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Growth and Composition of Health Infrastructure: a Comparative Study Between Tamil Nadu and All India

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Abstract: The Integrated Disease Surveillance Project was set up to establish a dedicated highway of information relating to disease occurrence required for prevention and containment at the community level, but the slow pace of improvement is due to poor efforts in involving the critical actors outside the public sector. Public health diagnostic laboratories have a good capacity to support the government's diagnostic and research work on health risks and threats, but are not being utilized efficiently. Secluded out-of-pocket expenditure controls the cost funding health care, the effects are certain to be returning. Introduction of effective efficient quality control systems is necessary to prevent over use, under use, abuse, misuse of facilities, improve effectiveness, efficiency and bring in accountability in the health system. The new agenda of the future Public health strategies may include the epidemiological transition (rising burden of chronic non-communicable diseases), demographic transition (increasing elderly population) and environmental changes.

Introduction

Good health is an essential pre-requisite which contributes significantly both to be improvement in labour productivity and human resource development. Health care is widely recognized to be public good well strong positive externalities. Universal access, of an adequate level of care, with equitable distribution of financial costs, cost effective use of the results of relevant approach and special attention to vulnerable groups such as families, women, restricted and the matured is a key component of a modern cultured society. The part of government is essential for lecturing these challenges and realizing equity in health. To achieve this, Government or Tamil Nadu has converge more resources on health and nutrition, strengthening health infrastructure to reach world class standard, augmenting medical manpower resources and encouraging health outreach activities. The primary, and secondary, tertiary health care delivery systems are being revamped and fine-tuned in such a way that health care is delivered efficaciously to the people at the bottom of the economic pyramid. A considerable achievement has been made in Tamil Nadu in health indicators like a life expectancy at birth, infant mortality rate and maternal mortality rate. Among the major States of Tamil Nadu fourth ranks highest' in terms of life expectancy at birth, 'second lowest next only to Kerala in terms of infant mortality rate and delivery rate, 'Third lowest' in terms of motherly humanity rate and 'tenth lowest' in terms of passing rate. Minor pox, polio and guinea larva have been destroyed.

Objective

To analyse the Growth and Composition of Health Infrastructure Facilities in Tamil Nadu and it position in all India.

Review of Literature

Rajeshkumr, and Nalraj (2014), I their paper, "Public expenditure on Health and Economic Growth in selected Indian States" explained that, even though, there are number of theories on the relationship between government expenditure and Economic development expenditure and Economic development, the two approaches, viz, the Wagnerian and Keynesian approaches have received more attention**. Ghumanand Mehta (2009),** in his article, "Health care Services in India". Examined the problems and prospects of Health care services in India". India as a nation has been growing

economically at a rapid space particularly after the advent of new economic policy of 1991. Though, this fast economic growth has not been attended by Social growth chiefly Fitness sector enlargement.

Quality Dimension of Healthcare Delivery: Inter State Comparison

The healthcare scheme contains of a combination of community and reserved sectors. The facility of healthcare facilities is related to defensive, curative and promote services. Systems of healthcare services at the main, secondary and tertiary level are run mostly by the National Management. Tamil Nadu is totally committed to address the major concerns and to bridge the gap in the existing health infrastructure and to provide accessible, affordable and has been made with regard to the core health indicators.

The health of the population has been assessed by taking into account different indicators like Infant Mortality Rate (IMR), Death Rate, Total Fertility Rate (TFR) Maternal Mortality Rate (MMR) and Life Expectancy at Birth (LEB). According to these indicators there was a dramatic improvement in the State. The State had experience a diminishing trend with respect to Infant Mortality Rate (IMR), Birth Rate, Total Fertility Rate (TFR), Maternal Mortality Rate (MMR), and an upward trend in Life Expectancy at Birth. The good health consciousness amongst a public, improvement, faster urbanization, rising nutritional.

