

Study on the availability of physical infrastructure and manpower facilities in sub-centres of Ahmedabad District of Gujarat

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Abstract

Background: A Sub-centre provides interface with the community at the grass root level providing primary health care services. The SCs are under constant criticism for their inability to deliver quality services. The main reasons are the nonavailability of health workers, inadequate infrastructure and facilities. In the above context, the present study was undertaken with the objective to assess the infrastructure facilities and availability of manpower in the SCs of Ahmedabad district, Gujarat.

Material and method: The present study was conducted in SCs of Ahmedabad district from April 2014 to December 2015. It is Cross-sectional study. Predesigned and pretested questionnaire made from IPHS revised guideline 2012 was used. Around 50% of the existing PHCs i.e. 20 were randomly selected by chit method and from each of selected PHC 2 SC was selected randomly by chit method. So, we have taken 40 SCs.

Result: There were 80% SCs had Designated Government building, 52.5% had Display board and 22.5% SCs had Complaint box. 82.5% SCs had water supply, Regular electricity supply and Telephone facility. Only 60% SCs had Transport facility from the SCs village. There were only 38.75% FHW and 70% MHW were present. There were only 27.5% SCs had MPHWH Quarter. 7.5% MPHWH female were living in Quarter and only 2.5% MPHWH male were living in Quarter. 65% SCs had Labour room but deliveries conducted only in 40% SCs.

Conclusion: SCs did not have fixed working hours and therefore they were unable to provide many services on regular basis. MPHWH not staying at quarter. 65% SCs had Labour room but deliveries conducted only in 40% SCs.

Keywords: sub-centres, IPHS, physical infrastructure, manpower

1. Introduction

Right now, the three tier system exists in all over country in India in rural area ^[1, 2]. The sub centres are the first (lower most) tier of this system. A Sub-centre provides interface with the community at the grass root level providing primary health care services. As per the population norms, one SC is established for every 5000 population in the plain areas and for every 3000 population in hilly, tribal, and desert areas ^[3, 4]. The SCs 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. In the above context, the present study was undertaken with the objective to assess the infrastructure facilities and availability of manpower in the SCs of Ahmedabad district, Gujarat. In order to provide optimal level of quality health care, a set of standards called IPHS were formulated.

IPHS is a novel concept to fix benchmarks of infrastructure, including building, manpower, equipments, 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 ^[5]. The present study was undertaken with the objective to assess the infrastructure facilities & availability of manpower in the SCs of Ahmedabad district, Gujarat state.

2. Materials and Methods

The present study was conducted in SCs of Ahmedabad district. Study was carried out from April 2014 to December

2015. It is Cross-sectional study. Predesigned and pretested questionnaire made from IPHS revised guideline 2012 was used for the study. There were 43 PHCs and 240 SCs in Ahmedabad district. List of all the PHCs and SCs were obtained from the Jilla Panchayat, Ahmedabad. Around 50% of the existing PHCs i.e. 20 were randomly selected by chit method and from each of selected PHC the list of SCs was procured and 2 SC was selected randomly from each PHCs by chit method. So, we have taken 40 SCs. Before conducting the study, prior permission of Chief District Health Officer and Medical officers respectively of PHCs and SCs was taken. For the quality assessment of the facilities at SCs the observational and interview methods were used. Check list was prepared as per the standard of the IPHS. A pretested and predesign questionnaire was used to collect the necessary information. The respondents of the study were the persons in charge of the health facility.

3. Result and Discussion

Table 1: Availability of physical infrastructure at subcentres

Infrastructure facilities	Availability of Infrastructure facilities (40)	
	Number of SCs	Percentage of SCs (%)
Designated Government building	32	80.00
Easily accessible	32	80.00
Registration counter	13	40.62
Display board in local language	21	52.50
Suggestion/Complaint box	9	22.50

Table 2: Availability of facilities at subcenters.

