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

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INTRODUCTION

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

<u>NUHM would endeavor to achieve its goal through:-</u>

- **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.**

DISTRICT URBAN PROFILE

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:

Infrastructure

- Building
- Human resource

Service provided Indicators

- OPD services
- Sample taken

(blood sample, sputum, diabetes screening)

- Maternal death
- Infant death
- ANC registration
- PNC check up

- HBNC
- Immunization
- ANC corticosteroids
- LBW babies
- SAM
- CMTC admission.
- Sex ratio at birth
- High risk mother

RATIONALE

- 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 factor 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

- **Objective1:** To assess the gap of infrastructure and services provided at urban health centres.

- **Objective2** : To explore the perception of beneficiaries regarding service provided.

METHODOLOGY

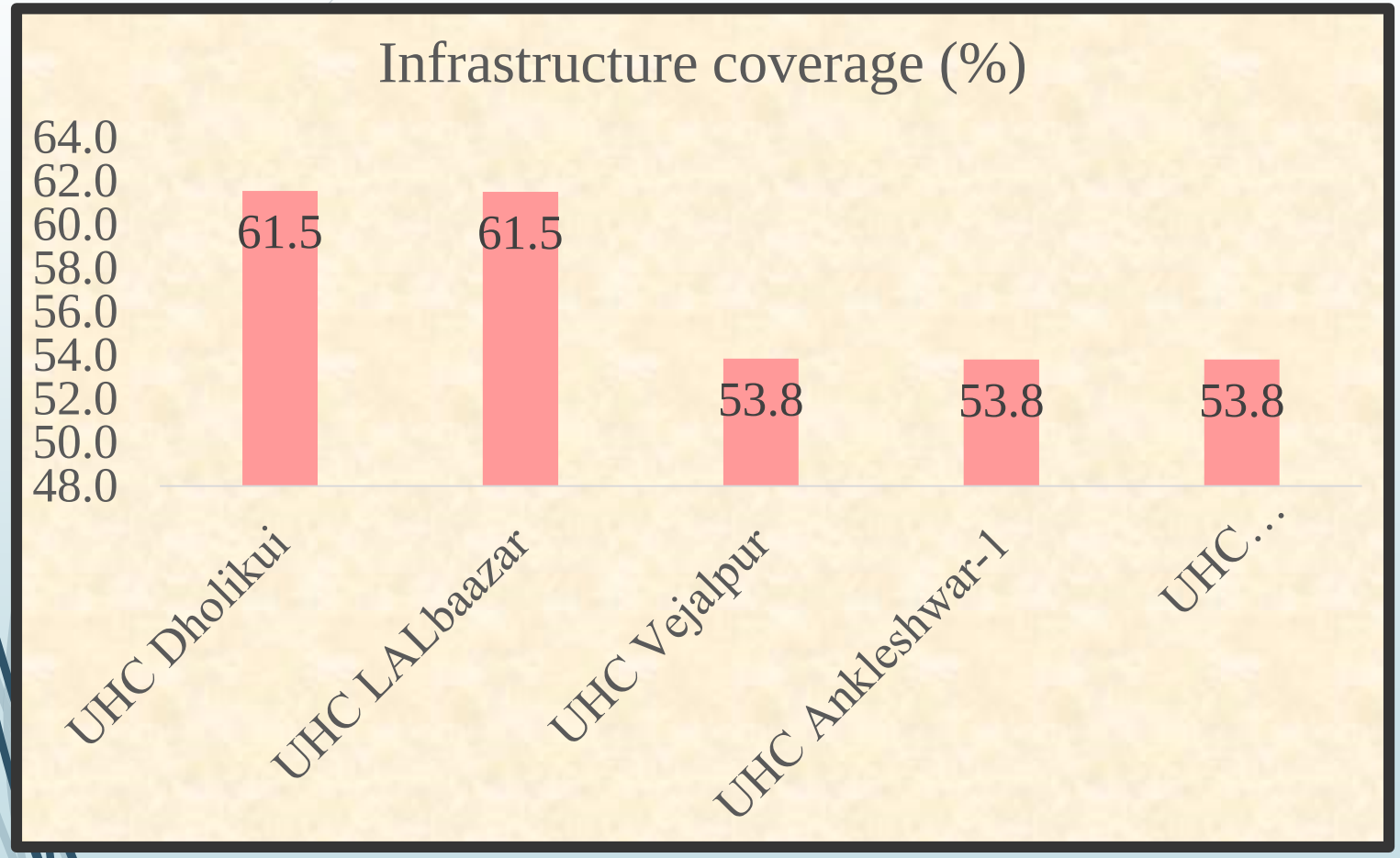
- **STUDY DESIGN**: Cross sectional study
- **SOURCE OF DATA**: It's a mixed method study. It utilizes both quantitative and qualitative data.
- For the objective 1 : Quantitative data was collected by past records of e-mamta
- For the objective 2 : Qualitative data was collected by in-depth interview from 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**:
- Health record on all the selected indicators,
- 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 beneficiaries.

