Analysis of Gaps and Perception of Beneficiaries Regarding Infrastructure and Services at Urban Health Centresat Bharuch District, Gujarat

By

Monika

Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management

Academic year, 2016-2018

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INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

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TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Monika** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **National Health Mission ,Gujarat,** from 5st Feb 2018 to 5th MAY, 2018.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all his future endeavors.

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No.DPN/Health/NHM/ Certi./ 433/2018
Office of the Additional District Health Officer
District Panchayat Bharuch .
Date:- 10/05/2018.

To Whomsoever It May Concern

The certificate is awarded to

Dr. Monika

In recognition of having successfully completed her

Internship in the department of

Health and family welfare Department Gandhinagar at. District Bharuch

and has successfully completed her Project on

Descriptive study of gaps and perception of beneficiaries regarding infrastructure and services at Urban Health Centre at Bharuch district, Gujarat.

Duration of Study - 5th February to 5thMay 2018

Organization- National Health Mission, Gujarat State.

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavours

District Panchayat Bharuch.

Additional District Health Officer
District Panchayat Bharuch
Gujarat

Date:-10/05/2018.
Place:-Bharuch

THE IIHMR UNIVERSITY

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled "Descriptive study of gaps and perception of beneficiaries regarding infrastructure and services at Urban Health Centres at Bharuch district, Gujarat"

Signature of student

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Descriptive study of gaps and perception of beneficiaries regarding infrastructure and services at Urban Health Centres at Bharuch district, Gujarat (2017-18) and submitted by Dr Monika Enrollment No. 0447 under the supervision of Dr Tanjul Saxena for award of MBA in Hospital and Health Management of the University carried out during the period from 5th February, 2018 to 5th May, 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

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Dr. Monika

IIHMR University Jaipur

ABBREVIATIONS

Acronym	Full Form
NHM	National Health Mission
NUHM	National Urban Health Mission
NRHM	National Rural Health Mission
UHC	Urban Health Centre
ANC	Antenatal Care
PNC	Postnatal Care
GIDC	Gujarat Industrial Development Corporation
PHC	Primary Health Care
ANM	Auxiliary Nurse Midwife
PHN	Public Health Nurse
SAM	Severe Acute Malnutrition
CMTC	Child Malnourished Treatment Centre
OPD	Out Patient Department
LBW	Low Birth Weight
HBNC	Home-based New Born Care
MO	Medical Officer

Project report

Research topic: Analysis of gaps and perception of beneficiaries regarding infrastructure and services at Urban Health Centers at Bharuch district, Gujarat

About the topic:

The Government of India has launched the National Urban Health Mission (NUHM) as a sub-mission under the National Health Mission (NHM), the National Health Mission (NHM) being the other sub-mission.

NUHM envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment. This will be achieved by strengthening the existing health care service delivery system, targeting the people living in slums and converging with various schemes relating to wider determinants of health like drinking water, sanitation, school education, etc. implemented by the Ministries of Urban Development, Housing & Urban Poverty Alleviation, Human Resource Development and Women & Child Development.

NUHM would endeavor to achieve its goal through:-

- Need based city specific urban health care system to meet the diverse health care needs of the urban poor and other vulnerable sections.
- Institutional mechanism and management systems to meet the health-related challenges of a rapidly growing urban population.
- Partnership with community and local bodies for a more proactive involvement in planning, implementation, and monitoring of health activities.
- Availability of resources for providing essential primary health care to urban poor.
- Partnerships with NGOs, for profit and not for profit health service providers and other stakeholders.

NUHM would cover all State capitals, district headquarters and cities/towns with a population of more than 50000. It would primarily focus on slum dwellers and other marginalized groups like rickshaw pullers, street vendors, railway and bus station coolies, homeless people, street children, construction site workers. [1]
The urban centre of Bharuch district established in 2013. There are five Urban Health Centers in Bharuch district. Their names and population coverage according to the Census 2011 is as follows.

S no.	**Urban Health Centre name**	**Population coverage**
1	UHC, Dholikui	**43490**
2	UHC, lalbazaar	**46514**
3	UHC, Vejalpur	**45725**
4	UHC, Ankleshwar-1	**47075**
5	UHC, Ankleshwar-2	**42031**

The study is conducted to find out the gaps on infrastructure and various service indicators which are as follows:

I. **Infrastructure**
   1. Building
   2. Human resource

II. **Service provided Indicators**

   1. OPD services
   2. Sample taken (blood sample, sputum, diabetes screening)
   3. Maternal death
   4. Infant death
   5. ANC registration
   6. PNC check up
   7. HBNC
   8. Immunization

9. ANC corticosteroids
10. LBW babies
11. SAM
12. CMTC admission.
13. Sex ratio at birth
14. High risk mother

Infrastructure

According to the guidelines of Indian Public health standards. Following points should be cleared:

1. Every PHC should have its own building
2. Surrounding area should be clean.
3. It should be located at easily accessible area.
4. It should have all the basic facilities like electricity supply, water supply.
5. PHC should have compounding wall and gate.

On the basis of these points following indicators have been chosen for the comparability of infrastructure of the Urban health Centers. 1 is given to the availability of that and 0 given to the unavailability of the service. These indicators are as follows:

1. Location
2. Area
3. Sign-age
4. Entrance with barrier free access
5. Waiting area
6. Wards
7. Labour room
8. Laboratory
9. General store
10. Boundary wall/ fencing
11. Other amenities

a. Water supply
b. electricity supply
c. Water storage facility

Human resource

The human resource is well managed in urban health centers. The sanctioned human resource for the Urban Health Centre is as follows and comparison of that with the available human resource is given in key findings.

S no.	Sanctioned Post	Number of post
1	Medical officer(full time)	2
2	Medical officer (part time)	5
3	A.N.M	26
4	Staff nurse	10
5	Lab Technician	5
6	Pharmacist	5
7	Data Entry Operator	5
8	Peon	5
9	P.H. N	4
10	Sanitary Inspector	5
11	Aaya	4

Sample taken (blood sample, sputum, diabetes screening)

Laboratories are well established with all the required facilities and equipment according to the norms in the entire urban health center of Bharuch. Lab-technicians are available on all the Urban Health Centers of Bharuch. Two types of samples are diagnosed there i.e. active and passive. Active samples are those that are collected from the facility and passive are those that are collected from the field by the field staff (ASHA, ANM, and FHW). Estimation of TB patients and fever cases done by these samples.

Maternal death and preventive measures

Maternal mortality ratio of Gujarat state is 112 per one lakh live birth [3] and Bharuch district is 71 per one lakh live birth and maternal mortality ratio of urban sector is 35 per one lakh live birth. Most of these urban deaths are preventable. Separate formats are made for maternal death, so that preventable measures can be taken. Emamta divas is organized on every Monday andWednesday on UHC and anganwadi centers respectively on fixed day and fixed sight in which height checkup, weight checkup, Hb examination, blood pressure measurement and other health examination is done. Counseling of ANC is done regarding services, dietary habits and delivery services. Following steps are taken to prevent maternal deaths:

Focus on early registration of ANC, so that complications can be prevented timely.

1. Strengthening of ANC services by providing timely treatment to anemic mothers as the major cause of maternal death in the district is anemia.
2. By promoting institutional deliveries and hiring private gynecologist to provide the services in the absence of full time gynecologist.

Infant death and preventive measures

Infant mortality ratio of Bharuch district is 17 per thousand live birth and urban infant mortality rate is 4 per thousand live birth as compare to state which is 30 [4] and for urban sector is 21. Out of those deaths many deaths occurred in first 28 days of life that are preventable. Following steps are taken to prevent these deaths.

