



PERFORMANCE EVALUATION OF PRIMARY HEALTH CARE CENTRES IN ANDHRA PRADESH – A STUDY OF SELECT DISTRICTS

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Abstract

The Primary Health Care Centres(PHCs) in the State of Andhra Pradesh have been playing a crucial role in the safeguard of health among the rural and urban people in the 13 districts of the State. The PHCs have been facilitated with various features which have been attracting the public to avail the services offered by the PHCs. In this paper, an attempt is made to thoroughly review the status of PHCs in the state of Andhra Pradesh in general and in particular to the 13 districts of Andhra Pradesh State. The paper further presents the evolution and growth of PHCs, infrastructure facilities and the facility of Doctors, Health care workers, nurses and other people in the PHCs.

Key words: *CHC, HWC-PHCs, IPHS, NRHM*

1. Introduction

PHC is the first contact point between village community and the medical officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. The PHCs are established and maintained by the State governments under the Minimum Needs Programme (MNP)/ Basic Minimum Services (BMS) Programme. As per minimum requirement (Box-1), a PHC is to be manned by a medical officer supported by 14 paramedical and other staff. Under NRHM, there is a provision for two additional staff nurses at PHCs on contract basis. It acts as a referral unit for 6 Sub Centres and has 4-6 beds for patients. The activities of PHC involve curative, preventive, promotive and family welfare services. There are 24855 PHCs i.e (16613 PHCs and 8242 HWC-PHCs) functioning in rural areas of the country as on 31st March, 2019. At national level there is an increase of 1619 PHCs from the year 2005.

2. Evolution of PHCs in India

The concept of Primary Health Centre (PHC) is not new to India. The Bhore Committee in 1946 gave the concept of a PHC as a basic health unit to provide as close to the people as possible, an integrated curative and preventive health care to the rural population with emphasis on preventive and primitive aspects of health care. The health planners in India have visualized the PHC and its Sub-Centres (SCs) as the proper infrastructure to provide health services to the rural population. The Central Council of Health at its first meeting held in January 1953 had recommended the establishment of PHCs in community development blocks to provide comprehensive health care to the rural population. These centres were functioning as peripheral health service institutions with little or no community involvement. Increasingly, these centres came under criticism, as they were not able to provide adequate health coverage, partly, because they were poorly staffed and equipped and lacked basic amenities.

The 6th Five year Plan (1983-88) proposed reorganization of PHCs on the basis of one PHC for every 30,000 rural populations in the plains and one PHC for every 20,000 population in hilly, tribal and desert areas for more effective coverage. However, as the population density in the country is not uniform, the number of PHCs would depend upon the case load. PHCs should become functional for round the clock with provision of 24 × 7 nursing facilities. Select PHCs, especially in large blocks where the CHC is over one hour of journey time away, may be upgraded to provide 24 hour emergency hospital care for a number of conditions by increasing the number of Medical Officers; preferably such PHCs should have the same IPHS norms as for a CHC. There are 23673 PHCs functioning in the country as on March 2010 as per Rural Health Statistics Bulletin, 2010. The number of PHCs functioning on 24x7 basis are 9107 and number of PHCs where three staff Nurses have been posted are 7629 (as on 31-3-2011).



PHCs are the cornerstone of rural health services- a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-Centres for curative, preventive and promotive health care. It acts as a referral unit for 6 Sub-Centres and refer out cases to Community Health Centres (CHCs-30 bedded hospital) and higher order public hospitals at sub-district and district hospitals. It has 4-6 indoor beds for patients. PHCs are not spared from issues such as the inability to perform up to the expectation due to (i) non-availability of doctors at PHCs; (ii) even if posted, doctors do not stay at the PHC HQ; (iii) inadequate physical infrastructure and facilities; (iv) insufficient quantities of drugs; (v) lack of accountability to the public and lack of community participation; (vi) lack of set standards for monitoring quality care etc. Standards are a means of describing the level of quality that health care organizations are expected to meet or aspire to.

