RESEARCH ARTICLE

COVID 19- PANDEMIC: THE ROLE OF PRIMARY HEALTH CENTRES- A STUDY OF ANANTAPURAM DISTRICT OF ANDHRA PRADESH

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ABSTRACT

Primary Heath Centre is the basic health unit which constitutes the corner stone of the rural health care. It's aim is 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 promotive aspects of health care. Primary Heath Centres all over India and in Anantapuram District played a crucial role in managing the pandemic. Lessons learnt from the COVID-19 pandemic will help countries strengthen their health system's response to health emergencies and ensure continuity of care for people through primary health centers.

INTRODUCTION

India is a developing country where 70% of the population resides in rural areas with little health care facilities. The major share of health facilities is usurped by the urban areas where only 30% of the population resides. Therefore, India has a universal health care system run by the states or territorial governments. Universal health care is health care coverage for all eligible residents of different regions and often covers medical, dental and mental health care. It is the right of every citizen to have access to essential health care services and it is the duty of the state to provide total health care to all its citizens. Primary and preventive health care are essential health services. The Bhore Committee in 1946 gave the concept of Primary Heath Centre as a basic health unit. It's aim is 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 promotive aspects of health care. India's Primary Health Care system is based on the Primary Health Centre (PHC) which constitutes the corner stone of the rural health care and is targeted to cover a population of approximately 25,000. Each PH centre is equipped with provision for preventive, curative, promotional and rehabilitative aspects of public health and has an effective referral system. The centre forms a platform for the first level of contact and a link between individuals and the national health system for bringing health care delivery at the door steps of the community.

Under each PHC 5-6 sub-centre function which cover 3-4 villages with an aggregate population of around 5000 and are operated by an Auxiliary Nurse Midwife (ANM). These facilities are a part of the three-tier healthcare system. There is a structured referral system involving primary health centres, district hospitals, and tertiary health care Institutions. Primary Health Centres comprise the second tier in rural healthcare and act as referral centres for the Community Health Centres (CHCs). Primary health care is a whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families and communities. It provides whole-person care for health needs throughout the lifespan, not just for a set of specific diseases. Primary health care ensures people receive comprehensive care ranging from promotion and prevention to treatment, rehabilitation and palliative care as close as feasible to people's everyday environment. Stronger primary health care is essential to achieving the health-related Sustainable Development Goals and universal health coverage. It contributes to the attainment of other goals beyond the health goal, including those on poverty, hunger, education, gender equality, clean water and sanitation, work and economic growth, reducing inequality and climate action.National Health Policy commits the government to investing a major proportion of resources to Primary Health Centres. The main mechanism to achieve this is the 150000 Health and Wellness Centres, which are intended to become the main points of contact for communities within the public health system.

These centres will provide comprehensive health care, covering around 70% of out-patient care, including non-communicable diseases and maternal and child health services. These centres will also provide free essential drugs and diagnostic services as well as referral access to secondary and tertiary health care. The Indian government aims to achieve universal health coverage through its flagship initiative, the Ayushman Bharat programme. Launched in 2018, the programme includes the health insurance component, the Pradhan Mantri Jan Aarogya Yojna.

Health care systems in India, It is represented by 5 major sectors:

•**Public Health Sector**
o Primary Health Care: Village level, primary health centres.
o Hospital/Health Centres: Community health centres, rural hospitals.
o Health Insurance Schemes: Employee's state insurance scheme, central
•Government health scheme.
•Private Sector
o Private hospitals, nursing homes, dispensaries and clinics.
•Indigenous Systems of Medicine
o Ayurveda, Unani, Siddha, Homeopathy
•Voluntary Health Agencies
•National Health Programs

As per the Rural Health Statistics-2019, as on 31.03.2019, a total of 24,855 rural PHCs and 5,190 urban PHCs have been functional in the country. The state of Andhra Pradesh has 1,145 rural PHCs and 364 Urban PHCs totalling 1,509 PHCs.

Role of Primary Health Centers during Covid 19: The COVID-19 pandemic has physically, mentally, economically and socially damaged the lives of many people and put immense pressure on health systems in India. People with chronic and with comorbid conditions faced a 'double threat' i.e they are more vulnerable to complications and death from COVID-19, and they experience indirect health effects from disruptions in essential care. The primary health centres effectively tackle these challenges; health policy cannot just focus on 'virus and hospital'. A comprehensive strategy to address all physical, mental and social health needs of populations directly or indirectly affected by COVID-19 is needed. For health systems to be resilient against health crises of this magnitude, strong primary and community health care, the frontline of all health systems is essential. Primary health care delivers the first line of care in communities during the acute phase of a health crisis, and helps maintaining continuity of care for people with chronic conditions. Primary health care also reduces pressure on the entire health systems by providing comprehensive and preventive care during and after the crisis. Much policy attention has been devoted to preventing the spread of the virus such as ramping up testing, tracking and tracing capacities, the use of personal protective equipment and physical distancing measures as well the rapid scaling-up of hospital and workforce capacities to manage sudden surges in care demand and overcrowded Intensive Care Units. However, the pandemic also deeply affected many people who have not contracted the virus. Many non COVID-19 patients were unable to access needed care during the first wave of the pandemic. The COVID-19 pandemic shows that for health systems to be resilient to health shocks such as COVID-19, policy responses need to address both these direct and indirect threats. Strong primary and community health care and the frontline health systems plays an essential role in this. The role of primary and community health care can reduce the pressure on health systems as a whole, alleviating the burden on hospitals; and protect people against the indirect threats of pandemics or other health crises. Strong primary and community health care ensures continuity of care for all patients. Rather than merely providing episodic care and responding to acute health problems. Strong primary health care provides regular, preventive and patient-focused care and builds longitudinal patient-care provider relationships. It also serves as an easily accessible entry point to the health system. These services are essential to ensure that peoples' concerns, fears and needs are heard and that potential health problems are managed in an early stage.

