A Comprehensive Study on Health Department Services and the Challenges Faced by the Public in Tamil Nadu.

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ABSTRACT

The Health Department plays a critical role in ensuring the overall well-being of a population by delivering preventive, primitive, and curative services. In India, particularly in Tamil Nadu, health infrastructure has been considerably developed. However, disparities and systemic inefficiencies continue to pose challenges. This article critically analyzes the service performance of the Health Department, evaluates its resource utilization, and identifies the gaps that hinder equitable access, especially for vulnerable populations. The study also offers strategic recommendations to strengthen healthcare delivery and ensure health equity.

Keywords: Tamil Nadu, health services, public health, PHCs, health infrastructure, rural healthcare.

INTRODUCTION

India has a long and rich history in medical sciences, with ancient texts like Charaka Samhita and Sushruta Samhita (Dr. Bindu Dutta*[1], 2021) laying the foundations of medicine and surgery. Public health evolved through Buddhist-era institutions like Viharas and later, modern hospitals under King Ashoka (TABISH, 2000). The colonial period saw the rise of medical colleges and dispensaries. Post-independence, key developments like the Bhore Committee (1946) (nihfw.ac.in, 1977) and India's commitment to the Alma-Ata Declaration (1978) emphasized primary health care and health equity (WHO). Constitutional provisions (Articles 21 & 47) recognize health as a fundamental right. India launched major initiatives like the National Health Mission and adopted the Indian Public Health Standards (IPHS) to ensure quality, accessible, and equitable health services. Globally, the Alma-Ata and Astana Declarations reinforced the importance of universal health coverage and primary health care as essential for sustainable health systems.

The Health Department is a key institution responsible for implementing health policies, disease control programs, hospital management, and public health education. In a country as diverse and populous as India, ensuring equitable and efficient healthcare services is both a necessity and a challenge. Analyzing the functioning of this department helps us understand where improvements are required and where success has been achieved.

Tamil Nadu has one of the most structured and well-performing public healthcare systems in India. However, as the population crosses 7.2 crores (72 million), ensuring cost-effective and equitable resource allocation is a growing challenge. A cost analysis enables policymakers to evaluate whether the spending per capita and per facility is optimal, especially in Primary Health Centres (PHCs), Community Health Centre's (CHCs), District Hospitals, and Medical Colleges.

1.1 Objectives

- To analysis the Health department service to the people.
- To analyze the **cost efficiency** of public health expenditure in Tamil Nadu,

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1.2 Strengths of the Health Department

1.2.1 Wide Reach and Accessibility

India's extensive network of Primary Health Centres (PHCs), Community Health Centres (CHCs), and government hospitals has enabled basic healthcare to reach rural and underserved populations.

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

Table 1: Healthcare Infrastructure in Tamil Nadu vs All India

Sl. No.	State/UT	PHC	CHC	Sub district/ sub divisional hospital	District hospital	Medical college	Total no. of beds
1	Tamil Nadu	10025	12582	21978	7695	29888	82168
2	All India	148729	180384	111557	153815	224176	818661

Source:Data.gov.in (Data.gov.in, 2023)

