ORIGINAL RESEARCH PAPER

Volume-8 | Issue-8 | August - 2019 | PRINT ISSN No. 2277 - 8179

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

ADHERENCE TO INDIAN PUBLIC HEALTH STANDARD GUIDELINES: ASSESSMENT OF INFRASTRUCTURE FACILITIES IN PRIMARY HEALTH CENTRES OF NAGPUR DISTRICT, MAHARASHTRA.

Community Medicine

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ABSTRACT

Since their establishment PHCs were constantly criticized for poor infrastructure facilities, and considered as one of the major hurdles in health care delivery.

Aim & objectives: To assess the Infrastructure facilities at the primary health centers in Nagpur district of Maharashtra as per IPHS 2012.

Material & methods: One primary health center from each block were selected in Nagpur district of Maharashtra. Data was collected as per proforma of IPHS 2012.

Results: 12(92.3%) PHCs had own government building, 9 (69.2%) PHCs had the boundary wall with gate, 5(38.5%) PHCs were located close to garbage dump, cattle shed. All of the 13 (100%) PHCs had the availability of emergency room, drug dispensing counter, registration counters, and OPD rooms.

Conclusions: None of the PHCs completely adhered to the IPHS standards for infrastructure facilities.

Limitations: In the present study selection of district was done purposefully

KEYWORDS

IPHS, PHC, OPD.

INTRODUCTION

The concept of Primary Health Centre (PHC) is not new to India. The Bhore 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 comprehensive, preventive, promotive &rehabilitative health Care to the rural population with emphasis on preventive and promotive aspects of health care. Primary Health Centers 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.(1) The PHCs are under constant criticism for their inability to deliver Quality services, The main reasons are the non-availability of health workers, inadequate infrastructure and facilities, and insufficient supply of drugs, equipment.(2) IPHS is a novel concept to fix benchmarks of infrastructure, including building, manpower,equipment,drugs, quality, through introduction of treatment protocols, and accountability to the public, through the concept of citizen's charter enforced through the hospital management society at the facility level and quality assurance committee at State and District level.(4) There are very few studies to assess the PHCs with respect to IPHS for infrastructure. The objective of the present study is to study the availability of infrastructure at PHCs with respect to IPHS standards 2012.

Aim& Objective

1. To assess the infrastructure facilities available at the Primary health centres in Nagpur district, Maharashtra.
2. To evaluate adherence of health facilities with Indian Public Health Standards Guideline 2012

MATERIAL & METHODS

Present observational descriptive cross-sectional study was conducted in PHCs in Nagpur district, Maharashtra. The selected district comprises of 13 blocks and 49 PHCs. Block wise PHCs list was prepared and one PHC was selected from each block randomly. Data was collected by interviewing service providers through a structured standard questionnaire and record review was done at PHCs. Data was entered and analysed using statistical software Epi Info 7. Descriptive statistics (percentage, frequency) were used to summarize the different factors of IPHS Standards for PHCs .Approval from the Institutional Ethics Committee was taken.

RESULTS

All the 13 (100%) PHCs studied were located in easily accessible area within the village. 12(92.3%) PHCs had own government building with complete construction of building, 9 (69.2%) PHCs had the boundary wall with gate, 5(38.5%) PHCs were located close to garbage dump, cattle shed, or stagnant pools.

Table 1: Distribution of PHCs as per Infrastructure facility as specified by IPHS Infrastructure facility

	PHCs having facility (n =13)		PHCs adhering IPHS Standards (n=13)	
Infrastructure facility	NO	%	NO	%
Accessible Location of PHC in village	13	100	13	100
Own Government building available	12	92.3	12	92.3
Complete construction of building	12	92.3	12	92.3
Emergency Room/Casualty	13	100	13	100
Drug dispensing Counter	13	100	13	100
Registration counters	13	100	13	100
Boundary Wall With Gate	9	69.2	9	69.2

Table 2: Distribution of PHCs as per Infrastructure facility as specified by IPHS.