Key aim of these standards is to underpin the delivery of quality services which are fair and responsive to client's needs, provided equitably and deliver improvements in the health and wellbeing of the population. Standards are the main driver for continuous 4 Indian Public Health Standards (IPHS) Guidelines for Primary Health Centres improvements in quality. The performance of health care delivery organizations can be assessed against standards.

The National Rural Health Mission (NRHM) has provided the opportunity to set Indian Public Health Standards (IPHS) for Health Centres functioning in rural areas. In order to provide optimal level of quality health care, a set of standards called Indian Public Health Standards (IPHS) were recommended for Primary Health Centre (PHC) in early 2007. The nomenclature of a PHC varies from State to State that include a Block level PHCs (located at block HQ and covering about 100,000 population and with varying number of indoor beds) and additional PHCs/New PHCs covering a population of 20,000-30,000 etc. Regarding the block level PHCs it is expected that they are ultimately going to be upgraded as Community Health Centres with 30 beds for providing specialized services.

3. Health and Wellness Centres associated with PHCs

In February 2018, the Government of India's announced the creation of 1,50,000 Health and Wellness Centres (HWCs) by transforming existing Sub Centres and Primary Health Centres as the base pillar of Ayushman Bharat. These centres would deliver Comprehensive Primary Health Care (CPHC) bringing healthcare closer to the homes of people covering both maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.

Health and Wellness Centers, are envisaged to deliver and expanded range of services to address the primary health care needs of the entire population in their area, expanding access, universality and equity close to the community. The emphasis of health promotion and prevention is designed to bring focus on keeping people healthy by engaging and empowering individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases and morbidities. The delivery of Universal Comprehensive Primary Health Care, through HWCs will increase the health system responsiveness to people by bringing services closer to the communities and being able to address the needs of most marginalized, through Primary Health Care team.

To ensure delivery of Comprehensive Primary Health Care (CPHC) services, existing Sub Centres covering a population of 3000 -5000 would be converted to Health and Wellness Centres, with the principle being "time to care" to be no more than 30 minutes. Primary Health Centres in rural and urban areas would also be converted to HWC. Such care could also be provided/ complemented through outreach services, Mobile Medical Units, camps, home and community-based care, but the principle should be a seamless continuum of care that ensures the principles of equity, universality and no financial hardship.

A) SHC- HWC Team

The HWC at the Sub Health Centre level would be equipped and staffed by an appropriately trained Primary Health Care team, comprising of Multi-Purpose Workers (male and female)&ASHAs and led by a Mid-Level Health Provider (MLHP). Together they will deliver an expanded range of services. In some states, sub health centres have earlier been upgraded to Additional PHCs. Such Additional PHCs will also be transformed to



HWCs. A Primary Health Centre (PHC) that is linked to a cluster of HWCs would serve as the first point of referral for many disease conditions for the HWCs in its jurisdiction. In addition, it would also be strengthened as a HWC to deliver the expanded range of primary care services.

B) PHC/UPHC- HWC Team

The Medical Officer at the PHC would be responsible for ensuring that CPHC services are delivered through all HWCs in her/his area and through the PHC itself. The number and qualifications of staff at the PHC would continue as defined in the Indian Public Health Standards (IPHS). For PHCs to be strengthened to HWCs, support for training of PHC staff (Medical Officers, Staff Nurses, Pharmacist, and Lab Technicians), and provision of equipment for "Wellness Room", the necessary IT infrastructure and the resources required for upgrading laboratory and diagnostic support to complement the expanded ranges of services would be provided. States could choose to modify staffing at HWC and PHC, based on local needs.

4. Role and Significance of PHCs in India

Primary Health Centre is the cornerstone of rural health services- a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-Centres for curative, preventive and promotive health care. A typical Primary Health Centre covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas with 6 indoor/observation beds. It acts as a referral unit for 6 Sub-Centres and refer out cases to CHC (30 bedded hospital) and higher order public hospitals located at sub-district and district level. However, as the population density in the country is not uniform, the number of PHCs would depend upon the case load. PHCs should become a 24 hour facility with nursing facilities. Select PHCs, especially in large blocks where the CHC/FRU is over one hour of journey time away, may be upgraded to provide 24 hour emergency hospital care for a number of conditions by increasing number of Medical Officers, preferably such PHCs should have the same IPHS norms as for a CHC. Standards are the main driver for continuous improvements in quality.