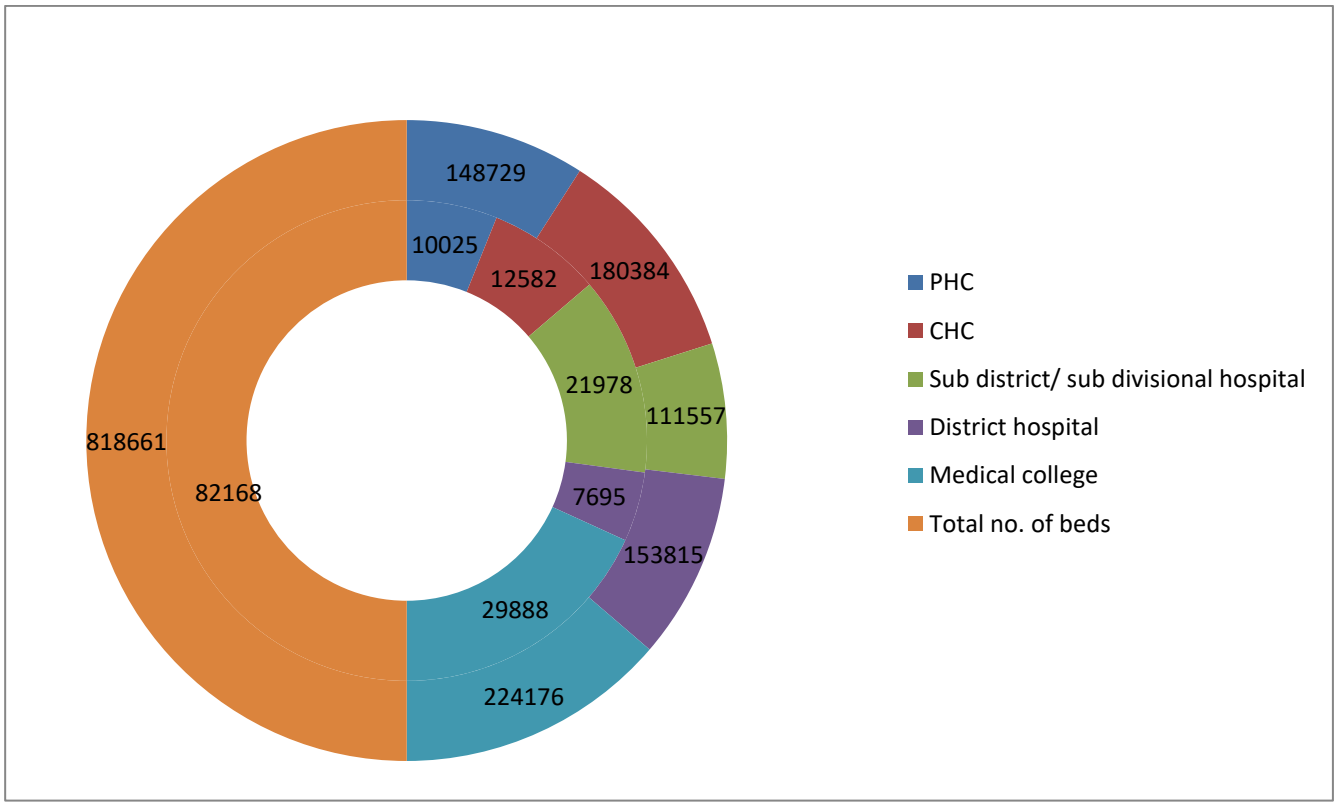

Figure 1: Healthcare Infrastructure in Tamil Nadu vs All India

1.2.2 Interpretation

Table 1 explain about Healthcare Infrastructure – Tamil Nadu vs All India.**Primary Health Centres (PHCs) is Tamil Nadu has 10,025 PHCs**, which is about **6.74%** of the total PHCs in India (148,729).This indicates **strong grassroots-level healthcare access** in rural areas across the state.**Community Health**

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Centres (CHCs) is Tamil Nadu has **12,582 CHCs**, contributing to **6.98%** of the national total (180,384).CHCs serve as a **referral point** for PHCs and offer more specialized services, suggesting good second-tier rural health support.**Sub-District / Sub-Divisional Hospitals is** Tamil Nadu has **21,978** such hospitals, which is **19.7%** of the all-India figure (111,557).This is a **very high share**, showing that Tamil Nadu emphasizes **mid-level hospitals**, bridging gaps between CHCs and district hospitals.**District Hospitals is** Tamil Nadu has **7,695 beds in district hospitals**, which is around **5%** of India's total (153,815).Slightly **lower share**, possibly due to the higher availability of sub-district and medical college hospitals compensating.**Medical College Hospitals is** With **29,888 beds**, Tamil Nadu accounts for **13.3%** of India's medical college hospital beds (224,176).This is a **significant contribution**, showing Tamil Nadu's **strong academic medical infrastructure** and capacity for both treatment and training. Finally **Total Number of Beds is** Tamil Nadu has **82,168 beds**, forming **10%** of the national total (818,661).This shows that Tamil Nadu is a **key contributor** to India's healthcare capacity

Following Schemes like *Janani Suraksha Yojana*, *Rashtriya Bal Swasthya Karyakram*, and *Ayushman Bharat* have made a notable impact on maternal and child health and reduced the financial burden on poor families.**Public health initiatives** ass immunization programs, sanitation drives, and awareness campaigns have significantly controlled diseases like polio, measles, and tuberculosis.The Health Department's coordinated efforts during the COVID-19 pandemic including vaccination drives, contact tracing, and public communication showcased its capacity to respond to crises and **Digital Integration,**Digital health platforms such as eSanjeevani (telemedicine) and CoWIN (COVID vaccine registration) have improved service delivery and reduced geographical barriers.