1. Strengthening of ANC services to prevent low birth weight babies by providing timely treatment to anemic mothers.
2. By promoting institutional deliveries and hiring private gynecologist for the safe delivery and pediatrician to provide immediate services in the absence of full time gynecologist and pediatrician.
3. By initiating early breast feeding as early as possible and counseling of mothers for the same.
4. Strengthen the new born care corner at every facility and training of staff for the same.
5. Follow up by the medical officer and AYUSH to avoid further complication and monitoring of HBNC visits done by ASHA and FHW.

Immunization

Routine Immunization and mission inderdanush are running in the district to provide safe and effective immunization services to the infant (0-9 months) and to left out cases respectively.

Nutrition

High prevalence of the under nutrition and malnutrition in women and children is the matter of concern for the state. Prevalence of Sam children in Gujarat state is 39.3% and in Bharuch district is 44.2 %[2] and out of that urban sector contribution is 33.2 %.Diagnostic criteria for SEVERE ACUTE MALNUTRITION in children aged 6–60 months

Indicator	Measure	Cut-of
Severe wasting	Weight-for-height	< -3SD
Severe wasting	MUAC	< 115mm
Bilateral edema	Clinical sign	

AFTER THE MEASUREMENT OF MUAC ACCORDING TO THE SET CRITERIA THE SCORE CATEGORIZE AS FOLLOWS:

MUAC SCORE	INDICATION
<11.5cm	Severe Acute Malnutrition
11.5 to 12.5cm	Moderate Malnutrition
>12.5 cm	Normal

LBW babies

Ideal criteria for identifying low birth weight babies is as follows.

Categories	Weight(in gm)
normal weight	2500-4200
very low birth weight	1500
extremely low birth weight	1000

Problem Statement

There seems to be gaps in services provided at the Urban Health Centres with respect to key performance indicators of infrastructure and service provided.

Rationale of the study

According to the data shown on e mamta on selected indicators (for the study), the performance of the urban health centre is not satisfactory. The possible reasons for this could be lack in monitoring and evaluation of the urban health centre

This study is conducted to analyze the gaps in infrastructure and services provided at various centres and also the perception of beneficiaries for the same. This study will further help in improvement on those gaps and better functioning of the centres.

Research question

1Q. what are the gaps in infrastructure in urban health centres of the Bharuch district?

2Q what are the gaps in services provided at urban health centres of the Bharuch district?

3Q What is the perception of beneficiaries regarding infrastructure and services provided at urban health centre of Bharuch district?

Objective-

1 To assess the gap of infrastructure and services provided at urban health centres.

2 To explore the perception of beneficiaries regarding service provided.

MATERIAL AND METHODS :

STUDY DESIGN: cross sectional Study

SOURCE OF DATA: It's a mixed method study. It needs both quantitative and qualitative data.

For the objective 1 Quantitative data will be collected by past records of e mamta

For objective 2 Qualitative data will be collected by in-depth interview from MO and beneficiaries,

SETTING : All the (five) urban health centers of District Bharuch, Gujarat

DURATION OF STUDY: 3 months (1-Feb-2018 to 30-Apr-2018)

SAMPLE SELECTION:

Objective 1: Health record on all the selected indicators,
Objective 2: Total sample size is 150 out of those 30 beneficiaries (ANC, Immunization, and Medication) from each centre.

Inclusion criteria: Beneficiaries data available on e-mamta and beneficiaries available on centre,

Exclusion criteria: beneficiaries refuse to provide information.

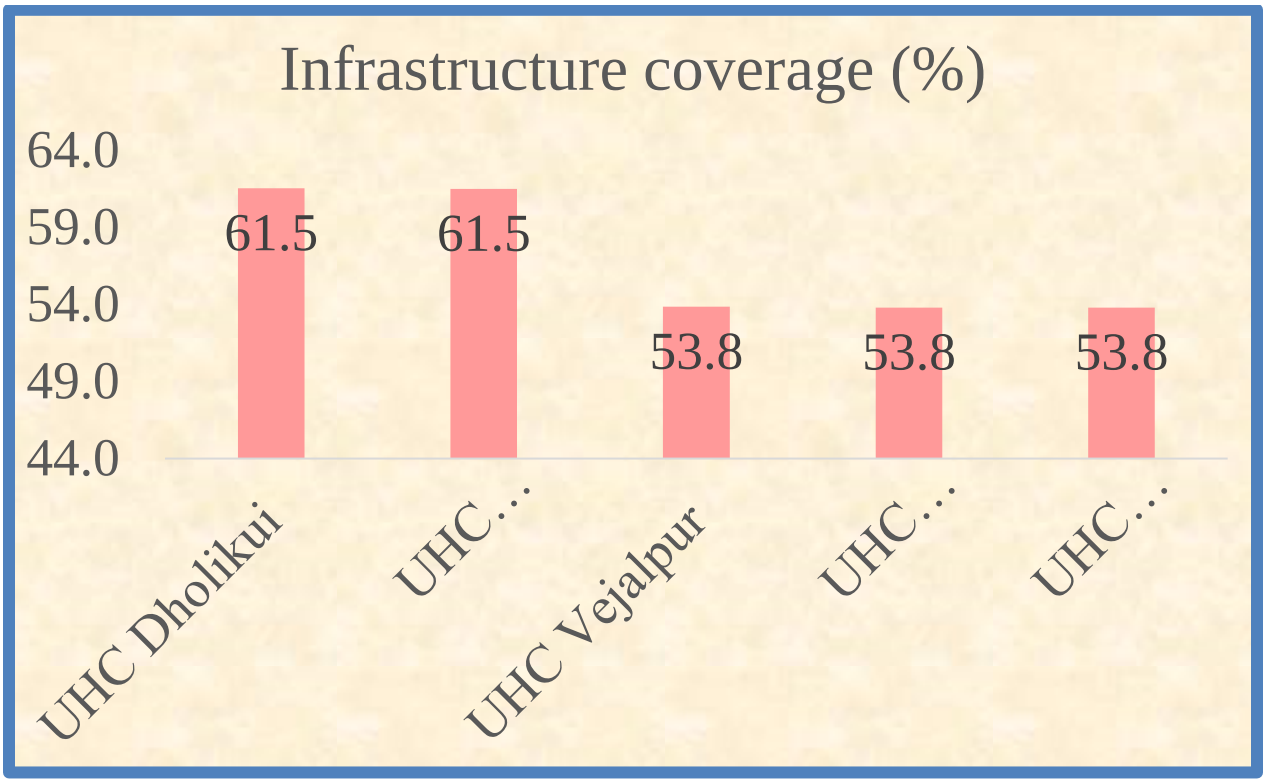
DATA COLLECTION PROCEDURE: the data available on e-mamta and in-depth interview with MO and beneficiaries.

Results

Infrastructure

TABLE 1: Infrastructure score for various indicators						
S no.	**Details**	UHC, Dholikui	UHC, Lalbazaar	UHC, Vejalpur	UHC, Ankleshwar-1	UHC, Ankleshwar-2
1	Location	1	1	1	1	1
2	Area	1	1	1	1	1
3	Sign-age	1	0	0	0	0
4	Entrance with barrier free access	1	1	1	1	1
5	Waiting area	0	0	0	0	0
6	Wards	0	0	0	0	0
7	Labour room	0	0	0	0	0
8	Laboratory	1	1	1	1	1
9	General store	0	0	0	0	0
10	Boundary wall/ fencing	0	1	0	0	0
11	Other amenities					
	Water supply	1	1	1	1	1
	electricity supply	1	1	1	1	1
	Water storage facility	1	1	1	1	1
	TOTAL (13)	8	8	7	7	7

According to the above score, no centre compliance for the infrastructure but urban health centre at Dholikui and lalbaazar are comparatively better than the other three centres.