	PHCs having facility (n =13)		PHCs adhering IPHS Standards(n=13)	
Infrastructure facility	NO	%	NO	%
OPD rooms/cubicles	13	100	13	100
Family Welfare Clinic	0	0	0	0
Waiting room for patients	13	100	13	100
Separate wards for males and females	8	61.5	8	61.5
Labour room present	13	100	13	100
Separate area for septic and aseptic delivery	0	0	0	0
laboratory	13	100	13	100
Separate toilet for male & female	10	76.9	10	76.9

All of the 13 (100%) PHCs studied had the availability of emergency room, drug dispensing counter, registration counters, OPD rooms, waiting room of the patients, adequate no of windows for light and air, office room, store room, facility for examination of female patients, labour room, laboratory and laundry. Out of the 13 PHCs studied, 12 (92.3%) PHCs had residential facility for staff and public displayed mechanism for grievance redressal, adequate no of beds i.e. more than 6 beds, 10(76.9%) PHCs had separate toilet for male and female, Total 8(61.5%) PHCs had separate wards for male and female, only 2 (15.4%) PHCs had nurses rest room and sewerage connected to municipal/panchayat sewerage whereas none of the studied (0%) PHCs had family welfare clinic, and separate area for septic and

aseptic delivery

DISCUSSION

The PHC should have a building of its own, with proper boundary wall and gate with clean surroundings, centrally located in an easily accessible area (32).In our study all 13(100%) PHCs were situated in easily accessible areas, 12 (92.3%) PHCs had own government building with completed construction, one PHC (7.7%) was operated in the building of rural hospital for the time being. 9(69.2%) PHCs had a boundary wall with gate, almost similar findings were obtained in other studies such as 100% own government building in study by Zaman A F (5), Paswan M (6), Masood A et al (7), Reddy B N et al (9), 80% own government building by Swargiary S (8), 66.7% by Chauhan R et al (3), 51% by Khanday et al (10).

In our study all 13(100%) PHCs had electric supply in all parts of PHCs. Similar findings were obtained in study by Biswas D(5) ,Paswan M(6) Reddy N B(9) i.e. electric supply was available in 100%PHCs. Study by Masood A (7) showed no(0%) PHC had adequate electric supply. Study by Khanday et al (10) showed electric supply in 64% PHCs.

In our study family welfare clinic was not available in any of the PHCs (0%) most PHCs were using the space of OPD, for family welfare clinic. Similar findings were found in study done by Swargiary S (8), where family welfare clinic was not available in any of the PHCs (0%).In our study 8(61.5%) PHCs had facility of separate wards for males and females, 10(76.9%) PHCs had facility of separate toilets for males and females, and none of the (0%) PHCs had a separate area for septic and aseptic deliveries. Similar study on this topic such as Paswan M(6) showed 75% PHCs had separate toilets for males and females, and Reddy B N et al(9) showed this availability in 40.9% PHCs. As per Study by Zaman A F et al (5) separate wards for males and females were not available in any of the PHCs (0%). In our study residential accommodation for staff was available in 12(92.3%) PHCs, Reddy B N(9) showed 40.9%,Zaman A F et al (5) showed 60% in EAG states and 70% in NON EAG states, Chauhan R et al (3)showed 16.7%, Khanday et al(10) showed 23%, Paswan M(6) showed 25% PHC had residential facility for staff.

In our study Emergency room/casualty, drug dispensing counters, adequate no of windows for light and air, registration counters, waiting area for patients, OPD rooms/cubicles, labour room, and laboratory were available in all 13(100%) PHCs. In other studies such as by Swargiary S(8), OPD room, adequate ventilation , registration counter were available in 100% of PHCs, waiting area was available in 80% of PHCs. Zaman A F et al (5) showed waiting area, labour room in EAG states were present in 80%, and in NON EAG states, in 60% and 90% of the PHCs. Paswan M(6) found emergency room, labour room ,laboratory in 100% PHCs, whereas waiting area in 75% PHCs.

SUMMARY

In present study one PHC was selected from each block randomly. Total 13 PHCs were selected and studied. Data collection was done by physically visiting each selected PHCs.

12(92.3%) PHCs had own government building with complete construction of building, 9 (69.2%) PHCs had the boundary wall with gate, 5(38.5%) PHCs were located close to garbage dump, cattle shed, or stagnant pools. Total 8(61.5%) PHCs had separate wards for male and female and 12(92.3%) PHCs had adequate no of beds i.e. more than 6 beds, whereas none of the studied (0%) PHCs had family welfare clinic. 10(76.9%) PHCs had separate toilet for male and female, only 2 (15.4%) PHCs had nurses rest room and sewerage connected to municipal/panchayat sewerage and none of the PHCs (0%) had separate area for septic and aseptic delivery. 12 (92.3%) PHCs had residential facility for staff and public displayed mechanism for grievance redressal.

LIMITATIONS

In the present study district for study was purposefully selected.

- There were 13 block in the selected district, One PHC was selected from each block randomly, some of the PHCs were identified as IPHS PHCs, by state government. However while randomly selecting 1PHC from each block this criteria was not considered , hence some of the selected PHCs were IPHS PHCs while some were Non IPHS PHCs. hence findings of present study may not be generalized to all the PHCs of central India.

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