INDICATORS OF INFRASTRUCTURE

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:

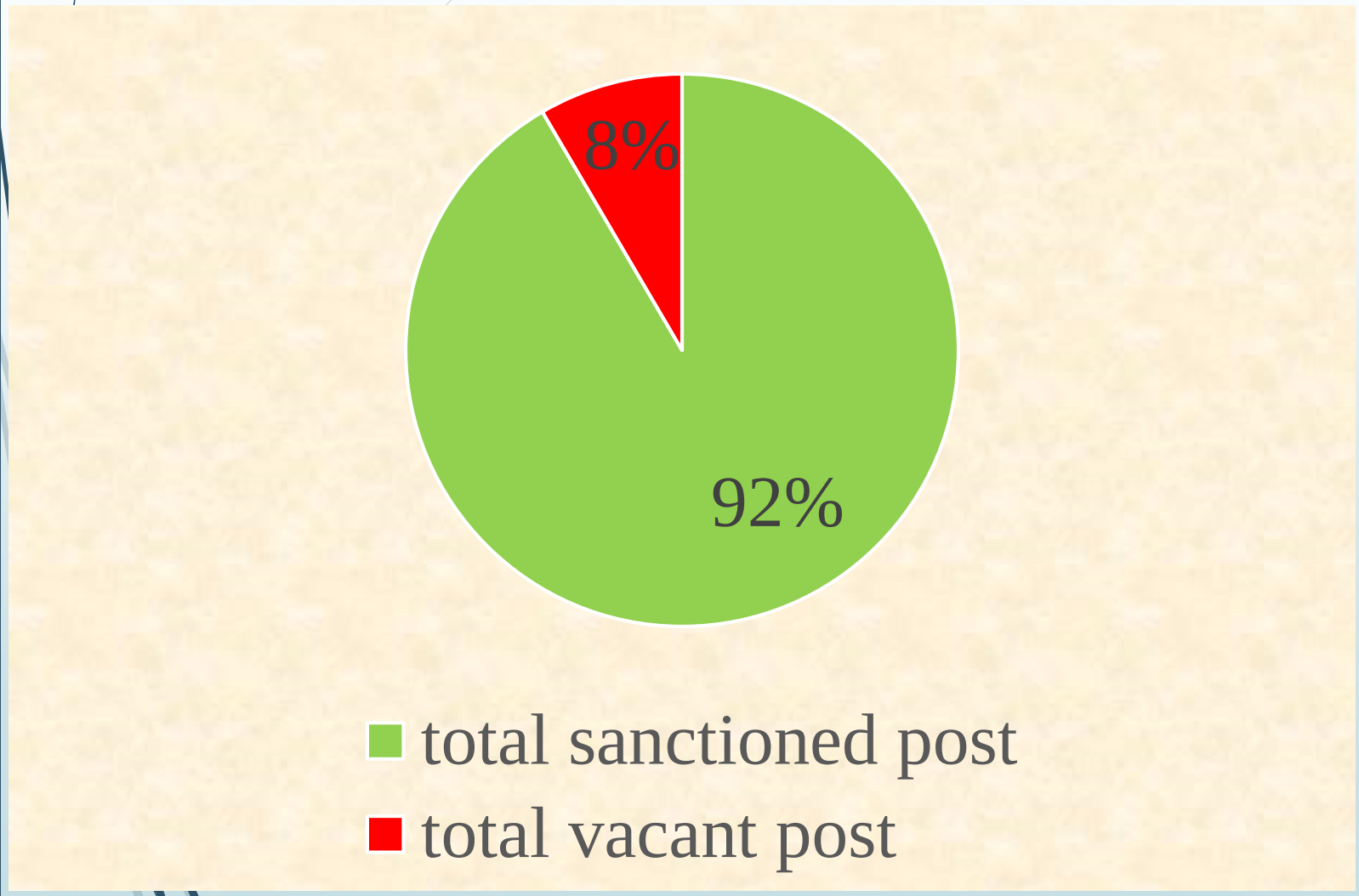
- Location
- Area
- Sign-age
- Entrance with barrier free access
- Waiting area
- Wards
- Labour room
- Laboratory
- General store
- Boundary wall/ fencing
- Other amenities
  - Water supply
  - electricity supply
  - Water storage facility