The performance of Primary Health Centres can be assessed against the set standards. Setting standards is a dynamic process. Currently the IPHS for Primary Health Centres has been revised keeping in view the resources available with respect to functional requirements of Primary Health Centre with minimum standards such as building, manpower, instruments and equipment, drugs and other facilities etc. The revised IPHS has incorporated the changed protocols of the existing health programmes and new programmes and initiatives especially in respect of Non-communicable diseases. The overall objective of IPHS for PHC is to provide health care that is quality oriented and sensitive to the needs of the community. These standards would also help monitor and improve the functioning of the PHCs. Service Delivery From Service delivery angle, PHCs may be of two types, depending upon the delivery case load – Type A and Type B. Type A PHC: PHC with delivery load of less than 20 deliveries in a month, Type B PHC: PHC with delivery load of 20 or more deliveries in a month All "Minimum Assured Services" or Essential Services as envisaged in the PHC should be available. The services which are indicated as Desirable are for the purpose that we should aspire to achieve for this level of facility. Appropriate guidelines for each National Programme for management of routine and emergency cases are being provided to the PHC.

5. Objectives of the Study

The paper specifically focuses on the following objectives.

1. To evaluate the role and significance of PHCs in India with special reference to rural areas.
2. To study the status of PHCs in the country with special focus on Andhra Pradesh State.
3. To analyze the infrastructure facilities in India with special focus on Andhra Pradesh State.
4. To present the status of PHCs in the state of Andhra Pradesh State.

6. Methodology of the Study

The study specifically focuses on secondary data sources. The required data is collected from the Ministry of Rural Health Statistics, 2018-19 issued by Ministry of Health and Family Welfare Statistics division, Government



of India, New Delhi. Indian Public Health Standards (IPHS) Guidelines for Primary Health Centres Revised 2012 and the district level of Health and Medical records from the state of Andhra Pradesh state.

7. Status of PHCs in the Andhra Pradesh State

In the state of Andhra Pradesh state, where 70 percent of the population is situated in rural areas, the PHCS have been providing considerable assistance to rural people to safeguard their health. As per Rural Health Statistics, 2018-19 issued by Ministry of Health and Family Welfare Statistics division, Government of India, observations on the statistics on progress and status of PHCs in India are presented here. The statistics on state wise status of PHCs, Sub centres and Community Health Centres in between 2005 to 2019 is presented in Table-1. In the state of Andhra Pradesh, the number of sub centres has decreased from 12522 to 7437 in between 2005 to 2019. The number of PHCs has been decreased from 1570 to 1145 and the Community Health centres are decreased from 164 to 140 in the select period. In the same period, the India, the sub centres have been increased from 46026 to 157411 and the PHCs have increased from 23236 to 24855 and the Community Health Centres have been increased from 3346 to 5335 in between 2005 to 2019. The reason for the decrease in the number of PHCs in the state of Andhra Pradesh is mainly due to separation of Andhra Pradesh state to Andhra Pradesh and Telangana state.

