



Potential Assessment of The Subcentres: a Case Study in Desert

KEYWORDS

Subcentre; Assessment; Infrastructure; Equipments; Medicines; Image

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ABSTRACT A subcentre in the hierarchy of extensive health care delivery system happens to be first point of contact between the system and the community. As such, it entails much importance in health care delivery. The regular assessment of them in terms of their curative potential is much desired and is reported as well. The paper presents an appraisal of the situation in desert, where the distances add to observed poor access to these centre in general in India. 55 subcentres attached to two community health centres (CHCs) in typical desert district of Jaisalmer were visited to record information on their curative potential through pretested questionnaires. The centres were found to register on an average four to five OPD cases per day. Good infrastructure, necessary equipments and prompt supply of required medicines were found lacking. Single bed availability was found in 45.4% of subcentres, availability of minor surgical in 30.9% and a spacious OPD room in 43.6%. Demand of water connection in 43.6%, fridge in 62.2%, appropriate furniture in 39.1% and building repair work in 47.3% was recorded. Needed equipments like glucometer, slide box, thermometer etc. was found in less than 20% of the subcentres. On an average, 13 H/H were found visited by an ANM per day with revisit to them by a fortnight. The image of these centres rated by 88.1% of the users was found between fair to good on a four point scale. Thus in desert special attention is required to be paid to strengthen the subcentres in terms of infrastructure, equipments and prompt supply of required medicines to come up to the satisfaction of the users in order to enhance more the access to primary health care in dessert.

Introduction

Primary health care is key element in the health care delivery system. Through appropriate primary health care; where as, many childhood diseases could be addressed, safe motherhood could also be attained. As health is to be attained, not imposed, the access to primary health care becomes important¹. There is an extensive system of health care delivery in a district involving, district hospital (DH), community health centre (CHC), primary health centre (PHC) and subcentre in order of hierarchy. Thus the subcentre is the first point of contact between community and health care delivers in the system. It then assumes a critical role to play in health care delivery.

Rajasthan with a population of 56 million (2001 census) spread over 33 districts has 269 CHCs, 1699 PHCs and 9926 subcentres.² Because of low population density in desert, a subcentre in this region serves 2-3 villages, with posting of only one ANM at the centre.

The access to health care in India is noted to be poor. Not more than fifty percent of people ever reach to this services.³ In the desert, the physical distances add to it.⁴ The individual image of curative potential of these services is yet another determinant of the access,⁵ which is the outcome of the availability of appropriate facilities and quality of services provided at these centres.⁶ The need of regular assessment of these subcentres is advocated.⁷ The paper assesses the subcentres located in desert in terms of infrastructure, equipments, the prompt supply of medicines required and then the over all image of curative potential of these subcentres among its users.

Methods

All the 55 subcentres under jurisdiction of CHCs Ramgarh and Sam of district Jaisalmer, Rajasthan which happens to be a typical desert district were visited in the year 2011.

Information about available infrastructure, equipments and prompt supply of medicines was gathered through interviewing the Auxilliary Nurse Midwives (ANM) posted at the subcentre using pretested questionnaires. This included in detail, the information regarding, 1) Availability of beds 2) Availability of minor surgical 3) Needed infrastructure 4) Needed equipments 5) Needed medicines 6) Out reach of ANM and also 7) Image of subcentre among its users. Whereas, the validity of the information on availability of equipments and medicines at the time of survey was ensured through physical verification of these at the subcentre, the information about outreach of ANM in terms of her visits to household (H/H) was confirmed by the villagers. To capture the image of the subcentre among its users, the opinion of those who visited the subcentre in last three months was recorded through a separate questionnaire asking them for their satisfaction level on different aspects of curative potential of subcentre on a four point scale ranging from, bad, fair, good to very good.

Results

The analysis of the gathered information from the subcentres surveyed, revealed the status of the considered aspects as below

1. Availability of beds

Two beds were found in only 38.2% of subcentres, whereas in 45.4% of subcentres there was single bed.