RESULTS



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 (%)



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.

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

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

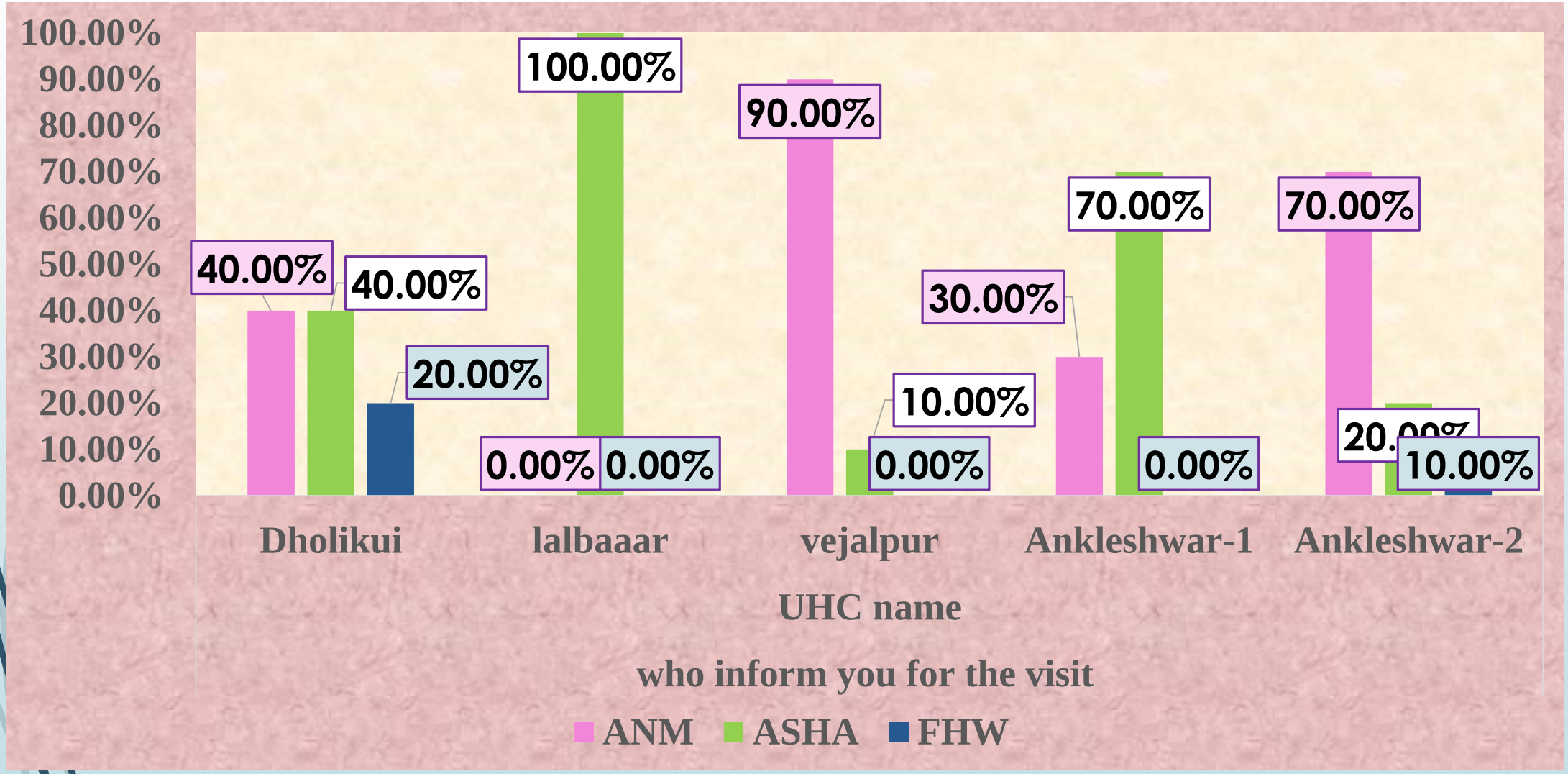
TABLE 8: Percentage of high risk mother identified as per e-mamta				
S no.	U-PHC name	No of registered pregnant women	No. of high risk mother identified	%
1	UHC, Dholikui	652	20	3
2	UHC, lalbazaar	588	44	7
3	UHC, Vejalpur	615	37	6
4	UHC, Ankleshwar-1	668	150	22
5	UHC, Ankleshwar-2	672	154	23

