

A Cross Sectional Study To Identify The Existing Gaps in Implementation Indian Public Health Standards in Primary Health Centres of South Kashmir



Medical Science

KEYWORDS : Indian public health standards; Primary health centre; Availability

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ABSTRACT

BACKGROUND: There is widespread and growing demand for a good quality primary health care in India. Present study was done with objective to find the existing gaps in implementation of recommendations of Indian public Health Standards in Primary Health Centres of South Kashmir. **METHODS:** A cross sectional study was conducted in randomly selected PHCs of 5 districts of South Kashmir. Checklist from IPHS draft was used to interview in-charge Medical officers of the Primary Health Centres. **RESULTS:** There was shortage of essential human resources, especially Medical officer (MBBS) and laboratory technicians in PHCs. Wide gap was found in availability of various services especially in terms of availability of diagnostic facilities and services for health promotion and disease prevention and monitoring of sub-centres affiliated with concerned Primary health Centres. **CONCLUSION:** The identified gaps should be addressed on priority bases and services at PHCs should be enhanced through adequate manpower & infrastructure.

INTRODUCTION

Primary health centre (PHC) is the first contact point between village community and the Medical Officer. The Bhoire committee in 1946 gave the concept of a PHC as a basic health unit to provide as close to the people as possible, an integrated curative and preventive health care to the rural population with an emphasis on preventive and promotive of health care1. The Declaration of Alma-Ata on Primary Health Care in 1978 guided and directed path for establishing effective primary health care in member countries, especially in India2. Currently, depending upon the geographical location, the PHC covers a population of 20000-300003. Norms considered for Jammu & Kashmir is that the single Primary Health Centre covers a population of 25000 4. The Indian Public Health Standards (IPHS) for Primary Health Centres has been revised in 2012 keeping in view the resources available with respect to functional requirements of Primary Health Centre with minimum standards for such as building, manpower, instruments and equipment, drugs and other facilities etc5. In recent past National Rural Health Mission has proved to be very useful intervention to support the state in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services6. There are very few documented studies on assessment of human resources, infrastructure at PHCs as per IPHS. In present study, the Primary Health Centres of South Kashmir have been assessed to identify gaps between minimum requirement of PHCs as per IPHS and the actual availability of manpower, services and investigative facilities

METHOD AND MATERIALS

A Cross sectional study was planned and complete list of Government Health Institutions in the state, along with permission to conduct study on implementation of IPHS, was obtained from the Directorate of Health Services Kashmir

Table 1: Gaps in availability of Services at PHCs (N=20) in Southern districts of Kashmir

Type of human resources	Available human resource at PHCs	Existing gap
Medical Officer (MBBS)	16 (80%)	4(20%)
*Medical Officer (AYUSH)	19 (95%)	1 (5%)
Pharmacist	19 (95%)	1 (5%)
*Pharmacist (AYUSH)	17 (85%)	3 (15%)
Staff-Nurse (4 per PHC)	24 (30%)	56 (70%)
^Health Worker (Female)	18 (90%)	2 (10%)

Health Assistant (male)	7 (35%)	13 (65%)
Health Assistant (Female) / Lady Health Visitor	7 (35%)	13 (65%)
*Health Educator	4 (20%)	16 (80%)
Laboratory Technician	14 (70%)	6 (30%)
Accountant cum Data Entry Operator	5 (5%)	15 (75%)
*Cold Chain & Vaccine Logistic Assistant	8 (40%)	12 (60%)
Multi-skilled Group D worker (2 per PHC)	32 (80%)	8 (20%)
Sanitary worker cum watchman	18 (90%)	2 (10%)

*Desirable; ^ For Sub-Centre area of PHC

District-wise, all Primary Health Centres (PHCs) of five districts (Anatnag, Kulgam, Shopian, Pulwama and Badgam) of south Kashmir were enlisted and out of them, randomly five PHCs from each district were selected using computer software A rapid survey was conducted by the Postgraduate Scholars of Department of Community Medicine, Government

Medical College, during last week of December 2014, using the checklist as per the Indian Public Health Standards-2012 recommendations5. Data was collected from the in-charge Medical officer (MBBS/AYUSH) of the concerned Primary Health Centre. Data was entered and analysed using "Epi-Info-7" software.