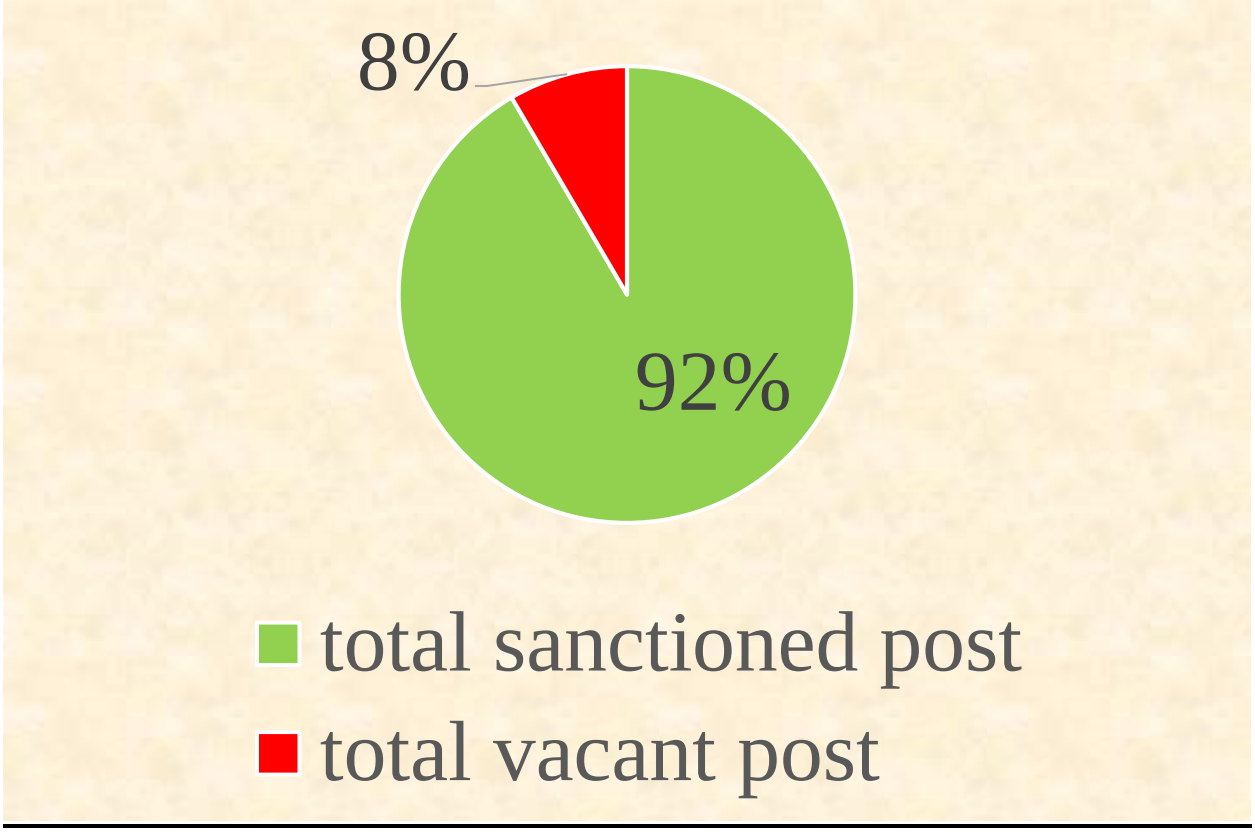


According to the above score, no centre is optimally compliant in terms of infrastructure but urban health centre at Dholikui and lalbaazar are comparatively better than the other three centres.

Human resource

TABLE 2: Comparison of number of sanctioned and filled post			
S no.	Sanctioned Post	Number of post	Filled post
1	Medical officer(full time)	2	1
2	Medical officer (part time)	5	3
3	A.N.M	26	26
4	Staff nurse	10	10
5	Lab Technician	5	5
6	Pharmacist	5	5
7	Data Entry Operator	5	5
8	Peon	5	5
9	P.H.N	4	4
10	Sanitary Inspector	5	5
11	Aaya	4	0
	Total	76	69

According to the above data, 90.7 percent human resource is available at all the centres. Key post such as medical officer full time and medical officer part time are 50 percent and 60 percent respectively.



According to the above data, 92 percent human resource is available at all the centres. Key post such as medical officer full time and medical officer part time are vacant.

OPD

All the 5 centres are providing OPD services very well. Target of OPD is provided according to the previous year OPD coverage 1.e 10% increase from the previous achievement.

TABLE 3: Comparison of expected and current OPD coverage				
S no.	**Urban Health Centre name**	**Previous OPD (2016-2017)**	Expected OPD (2017-2018)	OPD coverage (2017-2018)
1	UHC, Dholikui	12028	**13231**	13965
2	UHC, lalbazaar	12942	**14236**	13757
3	UHC, Vejalpur	12768	**14045**	14895
4	UHC, Ankleshwar-1	6867	**7554**	7696
5	UHC, Ankleshwar-2	4322	**4754**	4905

OPD coverage is optimum in four urban health centres but less in Lalbaazar urban health centre as expected.

Sample taken

Active (from the centre) and passive slides (from the field) are collected and examination of slides done by the laboratory technician of five centers. Three types of samples are examined. These are as follows:

1. Blood sample
2. Sputum
3. Diabetes screening

B/S Taken

TABLE 4: comparison of expected slides(18% of the Population Coverage) and reported slides					
S no.	**Urban Health Centre name**	**Population coverage**	**Expected slides**	**Reported cases**	**%**
1	UHC, Dholikui	43490	7828	7307	93.3
2	UHC, lalbazaar	46514	8373	5236	62.5
3	UHC, Vejalpur	45725	8231	6839	83.1
4	UHC, Ankleshwar-1	47075	8474	3626	42.8
5	UHC, Ankleshwar-2	42031	7566	2526	33.4

According to the above reported data of field services i.e. collection of blood slide is lagging behind in every centre than expected slides. But urban health centre at Dholikui is performing better than other four centres. Urban health centres at Ankleshwar1 and Ankleshwar-2 are far behind than other three centres i.e. 42 percent and 33 percent.

SPUTUM

TABLE 5: Comparison of expected sputum collection(2-3% of the OPD Coverage) and reported sputum collection					
S no.	Urban Health Centre name	OPD coverage	Expected sputum collection	Reported sputum collection	%
1	UHC, Dholikui	13965	419	287	68.5
2	UHC, lalbazaar	13757	413	222	53.8
3	UHC, Vejalpur	14895	447	441	98.7
4	UHC, Ankleshwar-1	7696	231	964	417.3
5	UHC, Ankleshwar-2	4905	147	148	100.7

According to the above reported data, Vejalpur urban health centre is performing better in comparison to other centres i.e. around 99 percent. Ankleshwar urban health centre is performing above the expected level i.e. 101 percent as referral cases and migration cases are more in urban health centre.