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	63.04
5	UHC, Ankleshwar-2	1200	51	382	62.41

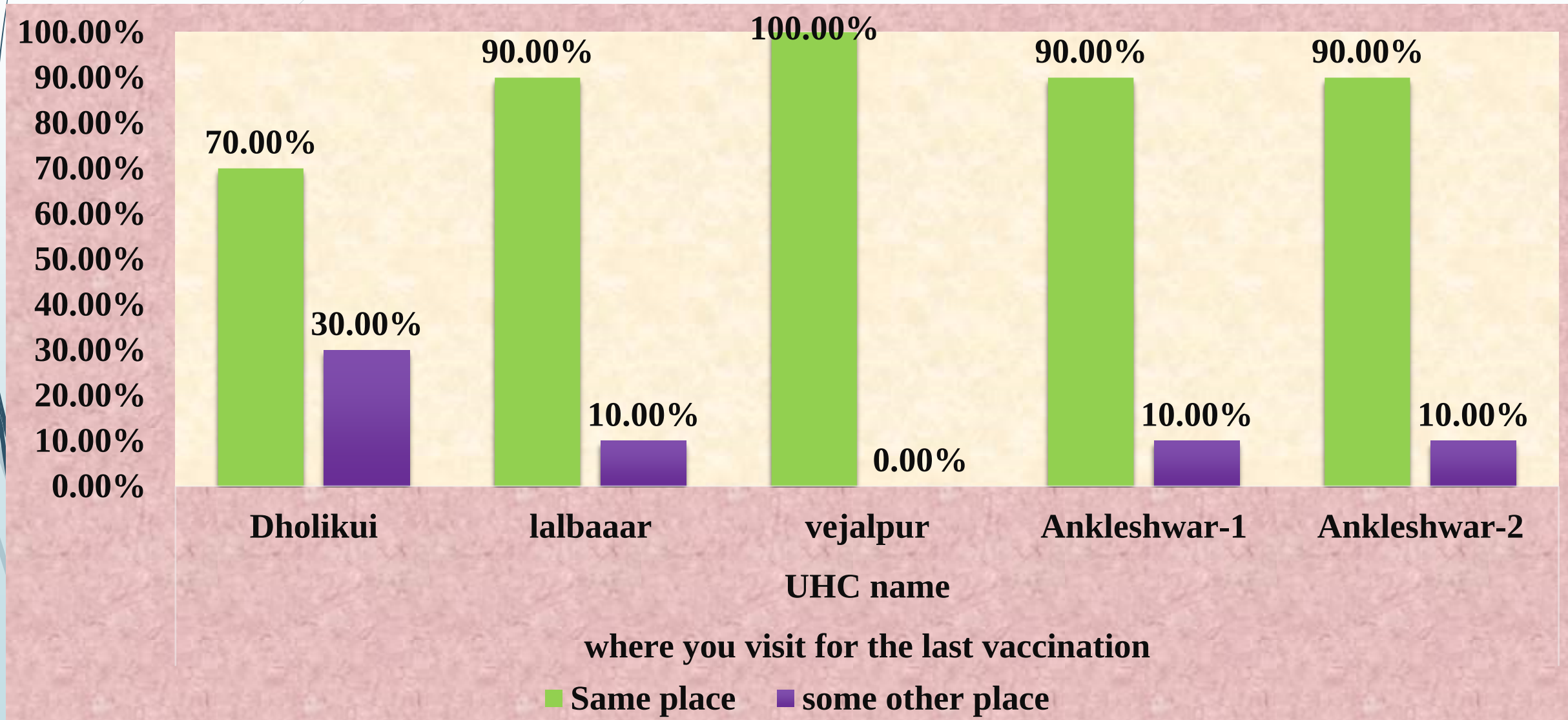
TABLE 15: percentage of SAM children as reported on e-mamta					
HEALTH FACILITY	Total Estimated Target	Live children screened by ANM	%	Total Sam children identified	%
UHC DHOLIKUI	4763	4712	98.9	10	00.21
UHC LALBAZAAR	4654	4653	100.0	5	00.11
UHC VEJALPUR	4235	4239	100.1	5	00.12
UHC ANKLESHWAR 1	2200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

