



Assessment of Services at Primary Health Centers in a District of Kashmir Valley

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Abstract

*The importance of Primary Health Care was internationally known after Alma Ata Conference in 1978. Primary health care in India is delivered by Sub center and Primary Health Center. Primary Health Center is the first contact with a health care professional of a community. National Rural Health Mission laid standards known as Indian Public Health Standards. This study was done in order to assess the quality of services and to identify any gaps in the health care delivery by Primary Health Centers (PHCs) in the district Shopian. This was a cross-sectional study done in 50% of the Primary Health Centers of the district and information regarding the availability of services at Primary Health Center's was obtained using a pre-structured, pre-tested checklist which was prepared from Indian Public Health Standards. It was found that OPD services were provided by all but none of the Primary Health Centers provided emergency 24*7 services. 50% of the Primary Health Centers only had laboratory services for routine complete blood group and urine and none had facilities for microscopy, X-ray, USG or ECG. Although all Primary Health Centers provided ANC, family planning services but none had facilities for intranatal and newborn care. The services at Primary Health Centers are not up to mark there is deficiencies in the basic services. Indian Public Health Standards should be taken seriously and evaluation should be done as per these standards at regular intervals so that we can improve the service delivery at Primary Health Center.*

Keywords: IPHS, Kashmir, Services, PHC.

Introduction

The idea primary health care was conceptualized in India in as early as 1951, when Primary Health Centers (PHCs) were established as a part of Community Development Program⁽¹⁾⁽²⁾. But the Declaration of Alma-Ata on Primary Health Care in 1978 which is known as an International Conference on Primary Health Care recognized the importance and also gave a framework for establishment of effective primary health care in member countries as in India⁽³⁾. The concept of primary health care envisages an idea of holistic

approach and delivery of comprehensive health care which includes preventive, promotive and rehabilitative health services in addition to the curative health care⁽⁴⁾. Primary health care in India is delivered through the setup of sub center and PHCs. PHC is the first level of contact of community and a doctor.⁽⁴⁾ Quality services like preventive, promotive, curative, supervisory, and outreach services are to be provided by the PHCs⁽⁵⁾. In 2005, National Rural Health Mission (NRHM) was launched in EAG states and Jammu and Kashmir with one of the aims of

strengthening the public health infrastructure which included PHCs⁽⁶⁾⁽⁷⁾. In order to improve the quality and standard of health care delivery at Primary and Secondary levels of health care ,NRHM had set up some standards called as Indian Public health Standards (IPHS)⁽²⁾⁽⁶⁾⁽⁴⁾. Standards describe a level of quality that the health care organizations are expected to meet or aspire to achieve⁽²⁾⁽⁶⁾. The IPHS for Primary Health Centers were 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.⁽²⁾⁽⁷⁾⁽⁸⁾. Since 2005 after launch of NRHM the Primary Health Care Delivery has changed progressively and also the number of PHCs has also increased in the state of Jammu and Kashmir but the quality remains questionable. There is no study at present regarding the PHCs of Shopian district. This study was done in order to assess the quality of services and to identify any gaps in the health care delivery by PHCs in the district Shopian

Methodology

This was a cross-sectional study carried out in primary health centers (PHCS) of Shopian district. A complete list of PHC's in the district Shopian of Kashmir valley was obtained from the Directorate of Health services, Kashmir and simultaneously permission to conduct this study was obtained from Directorate and ethical clearance was sought from institution. After listing the PHC's of district Shopian, 50% of the PHCs was selected randomly using random numbers generated using software. District Shopian constituted of eight PHC's at the time of study so 4 PHC's were selected. The information regarding the availability of services at PHC's was obtained using a pre-structured ,pre-tested checklist which was prepared from Indian Public Health Standards(IPHS) guidelines and validated before using in the actual study. The assured services, lab services and MCH services were checked. The medical officer in charge of PHC was interviewed to collect the information and simultaneously records were also checked to avoid any information bias.

The data was entered and analyzed in Epi info7 software.