Table-1, Status of growth of PHCs in India

NUMBER OF SCs, PHCs & CHCs FUNCTIONING In Rural Areas- I							
S. No.	State/UT	2005			2019		
		Sub Centre	PHCs	CHCs	Sub Centre + HWC-SCs	PHCs + HWC-PHCs	CHCs
1	Andhra Pradesh	12522	1570	164	7437	1145	140
2	Arunachal Pradesh	579	85	31	585	145	63
3	Assam	5109	610	100	4643	946	177
4	Bihar	10337	1648	101	9949	1899	150
5	Chhattisgarh	3818	517	116	5205	792	170
6	Goa	173	19	5	219	24	5
7	Gujarat	7274	1070	272	9166	1476	362
8	Haryana	2433	408	72	2604	379	115
9	Himachal Pradesh	2068	439	66	2089	586	87
10	Jammu & Kashmir	1879	334	70	3025	622	84
11	Jharkhand	4467	563	47	3848	798	171
12	Karnataka	8143	1681	254	9758	2127	198
13	Kerala	5094	911	106	5380	848	227
14	Madhya Pradesh	8874	1192	229	10226	1199	309
15	Maharashtra	10453	1780	382	10668	1828	364
16	Manipur	470	77	16	490	90	23
17	Meghalaya	401	101	24	477	118	28
18	Mizoram	366	57	9	370	59	9
19	Nagaland	394	87	21	433	126	21
20	Odisha	3927	1282	231	6688	1288	377
21	Punjab	2858	484	116	2950	416	89
22	Rajasthan	10512	1713	526	13512	2082	571
23	Sikkim	147	24	4	176	29	2
24	Tamil Nadu	8682	1380	35	8713	1422	385
25	Telangana	-	-	-	4744	636	85
26	Tripura	539	73	10	972	108	18
27	Uttarakhand	1576	225	44	1847	257	67
28	Uttar Pradesh	20521	3660	386	20782	2936	679
29	West Bengal	10356	1173	95	10357	908	348
30	A&N Islands	107	20	4	124	22	4
31	Chandigarh	13	0	1	0	0	0
32	Dadra & Nagar Haveli	38	6	1	71	9	2
33	Daman & Diu	21	3	1	23	4	0
34	Delhi	41	8	0	12	5	0
35	Lakshadweep	14	4	3	14	4	3
36	Puducherry	76	39	4	54	24	2
	All India/ Total	146026	23236	3346	157411	24855	5335

Note: Telangana came to existence in 2014 after bifurcation of Andhra Pradesh
The data of year 2019 for SCs and PHCs consists the number of Health and Welfare Centres at the level of SC and PHC.

Source: Reports of Ministry of Health and Family Welfare Statistics division, Government of India, New Delhi



8. Status on Building Position for Primary Health Centres in Rural Areas in the State

According to the reports of Ministry of Health and Family Welfare Statistics division, Government of India, New Delhi, in the state of Andhra Pradesh, the total number of PHCs functioning are 1570 in the year 2005, among those 1281 are Government building and 289 are rented buildings and no rent free society building are available. Where as in the year 2009, the number of PHCs functioning in the state are decreased to 1145 and all the PHCs in the state are now functioning in government buildings. A total of 1145 government buildings are functioning in the state and 42 PHCs are under construction in the state. The overall country statistics show that the total of PHCS working under Government Building have rose from 1023 to 23497 in between 2005 to 2019.

Table-2, Status of Building Position for PHCs in Rural areas in India
BUILDING POSITION FOR PRIMARY HEALTH CENTRES in Rural Areas