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

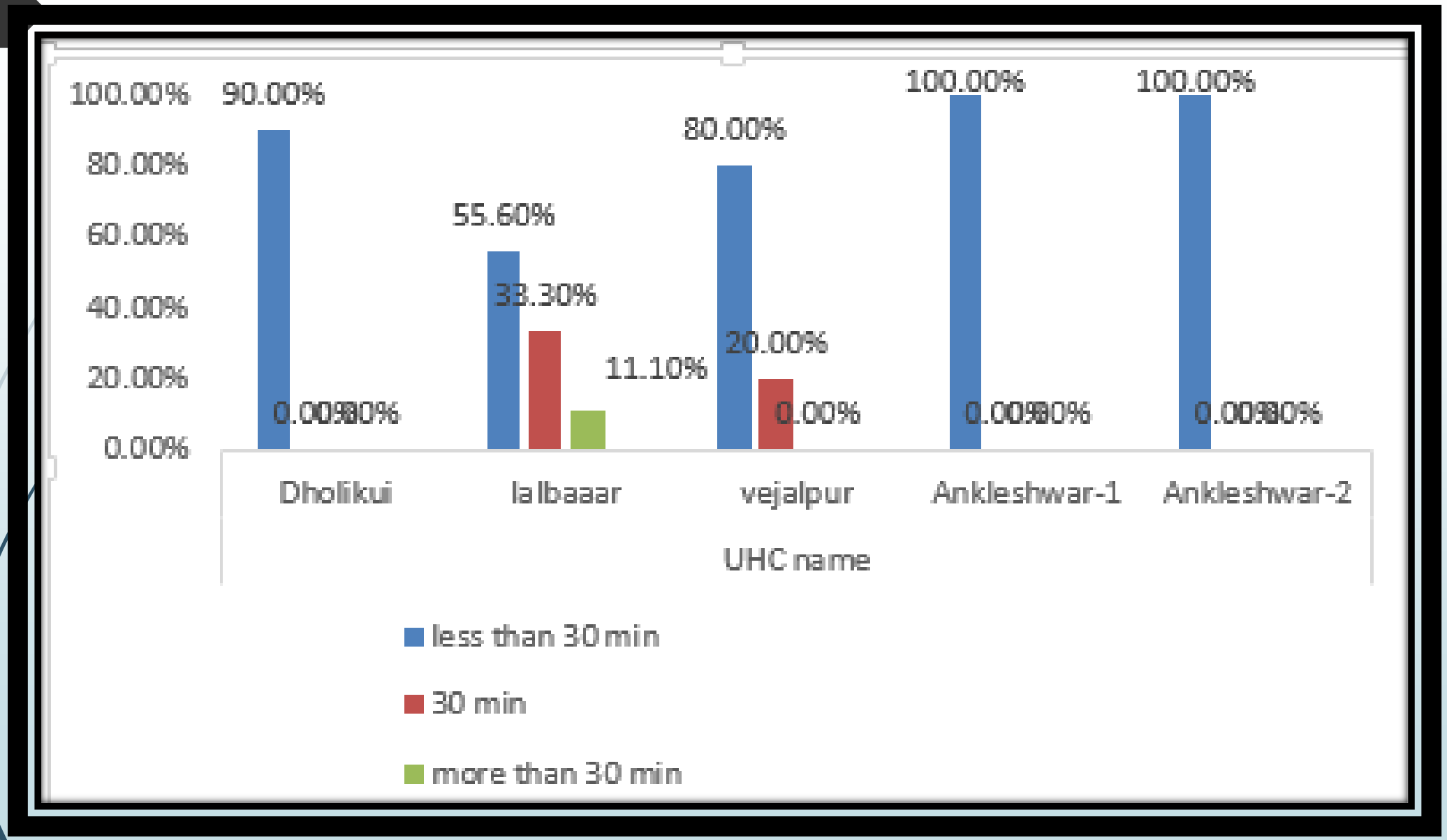
Source of information