1.3 Literature of Review

According to the **National Health Policy (2017)** (Welfare M. o., 2017), the government aims to provide comprehensive primary healthcare through strengthening PHCs and CHCs. However, reports from the **NITI Aayog Health Index** (Welfare M. o., 2021) and **National Family Health Survey (NFHS-5)** (SURVEY, 2019-2021) show considerable variation in access and quality of health services across states. The **Tamil Nadu Health Systems Project (TNHSP)**, implemented with World Bank support, has been instrumental in improving service delivery, yet the need for greater community participation and satisfaction remains. The **Public Health Foundation of India (PHFI)** has emphasized in multiple studies that the efficiency of service delivery is linked to decentralized planning, real-time monitoring, and effective grievance redressal mechanisms. Tamil Nadu has made strides in health governance, but discrepancies still exist between urban and rural implementation. Doctors and nurses working in 286 PHCs across Tamil Nadu will undergo training. The Government of Tamil Nadu has set an ambitious vision of achieving a $1 trillion economy by 2030. To realize this goal, it is making substantial investments in infrastructure development across all sectors, aiming to promote inclusive economic growth, regional equity, and the socio-economic empowerment of marginalized communities (Tamil Nadu Infrastructure Development Board).it will success Tamil Nadu health department move on next level.The initiative will enable the PHCs to offer counselling to people addicted to drugs and alcohol (Hindu, 2023)

1.4 Health Expenditure in Tamil Nadu

According to the Tamil Nadu Department of Health and Family Welfare (2023–24) and National Health Accounts (NHA) of India (2022) (NHA, 2024):

- Tamil Nadu's public health expenditure stands at 16,000 crore annually, representing approximately 1.2% of the state's Gross State Domestic Product (GSDP).

- Per capita health expenditure in Tamil Nadu is about 2,250, higher than the national average of 1,814 (NHA, 2024).

Interpretation: Tamil Nadu spends more per person on health compared to many Indian states, indicating a proactive fiscal approach.

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Table. 2.Health Infrastructure and Service Utilization

Facility Type	Tamil Nadu (2023)	All India Total	TN Share (%)
Primary Health Centres	10,025	1,48,729	6.74%
Community Health Centres	12,582	1,80,384	6.98%
Government Hospital Beds	82,168	8,18,661	10.0%

Source: Ministry of Health & Family Welfare – Rural Health Statistics (2023)

Interpretation: Table 2 shows that Tamil Nadu contributes significantly to India's health infrastructure, especially in hospital beds per capita—an indicator of accessibility.

Table 3. Efficiency Indicators

Indicator	Tamil Nadu	India Avg.	Analysis	Source
Infant Mortality Rate (IMR)	14/1000	28/1000	Lower IMR suggests effective use of funds.	**Sample Registration System (SRS)** (censusindia.gov.in, 2025) **Bulletin 2022**, Office of the Registrar General & Census Commissioner, India.
Institutional Deliveries (%)	99.5%	88.6%	Indicates wide maternal coverage	**National Family Health Survey (NFHS-5) 2019–21**, Tamil Nadu & All-India Fact Sheets, IIPS. (NHA, 2024)
Hospital Beds per 10,000 people	11.4	6.0	Higher availability	**Rural Health Statistics 2022–23**, Ministry of Health & Family Welfare, Government of India. (welfare)

Interpretation Table 3 shows that Tamil Nadu shows **high output-to-spending ratio**, meaning it uses its resources more efficiently than many states.

1.4.1 Challenges Faced by the Health Department

Infrastructure and Human Resource Gaps are Rural health infrastructure continues to lag (Vij, 2019), with shortages in hospital beds, diagnostic facilities, and qualified health professionals. Many PHCs function with limited staff and lack specialists, affecting quality of care. **Unequal Access and Urban-Rural Divide is** While metropolitan areas have access to advanced facilities, rural areas struggle with basic services.Socio-economic inequalities further widen the gap in access to timely and quality healthcare. **Underfunding and Bureaucratic Delays in** Public health expenditure in India remains below 2% of GDP, which is insufficient to meet growing demands. Inefficiencies in procurement, fund allocation, and program implementation hinder the full potential of the department.

- Tamil Nadu's **annual health expenditure (estimated)** for operating its **public health system** is around **₹16,000 crores**.
- **PHCs and Sub-Centres** form the **largest cost component**, which is logical given Tamil Nadu's strong rural health infrastructure.
- **Human resources (doctors + nurses)** account for ~28% of the overall cost.
- **Beds maintenance** (infrastructure, drugs, and patient services) also form a major budget share.

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1.4.2 Opportunities and Recommendations

1. **Increased Investment in Public Health:** Allocating greater budgetary resources and incentivizing private-public partnerships can strengthen infrastructure and service delivery. Allocating greater budgetary resources and incentivizing private-public partnerships can strengthen infrastructure and service delivery.