S. No.	State/UT	2005				2019				
		Total Number of PHCs functioning	PHCs functioning in			Total Number of PHCs + HWC-PHCs functioning	PHCs functioning in			Buildings under construction
			Govt. Building	Rented Building	Rent Free Panchayat / Vol. Society Building		Govt. Building	Rented Building	Rent Free Panchayat / Vol. Society Building	
1	Andhra Pradesh	1570	1281	289	0	1145	1145	0	0	42
2	Arunachal Pradesh	85	NA	NA	NA	143	143	0	0	0
3	Assam	610	610	0	0	946	946	0	0	0
4	Bihar	1648	NA	NA	NA	1899	1493	384	22	45
5	Chhattisgarh	517	326	0	191	792	677	0	115	37
6	Goa	19	18	1	0	24	23	1	0	1
7	Gujarat	1070	663	0	407	1476	1476	0	0	0
8	Haryana	408	288	0	120	379	321	4	54	15
9	Himachal Pradesh	439	312	46	81	586	455	17	114	0
10	Jammu & Kashmir	334	NA	NA	NA	622	506	116	0	49
11	Jharkhand	561	NA	NA	NA	298	255	17	26	237
12	Karnataka	1681	1439	92	150	2127	2054	32	41	132
13	Kerala	911	837	34	40	848	779	59	10	0
14	Madhya Pradesh	1192	746	446	0	1199	1164	7	28	255
15	Maharashtra	1780	1417	7	356	1828	1796	10	22	38
16	Manipur	72	NA	NA	NA	90	90	0	0	0
17	Meghalaya	101	101	0	0	118	118	0	0	0
18	Mizoram	57	57	0	0	59	59	0	0	0
19	Nagaland	87	87	0	0	126	118	0	8	1
20	Odisha	1282	1282	0	0	1288	1288	0	0	0
21	Punjab	484	409	0	75	416	368	0	48	0
22	Rajasthan	1713	1446	0	267	2082	1952	20	110	103
23	Sikkim	24	24	0	0	29	29	0	0	0
24	Tamil Nadu	1380	1340	40	0	1422	1374	0	48	34
25	Telangana	-	-	-	-	636	636	0	0	0
26	Tripura	73	73	0	0	108	108	0	0	3
27	Uttarakhand	225	182	43	0	257	227	18	12	5
28	Uttar Pradesh	3660	1835	1825	0	2936	2936	0	0	0
29	West Bengal	1173	1173	0	0	908	894	14	0	0
30	A&N Islands	20	20	0	0	22	22	0	0	0
31	Chandigarh	0	0	0	0	0	0	0	0	0
32	D & N Haveli	6	6	0	0	9	9	0	0	0
33	Daman & Diu	3	3	0	0	4	3	0	1	0
34	Delhi	8	8	0	0	5	5	0	0	0
35	Lakshadweep	4	4	0	0	4	4	0	0	0
36	Puducherry	39	36	3	0	24	24	0	0	0
	All India/ Total	23236	16023	2826	1687	24855	23497	699	659	997

Notes: - Telangana came to existence in 2014 after bifurcation of Andhra Pradesh

NA: Not Available.

Source: Reports of Ministry of Health and Family Welfare Statistics division, Government of India, New Delhi



9. Status of Health Worker/ANMs in PHCs in India

There has been significant variation in terms of number of health worker and ANM at sub centres and PHCs in rural areas in India. During 2005-06, there were 13740 Health workers are functioning among the total sanctioned strength of 14077 and among those a vacant Health workers are 337, however, during 2019, the total strength sanctioned is increased to 14275 and among those 11815 workers are in position and a vacancy is 2460 Health workers. The all India statistics show that a total of 133194 Health workers were functioning in 2005 in comparison with 139798 health workers sanctioned during 2005 where as the strength is increased to 234220 health workers working in 2019 out of total sanctioned strength of 209633.

