



ORIGINAL RESEARCH PAPER

Community Medicines

IDENTIFYING THE DEFICIENCIES IN AVAILABILITY OF SERVICES AND MANPOWER AT PRIMARY HEALTH CENTERS (PHCs) OF KASHMIR: A DESCRIPTIVE STUDY

KEY WORDS: Deficiencies, IPHS, PHC, Kashmir

Sheema Samreen*	Demonstrator ,Department of Community Medicine, G.M.C Srinagar. *Corresponding Author
Ambrine Ashraf	Demonstrator ,Department of Community Medicine, G.M.C Srinagar.
Muzamil Hasssan	Demonstrator ,Department of Community Medicine, G.M.C Srinagar.
S. M. Salim Khan	Proffessor and Head, Department of Community Medicine, G.M.C Srinagar.

ABSTRACT

After declaration of Alma Ata, the importance of primary health care are recognized all over the world. Primary health care is provided by primary health centers (PHCs) in India. To maintain the quality of services provided by PHC Indian Health Standards were set in 2007 by National Rural Health Mission and revised in 2012. This cross study was done with aim to identify the deficiencies in the availability of services and manpower at PHC of Kashmir. Four PHCs each were selected after line listing all PHCs in center, south and north Kashmir respectively. Data was collected by interviewing the medical officer at the selected PHCs using a preformed questionnaire. The services at PHCs are not at par with the set standards. There is gross deficiency in the availability of manpower and assured services. The standards set need to be taken seriously by authorities in order to provide quality care to community and improve our health care.

INTRODUCTION:

In order to improve the quality of healthcare delivery the concept of primary health care was borne by the Bhore Committee in India¹. The main emphasis was to have a basic health unit which will provide integrated and comprehensive health care to community which would be close to people and caters their basic health needs². Globally, the Declaration of Alma Ata in 1978 recognized the importance of establishing the primary health care for achieving the goal of Health for All³.

In India, Primary health care is provided by means of sub-center and Primary Health Center (PHC). The PHC is the first level of contact of community with the medical professional with aim to provide a comprehensive health care including preventive, promotive and curative services¹. In India, currently depending on the geographic location the population covered by PHC varies between 20000-30000 while in Jammu and Kashmir its 25000⁴. National Health Mission which now combines National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) has been a corner stone in upgrading and improving the infrastructure, services and manpower and setting the standards known as Indian Public Health Standards (IPHS) for quality service delivery in view of available resources⁵.

The present study was done with the objective of recognizing the deficiencies in the delivery of assured services and availability of manpower of PHCs of Kashmir as per the minimum requirement set up by IPHS.

METHODOLOGY:

The present descriptive cross-sectional study was undertaken after getting approval from the ethical committee of institute and from the Directorate of Health Services of Kashmir. Two stage sampling was employed for selection of PHCs for this study. In first stage the Kashmir division was divided in three zones – south, central and north and in second stage four PHCs were selected randomly from each zone after line listing all PHCs in the respective zones.

For data collection a preformed, pretested questionnaire prepared from the format in IPHS was used. The selected PHCs in the respective zones were visited and data was collected by interviewing the in charge medical officer of that PHC. Furthermore records were also checked wherever required to avoid bias.

The data was entered in Epi Info 7 and analyzed for descriptive statistics. The data regarding the identified deficiencies was represented in the form of proportions.

RESULTS:

A total of 15 PHCs were surveyed for data collection regarding deficiencies in manpower, assured services and lab services. The PHCs catered on an average a population of 16759 and deliveries were conducted only in 33.3% of the PHCs.

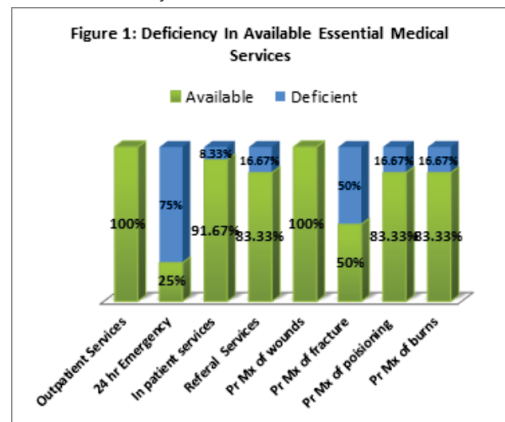


Figure 1 shows that except for OPD services and primary management of wounds there was deficiency in delivery of all other essential medical services. Only 25% of PHCs provide 24hour services.

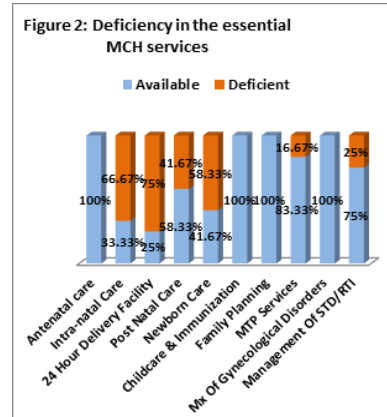


Figure 2 shows that all PHCs are just providing antenatal care, family planning and immunization services rest of the Maternal and Child Health (MCH) services are deficient. Furthermore, 24 hour delivery facility is just provided by 25% of PHCs and intra-natal care provided by just 33.3%.

