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Community Medicine

ASSESSMENT OF SERVICES / FACILITIES AVAILABLE AT PRIMARY HEALTH CENTRES OF DISTRICT BUDGAM, KASHMIR: A CROSS SECTIONAL STUDY

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ABSTRACT The importance of Primary Health Care was internationally known after Alma Ata Conference in 1978.Primary health care in India is delivered by Sub center and Primary Health Center. Primary Health Center is the first contact with a health care professional of a community. National Rural Health Mission laid standards known as Indian Public Health Standards. This study was done in order to assess the quality of services and to identify any gaps in the health care delivery by Primary Health Centers(PHCs) in the District Budgam. This was a cross-sectional study done in four Primary Health Centers of the district and information regarding the availability of services at Primary Health Center's was obtained using a pre-structured, pre-tested checklist which was prepared from Indian Public Health Standards. It was found that OPD services were provided by all while only one PHC provided emergency 24*7 services.50% of the Primary Health Centers had laboratory services for routine blood/urine/stool tests and only 25% had facilities for electrography,X-ray, and USG. However, 100% of the PHCs provided rapid tests for pregnancy. Although all Primary Health Centers provided ANC, family planning services but only 25% provided 24 hour delivery facility. New-born care was available at 75% PHCs while MTP services were available at only 25% of the PHCs The services at Primary Health Centers are not up to mark there is deficiencies in the basic services. Indian Public Health Standards should be taken seriously and evaluation should be done as per these standards at regular intervals so that we can improve the service delivery right from Primary health care level.

KEYWORDS : Facility, services, IPHS, PHC, quality

Introduction

There is widespread and growing demand for primary health care in developing countries especially in India. This demand in turn displays a growing eagerness among policymakers and program managers for knowledge related to how health systems can become more equitable, inclusive and fair. The declaration of Alma-Ata on primary health care in 1978 guided and directed path for establishing effective primary health care in member countries and especially in India.[1] Further, the Bhore Committee (1946) strongly proposed the primary health care approach for effective and equitable health care services in India.[2] Yet, despite enormous progress in health service delivery in terms of infrastructure, human resources and service provision, failures to deliver in line with the primary health care values deserve most consideration. The concept of primary health care envisages an idea of holistic approach and delivery of comprehensive health care which includes preventive ,promotive and rehabilitative health services in addition to the curative health care.Primary health care in India is delivered through the setup of sub center and PHCs.PHC is the first level of contact of community and a doctor.[3] Quality services like preventive,promotive, curative, supervisory, and outreach services are to be provided by the PHCs. Recognizing the importance of health in the process of economic and social development of India, the Government of India has launched the National Rural Health Mission (NRHM) to carry out necessary architectural correction in the basic health care delivery system in India. The Plan of Action of NRHM included apart from many other sector reforms, upgrading primary health centers (PHCs) as per the Indian Public Health Standards (IPHS) developed by the Ministry of Health and Family Welfare, Government of India, to strengthen primary health care services.[4]

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 sub-centers for curative, preventive and promotive health care. A typical PHCs covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas with six indoor/observation beds.[5] It acts as a referral unit for six sub-centers and refer out cases to community health centers (CHC) (30 bedded hospital) and higher order public hospitals located at sub-district and district level. However, as the population density in the country is not uniform, the number of PHCs would depend upon the case load. PHCs should become a 24 h facility with nursing facilities.

There are 23,673 PHCs are functioning according to Rural Health Statistics Bulletin 2010 of Ministry of Health and Family Welfare, Government of India and out of them 8409 are functioning as 24 × 7.[6] PHCs have been categorized into three types, one without 24 by 7 services, second with 24 by 7 nursing facilities and third with 24 by 7 emergency hospital care facilities and the IPHS are defined for each of them accordingly. The IPHS for PHCs are designed to provide comprehensive primary health care to the community through the PHCs, to achieve and maintain an acceptable standard of quality of care, to make the services more responsive and sensitive to the needs of the community.[7]

The present study has been done to assess the availability and quality of services available at PHCs of District Budgam and to identify any gaps in the health care delivery by PHCs , if any.

Materials and methods

It was a Cross sectional study conducted in PHCs of District Budgam. A complete list of PHC's in the district Budgam of Kashmir valley was obtained from the Directorate of Health services, Kashmir and simultaneously permission to conduct this study was obtained from Directorate and ethical clearance was sought from institution.

After line-listing the PHC's of District Budgam, 4 out of 40 PHCs , one from each sub-division (district has four sub-divisions-Budgam, Beerwah, Chadoora and Khan-sahib) was selected randomly using random numbers generated using software.The information regarding the availability of services at PHC's was obtained using a pre-structured ,pre-tested checklist which was prepared from Indian Public Health Standards(IPHS) 2012 guidelines and validated before using in the actual study. The assured services, laboratory services and MCH services were checked. The medical officer in-charge of PHC was interviewed to collect the information and simultaneously records were also checked to avoid any information bias.The data was entered and analyzed in Epi info7 software.