HEALTH CARE INSTITUTIONS IN TAMIL NADU:

Health facilities are a significant pointer to comprehend the healthcare distribution supplies and instruments in the State and are divided into three groups viz. Main, Subordinate and tertiary health maintenance schemes. The Primary Healthcare System consists of Primary Health Centres (PHCs) and Health Sub-Centres (HSCs). Secondary healthcare system comprised of District Head Quarters Hospitals, Taluk Hospitals, Women and Children Hospitals, Dispensaries, Mobile Medical Units, Police Hospitals and Non-Talk Hospitals etc., Tertiary healthcare system covers multi-specialty hospitals. In addition to Government efforts, the private sector is also contributing to the provision of Health Care been made to assess only the efficacy of Government healthcare system. The functioning of the Government run healthcare systems is set out below:

Primary Healthcare Services:

Primary Health Centres (PHCs) and Health Sub-centres (HSCs) are rendering the preventive, curative and rehabilitative health care services to the rural people. The countryside health care organization has been supported and fine-tuned below the countrywide Rural Health Assignment in order to realize the impartial of Health for All. The Amount of PHCs operative in the State was on the increase over the last four years. It had gone up from 1539 in 2019-20 to 1751 in 2023-24 (Tale 3.28). All PHCs are operative on 24x7 base. The system of 1751 PHCs and 8706 Health Sub-centres has stayed translation worldwide health care distribution to pastoral populace on a mission style and with a rounded approach. The State has excelled in conference the norms as fictional.

1. Single Health Sub-Centre (HSC) for a people of 5,000 in pampas and 3,000 in high and group areas.
2. One Primary Health Centre (PHC) for 30,000 population in plains and 20,000 in hilly and tribal areas and one Community Health Centre (CHC) for a population of one lakh.

Table -1 Operative of PHCs (in lakhs)

Category	2019-20	2020-21	2022-23	2023-24
No. of PHCs functioning	1539	1592	1614	1751
Total Patients Treated	822,76	844.23	899.50	934.69
Outpatients	811.48	832.55	885.26	919.36
Inpatients	11.28	11.68	14.24	15.33
No. of Deliveries conducted	2.08	1.94	1.64	1.58
Normal	2.03	1.86	1.55	1.47

Caesarean	0.05	0.08	0.09	0.11
No. of referral Cases	0.36	0.43	0.43	0.43

Source: Department of Public Health and Preventive Medicine, Chennai-6, 2024

It is a policy of the Government to provide at least one 30 bedded upgraded Primary Health Centre in each block in a phased manner, Each upgraded Primary Health Centre has an operation theater, modern diagnostic equipment and an ambulance vehicle. Five surgeons are posted to the promoted PHCs. A complement of 4864 Doctors, 18,705 Nurses and 18,749 other staff are delivering health care services at the primary village level. By current 341 promoted Main Health Centres are operative in 31- hunks. In the upgraded PHCs caesarean deliveries are also conducted. The number of caesarean deliveries conducted in PHCs went up from 0.05 lakh in 2019-20 to 0.11 lakh in 2023-24. With up gradation, the number of outpatients and inpatients has been increasing. The average number of outpatients treated per day in the PHCs improved from 2.22 lakh in 2019-20 to 2.52 lakh in 2023-24. Contrary to this trend, the number of normal deliveries was on the decline. The average number of deliveries conducted per PHC in a year had (2019-20 to 2023-24) .fallen from 135.

Women and Child Health

Some problems seen in young children and neonates are different in nature and approach and treatment. They were quite different from that of adults. In order to cater to the health needs of children and women more specifically, there are 7 women and children hospitals functioning in the State Totally 119 doctors were employed in these hospitals to take care of various pediatric related issues. The total number of beds in these hospitals was 537. Of the total patients treated 7.93 lakh during 2022-23, 76 percent were out patients. On an average daily 1,641 outpatients and 532 in patients were treated in these hospitals. Even though concerted efforts have been taken, child health is confronted with the problems emerging from pre-mature birth, low birth weight, birth asphyxia and infections.

Table – 2 Functioning of Women and Children Hospitals

Item	2020-21	2022-23	2023-24 (upto july 2014
1. No. of Doctors	115	111	119
2. No. of Beds	537	537	537
3. Total Patients (Lakhs)	8.33	7.93	2.54
a. In Patients	1.94	1.94	0.62
b. Out patients	6.39	5.99	1.91
4. Surgeries Conducted (Lakhs)	0.18	0.17	0.05

Source: Department of Public Health and Preventive Medicine, Chennai-6, 2024.

