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ASSESSMENT OF SERVICES AT PRIMARY HEALTH CENTER OF JAIPUR DISTRICT AS PER INDIAN PUBLIC HEALTH STANDARDS

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ABSTRACT Under article 42 it is considered that state shall make provision for just and humane conditions of work and for maternity relief. After independence government has formed various committees the recommendations of which have been used for the betterment of public health scenario in India. Even after 60 years of independence the health expenditure by the state is still just a miniscule proportion of GDP [1].

KEY WORDS : (WHO) community health centers (CHCs) National Rural Health Mission (NRHM)

INTRODUCTION –

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO). Health is thus vital for contemporary and whole development for individual and community and socio economic development of whole country. Public health is the science and art of promoting health, preventing disease and prolonging life through the organized efforts of society (WHO). It is a political and social concept aimed at improving health, prolonging life and quality of life among population through disease prevention, health promotion and other health intervention. Under article 42 Indian constitution states, state shall regard raising level of nutrition, standard of living among its people and improvement of public health among its primary duties. Under article 42 it is considered that state shall make provision for just and humane conditions of work and for maternity relief. After independence government has formed various committees the recommendations of which have been used for the betterment of public health scenario in India. Even after 60 years of independence the health expenditure by the state is still just a miniscule proportion of GDP [1]. In India, 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 subcenters (by health workers) for preventive, promotive, and curative health care. It acts as a referral unit for subcenters and refers out cases to community health centers (CHCs) and district hospitals.[2] The CHCs which constitute the secondary level of health care were designed to provide referral as well as specialist health care to the rural population. These centers are however fulfilling the tasks entrusted to them only to a limited extent.[3],[4]The Government of India recognized the importance of health in the economic and social development and improving the quality of life of our citizens, and launched the National Rural Health Mission (NRHM) on April, 12th 2005 to carry out necessary architectural correction in the basic health-care delivery system.[5],[6] The Mission covers the entire country with special focus on 18 states, where the indicators of health are below the acceptable level which include Himachal Pradesh. [7], [8],[9] 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, which should be provided equitably and which deliver improvements in the health and well-being of the population. Standards are the main driver for continuous improvements in quality.[2]

OBJECTIVES:

The main objective of the present study is to identify the existing gap with respect to Indian Public Health Standards (IPHS) for availability of infrastructure, human resources, investigative services and emergency services at 24 × 7 primary health centers (PHCs) of Jaipur district of Rajasthan state.

MATERIAL AND METHOD -

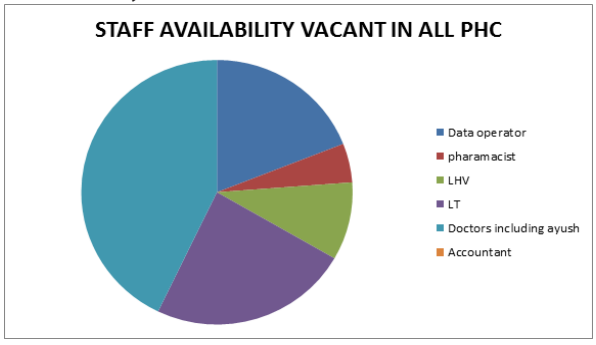
It is a cross-sectional quantitative study was conducted from March 2018 – March 2019 in Jaipur district of Rajasthan state. For the purpose of better health administration, Jaipur is divided into 7 blocks,73 PHC and 18 CHC. Out of these 7 blocks 3blocks were selected by simple random sampling. From these 3 blocks 3 PHC from each block was selected by simple random sampling. 3 sub center from each PHC was selected by simple random sampling and then 30 households were selected from each Sub-centre by systematic random sampling. The availability of staff was checked according to the IPHS standards and interview of staff as well as household was conducted using a structured questionnaire.

RESULTS

Staff availability

Availability of medical officers as well as Ayush doctor is present in all selected PHC.

In case of Accountant/ Clerk cum Data entry operator only 5 PHCs had it. Pharmacist seat was vacant only in one PHC. Health worker male and female, Multi skilled worker were also less in number in all PHCs. 2 LHV seat were vacant in two PHCs. Laboratory technician were present only in four PHC. Sanitary workers were present in three PHCs only.



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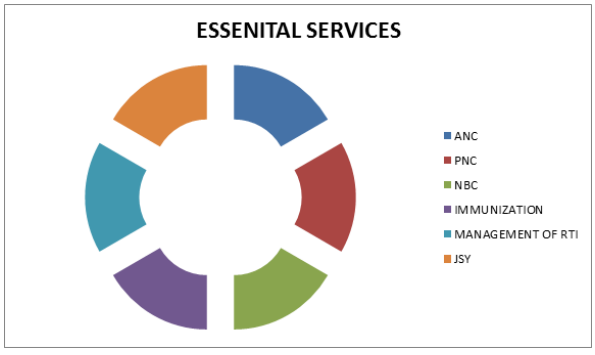
Essential services

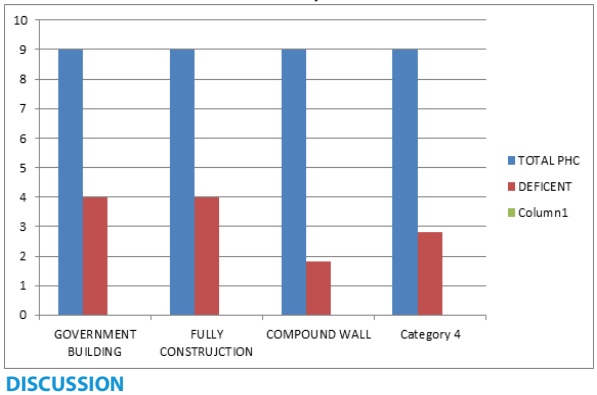
ANC, PNC, new-born care, immunization, management of RTI, facilities under JSY and family planning are available all PHC. MTP services are not provided in any of the PHC. AEFI reported in all the PHCs. Supervision found too poor in majority of the PHCs.Routine blood, urine and stool examination and blood grouping was available in all nine PHCs.