Table-3, Status of Health Workers in PHCs in India

S. No.	State/UT	2005					2019				
		Health Worker [Female]/ANM					Health Worker [Female]/ANM				
		Required ¹	Sanctioned	In Position	Vacant	Shortfall	Required ¹	Sanctioned	In Position	Vacant	Shortfall
[R]	[S]	[P]	[S-P]	[R-P]	[R]	[S]	[P]	[S-P]	[R-P]		
1	Andhra Pradesh	14092	14077	13740	337	352	8582	14275	11815	2460	*
2	Arunachal Pradesh	464	454	454	0	10	528	NA	689	NA	*
3	Assam	5719	5719	5719	0	0	5589	NA	11502	NA	*
4	Bihar	11985	NA	NA	NA	NA	11848	NA	24228	NA	*
5	Chhattisgarh	4335	4335	3667	668	668	5997	6055	6808	*	*
6	Goa	191	196	179	17	12	243	308	250	58	*
7	Gujarat	8344	7274	6508	766	1836	10642	10642	9168	1474	1474
8	Haryana	2841	2841	2818	23	23	2983	3938	4606	*	*
9	Himachal Pradesh	2507	2210	1790	420	717	2675	2381	1845	536	830
10	Jammu & Kashmir	2213	1964	1588	376	625	3647	5457	4908	549	*
11	Jharkhand	5023	NA	NA	NA	NA	4146	9017	6325	2692	*
12	Karnataka	9824	8756	8544	212	1280	11885	8243	8462	*	3423
13	Kerala	6005	5675	5565	110	440	6228	7489	7504	*	*
14	Madhya Pradesh	10066	10027	9345	682	721	11425	14550	11824	2726	*
15	Maharashtra	12233	11032	10699	333	1534	12496	23393	21753	1640	*
16	Manipur	492	463	463	0	29	580	1187	1044	143	*
17	Meghalaya	502	667	608	59	*	595	NA	1173	NA	*
18	Mizoram	423	366	345	21	78	429	NA	699	NA	*
19	Nagaland	481	342	342	0	139	559	962	1008	*	*
20	Odisha	7209	7121	6768	353	441	7976	7686	9187	*	*
21	Punjab	3342	2704	2602	102	740	3366	4518	4530	*	*
22	Rajasthan	12225	11425	11425	0	800	15594	18437	15425	3012	169
23	Sikkim	171	267	260	7	*	205	NA	260	NA	*
24	Tamil Nadu	10062	10366	10112	254	*	10135	11135	9983	1152	152
25	Telangana	-	-	-	-	-	5380	8996	7932	1064	*
26	Tripura	612	525	561	*	51	1080	NA	664	NA	416
27	Uttarakhand	1801	1660	1486	174	315	2104	2285	1825	458	279
28	Uttar Pradesh	24181	18577	18146	431	6035	23718	28557	29082	*	*
29	West Bengal	11529	10356	9070	1286	2459	11265	19624	18997	627	*
30	A& N Islands	127	127	127	0	0	146	350	336	14	*
31	Chandigarh	13	13	13	0	0	0	0	0	0	0
32	D & N Haveli	44	38	38	0	6	80	36	137	*	*
33	Daman & Diu	24	24	24	0	0	27	55	52	3	*
34	Delhi	49	60	51	9	*	17	12	24	*	*
35	Lakshadweep	18	22	22	0	*	18	47	47	0	*
36	Puducherry	115	115	115	0	0	78	NA	128	NA	*
	All India² Total	169262	139798	133194	6640	19311	182266	209633	234220	18608	7178

Notes: ¹Telangana came to existence in 2014 after bifurcation of Andhra Pradesh

NA: Not Available.

*: Surplus.

Source: Reports of Ministry of Health and Family Welfare Statistics division, Government of India, New Delhi



10. Status of Doctors at Primary Health Centres in Rural Areas

The status of number of doctors required, sanctioned, in position, vacant status is presented in table-4. During 2005, the Andhra Pradesh state has the total sanction of 2497 doctors and among them 2137 doctors are in position and the vacancy is 360 doctors. Where as in the year 2009, the the sanctioned strength of the doctors is 1862, along them a total of 1715 doctors are in position and 147 doctor vacancies exist in the PHCs. The total required doctors in India is 24476 in the year 2005 and among them 20308 doctors are in position and 4282 doctor positions are vacant . During the year 2019, the sanctioned strength at all India level is 32824 and among them 29799 doctors are in position and the number of doctor vacancies are 7715.

