ISSN: 0976-3325

Original Article

AVAILABILITY OF SERVICES AND FACILITIES AT PRIMARY HEALTH CENTRES IN AHMEDABAD DISTRICT, GUJARAT

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ABSTRACT

This cross sectional study conducted among 10 randomly selected PHCs of Ahmedabad district in 2006 revealed existence of vacant staff deficits ranging from 11.3% to 30%; significant staff residing >30 Kms away from the facility; inadequate public transport system for patients; inadequate supplies, POL and functional PHC vehicle; and, bed paucity. The study reveals the necessity for suitable strengthening of these PHCs in line with their envisaged role in health care delivery in line with our national guidelines.

Key words: Primary health centers, paucity of supplies and manpower

INTRODUCTION

India is largest democracy in the world, with the population of over 1027 million (2001). Over 74% of population lives in rural area. Manpower is the critical resource in a labour intensive industry such as health. It is an organic element among the resources needed for overall national health plan, aimed at improving the quality of life of the entire population[1]. Health is on one hand a highly personal responsibility and the other hand a major public concern. It thus involves the joint efforts of the whole social fabric, viz. the individual, the community and the state to protect and promote health[2].

The first all round Community Development Programme was launched in the country in October 1952. It was then proposed to establish one Primary Health Centre (PHC) for each community development block; covering population of 80,000 to 1,00,000[3]. Subsequently, over the last many years the health services organization and infrastructure have undergone extensive changes and expansion in stages following the recommendation made by a number of expert committees. India became signatory to the Alma Ata declaration of 1978 and committed to attaining the goal of `Health for all' by the year 2000 AD through Primary Health Care.

Years ago, the World Health Organization defined primary health care as essential care at the nucleus of the health care system. It is the first level of contact of individuals, the family and the community with the national health care system bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process[4]. Primary Health Care addresses the main health problems in the community, providing promotive, preventive, curative, supportive and rehabilitative services accordingly**.**

MATERIAL AND METHODS

A study on medical care facility was carried out in 10 randomly selected PHCs in 2006. 10 PHCs were randomly selected one from each Talukas from the list of PHCs functioning in the district except the City Taluka which was not included in the study because of its proximity to Ahmedabad city & also difficulty in defining the areas precisely. A pre designed & pre tested questionnaire was used for the study. The questionnaire was formed of various questions related to human resources including current positioning, technical information regarding various equipments and instruments existing in the PHC. The available information was complied, tabulated and analyzed to develop a profile of all studied medical care facilities in Ahmedabad District. Data obtained through Performa were entered into computer with Epi Info package to establish co-relation.

RESULTS

The position of medical care providers at the studied health care facilities is shown in Table 1. It was observed that post of medical officer was filled in 80% PHCs while in 20% PHCs the post was vacant, post of compounder and nurse were filled in 70% PHCs while post of ANM/FHW were filled in 88.7% PHCs.

Table 1: Staff position at PHC

Designation	Filled	Vacant	Total
Medical officer	08(80.0)	02(20.0)	10(100.0)
Compounder	07(70.0)	03(30.0)	10(100.0)
Nurse	07(70.0)	03(30.0)	10(100.0)
ANM/FHW	55(88.7)	07(11.3)	62(100.0)

(Figures in the parenthesis indicate percentages**)**

It was observed that distance of residence of doctors was more than 30 kilometers in 70% cases, while only 30% were residing within 5-20 kilometers from PHC. Among compounder, 25% were residing within 5 kilometers from PHC while 25% were coming from more than 30 kilometers from PHC. Among nurse

57.1% were residing within 5 kilometers from PHC while 14.3% were coming from more than 30 kilometers from PHC. 30 % Medical officers were using bus, 50% using their own vehicles while 20% were using train to reach health facility. Among compounder 50% were using bus, 37.5% using their own vehicles while 12.5% were using train for reaching PHC. Among nurses, all were using bus for reaching PHC (Table 2).

Table 2: Distance of residence and way of transportation of staff

Distance of residence of staff from PHC			
Distance (km)	Medical officer	Compounder	Nurse
Within 5 km	01(10.0)	02(25.0)	04(57.1)
5-10	01(10.0)	01(12.5)	00(00.0)
10-20	01(10.0)	01(12.5)	02(28.6)
20-30	00(00.0)	02(25.0)	00(00.0)
>30	07(70.0)	02(25.0)	01(14.3)
Transportation used by PHC staff for reaching PHC			
Bus	03 (30.0)	04 (50.0)	07 (100)
Own vehicle	05 (50.0)	03 (37.5)	00(00.0)
Other(Train)	02 (20.0)	01 (12.5)	00(00.0)

(Figures in the parenthesis indicate percentages**)**

It was observed that only 3 (30%) PHC had 6-7 indoor beds facilities, 3 (30%) health facilities had 3-5 beds while 2 (20%) health facilities had no indoor beds. It was interesting to note that at 30% PHCs, Medical Officers were utilizing the indoor facilities while at 70 % PHCs; they were not admitting the patients. The responsibility of health facility increases when patient is admitted and the presence of staff are also essentially required.

