PHCs per tehsil were selected for the study purpose. While selecting PHCs random sampling technique was used. Total 22 PHCs have been studied. They include: Jeoor, Sade, Tembhurni, Modnimb, Gaudgaon, Upaledumal, Kondi, Tirhe, Kamathi, Begampur, Tungat, Khardi, Velapur, Malinagar, Gheradi, Mahud, Marwade, Andhalgaon, Valsang, Boramani, Shirwal, and Wagdari.

62. In the selected PHCs, highest 6 numbers of vacant posts were noticed in the selected PHCs Kamathi and Velapur, followed by Tembhurni 5, Shirwal 5, Begampur 4, Jeoor 3, Mahud 3, Boramani 3, Wagdari 3, Marwade 2, Sade 1, Gaudgaon 1, Upaledumal 1, Kondi 1, Khardi 1, Gheradi 1, and Andhalgaon 1. Modnimb, Tirhe, Tungat, Malinagar, and Valsang PHCs have no vacant posts.

63. Operation theatre facility is not available in PHCs Modnimb, Tirhe, Begampur, Tungat, Khardi, Gheradi, and Andhalgaon. ICU facility is not available in all selected PHCs. Ventilator facility is available only in Marwade and Valsang PHCs. HIV testing facility is available in all selected PHCs. Cataract Operation
facility is not available in most of the PHCs Jeoor, Sade, Tembhurni, Modnimb, Gaudgaon, Upaledumal, Kondi, Tirhe, Begampur, Tungat, Khardi, Velapur, Malinagar, Gheradi, Marwade, Andhalgaon and Wagdari. The patients are referred to the Civil Hospital.

9.3 Problems:

1. The major problem in government health care centers is the vacancies of the posts.

2. The non-availability of some of the important medicines in PHC is acute problem. Patients have to purchase such medicines from private medical stores.

3. The ICU is not available in all the selected PHCs.

4. Most of the Primary Health Centers are 2 to 4 km away from villages.

5. The adequate quarters are not available for the doctors and other medical staff. Those are lack of infrastructure, garbage and good drinking water etc.

6. Most of the buildings of PHCs and RH are old. The major problem faced by PHCs consists of doctors are not willing to serve in PHCs. After serving 5 to 10 years, they start their own hospitals.

7. The rural people are ignorant of literacy of health and they are unaware of health education.

8. The medical staff is also not willing to work in rural area.

9. Blood banks are not available at PHCs, which can cause death of patients.
9.4 Suggestions:

1. As per suggestion of Joseph Bhor Committee there should be 1 Primary Health Center for 20000 populations and there shoulw be 4 to 6 doctors in 1 PHC. This recommendation should be met as early as possible.

2. They may be need of big effort to stop the female feticides to balance the sex-ratio of the district.

3. There are less Primary Health Centers available in Karmala and Mangalwedha tahsil that may be established early.

4. In order to motivate doctors and other staff to work in villages, important facilities should be provided to them. These facilities can include quarters, electricity, etc.

5. For a definite period of time, all medical staff should be made to work in rural areas.

6. Health literacy programs should be conducted to make people aware of various diseases. TV, radio, social media and other broadcasting media can also be used for this purpose.

7. All kinds of medicines should be made available in PHCs and sub-centers in rural areas.

8. Every PHC should have mobile health care facility so that serious patients will be treated on urgent basis.

9. Support from non-profit charitable organizations can be sourced for people in their time of medical need. They can also be useful for preventive care services. They can also extend their help towards redistribution of blood, surplus medical supplies and equipment.
10. Help from literate and educated people can be obtained to train and guide people regarding symptoms of various diseases and preventive care to be taken.

11. Special medical facilities should be provided to infants, kids, toddlers, and old aged people like separate queues for the elderly in hospitals for registration and clinical examination, medicines at discounted prices,

12. People can be educated on the benefits of Medical insurance and they can be encouraged to purchase medical insurance by giving discounts.

13. Special seminars, conferences and workshops on cleanliness and health care should be organized at village level or in high schools and colleges.

14. Free medical facilities should be provided to below poverty line people and poor people.

15. Mutual understanding and compatibility should be established among various government systems, offices, hospitals and private non-profit organizations for the better penetration of medical facilities to the poorest people.

16. Vaccination for all important diseases should be made available at village level and its use should be made compulsory for everybody.

17. Precaution should be taken by the government machinery to prevent contaminated or low-grade food items being supplied in the market.