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Research Article

Assessment of services at Primary Health Centres of Northern Kashmir as per Indian Public Health Standards

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Abstract: Primary Health Centres (PHC) serves as a first port of call to a qualified doctor in the public health sector in rural areas providing a range of curative, promotive and preventive health care. The main is to assess the services at primary health centres as per IPHS. The method is a cross sectional study conducted in selected PHCs of 4 districts of Kashmir. Pretested and open ended questionnaire was used. In results 37%PHCS were located within 3kms from centre of village. Only 7 PHCs were providing 24*7 services.ANC services were provided at all PHCs where as MTP services were provided at only 3. In Conclusion services should be enhanced through good manpower & infrastructure.
Keywords: Indian public health standards (IPHS), Primary health centre, services, Kashmir.

INTRODUCTION:

In 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 curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care [1]. India was one of the first countries to recognize the merits of primary health care approach. Primary health care was conceptualized in 1946, three decades before the Alma-Ata declaration. 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 India [2].

As early as 1951, the Primary Health Centres (PHCs) were established as an integral part of community development programme. Since then lot of changes have taken place. Currently the PHC covers a population of 20,000-30,000(depending upon the geographical location) [3]. Norms considered for Jammu & Kashmir is that the single Primary Health Center covers a population of 25,000 [4].

A Primary Health Centre (PHC) serves as a first port of call to a qualified doctor in the public health sector in rural areas providing a range of curative, promotive and preventive health care.

Standards are a means of describing a level of quality that the health care organizations are expected to meet or aspire to achieve. The 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 etc. The revised IPHS has also incorporated the changed protocols of the existing health programmes and new programmes and initiatives especially in respect of Non- Communicable Diseases [5].

From Service delivery angle, PHCs may be of two types depending upon the delivery case load – Type A and Type B. The PHCs with delivery case load of less than 20 deliveries in a month will be of Type A and those with delivery case load of 20 or more in a month will be of Type B.

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in Jammu and Kashmir to improve the health care delivery system. National Rural Health Mission is the latest in the series which was initiated during 2005. It 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 services [6].

There are very few documented studies on assessment of human resources, infrastructure at PHCs as per IPHS. One such study was done at Bihar [7]. The present study has been done to assess the availability of human resources & infrastructure at PHC as per IPHS, also, to identify the existing gaps.

MATERIALS AND METHODS:

It was a Cross sectional study conducted in selected districts of Kashmir. A complete list of Govt. Health Institutions in the state was obtained from the Directorate of Health Services Kashmir along with permission to conduct study. Four districts (Kupwara, Baramulla, and Bandipura & Ganderbal) were randomly selected from Kashmir valley. 131 Primary Health Centres (PHCs) of four districts of northern Kashmir were enlisted and out of them 16 PHCs, 4 from each district were selected using random number generator.

The checklist formulated as per the IPHS guidelines was pretested and validated before applying in the actual study area. Data was also collected from the in-charge Medical Officer of concerned PHC using checklist as per Indian Public Health Standards -2012 recommendations. To avoid any bias the data collected was compared with the records available at the PHCs. Data was entered and analysed using Epi-Info software.

Table 1: Availability of assured services at primary health centres

Assured services	PHCs(n=16)	Percentage
OPD services	16	100
Emergency services(24 hrs)	7	43.75
Referral services	13	81.25
Inpatient services	15	93.75
Primary management of		
Wounds	16	100
Fractures	11	68.75
burns	13	81.25

Table 1 depicts the assured services available at PHCs.OPD services were present at all centres. Only 7 PHCs provided 24* 7 services with 13(81.25%) providing referral services. Management of minor wounds was done at all ,for fractures at 11 PHC s. burns were primarily managed at 13(81.25%) PHC s.

Table 2: Availability of investigative services at Primary Heath Centres

Investigative servives	Number of PHCS providing services(n=16)	percent
Electrography	5	31.25
Xray	5	31.25
Laboratory	15	93.75
Ultrasonography	3	18.75

Table 2 depicts that out of 16 PHCs, 15 had laboratory facilities, ECG services were available at five PHCs (31.25%) had availability of ECG facility, while only 3(13.7%) had ultrasonography facility.

Table 3: Availability of MCH Services

MCH services	PHCs(n=16)	%
Regular ANCs	16	100
Intranatal care	11	68.75
24 hr. delivery facility	7	43.75
Post natal care	14	87
Newborn care	7	43.75
Management of LBW babies	1	6
Childcare (including immunisation)	16	100
Family planning	16	100
Services for MTP	3	18.75
Management of gynaecological disorders, Anaemia, STD/RTIs	16	100

Table 3 depicts MCH services available at PHCs. All PHC s were providing ANCs. Intranatal care was provided at 11 PHCs with only 7 PHCs having 24*7 delivery facilities. PNC was provided at 14 PHCs. Family planning & immunisation services were provided at all PHCs with MTP available at only 3. Newborn care was available at 7 and management of LBW babies at only 1PHC.management of gynaecological disorders, anaemia, STI/RTI was given at all PHCs.

DISCUSSION

Standards are the main driver for continuous improvements in quality. The performance of Primary Health Centres can be assessed against the set standards.

In J & K State, there is extensive expansion of health care establishments. With reference to 2011 Census, the total population of Districts under study was 2568121. For this population, in addition to total 131 PHCs (under discussion) there are 15 CHCs and 4 District Hospitals. Most of these referral hospitals are less than one hour journey time away from the Primary Health Centres. Although under relaxed norms for J & K, a PHC should cover 25,000 populations, the median population covered under the selected PHC in present study was 14901, which indicates the excess number of PHCs in the area. This may be one of the reasons for compromised quality in terms of provision of services because of limitation of resources in the PHCs under study.

Substantial plan assistance is required to the states for upgrading the existing PHCs to IPHS norms, which are critical to reducing maternal mortality and infant mortality. This would require well-developed service delivery protocol

In present study it was found that investigative facilities especially ECG, X-Ray and USG, at the PHCs were insufficient.

In a similar study, conducted by Sodani PR, Sharma K in Bharatpur district of the State of Rajasthan, it was found that the availability of services at the 24 × 7 PHCs were not satisfactory as per the prescribed IPHS [8].

There is need for development of rational "model" Primary Health Centres out of existing PHCs which are located at centrally located places where services may be utilized by the majority of population of adjoining areas. Such PHCs must be equipped with adequate infrastructure in terms of human resource, diagnostic facilities and drugs so that the burden on CHCs, DHs and Tertiary care hospitals can be reduced.

Recommendations:

The study shows that not all centres were providing services as per norms. For this there is a need for strengthening the infrastructure/manpower. This could be achieved by prioritizing the health sector the study depicted that.

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