Drug supply was adequate and regular in all PHC with estimation of drug done by all health facilities. The medicines were procured 5-8 times per year depending upon the requirement of PHC. Storage of drug was done properly in screw-capped jars. The bottles of medicines were arranged haphazardly. Compounder in all PHCs gives instruction for use of drug orally.

Stock book and card was available in 60% PHCs while 40% PHCs had no stock book and card. Stock was maintained in 70% PHCs. Dressing, injections service was provided by pharmacists in 60% PHCs while 40% pharmacists were dispensing drugs only. In 40% PHCs drug was given to patients apart from OPD time while 60% PHCs were dispensing drug during OPD time only.

Hemoglobin estimation and blood group facilities were available in 80% PHCs, Urine examination and Peripheral smear examination for MP was carried out in all PHCs. While sputum for AFB was done in only 20% PHCs. ESR facility is available in 2 PHC out of 10, but they were not doing the test. Stock of slides & reagents was adequate and regular & slides were reused after washing them with detergent solution (Table 3).

Table 3: Facilities available at Health centres

Availability of Facilities (N=10)	Available	Not available
Stock book & card	06 (60.0)	04 (40.0)
Stock maintained	07(70.0)	03(30.0)
Other activities done by pharmacist as dressing, injection etc.	06(60.0)	04(40.0)
Drug distribution time of 9:00 To 5:00	04(40.0)	06(60.0)
Hemoglobin estimation	08(80.0)	02(20.0)
Blood grouping facility	08(80.0)	02(20.0)
Peripheral smear for malarial parasites	10(100.0)	00(00.0)
Urine examination	10(100.0)	00(00.0)
Sputum for acid fast bacilli	02(20.0)	08(80.0)

(Figures in the parenthesis indicate percentages**)**

As regards the vehicle availability, 8 (80 %) of the PHCs had their own vehicle. Of these the vehicle was in working order in 7 (87.5%); fuel supply was adequate in 4 (50%); absence of a permanent driver in 100%; absence of a daily wages driver in 2 (25%) of these PHCs. These vehicles were employed in 37.5% cases for transferring patients to higher centers in emergency situations.

DISCUSSION

Primary Health Care should use an integrated approach of preventive, promotive, curative and rehabilitation services for the individual, family and community. Primary health care is the point of entry for the individual to the national health system[5]. Functions of primary health centers are medical care, MCH including family planning, safe water supply and basic sanitation, prevention and control of locally endemic diseases, collection and reporting of vital statistics, education about health, National health programme, referral services, training of health guides, health workers, local dais and health assistants, basic laboratory service[2].

The present study focuses on Medical Care facility provided by Primary Health Centers in Ahmedabad district. Study[6] carried out among six PHCs in Pondicherry region of Pondicherry State showed that post of medical officer was filled in 80% PHCs and 88.7 % posts of ANM/FHW were filled. The availability of medical care providers mainly Medical officer at health care facility during emergency attracts the people to avail services, help to establish a good rapport with the community and also increase

utilization of government health facility. In the present study the medical officers and other staff was coming to PHC from variable distance ranging from 5 Kms to 30 Kms. This indicates that none of PHC staff is residing at head-quarters and in emergency usually their services were not available to the people. In a study carried out by Francis in Kerala reported that doctors were available round the clock in the PHCs. In a study[7] carried out in PHCs of Ahmedabad district in 1998, 77% respondents said that the Medical officer was always available.

The staff used various types of transport facility to reach the PHC. For those utilizing the public conveyance system, the timings and regularity of conveyance system affects the timely attending duties and increase the waiting time of patients in OPD creating dissatisfaction among users. This also affects adversely the utilization of services.

Indoor beds are provided at health care facility to treat serious patients. In the present study 20% health facilities had no indoor beds. Only 30% PHCs Medical Officers were utilizing the indoor facilities. The responsibility of health facility increases when patient is admitted and the presence of staff are also essentially required. Hence usually indoor admissions are not carried out at health facility.

For the purpose of supervision, monitoring of activities in PHC jurisdiction, transport facility, adequate POL, driver etc. are essentially required. It was found that 8 PHCs had their own vehicle, of that 7 were in working condition, 4 PHC had adequate provision of POL. In emergency, this vehicle can be used as ambulance for transferring patient to higher centers.

RECOMMENDATION

The continuous availability of good quality curative services satisfies people and motivates the community for preventive and promotive services. Incentives should be given to work at remote places and all the post of medical and paramedical workers should be filled up as early as possible.

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