Table-4,Doctors at Primary Health Centres in Rural India

DOCTORS² AT PRIMARY HEALTH CENTRES in Rural Areas

S. No.	State/UT	2005					2019				
		Doctors at PHCs					Doctors at PHCs				
		Required ¹	Sanctioned	In Position	Vacant	Shortfall	Required ¹	Sanctioned	In Position	Vacant	Shortfall
	[R]	[S]	[P]	[S-P]	[R-P]	[R]	[S]	[P]	[S-P]	[R-P]	
1	Andhra Pradesh	1570	2497	2137	360	*	1145	1862	1715	147	*
2	Arunachal Pradesh	85	78	78	0	7	143	NA	116	NA	27
3	Assam	610	NA	NA	NA	NA	946	NA	1925	NA	*
4	Bihar	1648	NA	NA	NA	NA	1899	NA	2085	NA	*
5	Chhattisgarh	517	1034	628	406	*	792	792	321	471	471
6	Goa	19	56	53	3	*	24	48	56	*	*
7	Gujarat	1070	1070	848	222	222	1476	2639	2186	453	*
8	Haryana	408	867	867	0	*	379	684	547	147	*
9	Himachal Pradesh	439	354	467	*	*	586	722	486	236	100
10	Jammu & Kashmir	334	668	643	25	*	622	1542	919	623	*
11	Jharkhand	561	NA	NA	NA	NA	298	667	336	331	*
12	Karnataka	1681	2237	2041	196	*	2127	2127	2111	16	16
13	Kerala	911	1345	949	396	*	848	1460	1531	*	*
14	Madhya Pradesh	1192	1278	839	439	353	1199	2024	1053	971	146
15	Maharashtra	1780	3157	3158	*	*	1828	3189	2951	238	*
16	Manipur	72	95	67	28	5	90	748	708	40	*
17	Meghalaya	101	127	123	4	*	118	NA	149	NA	*
18	Mizoram	57	57	35	22	22	59	NA	60	NA	*
19	Nagaland	87	53	53	0	34	126	131	133	*	*
20	Odisha	1282	1353	1353	0	*	1288	1346	813	533	475
21	Punjab	484	646	373	273	111	416	575	562	13	*
22	Rajasthan	1713	1517	1506	11	207	2082	2268	1932	336	150
23	Sikkim	24	48	48	0	*	29	NA	41	NA	*
24	Tamil Nadu	1380	3806	2257	1549	*	1477	2844	1777	1067	*
25	Telangana						636	1254	1213	41	*
26	Tripura	73	161	152	9	*	108	NA	216	NA	*
27	Uttarakhand	225	272	182	90	43	257	476	269	207	*
28	Uttar Pradesh	3660	NA	NA	NA	NA	2936	4509	3180	1329	*
29	West Bengal	1173	1560	1319	241	*	908	1326	810	516	98
30	A& N Islands	20	36	36	0	*	22	42	34	8	*
31	Chandigarh	0	0	0	0	0	0	0	0	0	0
32	IT & N Havah	6	6	6	0	0	9	12	12	0	*
33	Daman & Diu	3	5	5	0	*	4	8	3	5	1
34	Delhi	8	31	23	8	*	5	7	5	2	0
35	Lakshadweep	4	4	4	0	0	4	8	8	0	*
36	Puducherry	49	63	63	0	*	74	74	41	*	*
	All India² Total	23236	24476	20308	4282	1004	24855	32824	29799	7715	1484

Note: * - Surplus. Telangana came to existence in 2014 after bifurcation of Andhra Pradesh

¹ One per Primary Health Centre

² Total given in the Table are not strictly comparable as figures for some of the States were not available in 2005. For calculating the overall percentages of vacancy and shortfall, the States/UTs for which manpower position is not available, may be excluded

³ Allopathic Doctors

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs.

For the year 2019 the figures contains data of PHCs and HWC-PHCs

Source: Reports of Ministry of Health and Family Welfare Statistics division, Government of India, New Delhi



11. Status of Availability of Health Centres in Andhra Pradesh State

The Andhra Pradesh state has a total population of 494 lakh among them 348 lakh are situated in Rural areas and in Urban areas, 146 lakh population are residing. Among the total population 70 percent of the population is residing in rural areas and rest of the population is residing in urban areas and the adult sex ratio of females per 1000 males is 993 in rural areas and 1004 in urban areas. The literacy rate of the state is 56 percent in rural and 71 percent in urban areas. After been separated from Telangana Region, the Andhra Pradesh state presently holds 13 districts with 43 revenue divisions and 661 Mandals.