about the visit



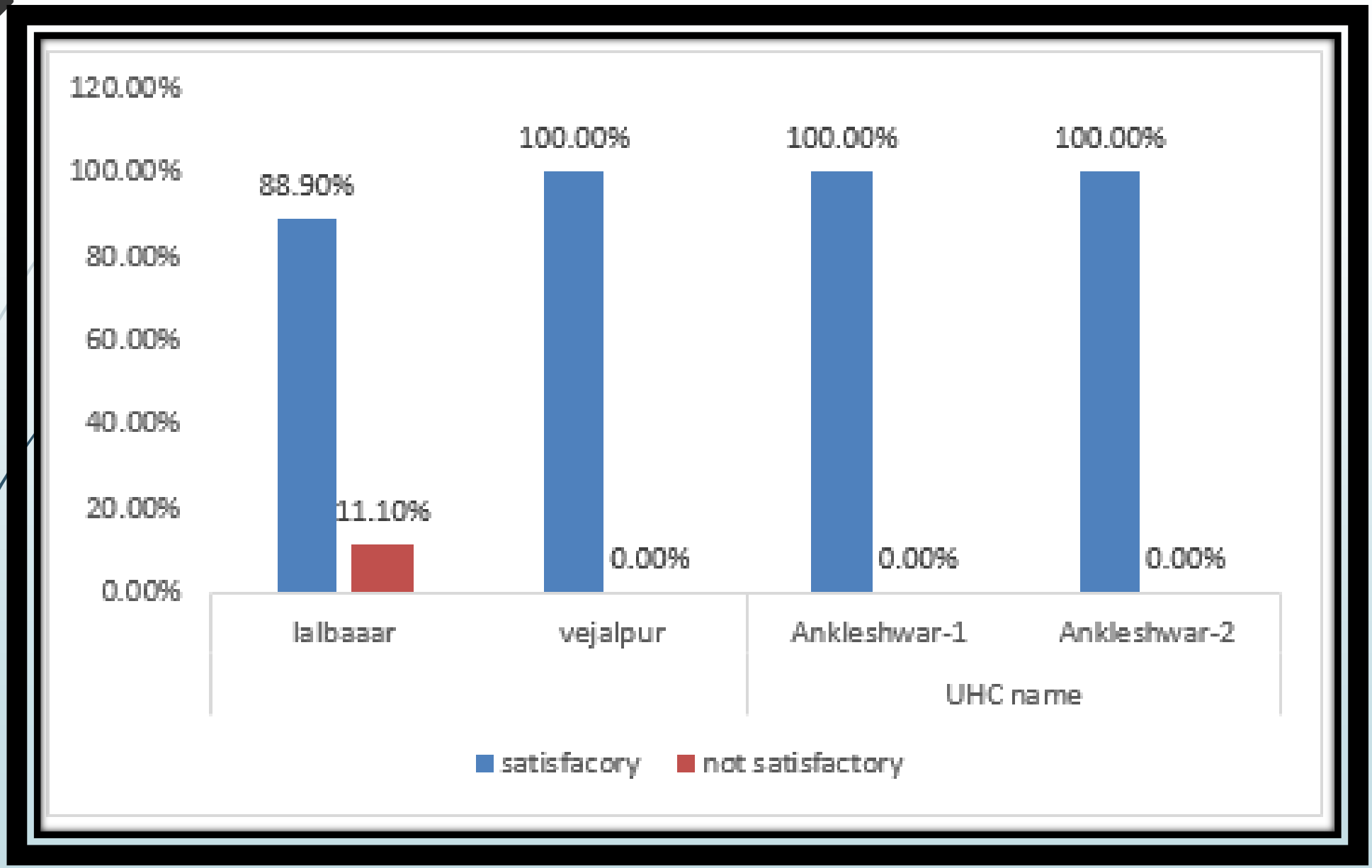
INFORMATION ABOUT PLACE OF VISIT FOR LAST VACCINATION