Diabetes Screening

TABLE 6 : Percentage of expected and reported cases					
S no.	**UrbanHealth Centre name**	**OPD coverage**	**Expected cases**	**Reported cases**	**%**
1	UHC, Dholikui	13965	6983	1942	27.8
2	UHC, lalbazaar	13757	6879	883	12.8
3	UHC, Vejalpur	14895	7448	870	11.7
4	UHC, Ankleshwar-1	7696	3848	1630	42.4
5	UHC, Ankleshwar-2	4905	2453	330	13.5

According to the above reported data, urban health centres Vejalpur,Lalbaazar and Ankleshwar-2 are very poorly performing centres. Although all are not performing upto the mark

ANC registration

TABLE 7 : Percentage of ANC registration as per e-mamta						
S no.	**U-PHC name**	**ANC registered**	**I ANC**	**2 ANC**	**3 ANC**	**4 ANC**
1	UHC, Dholikui	1260	94.6	80.4	86.0	83.0
2	UHC, lalbaazar	1229	94.3	79.2	87.6	88.9
3	UHC, Vejalpur	1209	97.1	82.9	92.4	92.2
4	UHC, Ankleshwar-1	1231	91.1	84.6	82.3	123.5
5	UHC, Ankleshwar-2	1212	91.9	85.5	91.6	116.4

According to the above data from the e mamta, ANC visits of pregnant women decreases from 1st to 4th except Ankleshwar as ankleshwar is migration area due to GIDC.

High risk mother

TABLE 8: Percentage of high risk mother identified as per e-mamta				
S no.	**U-PHC name**	**No of registered pregnant women**	**No. of high risk mother identified**	**%**
1	UHC, Dholikui	652	20	3
2	UHC, lalbazaar	588	44	7
3	UHC, Vejalpur	615	37	6
4	UHC, Ankleshwar-1	668	150	22
5	UHC, Ankleshwar-2	672	154	23

The above table shows that ankleshwar urban health centre is having higher percentage of high risk mothers in comparison to other centres.

Anemia status of registered ANC

TABLE 9: Percentage of Anemic mother identified					
S no.	**U-PHC name**	**Total ANC registered**	**% of Hb measured against ANC registration**	**Total anemic mother**	**%**
1	UHC, Dholikui	1245	22.97	54	18.88
2	UHC, lalbazaar	1229	62.90	2	00.26
3	UHC, Vejalpur	1194	85.43	598	58.63
4	UHC, Ankleshwar-1	1196	50	377	63.36
5	UHC, Ankleshwar-2	1200	51	382	64.63

The above table shows that screening of pregnant women for anemia is not 100% in all centres that is essential. Out of those screened pregnant women for Hb in Vejalpur and both centres of Ankleshwar more than 50 percent are anemic.

PNC check up

TABLE 10: Percentage of PNC visits					
Sr. No.	**UPHC**	**No. of delivery**	**1 PNC**	**2 PNC**	**3PNC**
1	**Dholikui**	**1084**	**99.4**	**98.7**	**98.9**
2	**Lalbajar**	**1071**	**100.4**	**101.1**	**100.0**
3	**Vejalpur**	**1069**	**99.5**	**99.7**	**100.2**
4	**Ankleshwar 1**	**1131**	**91.4**	**91.2**	**126.0**
5	**Ankleshwar 2**	**1021**	**102.2**	**100.3**	**153.0**

According to the above mentioned data, PNC services are quite well in every urban health centre.

Maternal death

TABLE 11: maternal death as reported			
S no.	U-PHC name	Number of PW registered with LMP	Number of maternal death registered with LMP
1	UHC, Dholikui	1245	0
2	UHC, lalbazaar	1229	0
3	UHC, Vejalpur	1194	1
4	UHC, Ankleshwar-1	1196	**1**
5	UHC, Ankleshwar-2	1200	**0**

Infant death

TABLE 12: Infant death as reported in Emamta				
Sr. No.	***UHC Name***	**Live birth**	**Exp. Child Death**	**e-Mamta**
1	Dholikui	1172	22	8
2	Lalbazaar	1150	22	6
3	Vejalpur	1166	22	6
4	Ankleshwar-1	1170	22	2
5	Ankleshwar-2	1002	19	1
	Total :	**5660**	**107**	**18**

There is a vast difference between the expected death and e-mamta data in all centers. As IMR of state is 33. This is due to the underreporting by the private practitioners.

Immunization

TABLE 13: Percentage of immunization as reported on e-mamta				
S no.	**U-PHC name**	**Live birth**	**Fully immunized**	**%**
1	UHC, Dholikui	1172	1011	86.2
2	UHC, lalbazaar	1150	1021	88.7
3	UHC, Vejalpur	1166	1029	88.2
4	UHC, Ankleshwar-1	1170	1413	120.7
5	UHC, Ankleshwar-2	1002	1532	152.8

The data of above table shows that fully immunization coverage is above 87 % in Dholikui, Lalbaazar and Vejalpur urban health centres. This coverage in Ankleshwar is above 100 % which is due to migrated population

LBW babies

TABLE 14: Percentage of LBW babies as reported on e-mamta				
S no.	**U-PHC name**	**Live birth**	**Children weighed less than 2.5Kg**	**%**
1	UHC, Dholikui	1172	307	26.2
2	UHC, lalbazaar	1150	200	17.4
3	UHC, Vejalpur	1166	263	22.6
4	UHC, Ankleshwar-1	1170	154	13.2
5	UHC, Ankleshwar-2	1002	123	12.3

The data of above table shows that the average percentage of LBW babies in all centres is 18.34 %.

SAM

TABLE 15: percentage of SAM children as reported on e-mamta					
HEALTH FAC ILITY	**Total Estimated Target**	**Live children screened by ANM**	**%**	**Total Sam children identified**	**%**
UHC DHOLIKUI	4763	4712	98.9	10	00.21
UHC LALBAZAAR	4654	4653	100.0	5	00.11
UHC VEJALPUR	4235	4239	100.1	5	00.12
UHC ANKLESHWAR 1	2200	2140	97.3	5	00.20
UHC ANKLESHWAR 2	2206	2146	97.3	4	00.22
TOTAL	18058	17890	99.1		

The data of above table shows that screening of SAM is not 100% and the identification of SAM children is also poor.

CMTC admission.

TABLE 16: Percentage of SAM children admitted to CMTC asper e-mamta			
HEALTH FACILITY	Total Sam children identified	SAM indentified children to be referred to CMTC	Admission at CMTC
UHC DHOLIKUI	10	8	8
UHC LALBAZAAR	5	1	1
UHC VEJALPUR	5	0	0
UHC ANKLESHWAR -1	5	1	1
UHC ANKLESHWAR-2	4	1	1

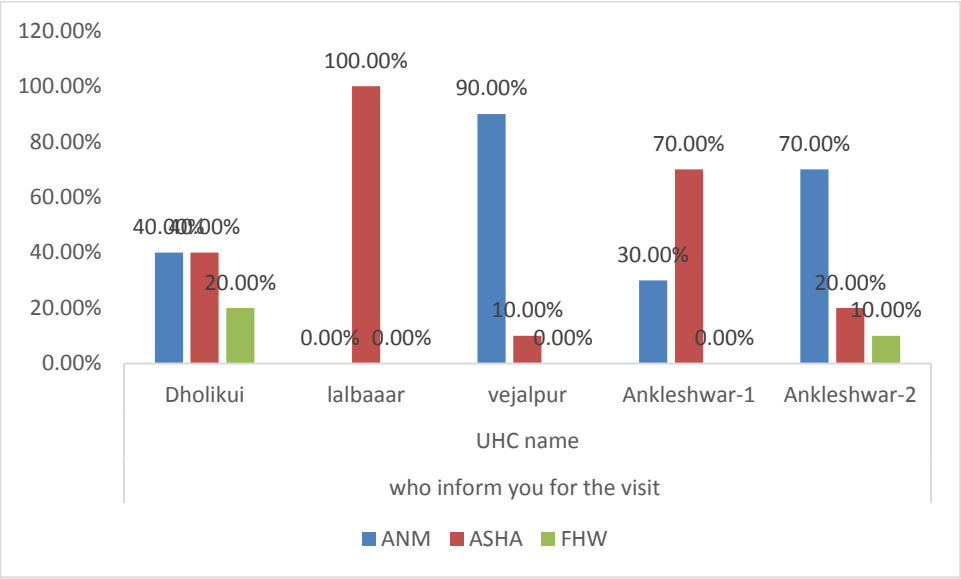
The data of above table shows that the SAM children to be referred to CMTC/NRC are 100 % in all urban health centres

