



ASSESSMENT OF INFRASTRUCTURE AND MANPOWER AVAILABILITY IN ACCORDANCE WITH IPHS STANDARDS AT SUB DISTRICT HOSPITAL OF LEH: A CROSSECTIONAL STUDY.

Community Medicine

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ABSTRACT

Objective : To assess the availability of manpower and physical infrastructure at sub district hospital of Leh district as per Indian Public Health Standards 2012.

Study design and Method : A Health facility based cross-sectional study at sub district hospital of Leh. Interview of service providers and on spot observations was done to collect primary data, while as secondary data was collected by checking of records regarding infrastructure and manpower availability.

Results: The hospital had few consultant. There was no General duty medical officer and Medical officer AYUSH. However, there was provision for OPD service of local AMCHI System. So far as the availability of paramedical staff is concerned, it lacked sister in charge, ECG Technician, electrician, plumber etc. Regarding the infrastructure, it is a government owned building and accessible. Most of the aspects like laundry facilities, availability of emergency room, registration counter, pharmacy and labour room, deep freezer, ILR, water and electricity supply, and ambulance facility was in accordance with the existing guidelines. Final disposal of waste was done by dumping and burning and there was no provision for disaster prevention measures and preventive maintenance of infrastructure.

Conclusion: Filling up of vacant post of manpower in accordance with IPHS norms and setting up of committee and policy for periodic maintenance of infrastructure is emphasized.

KEYWORDS

Manpower, Accessible, Infrastructure, periodic maintenance.

Introduction :

The National Rural Health Mission (NRHM) was launched nationwide in 2005 and one of its commitments was to make all facilities fully equipped according to Indian Public Health Standards (IPHS).¹ Indian public health standards (IPHS) are asset of standards envisaged to improve the quality of health care delivery in the country. Sub-district (Sub-divisional) hospitals are below the district and above the block level (CHC) hospitals and act as First Referral Units for the Tehsil/Taluk/block population.²

Objective :

To assess the availability of manpower and physical infrastructure at sub district hospital of Leh district as per Indian Public Health Standards 2012.

Material and methods: A Health facility based cross-sectional study. The information was recorded on IPHS format, formulated by Ministry of Health and Family welfare, Government of India. Interview of service providers and on spot observations was done to collect **primary data**, while as **secondary data** was collected by checking of records regarding infrastructure and manpower availability.

About the study area: Khaltsi block is located 76 kms towards west from Leh town and is the block headquarter. It is 38 bedded hospital and caters a population of 18,385 approximately with 30 sub centres, 2 Allopathic dispensary and one Community health Centre. Accessibility wise, it is located at the main national highway and serve as the main link between lower centre's and district hospital Leh.

Results: The hospital had some consultant with the exception of Surgeon, Pediatrician, ENT Surgeon and dermatologist. There was no General duty medical officer and Medical officer AYUSH. However, there was provision for OPD service of local AMCHI System. (Table 1) . So far as the availability of paramedical staff is concerned, it lacked sister in charge, general duty attendant, ECG Technician, Audiometrician, Laboratory attendant, Radiographer, Multi rehabilitation worker, Medical record officer, electrician, plumber etc. (Table 2). The centre lack administrative staff like accountant, computer operator, security staff and junior administrative officer. (Table 3).

Regarding the infrastructure, it is a government owned building and accessible. Most of the aspects like laundry facilities, availability of emergency room, registration counter, pharmacy and labour room, deep freezer, ILR, water and electricity supply, and ambulance facility was in accordance with the existing guidelines. Final disposal of waste

was done by dumping and burning and there was no provision for disaster prevention measures and preventive maintenance of infrastructure. (Table 4)

Conclusion and recommendation:

The study revealed lack of manpower and scope for improvement in infrastructure. Filling up of vacant post of consultant and medical officer for better coverage and better quality of care. Streamlining of other paramedical manpower also need to be emphasized. Constitution of committee for Infection control waste management and policies for periodic maintenance, disaster prevention measures should be in place.

Table 1: Manpower distribution of surveyed sub district hospital

Staff	Availability	IPHS norm	
		Essential	Desirable
Medical superintendent	1	1	
Block Medical officer			
Medicine specialist	1	1	+1
Medical Officer –AYUSH			
Surgery specialist		1	
O&G Specialist	1	1	+1
Dermatology			1
Paediatrician		1	
Anaesthetist	1	1	
ENT Surgeon		1	
Ophthalmologist		1	
Orthopaedician	1	1	
Radiologist		1	
General duty doctors		7 (3 lady MOS)	
Dental surgeon	1	1	
Public health manager		1	
AYUSH Practitioner/AMCHI	1	1	
Total	7	20	

Table 2: Distribution of Paramedical staff

Staff	Availability	IPHS Norm	
		Essential	Desirable
Staff nurse	4	18*	2
Sister In charge			
General duty attendant/ hospital workers (including Cold Chain Handler**)		6	

Ophthalmic assistant Refractionist	1	1	
ECG Technician		1	
Audiometrician		1	
Laboratory Technician	1	4	
Laboratory Attendant		2	
Radiographer		1	
Pharmacist	2	3#	
Dental Assistant	1	1	
Physiotherapist	1	1	
Counselor	2		
Multi rehabilitation worker		1	
Statistical Assistant	1	1	
Medical records officer		1	
Electrician		1	
Plumber		1	
Cold chain and vaccine logistics Assistant	1		
Total	14	45	

* Additional number of Staff Nurse equal to number of ICU beds in the hospital is recommended

** One may be identified (& trained) from the existing staff for assisting cold chain and vaccine logistic assistant.

One from AYUSH Safai Karamchari, Security Staff and other Group D services are to be outsourced

Table 3: Distribution of availability of Administrative Staff

Staff	Availability	IPHS Norm	
		Essential	Desirable
Junior administrative officer		1	
Accountant	1	2	
Computer operator	1	4	
Driver	2	1	
Peon	2	2	
Security staff*	1	2	
Total	7	12	

* The number would vary as per requirement and to be outsourced

Table 4: Availability of infrastructure at sub district hospital

Infrastructure	Availability	
Building ownership	Government	
Near residential area	Accessible	
Boundary / Fencing	Intact and proper	
Environment friendly features (Solar energy, use of energy efficient bulbs)	Yes	
Disaster prevention measures	No	
Wall condition and system for periodic maintenance of infrastructure	No	
Registration counter	Yes	
Waiting area, Drinking water, toilet facility (separate for male and female)	Yes	
Signage in local language	Yes	
Barrier free access environment(Ramp, Hand railing facility, proper lighting)	No	
Separate room for nursing services(dressing room, injection room)	Yes	
Parking facility	Yes	
Waste Disposal	Dumping	Yes
	Municipal collection	No
	Burning	Yes
	Indiscriminate	No

References:

- 1) The National Population Policy 2000. [http:// www. populationcommission. nic. in/ npp. htm](http://www.populationcommission.nic.in/npp.htm)
- 2) IPHS Guidelines for sub district / sub divisional Hospitals 31- 100 bedded ,2012: Directorate General of Health ServicesMinistry of Health & Family Welfare Government of India