Results

Table 1: Availability of assured services at Primary Health Centres

Assured services	Number of PHCs (n=4)	Percent (%)
OPD services	4	100
Emergency /24*7 services	1	25
Referral services	4	100
Inpatient services	3	75
Primary management of		
Wounds	4	100
Burns	3	75
Fractures	3	75
Poisoning/ Insect bite	3	75
Minor surgeries including drainage of abscess	3	75

Table 1 depicts the assured services available at PHCs.OPD services were present at all centres. Only 1 PHCs provided 24* 7 services with all PHCs (100%) providing referral services. Management wounds was done at all PHCs (100%), while for burns, fractures, poisoning was done at 3 PHCs (75% respectively).

Table 2: Availability of investigative services at Primary Heath Centres

Type of investigative service	Number of PHCs (n=4)	Percent (%)
Electrography	1	25
X-ray	1	25
Laboratory services	4	100
Ultrasonography	1	25

Table 2 depicts that out of 4 PHCs, all had laboratory facilities while ECG, X-ray and ultrasonography facilities were respectively available only at 1(25%) PHC.

Table 3: Availability of essential laboratory services at Primary Health Centres

Type of laboratory services	Number of PHCs (n=4)	Percent (%)
Routine blood tests including CBC, Blood grouping, BT/CT	2	50
Routine urine/ stool tests	2	50
Sputum testing for AFB	3	75
Rapid tests for pregnancy	4	100
Rapid tests for HIV/AIDS	2	50

Table 3 depicts that 50% of PHCs have facilities for routine blood/urine/stool tests while rapid tests for pregnancy are available at all the 4 (100%) PHCs.

Table 4: Availability of MCH services at the Primary Health Centres

MCH sevices	Number of PHCs (n=4)	Percent (%)
Regular ANCs	4	100
Intra-natal care	2	50
24 hour delivery facility	1	25
Post-natal care	2	50
New-born care	3	75
Management of LBWs	0	0
Childcare including immunization and management of pneumonia and diarrhoea	4	100
Management of gynaecological disorders, Anaemia and STD/RTIs	4	100
Family planning	4	100
Services for MTP	1	25

Table 4 depicts MCH services available at PHCs. All PHC s were providing ANCs. Intra-natal care was provided at 2 PHCs with only 1PHC having 24*7 delivery facilities. PNC was provided only at 2 PHCs. Family planning & immunization services were provided at all PHCs with MTP available at only PHC.. Newborn care was available at 3 PHCs while management of LBW babies was not done at any of the PHCs. However, management of gynaecological disorders, anaemia, STI/RTI was given at all PHCs.

Table 5 : Miscellaneous facilities/services at the Primary Health Centres

Type of services	Number of PHCs (n=4)	Percent (%)
Nutrition services	2	50
School health programme	4	100
Promotion of safe water supply and basic sanitation	4	100
Prevention and control of locally endemic diseases	3	75
Disease surveillance and control of epidemics	3	75
Collection and reporting of vital statistics	4	100
Education about health/behaviour change communication	4	100
National health programmes including RNTCP, HIV/AIDS	3	75
AYUSH services	2	50
Rehabilitation services	0	0

Table 5 depicts that out of 4 PHCs, school health programme is provided a all PHCs while nutrition services and AYUSH services are are available only at 2(50%) PHCs.

Discussion

Standards are the main driver for continuous improvements in quality. The performance of Primary Health Centres can be assessed against the set standards. In J & K State, there is extensive expansion of health care establishments.

With reference to 2011 Census, the total population of Districts under study was 2568121. Most of these referral hospitals are less than one hour journey time away from the Primary Health Centres. Although under relaxed norms for J & K, a PHC should cover 25,000 populations, the media population covered under the selected PHC in present study was 14901, which indicates the excess number of PHCs in the area. This may be one of the reasons for compromised quality in terms of provision of services because of limitation of resources in the PHCs under study.

Substantial plan assistance is required to the states for upgrading the existing PHCs to IPHS norms, which are critical to reducing maternal mortality and infant mortality. This would require well-developed service delivery protocol. In present study it was found that investigative facilities especially ECG, X-Ray and USG, at the PHCs were insufficient. In a similar study, conducted by Sodani PR, Sharma K in Bharatpur district of the State of Rajasthan, it was found that the availability of services at the 24 × 7 PHCs were not satisfactory as per the prescribed IPHS [8]. Studies in Kashmir valley by Rifat et al and Rabbaini et al have also shown deficiencies in the services provided at PHCs and also studies in India have shown that this problem in not only prevalent in Kashmir but other parts of India also but not taken seriously [9-10]. There is need for development of rational “model” Primary Health Centres out of existing PHCs which are located at centrally located places where services may be utilized by the majority of population of adjoining areas. Such PHCs must be equipped with adequate infrastructure in terms of human resource, diagnostic facilities and drugs so that the burden on CHCs, DHs and Tertiary care hospitals can be reduced.

Recommendations:

As the set standards were not met in any of the selected PHC, it is therefore recommended that public health facilities, particularly 24 × 7 PHCs, need to be prioritized for availability and quality of services as per IPHS norms. This could be achieved by focusing on the upgradation of health sector right from grass root level in all parts of the country.

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