Lessons learnt from the COVID-19 pandemic will help countries strengthen their health system's response to health emergencies and ensure continuity of care for people through primary health centers. Table 1 below gives the list of PHCs in Anantapuram District

Table 1. List of PHCs in Anantapuram District

Sl. No.	Mandal	Name of thePHC
1	Amadagir	Amadagir
2	Amarapuram	Amarapuram
3	Beluguppa	Beluguppa
4	Bethalapalli	Bethalapalli
5	Bommanahal	Bommanahal
6	Bukkapatnam	Bukkapatnam
7	Bukkarayasamudram	Bukkarayasamudram
8	Hindupur	Chavuluru
9	Chilamathur	Chilamathur
10	DHirehal	DHirehal
11	Dharmavaram	Darasingamala
12	Vajrakarur	Gadehothur
13	Gandlapenta	Gandlapenta
14	Garladinne	Garladinne
15	Gorantla	Gorantla
16	Gummagatta	Gummagatta
17	Hindupur	KBasavanahalli
18	Kambadur	Kambadur
19	Konaganapalli	Konaganapalli
20	Vajrakarur	Konakondla
21	Bukkarayasamudram	Korrapadu
22	Kothacheruvu	Kothacheruvu
23	Bukkapatnam	Krishnapuram
24	Kudair	Kudair
25	Kundurpi	Kundurpi
26	Lepakshi	Lepakshi
27	Mudigubba	Mudigubba
28	DHirehal	Nagalapuram
29	Guntakal	Nagasamudram
30	C.K.Pally	Nagasamudramgate
31	Nambalapulikunta	Nambalapulikunta
32	Narpala	Narpala
33	Obuladevaracheruvu	Obuladevaracheruvu
34	Uravakonda	P Kowkuntla
35	Bukkapatnam	Pamudurthi
36	Pargi	Parigi
37	Kadiri	Patnam
38	Peddapappur	Peddapappuru
39	Ramagiri	Perur
40	Putlur	Putlur
41	Puttaparthi	Puttaparthi
42	Ramagiri	Ramagiri
43	Raptadu	Raptadu
44	Roddam	Roddam
45	Setturu	Setturu
46	Somandnapalli	Somandnapalli
47	Tadimarri	Tadimarri
48	Talupula	Talupula
49	Thanakal	Thanakal
50	Puttaparthi	Vengalammachervu
51	Vidapanakal	Vidapanakal
52	Kanekal	Yerraguntla
53	Pamidi	Eddulapalli
54	Penukonda	Guttur
55	Nallamada	Reddypalli

Source: http://hmfw.ap.gov.in/about.aspx

The Anantapuram health authorities have warned people to strictly abide by Coronavirus prevention norms, including wearing of masks, avoiding public gatherings, ensuring physical distancing, and using sanitisers or washing hands frequently. Inspite of this, thousands of people were infected and many died irrespective of their social status. Following fears, everyone started following rigid virus-prevention norms, which enabled the district administration to control the disease to a large extent.

Finally the District medical officers and primary health centers are to decrease coronavirus in the district. The Primary Health Centers played a major role in conducting tests and administering Covid Vaccine.

CONCLUSION

Primary health care is close to the people, where most of their health problems can be dealt with and resolved. In this level the health care will be most effective within the territory. Besides providing primary health care, the village "health teams" bridge a cultural communication gap between the rural People and organized health sector. The anganwadi worker and asha workers also provides important health related services at village level. The primary health care reorganized and strengthened to make the primary health care delivery system more effective. The Anantapuram district primary health centers played a major role in managing Covid 19 and also attended tonormal health issues of the people in the pandemic situtations. Primary Health Care providers and facilities played a critical role in the fight against Covid19. The Government of India and the Andhra Pradesh government have been cognizant of this and issued relevant guidelines to manage both Corona and non-corona services. The Government of India and the Andhra Pradesh Governments provided a clear direction to the entire primary care apparatus. Due to this, the state health system has shown resilience in the fight against Covid 19. However, the state was struggling primarily because of shortage of skilled Human resources, infrastructure (hospital beds, equipment), testing facilities. Later on the Central and the State Governments to provide all the facilities to the Primary health centres to fight against Covid 19 and Governments to starts vaccination programme through primary health centres.

Acknowledgments

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