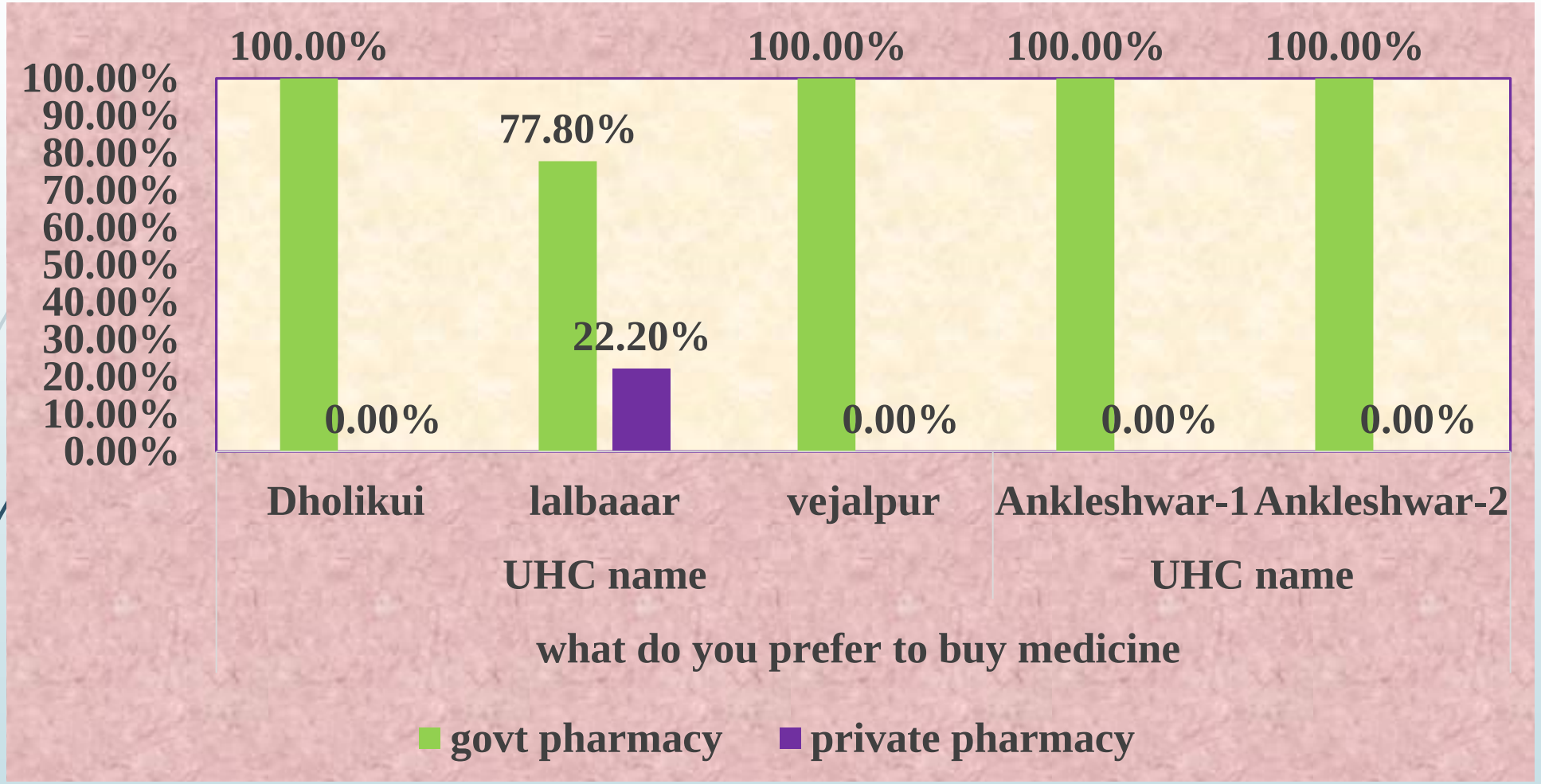
WAITING TIME FOR THE DOCTOR



SATISFACTION WITH THE BEHAVIOR OF THE DOCTOR



PREFERENCE TO BUY MEDICINE



GAPS

- **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.

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.

REFERENCES

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

Thank you