Sex ratio at birth

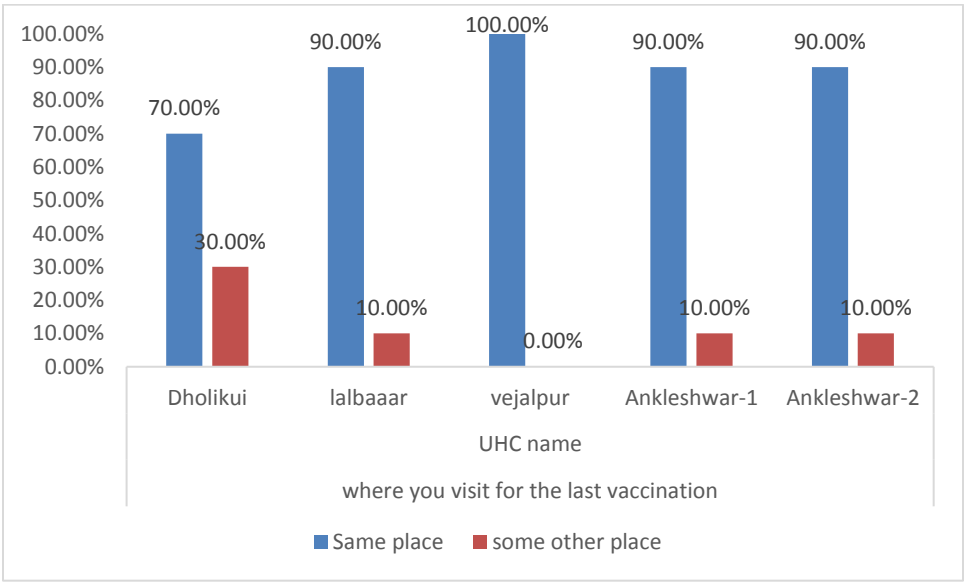
TABLE 17				
	U-PHC name	**Male live birth**	**Female live birth**	**Sex ratio at birth**
1	UHC, Dholikui	603	583	967
2	UHC, lalbazaar	632	524	829
3	UHC, Vejalpur	671	499	744
4	UHC, Ankleshwar-1	610	503	824
5	UHC, Ankleshwar-2	604	500	828

The sex ratio at birth is favorable in Dholikui but it is lower in all other four centres

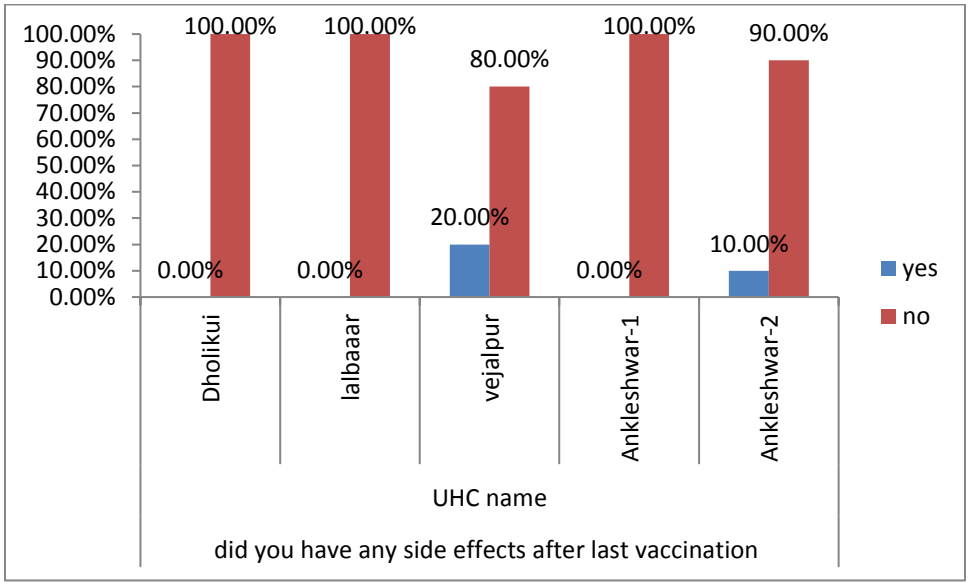
Objective-2



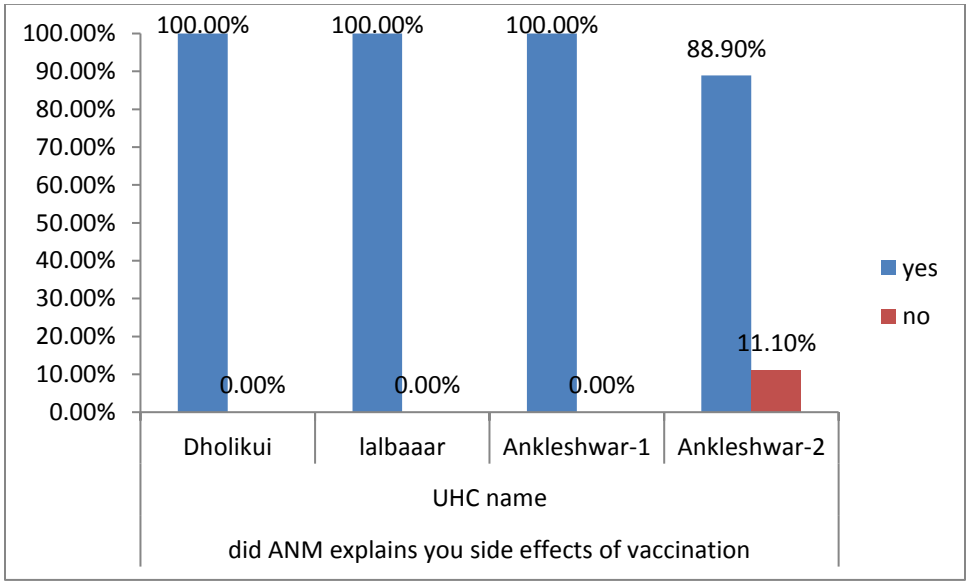
This graph shows that information provided by ASHA for ANC visit is 100 percent at Lalbaazar UHC as compare to other UHC which is 70 percent, 40 percent, and 10 percent at Ankleshwar-1, Dholikui, Ankleshwar-2 UHC.



