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**INDIA: THE CRISIS IN RURAL HEALTH CARE;
EVIDENCE FROM DISTRICT LEVEL FACILITY
SURVEY****Masthanaiah Tadapatri¹**¹Sri Krishnadevaraya University, Anantapuramu, Andhra Pradesh, India**ABSTRACT**

India is undergoing drastic demographic, societal and economic transformations. Thus, there is a growing need for efficient and affordable public health care system. The main objective of this study to examine the health care facilities which are available in rural areas in the country, as availability of Institutional delivery, caesarean intervention, and newborn care, also find out the relationship between the availability of health care services and utilization of services. For this study District Level Household Survey (DLHS-3) data were used. DLHS-3 was conducted in all districts of India. Findings reveal that average sampled rural population served per Sub Centre is 8,372 people at India level. The population served by the Sub-Centre in Bihar, Chandigarh and Maharashtra are much higher than all India average 24,589, 20,480 and 20,182 respectively. 9.31 percent of the sampled Sub Centre does not have an ANM/Female Health Worker, Only 57.9 percent of the Sub centres have an ANM/FHW residing in the Sub centre Quarter. At PHC level, Twenty-four percent of the Primary Health Centres have without a doctor (Medical Officer). More than three fourth (75.61 percent) of the Primary Health Centres do not have a lady medical officer. The study says rural health care system is characterized by the huge gap in human resource, infrastructure, and quality of service provided to the serving population. This leads to inadequate access and poor health outcome that demands policy makers to respond with a more responsive and resilient health care system.

KEYWORDS: Rural Health Care, Human Resources, Health Facilities, Utilization of Services.