Table-5, Status of Availability of Health Centres in Andhra Pradesh State

District category	Sub Centres	PHCs	CHCs	HWC-SCs	HWC-PHCs	Sub divisional Hospital	District Hospital
Srikakulam	422	7	15	43	88	2	1
Vizianagaram	373	4	11	58	76	1	1
Visakhapatnam	496	14	12	87	113	3	1
East Godavari	774	12	26	66	146	3	1
West Godavari	568	9	14	67	112	3	1
Krishna	528	15	12	65	124	2	1
Guntur	626	15	17	54	116	2	1
Prakasam	499	6	14	35	99	2	1
Nellore	449	7	14	28	88	2	1
Chittoor	616	7	15	28	120	4	2
Kadapa	420	6	12	28	89	1	1
Ananthapur	557	16	15	29	107	2	1
Kurnool	518	3	18	24	110	1	1
Total	6846	121	195	61	1388	28	14

Source: District Level reports issued by Ministry of Family & Health, Government of Andhra Pradesh

In the state of Andhra Pradesh, a total of 13 districts are having the total of 6846 sub centres and among those, 121 are the Primary Health Care Centres, 195 are the Community Health centers, 612 are the Health and Wellness centres located in Sub centres, 1388 are the Health and Wellness centres located in PHCs 28 are sub divisional hospitals and 14 are the district level hospitals. The District wise comparison show that, Chittoor district have 2 district hospital and rest of the 12 districts have 1 district hospital located in the district head quarters. Further, the district wise status of availability of Health Centres show that, highest number of sub centres are located in East Godavari district with a figure of 774 sub centres followed by Guntur with 626, Chittoor with 616 and West Godavari districts with 568 sub centres. Least number of sub centres are located in Vizianagaram with a total of 373 sub centres. The comparison of PHCs show that highest number of PHCs are located in Ananthapur with 16 PHCs followed by Krishna and Guntur districts with 15 each. Least number of PHCs are located in Kurnool district. With reference to Community Health centres, highest number of CHCs located in East Godavari with 26 CHCs are functioning. the Health and Wellness Centres located in sub centres are highest in west Godavari with 67 followed by East Godavari with 66 and Krishna districts with 65 HWC Sub centres. The Health and Wellness Centres in PHCs category are highest in East Godavari district with 146 centres working. The sub divisional hospitals are highest in Chittoor district with 4 sub divisional hospitals and a figure of 3 in Visakhapatnam, East Godavari and West Godavari

Conclusions

Ever since the Bhole committee has emphasized on the need for the development of PHCs, the PHCs in India have been playing pivotal role in the protection of health and well being of the both urban and rural areas in India. The standards set by IPHS and the efforts of Ministry of Medical and Family Health at State and National Level have set the benchmarks of the performance of PHCs. The progress of PHCS in all India level show the positive signs as the number of PHCs, CHCs and Health and Wellness Centres in all the states. The study on growth of PHCS, CHCs show that the Chittoor, East Godavari districts have been facilitated with highest number of PHCs



and CHCs and this show that the two districts have been figured as the top districts with highest number of health care centres. Further, the sub centre wise highest recorded is achieved by the East Godavari followed by Guntur districts and the least number of sub centres are observed in case of Vizianagarm and Srikakulam districts. Overall statistical analysis show that the facilities as well as the availability of manpower for the PHCs show the positive growth in the states in the country and the progress of districts in Andhra Pradesh state show positive signs and this will have a definite positive impact on the health and well-being of the people in the state of Andhra Pradesh.

References

1. Rural Health Statistics, 2018-19 issued by Ministry of Health and Family Welfare Statistics division, Government of India, New Delhi.
2. Indian Public Health Standards (IPHS) Guidelines for Primary Health Centres Revised 2012.
3. Dr YSR Aarogyasri reports on PHCs Mithras, 2020.
4. Reports of Commissionerate of Health & Family Welfare Mission Directorate, Department of Health, Medical & Family welfare, Government of Andhra Pradesh.
5. https://main.mohfw.gov.in/sites/default/files/Final%20RHS%202018-19_0.pdf.
6. http://social.niti.gov.in/uploads/sample/health_index_report.pdf.
7. http://social.niti.gov.in/uploads/sample/health_index_report.pdf.
8. <http://rchiiips.org/NFHS/index.shtml/>.
9. <http://clinicaestablishments.gov.in/WriteReadData/360.pdf>.