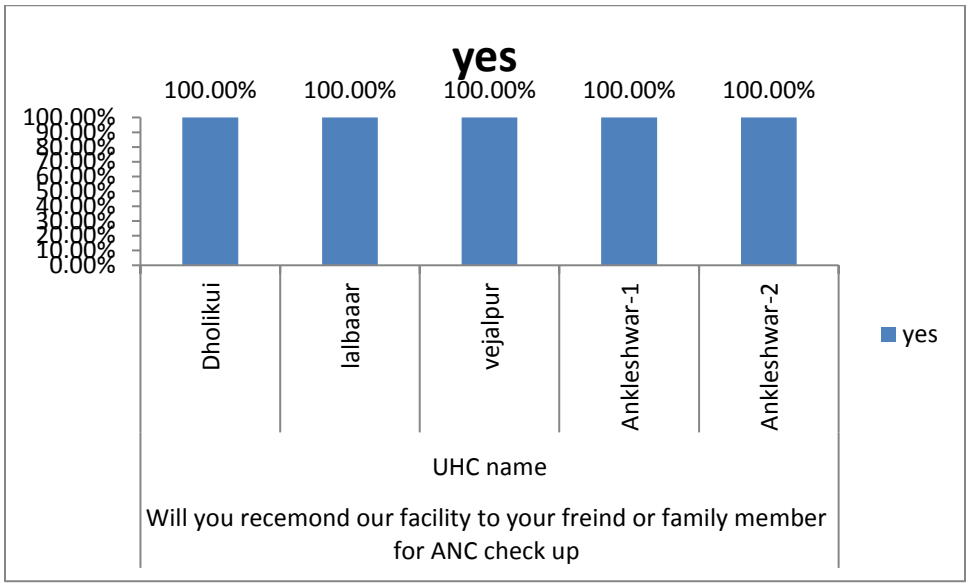
This graph shows that 100 percent e mamta session planned at same place at Vejalpur UHC and 70 percent at Dholikui UHC which is least among all.



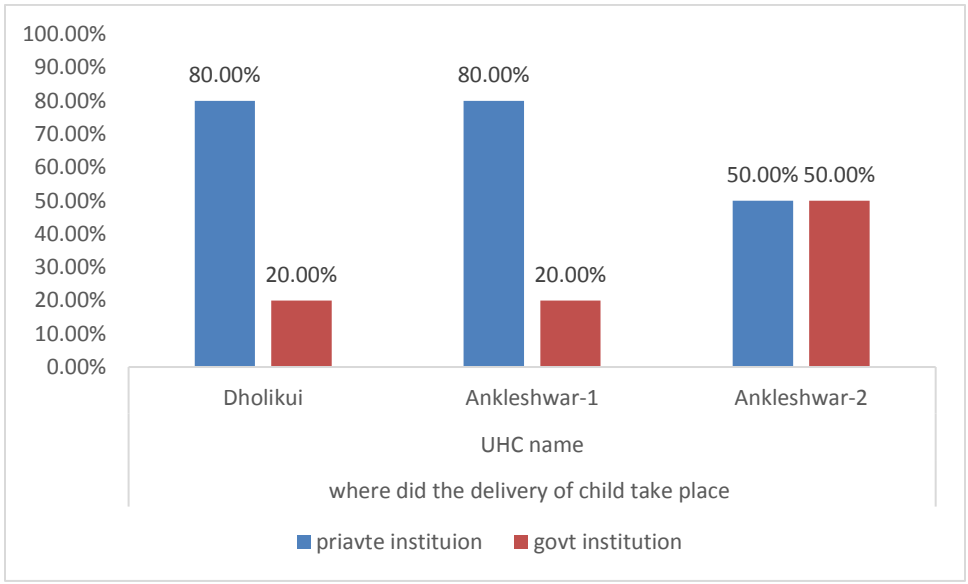
Around 20 percent respondents respond for the side effects due to earlier vaccination.



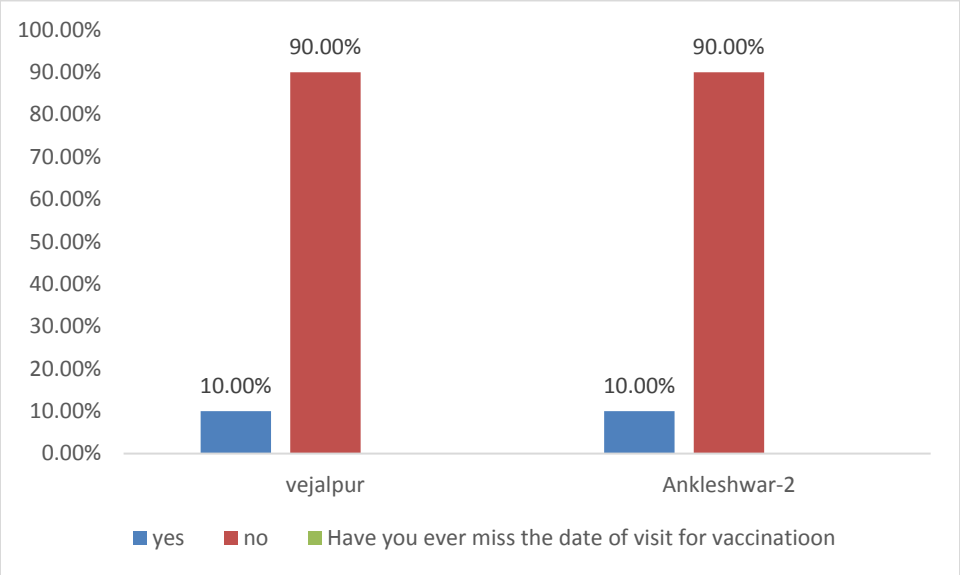
Further data shows that ANM of Ankleshwar-2 provide information about side effects of vaccination to to only 89 percent respondents