2. Availability of minor surgical Minor surgical to treat minor ailments requiring surgery were available at 30.9% of subcentres only.

3. Needed infrastructure

Larger OPD room to accommodate visiting outdoor patients was needed in 43.6% of subcentres, water connection in 39.1%, repair of subcentre building in 47.3% and conveyance to ease the approach to the subcentre in 41.8% of them.

4. Needed equipments

Certain required equipments were found present in less than 50% of the subcentres. They included, Glucometer (present at 9.1% of subcentres), Delivery Kit (27.3%), Vaccine carrier (36.4%), Slide boxes (20.0%), Sterlizer (25.5%), Foot steps for climbing to clinical examination table (41.8%), Baby tray (27.3%), Hb meter (42.8%) and Thermometer (16.4%).

5. Needed medicines

To cope with the day to day cases, the availability of basic medicines all the time at the subcentre is required. For this, timely supply of the medicines is necessary. For time gap in this regard, the basic medicines not found in more than 50% of subcentres included, Glucose (61.8%), Antibiotic syrup for children (54.5%), Tab Zinc sulphate (78.2%), Vit A solution (58.2%), Ointment for wounds (63.6%) and Cotton/Bandage (67.3%).

6. Out reach of ANM

On an average, 13 H/H were found being visited by the ANM posted at the subcentre per day. This practice was observed in case of 65.4% of subcentres. As regard to revisit of an H/H by the ANM, 70.9% revisited an H/H in more than a week's time but within a fortnight.

7. Image of subcentre among its users

The distribution of image of the curative potential of the subcentres as rated by the users on four point scale was, Bad (rated by 5.3%), Fair (38.7%), Good (49.4%) and Very Good (6.6%).

Discussions

In India, access to primary health care is poor and in desert in particular, due to distances it becomes further difficult. To this adds the non availability of adequate facilities at the subcentres. Situation in desert as on date is found very much lacking with respect to infrastructure, equipments and prompt supply of medicines. Availability of two beds is found in only 38.2% of subcentres in spite of, on an average OPD of 4-6 patients per day at these subcentres. People in desert environment need to perform harder work and minor wounds on legs, hands or on head are common, but to treat them only 30.9% of subcentres are found to have needed facilities. The OPD room in 43.6% of subcentres happens to be too small to accommodate even 4-6 patients at a time. Fridge to store medicines at lower temperature is found absent in 67.2%, inadequate furniture found in 39.1%, no water connection in 43.6% and building repair work required in 47.3% of the subcentres.

Looking in to the availability of the equipments, it is noted that the Glucometer to detect diabetes, Slide boxes to store blood slides and even all the time required thermometer is available in less than 20% of the subcentres. The regular supply of medicines to these subcentres is also not prompt, resulting in non availability of required basic medicines at a given point of time. These included common medicines like, Glucose, Antibiotic syrup for children, Tab Zinc sulphate, Ointment for wounds and the Cotton/Bandage. At the time of survey, these medicines were not found in more than 50% of subcen res.

The interaction between the health worker and the community is important to enhance the access to primary health care. The visits and revisits by ANM to H/H is found to influence Infant Mortality Rate (IMR).⁸ We find on an average, 13 H/H are visited per day by an ANM and revisit

to a H/H is in between a week and fortnight. This needs to be enhanced further by virtue of posting of additional ANM in the subcentres, situated in densely populated villages. State Govt. has started posting additional ANM but not with existing ANM in a subcentre, rather in another village attached to the subcentre.

Based on quality of curative services available at subcentre and the interactions with ANM, the user of these services forms an image of the subcentre, which motivates him to approach at priority. The enquiry regarding the image of subcentre in the community revealed its rating between fair and good by 88.1% of users on four point scale. Thus image of subcentres in delivering health care is by and large still demanding of improvement.

In all we find that Subcentres situated in desert need to be much strengthened in terms of infrastructure, staff, equipments, prompt supply of medicines in order to prove their utility, which only can enhance the poor access to primary health care in the region.

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