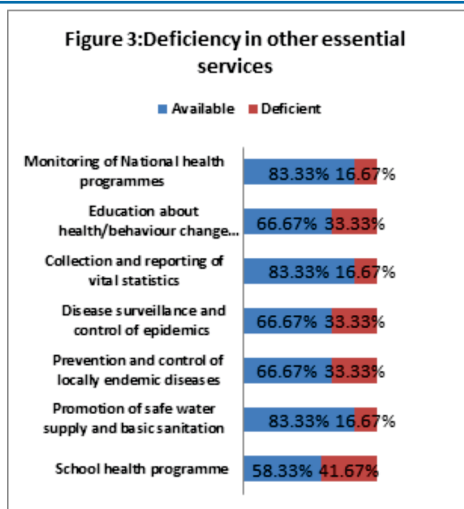


Figure 3 depicts that there is deficiency in other essential services provided by PHCs. Even vital statistics are not recorded at every PHC.

Table 1: Deficiency in the Manpower of PHCs.

Manpower	Available	Deficiency
Medical Officer- MBBS	10(83.33%)	2(16.66%)
MO –AYUSH*	11(91.66%)	1(8.34%)
Accountant/Clerk cum Data operator	3(25%)	9(75%)
Pharmacist	10(83.33%)	2(16.66%)
Pharmacist AYUSH*	7(58.33%)	5(41.66%)
Staff-Nurse(4 per PHC)	5(41.66%)	7(58.33%)
Health workers (F)#	9(75%)	3(25%)
Health Asstt. (Male)	4(33.33%)	8(66.67%)
Health Asstt. (Female)/LHV	6(50%)	6(50%)
Health Educator	2(16.66%)	10(83.33%)
Laboratory Technician	9(75%)	3(25%)
Cold Chain & Vaccine Logistic	3(25%)	9(75%)
Multi-skilled Group D worker	7(58.33%)	5(41.66%)
Sanitary worker cum watchman	9(75%)	3(25%)
Desirable *, for sub-center area of PHC#		

Table 1 show that minimum manpower required as per the standards is not available at all PHCs and there is overall deficiency in the availability of minimum required manpower at the PHCs.

DISCUSSION AND CONCLUSION:

This study to identify the deficiencies in the services and manpower of PHCs of Kashmir reveals that although IPHS have been revised but implementation at ground level is missing. The standards are the benchmark for delivery of quality health services and help in improvising the services time and again. But the current study reveals that PHCs are not meeting the standards of even in delivery of basic medical and maternal and child health services. The basic elements of primary health care which are to be met by the PHC are missing and henceforth hampering the essence of primary health care.

Over the time many studies have been conducted in Kashmir and rest of India to assess the services and their results have revealed that the services provided are not up to mark⁶⁻¹¹. With world striving hard to achieve universal coverage of health the deficiencies in the services and manpower of PHC should be taken as a serious threat for achieving the goal.

The deficiencies can be ascertained to untimely and unplanned upgradation of sub-centers and allopathic dispensaries for political gains without proper planning. The need of hour is to develop at least one model PHCs in every block where first referral unit is at a

distance of more than one hour so that quality of health care is available to the community on time and any unfortunate mortality is averted.

REFERENCES:

1. Ministry of Health & Family Welfare- Government of India. Indian Public Health Standards (IPHS).Guidelines for Primary Health Centres [Internet]. Indian Public Health Standards (IPHS). 2012. Available from: <http://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2012/primay-health-centres.pdf>
2. Khatana GH, Khan SMS. A cross sectional study to identify the existing gaps in implementation Indian Public Health Standards in Primary Health Centres of South Kashmir A Cross Sectional Study To Identify The Existing Gaps in Implementation Indian Public Health Standards in Pri. Int J Sci Reserach. 2016;5(7):311–2.
3. Declaration of Alma-Ata [Internet]. USSR; 1978 [cited 2018 Jan 3]. Available from: http://www.who.int/publications/almaata_declaration_en.pdf
4. Tariq R, Khan SMS, Dar Hi. Assessment of facilities available at Primary Health Centers in Kashmir: A cross sectional study. Int J Sci Res [Internet]. 2017 [cited 2018 Jan 14];6(6). Available from: [https://www.worldwidejournals.com/international-journal-of-scientific-research-\(IJSR\)/file.php?val=June_2017_1498310295_157.pdf](https://www.worldwidejournals.com/international-journal-of-scientific-research-(IJSR)/file.php?val=June_2017_1498310295_157.pdf)
5. NATIONAL RURAL HEALTH MISSION Meeting people's health needs in rural areas Framework for Implementation Ministry of Health and Family Welfare. 2005 [cited 2018 Jan 14]; Available from: <http://nhm.gov.in/images/pdf/about-nrhm/nrhm-framework-implementation/nrhm-framework-latest.pdf>
6. Jan R, Hassan Khatana G, Salim M, Jeelani W. Assessment of services at Primary Health Centres of Northern Kashmir as per Indian Public Health Standards. Sch J Appl Med Sci Sch J App Med Sci [Internet]. 2015 [cited 2018 Jan 2];3(9C). Available from: www.saspublsher.com
7. Ninama R, Thakor N, Vala M, Dund J, Kadri AM. Quality assessment of facilities available at Primary Health Care centres in Rajkot district: A Cross Sectional Study. Int J Med Sci Public Heal [Internet]. 2014;3(12):1449–52. Available from: <http://www.scopemed.org/?jft=67&ft=67-1406100681>
8. Srinath V, Veena R. Nrhm and Ipsh - Standards in Primary Health Care. Int J Pharma Med Biol Sci. 2012;1(2):206–16.
9. Samreen S, Hassan M, Hassan G, Khan SMS. Assessment of Services at Primary Health Centers in a District of Kashmir. J Med Sci Clin Res [Internet]. 2018;06(01):32450–3. Available from: www.jmscr.igmpublication.org
10. Zaman FA, Laskar NB. An application of Indian public health standard for evaluation of primary health centers of an EAG and a Non-EAG state. Indian J Public Health [Internet]. Medknow Publications and Media Pvt. Ltd.; 2010 [cited 2018 Apr 10];54(1):36–9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20859050>