Immunization

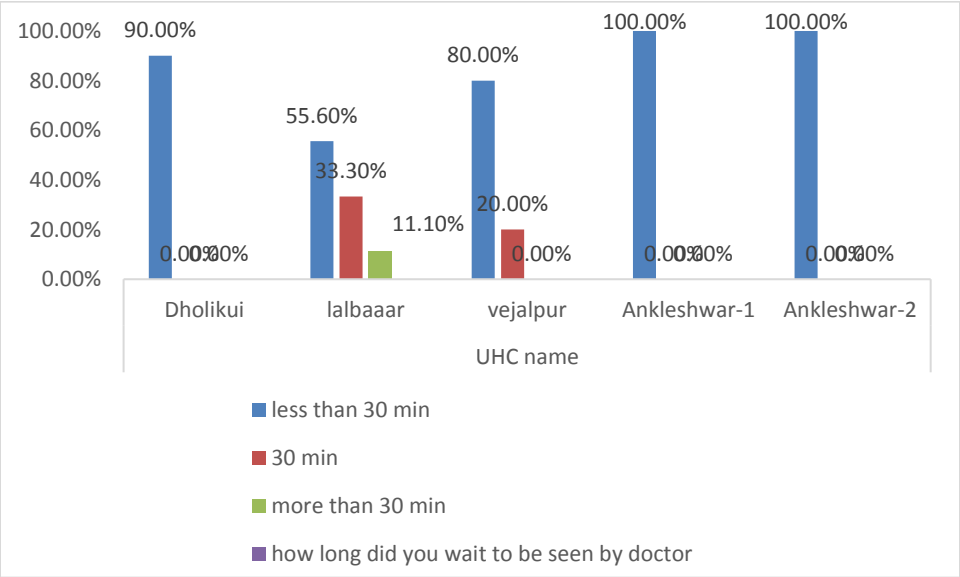


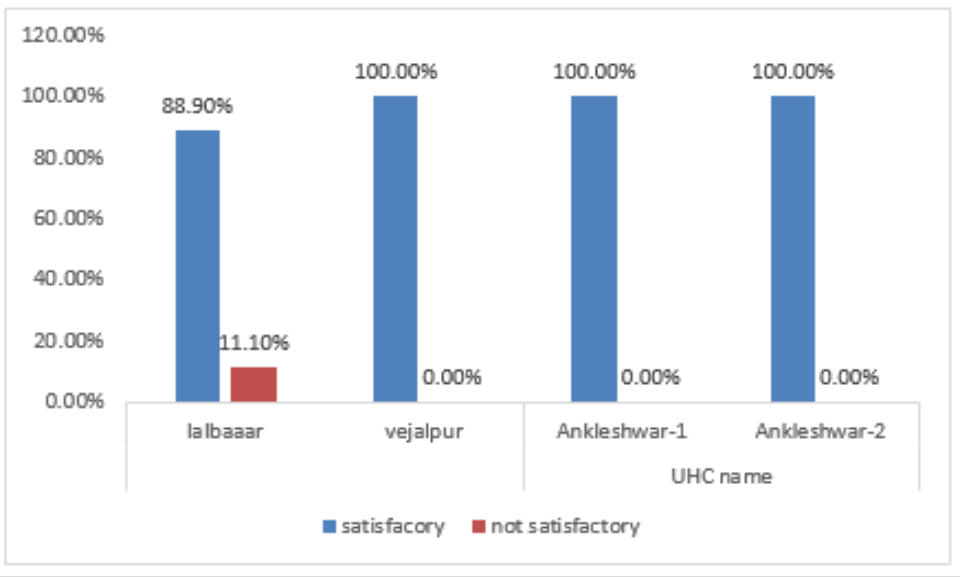
The above data shows that around 80 percent delieveries occur at private institute in Dholikui and Ankleshwar-1 UHC.



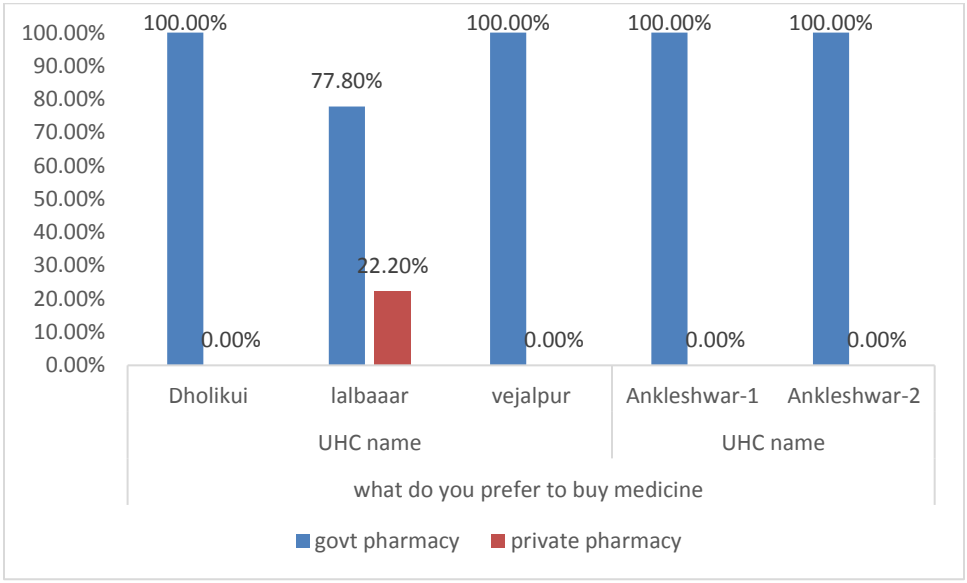
This graph shows that 10 percent respondents missed their visit for immunization. But the reason for missing the visit is their personal issues as provided by them. That shows less sensitization by the field staff regarding importance of the visit.

MEDICATON





Further data suggest that 11 percent respondents of the lalbaazar UHC do not satisfy with the behavior of the doctor.



This graph shows that 22 percent respondents from the Lalbaazar UHC do not buy medicine from the government pharmacy. Dissatisfaction from the doctors behavior is one the reason of lacking trust in other facilities.

GAP FINDINGS:

- Infrastructure is not optimal because various indicators taken for the study i.e. wards, labour room, waiting area, boundary/ fencing wall are unavailable at all urban health centres.
- Human resource availability is 90 percent but key post i.e. MO full time and MO part time are vacant.
- Work distribution should be according to the norms as shown by Data, Dholikui and vejalpur UHC's are not doing sample collection and their work is burdened for ASHA at Urban Ankleshwar.
- Field staff is not active as 100 percent beneficiaries are not informed by ASHA for ANC visit.
- Percentage of ANC visits reduced as moved from 1st ANC visit to 4th ANC visit that shows field staff is not active.
- Regular MO is not available at various UHC that shows dissatisfaction among beneficiaries.
- Respondents of Lalbaazar UHC shows dissatisfaction for the behaviour of medical officer that leads to less trust in govt. facilities like govt pharmacy.

LIMITATIONS OF THE STUDY

- Due to time constraint of 3 months sample coverage was not possible more than selected.
- Because of small sample size it might not represent the whole universe of the study.
- Language barrier

RECOMENDATIONS

- Infrastructure should be according to the norms i.e IPHS standards, signage and location should be appropriate so that there should not be wastage of existing resources.
- Key post like medical officer should be filled so that patient engagement is there otherwise other facilities get overburdened.
- Training and monitoring of the field staff for the active engagement.

Discussion

OBJECTIVE 1

A study was conducted on Analysis of gaps and perception of beneficiaries regarding infrastructure and services at UHC at Bharuch district, Gujarat 2017 -18. Study find that urban health centre at Dholikui and lalbazzar are comparatively better than other three urban health centres. Around 91 percent human resource is available at all the UHC of the districts but the key post like medical officer are 50 percent filled. OPD coverage is lacking behind in Lalbaazar UHC as compare to other UHC's due to unavailability of the full time medical officer. Moreover around 43 percent diabetes screening is done at Ankleshwar-1 UHC that is quite less as expected but Ankleshwar- 1 is performing better in this indicator than other UHC's. This shows that field services provided by the urban health centres are not up to the expected level. Moreover data related to other services provided shows that four ANC visits decreased from 1st to 4th ANC except Ankleshar UHC as migration population is more in Ankleshwar due to GIDC area. However Around 22 percent and 23 percent of the ANC are at high risk in Ankleshwar-1 and Ankleshwar-2 respectively as compare to other three UHC's. Out of those high risk mothers at Ankleshwar-1 and Ankleshwar -2 around 64 percent and 65 percent ANC are anemic. Further data shows that PNC services are quite well at all the UHC's but Ankleshwar-1 and Ankleshwar-2 UHC shows 126 percent and 153 percent due to migrated population. Furthermore around 87 percent coverage of routine immunization is achieved at three i.e. Dholikui, lalbaazar and Vejalpur UHC's except both UHC's at Ankleshwar is achieving more than 100percent due to migrated population. Around 19 percent average LBW babies is present in urban areas of district. Further data shows that average screening for SAM children is 99 percent at all UHC's of the district but total SAM children identified are less than 1 percent that shows underreporting of the data. Further data shows that children refer to CMTC is 100 percent. Further table shows that SRB of urban sector is 828.

