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Evaluation of Quality of Primary Health Care Services in Comparison to IPHS Norms in Rajasthan

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Introduction

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO). Health is thus vital for contemporary and whole development for individual and community and socio economic development of whole country. Public health is the science and art of promoting health, preventing disease and prolonging life through the organized efforts of society (WHO). It is a political and social concept aimed at improving health, prolonging life and quality of life among population through disease prevention, health promotion and other health intervention.

Under article 42 Indian constitution states, state shall regard raising level of nutrition, standard of living among its people and improvement of public health among its primary duties. Under article 42 it is considered that state shall make provision for just and humane conditions of work and for maternity relief.

After independence government has formed various committees the recommendations of which have been used for the betterment of public health scenario in India. Even after 60 years of independence the health expenditure by the state is still just a miniscule proportion of GDP [1]. The National Rural Health Mission (NRHM) was launched in year of 2005 with special focus on 18 states, that includes eight Empowered Action Group (EAG) states, Jammu and Kashmir and Himachal Pradesh, the North-Eastern States, with the ultimate goal to improve the availability and accessibility of the quality health care to the people, especially for people who resides in rural areas, the poor, and women. It provides quality of health care through community involvement, capacity building of various stakeholders, monitoring of health care workers, flexible financing, great autonomy at different level and human resource management. To further advance the cause of quality public health structure IPHS standards were devised for the facilities. Primary objective of the IPHS is to provide quality oriented healthcare according to the need of community members. Indian Public Health Standards (IPHS) are the set of standards formed to provide the optimal level of quality of health care with the aim to deliver high quality services which are fair and responsive to clients' needs which should provide equitably and which deliver improvements in health and wellbeing of population [2-15]. In India the highest level of fertility and mortality is contributed mostly by a group of states now termed as Empowered action group (EAG) states. Rajasthan belongs to this group. Considering the fact, the most of the population and health indicators are at low level in the state. It is a high focused state under NRHM. It is the largest state India by area constituting 10.4% of the geographical area of India and accounts for 6.86 Crore population. In Rajasthan 1612 PHC are under rural and 37 are under urban area. In Rajasthan 1100 PHCs are 24*7 PHC (PCTS data). The health situation of Rajasthan needs a lot of critical inputs for improvement. The IMR (infant mortality ratio) of Rajasthan is per 55 per thousand live births, which is about of five times of Kerala. The MMR (maternal mortality ratio) is 318 per one lakh live births, which are about four times to that of Kerala. Rajasthan is ranked third highest in MMR.

Materials and Methods

It is a cross-sectional quantitative study. The study was conducted in Jaipur district of Rajasthan state. For the purpose of better health administration, Jaipur is divided into 13 blocks, out of these 13 bocks 3 were selected by simple random sampling. From these 3 blocks 2 PHC were selected from each block by random sampling. 1 sub center from each PHC was selected by simple random sampling and then 40 households were selected from each Sub-center by systematic random sampling.

The availability of staff was checked according to the IPHS standards and interview of staff as well as household was conducted using a structured questionnaire.

Results

Staff availability

In case of HR availability all PHCs have medical officer (MBBS) and out of 6 PHCs only 3 have AYUSH medical officer. In case of Accountant/ Clerk cum Data entry operator only 3 PHCs had it. Pharmacist seat was vacant only in one PHC. Except one PHC in other 5 PHCs staff nurses seat were vacant. Health worker male and female, Multi skilled worker were also less in number in four PHCs. 2 LHV seat were vacant in two PHCs. Laboratory technician were present only in two PHC. Sanitary workers were present in three PHCs only.

Essential services

ANC, PNC, new-born care, immunization, management of RTI, facilities under JSY and family planning are available at 4 PHC. MTP services are not provided in any of the PHC. Routine blood, urine and stool examination and blood grouping was available in five PHCs. Sputum examination, BT/CT and rapid test for syphilis were done in only three PHCs. Blood smear examination for MP parasites, rapid test of pregnancy and rapid test for HIV were done in five PHCs. Diagnosis of RTI/STDs with wet mounting, grams stain was not done in any PHC. None of the PHC had the entire drug available according to the EDL.

Infrastructure and facilities

Only one PHC was not found at the correct location. Out of 6 PHC only 4 had own designated government building. Only 2 PHC were found in full construction stage. Only three PHC had fully compound wall. General cleanliness was not found in any of the PHC except one. Boundary wall with gate existed in two PHCs. Display boards regarding service availability in local language was found in two PHC only. Registration counter was present in four PHCs. Separate public utilities were found in only one PHC. Suggestion box was not found in any PHC. OPD rooms were available in all PHCs except one. Family welfare clinic was present in one PHC.

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Waiting room was present in one PHC. Emergency room was not found in any of the PHCs. There were no separate wards for male and females in any of the PHC. Operation theatre was not found in any PHC. Labour room was found in two PHCs only. Laboratory was found in five PHCs. Nurses rest room and overhead tank and pump were not found in any PHCs. In two PHCs laundry facilities was not available and in four PHCs it was outsourced. Communication facilities were present in four PHC. Ambulance was available in three PHC. Store room was present in two PHC. Kitchen was not available in any PHC.

Quality control

Citizen charter was not displayed in any PHC. Constitution of RKS was done in five PHCs. External monitoring by external agencies like Panchayati Raj Institutions or Rogi Kalyan Samitis was not done in any PHCs. Internal monitoring was done in five PHCs out of six. Availability of SOP or guidelines was not available in any PHCs.

Conclusion

Health is something that should be provided to every person irrespective of the ability to pay for it as health is a state subject. The majority of the population in India lives in the rural areas. They do not get access to most basic health services. After the launch of NRHM there were some major changes brought in the rural areas to address the pathetic health conditions of the rural people. Even after more than a decade of NRHM and Indian Public Health Standards (IPHS) in place for the Public Health Facilities this study reveals a huge gap in the availability of the manpower (Medical, Para medical and support manpower), Services, Drugs, equipment, infrastructure and Quality control measures. The concept of quality in health care is essential to the subject of providing services to the rural people at the PHC. The fact that services required in rural area are basic services and do not require for high technical excellence. So it is being labelled as sub-standard service. This needs rigorous scrutiny so that marginalized people have access to good quality health care. There should be more transparency in the system and community participation should be a part of the planning process. Planning should be based on the needs of the people and not according to the needs of the donors.

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