Facilities	Availability of facilities	
	Number of SCs	Percentage of SCs (%)
Water supply	33	82.50
Regular electric supply	33	82.50
Telephone/Mobile	33	82.50
Transport facility	24	60.00
Availability of Toilets	29	72.50

Table 3: Availability of Manpower at Subcentres

Human resources	IPHS (2012)	Required number	Availability at SCs	Percentage available at all SCs (%)	Existing Gap (%)
Health Worker (Female)	2	80	31	38.75	61.25
Health Worker (Male)	1	40	28	70.00	30.00
Safai Karmachari	1	40	27	67.50	32.50

Table 4: Availability of residential facilities at Subcentres

Infrastructure facilities	Availability of residential facilities	
	Number of SCs (%)	Percentage of SCs (%)
MPHW Quarter	11	27.5
MPHW female living in Quarter	3	7.50
MPHW male living in Quarter	1	2.50

Table 5: Availability of service deliveries at Subcentres

Services provided by SCs as per IPHS	Availability of services at SCs	
	Number of SCs	Percentage of SCs (%)
Availability of Labour Room	26	65.00
delivery being conducted	16	40.00
Clinic Room	31	77.50
Examination room	18	45.00

In present study, we found that 80% SCs had Designated Government building. 82.5% SCs had Water supply and regular Electric supply. 82.5% SCs had Telephone .60% SCs had transport facility. Study done by V. M. NAIR *et al.* (1997-98) [6], showed 54.5% SCs had government building. Study done by Bayapa Reddy N *et al.* (2009-10) [7], showed that 82.35% SCs had water supply. 100% SCs had Telephone and 76.4% SCs had transport facility. Another study done by Jayanta B Sarma *et al.* (2011-12) [8], showed that 67.6% SCs in Assam functioning without Electricity supply, 63.5% SCs in Manipur, 65.4% SCs in Meghalaya are functioning without Electricity supply. All the SCs in Mizoram had Electric supply. In contrast 80% of the SCs in Mizoram were functioning without regular water supply. 88.3% SCs in Manipur, 52.8% SCs in Tripura and 53% SCs in Nagaland are functioning without regular water supply.

In present study 38.75% female Health worker, 70% male Health worker were present at SCs. Study done by Bayapa Reddy N *et al.* (2009-10) [7], showed that Two MPHW Female and one MPHW Male were available in 47% and 32.3% SCs respectively. Another study done by V. M. NAIR *et al.* (1997-98) [6], showed that 56.7% SCs had 2 MPHW, while 93.3% SCs had both female Health worker. Our present study depicts 27.5% SCs had MPHW Quarter. 7.5% MPHW female and 2.5% MPHW male were living in Sub Centre Quarter. Study done by Jayanta B Sarma *et al.* (2011-12) [8], showed that 99% SCs in Meghalaya and 94.6% SCs in Mizoram had MPHW Quarter, while none of the SCs in

Manipur had Quarter. Only 7.8% SCs had Quarter in Tripura and 55.2% in Assam. Study revealed that 100% of SCs with Quarter are with MPHW living in Quarter in Arunachal Pradesh and Mizoram. Only 32.7% of SCs with Quarter had MPHW living in Quarter in Tripura. Another study done by Bayapa Reddy N *et al.* (2009-10) [7], showed that only 26.4% SCs had MPHW female and 5.9% SCs had MPHW male staying at sub centre-village. Study done by V. M. NAIR *et al.* (1997-98) [6], showed 31.1% MPHW staying at sub centre Quarter.

4. Conclusion

There were 80% SCs had Designated Government building, 52.5% SCs had Display board regarding service availability in local language and 22.5% SCs had Suggestion/Complaint box. 82.5% SCs had water supply, Regular electricity supply and Telephone facility. Only 60% SCs had private Transport facility from the sub-centre village.

It was observed that there were only 38.75% female health worker and 70% male health workers were present at SCs. There were only 27.5% SCs had MPHW Quarter. Only 7.5% MPHW female were living in Quarter and only 2.5% MPHW male were living in Quarter. 65% SCs had Labour room but deliveries were conducted only in 40% SCs.

SCs did not have fixed working hours mentioned and therefore they were unable to provide many services like antenatal care, postnatal care, new born care or providing concrete service guarantee on a regular basis.

Although there is sufficient quantity of vaccines, contraceptives, and essential drugs for minor ailments, the IPHS norms specify that all the SCs should have the sufficient basic equipment for carrying out routine Maternal and Child Health (MCH) and other patient care, apart from facilities for conducting a normal delivery. Without these facilities the Millennium Development Goals (MDGs) cannot be achieved.

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