OBJECTIVE 2

A study related to perception of beneficiaries regarding services provided at the UHC of Bharuch district shows that information provided by ASHA for ANC visit is 100 percent at Lalbaazar UHC as compare to other UHC which is 70 percent, 40 percent, and 10 percent at Ankleshwar-1, Dholikui, Ankleshwar-2 UHC respectively. This graph shows that 100 percent e mamta session planned at same place at Vejalpur UHC and 70 percent at Dholikui UHC which is least among all which is one of the reason for reducing 4th Anc visit. Around 20 percent respondents respond for the side effects due to earlier vaccination. Further data shows that less than 30 min takes by the health provider to provide medication for the side effects. Further data shows that ANM of Ankleshwar-2 provide information about side effects of vaccination to to only 89 percent respondents. The above data shows that around 80 percent delieveries occur at private institute in Dholikui and Ankleshwar-1 UHC. Around 10 percent parents missed the Immunizatio of their

child due to personal issues. Respond related to medication shows that more than 90 pecent centres are providing services within 30 min. Vejalpur is lagging behind in comparison to other centres. Further data suggest that 11 percent respondents of the Lalbaazar do not satisfy with the behavior of the doctor. Moreover 22 percent respondents from the Lalbaazar do not prefer to buy medicine from the Government pharmacy.

CONCLUSION

There is no doubt to the fact that UHCs can play the vital role in the health of urban population that too in urban slum population which is the ignorant part of the society. For this to happen, it becomes important to provide infrastructure and human resource to perform adequate functions. it becomes important to strengthen our screening procedures, both at the community and facility level. This study makes us realize the importance of infrastructure and human resource available in the Centre and engagement of the field staff for providing ANC, immunization and field services like sample collection. The field level staff should be periodically sensitized regarding the program and its associated benefits. Once the screening and referral procedures are taken care of, it becomes necessary to develop effective strategies for supportive supervision and monitoring

The authorities that have the power to bring transformation as well as the key policy makers should take keen interest in developing innovative approaches to address various barriers and challenges affecting successful implementation of the program under NUHM. At the same time, they should be actively involved in solving the various managerial issues related to finance and Human Resources that often go unnoticed and neglected.

Thus, in conclusion, we can say that, with consolidated efforts from all the key stakeholders at various levels of healthcare system, Urban Health Centres be established as an effective intervention to tackle the need of urban population and also leads to change in their perception regarding services provided by the staff of UHC. That render good health and well-being to all its beneficiaries.

References

1. Nrhm.gujarat.gov.in
2. District Fact Sheet, Bharuch, Gujarat, National Family Health Survey, 2015-2016, Indian Institute of Population Sciences.2015-2016.P 87-89.

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ANNEXURE

QUESTIONARE

Beneficiary satisfaction on the services provided at the Urban Health Centre

This questionnaire is for assessing patient satisfaction towards services provided by the urban health centre. I request you to kindly spare your valuable time to fill up the questionnaire. Your name and information provided as apart of the questionnaire will be kept confidential. The information will help to improve and upgrade the services of the urban health centre. Your cooperation is solicited.

Name of the beneficiary: _____

Age of the beneficiary : _____

Sex of the beneficiary : _____

Place of residence : _____

Purpose of coming to centre:

ANC ☐ Immunization ☐ Medication ☐

If ANC continue with Q1

If Immunization continue with Q11

If Medication continue with Q26

1. Who inform you for the visit?
   ANM ☐ ASHA ☐ FHW ☐
2. Where you visit for the last vaccination?
   Same place ☐
   Some other place ☐
3. Did you have any side effects after last vaccination?

Yes ☐ NO ☐

If no ....continue with Q5
If yes.... continue with Q4

4. Did you get any medication for that by health provider?
   Yes ☐ NO ☐

5. How long did you wait today to be seen by health provider?
   Less than 30 min ☐
   30 min ☐
   More than 30 min ☐

6. Did the ANM explain you all the vaccination and tablets you need?
   Yes ☐ NO ☐ Partially informed ☐

7. Did the ANM explain you all the benefits of the vaccination?
   Yes ☐ NO ☐ Partially informed ☐

8. Did the ANM explain you side effects of the vaccination?
   Yes ☐ NO ☐ Partially informed ☐

9. Did the ANM explain you about next visit?
   Yes ☐ NO ☐

10. Will you recommend our facility to a friend or family member for ANC check up?
    Yes ☐ No ☐

IMMUNIZATION

11. Who inform you for the visit?
    ANM ☐ ASHA ☐ FHW ☐

12. Where did the delivery of child take place?
    Private institution ☐
    Govt. Institution ☐
    Home ☐

13. Did any vaccine given at the time of birth?

Yes ☐ No ☐

14. Have you ever miss the date of visit for vaccination?

Yes ☐ No ☐

If no...continue with Q15

If yes...continue with Q17

15. What is the reason of missing the visit?

a) Not informed by any health worker ☐
b) Personal issues ☐
c) Not satisfied with the last service ☐

If a),b) than continue with the Q17

If c) continue with Q16

16. What is reason of unsatisfaction?

a) Dissatisfied with the Quality of the services provided ☐
b) Misconduct by the staff ☐
c) Any side effects after use of vaccination ☐

17. Where you visit for the last vaccination?

Same place ☐
Some other place ☐

18. Did your child have any side effects after last vaccination?

Yes ☐ NO ☐

If no ....continue with Q20

If yes.... continue with Q19

19. Did you get any medication for that by health provider?

Yes ☐ NO ☐

20. How long did you wait today to be seen by health provider?

Less than 30 min ☐
30 min ☐
More than 30 min ☐

21. Did the ANM explain you all the vaccination and tablets your child need?

Yes ☐ NO ☐ Partially informed ☐

22. Did the ANM explain you all the benefits of the vaccination?

Yes ☐ NO ☐ Partially informed ☐

23. Did the ANM explain you side effects of the vaccination?

Yes ☐ NO ☐ Partially informed ☐

24. Did the ANM explain you about next visit?

Yes ☐ NO ☐

25. Will you recommend our facility to a friend or family member for child immunization?

Yes No

☐ ☐

MEDICATION

26. Did the doctor attend you or not?

Yes ☐ NO ☐

If yes....continue with Q27.
If no....ask question later on (after their turn)

27. How long did you wait to be seen by doctor?

Less than 30 min ☐
30 min ☐
More than 30 min ☐

28. Did the doctor provide you adequate time you required to explain the problem?

Yes ☐ NO ☐

29. Did the doctor listen to your symptoms carefully?

Yes ☐ NO ☐

30. Did the doctor treat you with courtesy and respect?

Yes ☐ NO ☐

31. Did the staff treat you with courtesy and respect?

☐ ☐

32. Did the doctor explain the things in understandable way?

Yes ☐ NO ☐

33. Did the doctor explain all the side effects of the medicine and treatment?

Yes ☐ NO ☐

34. Did the doctor provide enough time to ask queries?

Yes ☐ NO ☐

35. How you find the behaviour of doctor?

Satisfactory ☐
Unsatisfactory ☐
Not cleared ☐

36. How you find the behaviour of other staff?

Satisfactory ☐
Unsatisfactory ☐
Not cleared ☐

37. What do you prefer to buy medicine?

a) Govt pharmacy ☐
b) Private pharmacy ☐

If a) skip to Q42
If b) skip to Q44

38. Were all the needed drugs available to you in the Centre prescribed by the doctor?

Yes No

☐ ☐

39. Did the pharmacist explain when to take medicine and precautions for that?

Yes ☐ NO ☐

40. Why you prefer private pharmacy?

a) Non availability of drugs at govt pharmacy ☐
☐

b) Unsatisfied with the quality of drugs at govt pharmacy

41. How satisfied are you with the cleanliness and appearance of our facility?

Very Unsatisfied	☐	Unsatisfied	☐
Very satisfied	☐	Satisfied	☐

42. Will you recommend our facility to a friend or family member?

Yes	☐	No	☐