Results

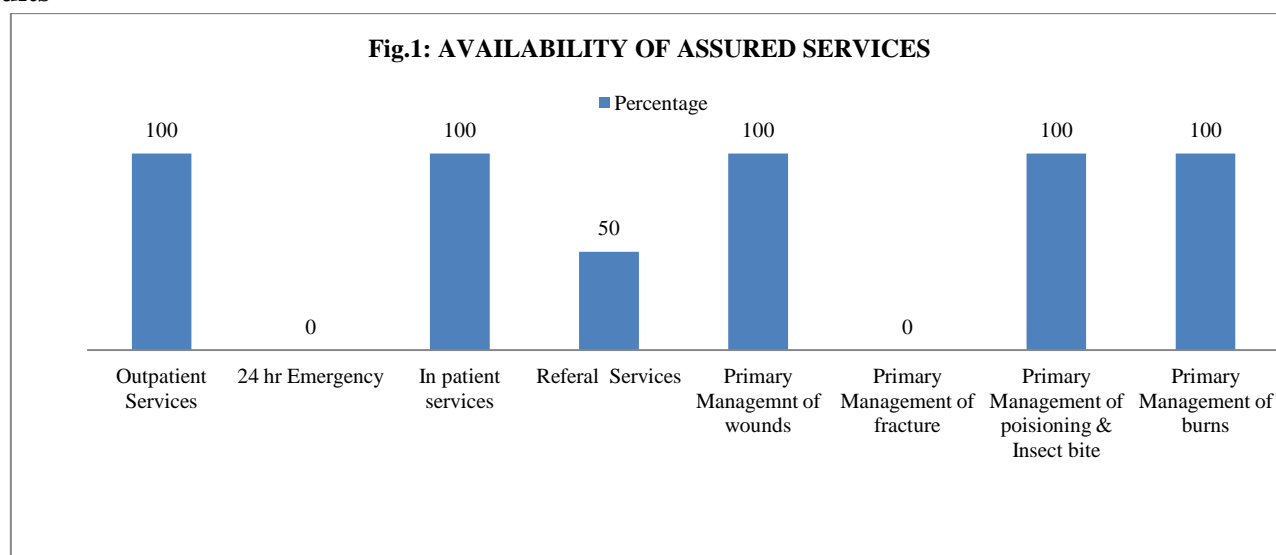


Fig. 1 Depicts the availability of assured services at PHC's of district Shopian. Among the surveyed PHCs, all PHCs were offering OPD and IPD services however, referral services were available only in 50% of the PHC's and none of the PHC was providing 24 hour emergency services. All PHC's were providing services for primary management of wounds, burns and poisoning but none for management of fractures.

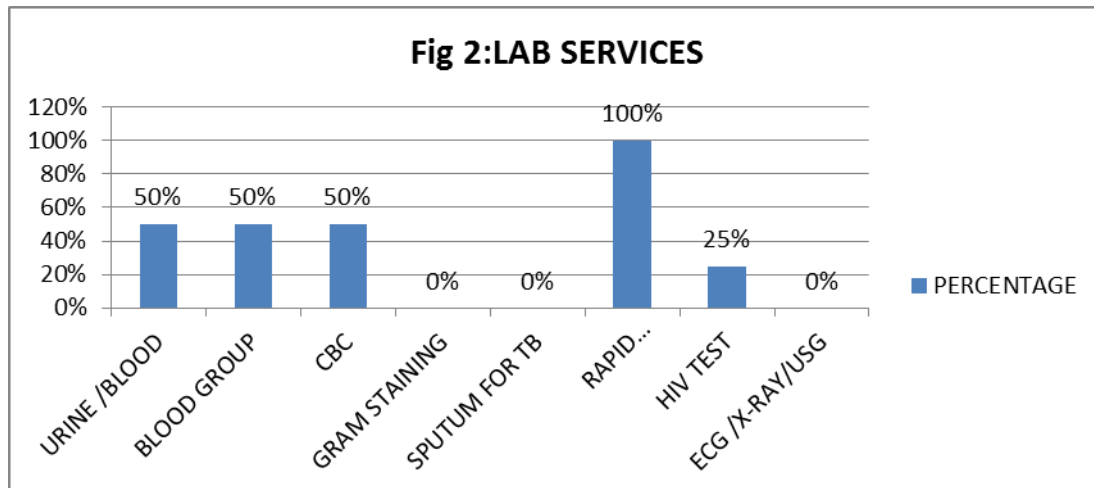


Figure 2 depicts availability of maternal and child services at PHC's .it shows that apart from antenatal, family planning and immunization services all other service delivery was deficient. None of the surveyed PHC provided intranatal, immediate newborn care, management of low birth weight babies, MTP services or services for tubectomy or vasectomy. Services for RTI/STD management and management of gynecological diseases were present in 75% of PHC's.