Family Welfare

The main objective of the State is to stabilize the population growth as well as to improve maternal and child health status, thereby reducing the vital indicators such as the Infant Humanity Percentage (IMR) and Motherly Humanity Ratio (MMR). Tamil Nadu is playing a role model for the other States in the implementation of the Family Welfare Programmes. As the State has made commendable progress in reducing Birth Rate, focus has been shifted from a “Target Based Approach” to a “Community Based Approach” were importance is given to meet the unmet needs for family planning services and improving maternal and child health. The major factor behind the success of the programme in the State is strong social and political commitment coupled with a systematic administrative backup. The programme is implemented through 1751 PHCs and 8706 Health Sub Centres in rural areas, 110 Post-PartumCentres functioning in Government Hospitals, 193 Urban Health Posts and 108 urban Family Welfare Centres in urban areas in 2023-24. 1930 accepted reserved nursing families also play a significant role in Family Wellbeing Packages.

Table – 3 Status of Family Welfare Measures (lakhs)

Programme	2011(-12		2022-23		2023-24	
	Target	Achieve-ment	Target	Achieve-ment	Target	Achieve-ment
Sterilization	3.65	3.4.	3.65	3.17	3.65	1.12
Intra Uterine Device insertion	3.90	3.40	3.90	3.34	3.90	1.16
Oral Pill Users	1.50	0.81	1.50	0.30	1.50	0.13
Community Clinic users	1.80	1.39	1.80	1.08	1.80	0.88
Medical Termination of Pregnancy	--	0.59	--	0.59	--	0.20

Source: Directorate of Family Welfare, Chennai, 2024

There was a fall in the number of persons who adopted various who adopted various family welfare measures in the State from 9.5 lakh in 2020-21 to 8.48 lakh in 2022-23. In both the years, the achievement fell short of the respective targets. Among the various family planning methods adopted, the use of temporary measures accounted for a larger share of 62.6 percent and the remaining being sterilized (37.4 percent). Between 2012 and 2013, there was a decline in the number of persons adopting various family planning methods. The short fall varied between 1.76 percent (Intra Uterine Device) and 62.96 percent (Oral Pills).

Disease Burden:

Disease burden is the impact of a health problem as measured by mortality and morbidity. High cost of medicines and longer duration of treatment leads to financial burden to low income groups an attempt has been made to assess the disease burden of various diseases in the State during 2022-23. Among the various diseases the number of cases reported in the State was the highest in respect of Acute Respiratory infections (27.37 lakh), followed by diarrheal diseases (2.0 lakh), Pneumonia (o.59 lakh), Typhoid (0.34 lakh), Malaria 90.15 lakh), Dengue (0.12 (0.11 lakh) and viral hepatitis (0.11 lakh), during 2022-23. This was the case in all India also

Table – 4 Cases and Death Reported by diseases 2022-23 (Nos)

Diseases	Tamil Nadu		All India	
	Cases	Deaths	Cases	Deaths
Malaria	15486	0	953710	446
Chikungunya fever	5018	0	15783	0
Japanese Encephalitis	935	64	7948	1190
Dengue	12264	66	47029	242
Cholera	523	0	1583	1
Diarrheal Diseases	199930	17	11701755	1647
Typhoid	34611	0	1477699	428
Acute Respiratory Infection	2737294	21	31684628	4155
Measles	623	0	22589	40
Viral hepatitis	10628	0	118880	551
Pneumonia	59187	54	779794	3750
Swine Flu	750	40	5044	405

Source: Directorate of National Vector Borne Disease Control Programme, Ministry of Health and family Welfare, government of India, New Delhi, 2024.

Conclusion

A advanced amount of 33 percent of suitcases stated under cholera, 31.8 out of a hundred of Chickungunya Fever and 26.1 percent of Dengue at the all India was from Tamil Nadu. Here were no cases of death described under Malaria, Cholera, Typhoid, Measles and Virus-related Hepatitis in the National. In completely India, only under Chikungunya no decease was described. In Tamil Nadu death as a quantity to bags reported was maximum in Japanese Encephalitis (6.8 percent) and followed by Swine flu (5.3 percent). In the situation of all India similarly the identical tendency had happened. There are 31 District Crown Area Hospitals, 154 Taluk Hospitals, 76 Non-Taluk Hospitals, 19 Dispensaries, 10 Mobile Medical Units, 7 women and Families Hospitals, 2 T.B. Hospitals, 2 T.B. Clinics, 7 Leprosy Hospitals/Centres and 47 Medical Education College Hospitals, cooking to the supplies of together secondary and tertiary healthcare schemes in the State. Totally 9184 doctors, 12,848 nurses and 6924 Para medical staff is working in these organizations in 2023-24. The entire bed asset in these organizations in 2023-24 was 55.084.

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