2. **Capacity Building and Training:** Regular training of medical staff, especially in rural areas, and expanding medical education facilities can bridge the human resource gap.

3. **Decentralisation and Local Governance:** Empowering local health authorities and involving community health workers (like ASHAs) more effectively can ensure needs-based planning and monitoring.

4. **Technology for Inclusion:** Strengthening digital infrastructure and integrating AI, big data, and mobile health can improve early diagnosis, monitoring, and patient engagement.

CONCLUSION

Tamil Nadu's public health system is one of India's most developed, especially in infrastructure and coverage. However, ensuring equitable access remains a challenge. With improved funding, local governance, digital tools, and community participation, the Health Department can create a more inclusive and efficient healthcare system that truly delivers health for all.

BIBLIOGRAPHY

1. Censusindia.Gov.In. (2025, 06). *Censusindia.Gov.In*. Retrieved 7 5, 2025, From Censusindia.Gov.In: File:///C:/Users/Admin/Downloads/Srs_Bulletin_2022_Vol_57_No_1.Pdf
2. Data.Gov.In. (2023, March 31). *Data.Gov.In*. Retrieved June 24, 2025, From Data.Gov.In: Https://Www.Data.Gov.In/Resource/Stateut-Wise-Number-Beds-Phc-Chc-Sdh-Dh-And-Medical-Colleges-India-Rural-Urban-31-03-2023
3. Dr. Bindu Dutta*[1], D. V. (2021). Contribution Of Charak And Sushruta Samhita In The Field Of Kaumarbhritya. *World Journal Of Pharmaceutical And Medical Research* , 61-64.
4. Hindu, T. (2023 , 9 15). *The Hindu*. Retrieved 7 5, 2025, From The Hindu: Https://Www.Thehindu.Com/News/Cities/Coimbatore/Tn-Health-Minister-Launches-Integrated-Training-For-Doctors-Nurses-In-Coimbatore-District/Article67308560.Ece?
5. Nha, M. O. (2024). *National Health Accounts Of India*. Retrieved 7 5, 2025, From Https://Www.Mohfw.Gov.In/?Q=En/Newshighlights-195
6. *Nihfw.Ac.In*. (1977, March 9). Retrieved July 23, 2025, From The National Institute Of Health And Family Welfare (Nihfw): Https://Nihfw.Ac.In/Doc/Reports/Bhore%20committee%20report%20vol-1%20.Pdf
7. Survey, N. F. (2019-2021). *National Family Health Survey.* Ministry Of Health And Family Welfare,Goi.
8. Tabish, S. A. (2000). Historical Development Of Health Care In India. In S. A. Tabish, *Hospital & Health Services Administration: Principles & Practice* (Vol. 1, Pp. 23-28). India: Oxford University Press Publisher .
9. Tamil Nadu Infrastructure Development Board. (N.D.). *Https://Tnidb.Tn.Gov.In/*. Retrieved 07 05, 2025, From Tamil Nadu Infrastructure Development Board: Https://Tnidb.Tn.Gov.In/Media/Filer_Public/Ac/Fd/Acfdddc2-4487-43ae-87b3-Bc1bb06b8ce3/Tnidb_Ppp_Policy.Pdf
10. Vij, D. (2019). Health Infrastructure In India: Need For Reallocation And Regulation. *Research Review International Journal Of Multidisciplinary* , 289-296.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XIII Issue VI June 2026

11. Welfare, M. O. (N.D.). Retrieved 7 5, 2025, From Https://Mohfw.Gov.In/Sites/Default/Files/Health%20dynamics%20of%20india%20%28infrastructure%20%26%20human%20resources%29%202022-23_Re%20%281%29.Pdf
12. Welfare, M. O. (2017, December 18). *Ministry Of Health And Family Welfare*. Retrieved 06 24, 2025, From Https://Www.Pib.Gov.In/Pressreleaseiframepage.Aspx?Prid=1513000
13. Welfare, M. O. (2021, 10 9). *Www.Niti.Gov.In*. Retrieved 06 24, 2025, From Www.Niti.Gov.In: Https://Www.Niti.Gov.In/Sites/Default/Files/2023-02/Shi_Round_One%20_Report_09102021.Pdf
14. Who. (N.D.). *Who Called To Return To The Declaration Of Alma-Ata*. Retrieved July 23, 2025, From World Health Organization: Https://Www.Who.Int/Teams/Social-Determinants-Of-Health/Declaration-Of-Alma-Ata