Table. 2- Gaps in availability of Services at PHCs (N=20) in Southern districts of Kashmir

Services	Availability	Existing Gap
Assured services:		
OPD Services	20 (100%)	0
In-patient Services	19 (95%)	1(5%)
Emergency Services (24 hour)	8 (40%)	2 (10%)*
Referral Services	11(55%)	9 (45%)
Primary management of-		
Wounds	20 (100)	0
Fractures	7 (35%)	13 (65%)
Poisoning	14 (70%)	6 (30%)
Burns	18 (90%)	2 (10%)
MCH Services:		
Regular antenatal care	20 (100%)	0
Intra-natal and post-natal care	10 (50%)	10 (50%)
24 hour facility for normal delivery	7 (35%)	3 (15%)*

Newborn care	5 (25%)	15 (75%)
Child care (including immunization)	20 (100%)	0
Management of Gynaecological Disorders, anaemia and STIs/RTIs	17 (85%)	3 (15%)
Family Planning services	18 (90%)	2 (10%)
Facility for MTP	4 (20)	16 (80%)
Facilities under JSY	15 (75%)	5 (25%)
Facilities under JSSK	4 (20)	16 (80%)
Miscellaneous Services:		
School health programmes	17 (85%)	3 (15%)
Promotion of water supply and basic sanitation	17 (85%)	3 (15%)
Prevention and control of locally endemic diseases	11 (55%)	9 (45%)
Disease surveillance and control of epidemics	6 (30%)	14 (70%)
Collection and reporting of vital statistics	10 (50%)	10 (50%)
Education about health related behaviour change	13 (65%)	7 (35%)
Monitoring and supervision of sub-centres	5 (25%)	15 (75%)
Monitoring of national health programmes	7 (35)	13 (65%)
Monitoring of activities of ASHAs	19(95%)	1(5%)
Rehabilitatee services	0	20 (100%)
AYUSH Services	19(95%)	1(5%)

*50% PHCs are expected to be upgrade to provide 24x7 emergency/delivery service

Table. 3- Gaps in availability of Investigative services at PHCs (N=20) in Southern districts of Kashmir

Services	Availability	Existing Gap
Laboratory tests		
Routine blood, urine and stool tests	15 (75%)	5 (25%)
Blood grouping, Bleeding and Clotting time	15 (75%)	5 (25%)
Rapid test for pregnancy	20 (100%)	0
Sputum testing for TB*	5 (25%)	15 (75%)
Blood sugar	9 (45%)	11 (55%)
LFT and KFT	8 (40%)	12 (60%)
HBs Ag	2 (10%)	18 (90%)
Electrocardiogram (ECG)	3 (15%)	17 (85%)
X-ray	3 (15%)	17 (85%)
Ultrasonography (USG)	2 (10%)	18 (90%)

*Including Designated Microscopy Centres or Sputum collection Centres

RESULTS

The median population covered under a PHC selected from Districts of south Kashmir was found 12943 (minimum 9446 & maximum 26184). The median number of OPD attendance during 4th quarter of 2014 till date of survey was found 1836 (minimum 475 & maximum 10430). In majority of PHCs no delivery was conducted during 4th quarter of 2014. TABLE 1- shows the position of human resource in the sample of primary health centres. TABLE 2-reveals the availability of services at the selected PHCs and TABLE 3-contain the observation about the availability of investigative services at the primary health centres.

DISCUSSION

Standards are a means of describing a level of quality that the health care organizations are expected to meet or aspire to achieve. In J & K State, there is extensive expansion of health care institutions, including primary health centres. Although as per the criteria of "population covered under a primary health centre" majority of PHCs are covering less than 75% of the set criteria but as the population density in Kashmir is not uniform, so "travel time by feet from farthest covering area up to the nearest Primary Health Centre" has also been taken in consideration and old sub-centres have been upgraded to PHCs and

in large blocks where the Community Health Centre (CHCs)/ first referral unit is over one hour of journey time away, the PHC have been upgraded to provide 24 hour emergency hospital care as per the guidelines of National Health Mission.

In present study, it was found that there is shortage of human resource, especially Medical officer (MBBS), Staff nurses, Lady Health Visitors and laboratory technicians. The observed gap in health promotive and disease preventive services and monitoring of National Health Programmes, and sub-centres of area under jurisdiction by MO-PHC is a matter of concern. It shows that all elements of Primary Health Care are not implement in letter and spirit and teaching of preventive medicine during MBBS period does not provide real benefit to the community. The Block Medical Officers should decentralise and delegate all assignment to the Medical Officers of the PHCs as per Indian Public Health Standard recommendations. The gaps identified in availability of investigative facilities, especially ECG, X-Ray and USG, needs to addressed as soon as possible may be intra-PHC referral of patients where ever feasible.

In a similar study, 7, conducted by Sodani PR, Sharma K 7 in Bharatpur district of the State of Rajasthan, it was found that the availability of human resources, infrastructure and facilities for newborn care services at the 24 × 7 PHCs were not satisfactory as per the prescribed IPHS.

In present study survey was conducted for rapid assessment of existing gaps. Although, there is explicit explanation of recommendations in the draft of IPHS-2012 but there is need of incorporating specific dashboard indicators in the checklist for objectively assessing the implementation of IPHS guidelines, the deficiency of which forced the investigators of present study to limit the parameters of IPHS for inclusion in final analysis of collected data.

CONCLUSION

As per the observations of present study, there are gaps in availability of human resources, promotive, preventive and curative services and investigative facilities as compared to the recommendations of Indian Public Health Standards which needs to take corrective measures by the authorities of health services.

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