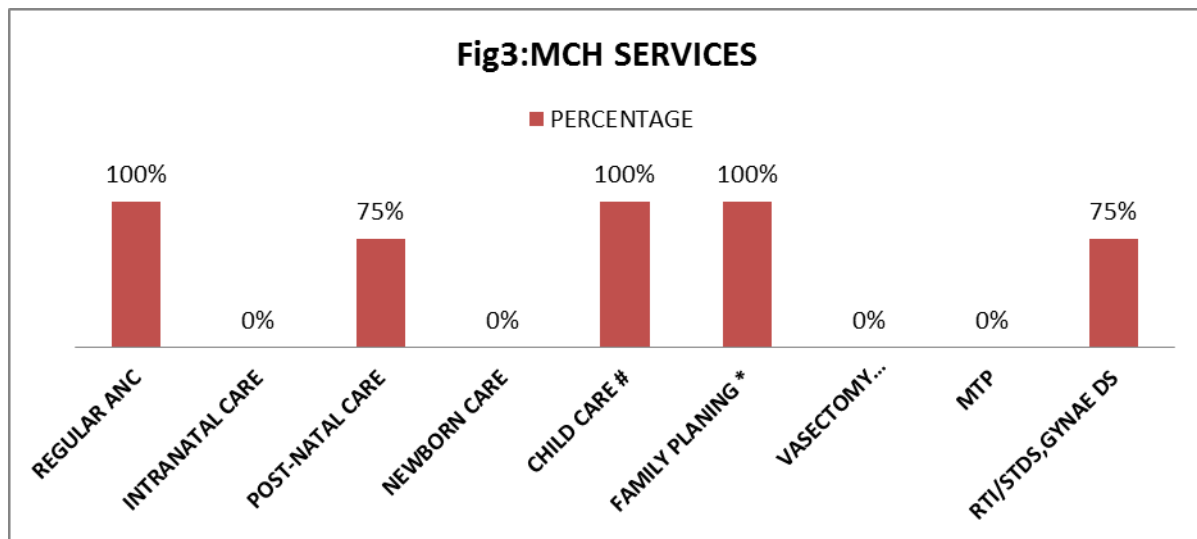


Figure 3 shows percentage of lab services available at PHCs. ECG, X-ray and ultrasonography was not available at any of the PHCs. Lab service for routine urine/blood, blood group, CBC was available at 50% of PHCs .rapid pregnancy test services were available at all PHCs, HIV testing at 25% but gram staining and tab sputum was present in none of the PHCs.

Discussion

The study done in the Shopian district of Kashmir Valley shows that the services provided by the PHCs are not meeting the set standards. There is deficiency in many aspects. The reason for this gap can be upgradation of sub-centers to PHC's without upgradation of manpower, drugs and other facilities. Usually these upgradations have a political motive and standards are not kept in mind. The policy makers are not aware of the

health needs and scum under the pressure of demands of people which leads to unnecessary upgradation or establishment of a Primary Health Center. This not only leads to a poor health system but also compromises the major goal of delivery of primary health care. Studies in Kashmir valley by Rifat et al and Rabbaini et al have also shown deficiencies in the services provided at PHCs and also studies in India have shown that this problem in not only prevalent in

Kashmir but other parts of India also but not taken seriously⁽⁴⁾⁽⁵⁾⁽⁷⁾⁽⁸⁾.

Conclusion

The IPHS should be taken seriously and periodic assessment of services should be done in order to improve the health care. The standards should not only be checked but also met so that there is better and effective delivery of services right from grass root level and improvement in quality of care to people.

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