Sputum examination, BT/CT and rapid test for syphilis were done in only one PHCs. Blood smear examination for MP parasites, rapid test of pregnancy and rapid test for HIV were done in all PHCs. Diagnosis of RTI/STDs with wet mounting, grams stain was not done in any PHC.None of the PHC had the entire drug available according to the EDL.



Infrastructure and facilities

Only five PHC out of nine was not found at the correct location. Out of nine PHC only five had own designated government building. Only five PHC were found in full construction stage. Only six PHC had fully compound wall. General cleanliness was not found in any of the PHC except one. Boundary wall with gate existed in two PHCs. Display boards regarding service availability in local language was found in seven PHC only. Registration counter was present in all PHCs. Separate public utilities were found in only three PHC. Suggestion box was not found in any PHC. OPD rooms were available in all PHCs except one. Family welfare clinic was present in four PHC. Waiting room was present in three PHC. Emergency room was not found in any of the PHCs. There were no separate wards for male and females in any of the PHC. Operation theatre was not found in any PHC. Labour room was found in all PHCs only. Nurses rest room and overhead tank and pump were not found in any PHCs. In two PHCs laundry facilities was not available and in Seven PHCs it was outsourced. Communication facilities were present in all PHC. Ambulance was available in all PHC. Store room was present in five PHC. Kitchen was not available in any PHC.



DISCUSSION

The study shows that doctors are posted at all PHCs of the selected blocks of Jaipur district, which were included in the study, but paramedical staff was deficient, in the PHCs. A study conducted in Gujarat showed that the post of Medical Officer was filled in 80% PHCs whereas in 20% PHCs the post was vacant.[10] In a study conducted in Riyadh, Saudi Arabia (1996), it was found that the staff was 100% complete for physicians, nurses, and clerks only as per standard no for each center, which was similar to this study. Centers did not meet requirements from the Ministry of Health for technicians, pharmacists, health workers, social workers, and health inspectors.[11]Findings of the Programme Evaluation Organization study stated that the adequacy of doctors against their sanctioned posts seems to be encouraging, as 75% of doctors are in a position in assisted PHCs, whereas 96% of them are found in a position in non-assisted PHCs.[12] The focus of the government seems to be on posting doctors in the rural areas, but the paramedical staff is not being posted to the same extent. The absence of paramedical staff makes it very difficult for the doctors to work in rural areas and it also dents their morale as they do not have support. The focus should be on posting all kind of staff, i.e., laboratory technicians, health workers, health supervisors, staff nurses also along with the doctors in CHCs and PHCs. This will not only support the doctors but also will motivate them to work better. Residential accommodation for the doctors and other staff is provided by majority of the CHCs and only two PHCs. A report on the study conducted in subcenters, PHCs and CHCs revealed that residential accommodation for health staff at all levels seems to be a problem. It is either not available, or if available, it is not conducive for habitation or it is located in an isolated area.[13] Residential facilities for staff (Medical Officers, pharmacists, and nurses) were lacking in a study conducted by Akhtar in Empowered Action Group (EAG) and non-EAG states.[14] This could be due to the lack of capital investment for strengthening health services. Provision of proper accommodation will not only encourage the staff to stay at the center, but it would also be an important step for the provision of 24-hour emergency services. The provision of 24-h delivery services at PHCs is an important component under the IPHS. This can improve by posting the recommended paramedical staff along with the doctors at the PHCs. As Janani Suraksha Yojna has shown that provision of incentives to the patient has improved the institutional deliveries, incentives should also be given to the provider of delivery services.

The study revealed that laboratory is present in all PHCs but it was properly functional in only five PHCs. Laboratory is there in all PHCs. OT is not present in any PHCs . A report on the study conducted in subcenters, PHCs, and CHCs revealed that while half of the sampled PHCs have labour rooms and laboratory facilities, only one-third have OTs.[13] In a critical review conducted by Ray in West Bengal, it was found that out of 10 PHCs studied there were separate OTs in eight PHCs. However, there was major shortage of equipments.[15]

CONCLUSION

Health is something that should be provided to every person irrespective of the ability to pay for it as health is a state subject. The majority of the population in India lives in the rural areas. They do not get access to most basic health services. After the launch of NRHM there were some major changes brought in the rural areas to address the pathetic health conditions of the rural people. Even after more than a decade of NRHM and Indian Public Health Standards (IPHS) in place for the Public Health Facilities this study reveals a huge gap in the availability of the manpower (Medical, Para medical and supportmanpower), Services, Drugs, equipment, infrastructure and Quality control measures. The concept of quality in health care is essential to the subject of providing services to the rural people at the PHC. The fact that services required in rural area are basic services and do not require for high technical excellence. So it is being labelled as sub-standard service. This needs rigorous scrutiny so that marginalized people have access to good quality health care. There should be more transparency in the system and community participation should be apart of the planning process. Planning should be based on the needs of the people and not according to the needs of the donors.

RECOMMENDATIONS

To ensure the availability, adequacy, and functionality of health infrastructural facilities including the medical and paramedical staff in PHCs, there is an urgent need to emphasize the systemic mechanism of supervision, monitoring, and review of the functioning of primary health-care institutions. This will not only

help improve the quality of health delivery system but also ensure optimum use of public resources.Another approach which can be tried on a pilot basis is outsourcing of primary health care in a particular area to an NGO. This method of public–private partnership can be very useful in improving primary health care at rural level.

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