Comparative Study on Primary Health Centers in Rural and Urban Areas of Gandhinagar District in Gujarat

By

Pavitra Seth

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

Academic year, 2016-2018

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

Comparative Study on Primary Health Centers in Rural and Urban Areas of Gandhinagar District in Gujarat

By

Pavitra Seth

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

National Health Mission, Gujarat

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

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

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Pavitra Seth** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **National Health Mission, Gujarat** from **5- Feb -2018 to 4th-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.

Dr (Col) Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr. P.R.Sodani
President
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

सत्यमेव जयते

Dr.A.S.Sanghawi
Regional Deputy Director
Gandhinagar

No. RPMU/RPC/ Dissertation/2018
Regional Deputy Directorate,
Health & Medical Services,
3rd Floor, NHM Bhavan
Civil Hospital Campus,
Sector-12 Gandhinagar -382012
E'mail: rdd.health.gandhinagar@gmail.com
Mob.No. 9687630176, 079-232223350

Date: 9/5/2018

This certificate is awarded to

Name: **Dr. Pavitra Seth**

In recognition of having successfully completed her

Dissertation in the department

Name of Department: Regional Programme Management Unit, Gandhinagar

And has successfully completed her project on

Title of the project

Comparative study on Primary health centres in Rural and Urban areas of Gandhinagar, Gujarat: a gap analysis approach

Date: May 9 , 2018

Organization: Regional Programme Management Unit, Gandhinagar

National Health Mission, Gujarat

She comes across as a committed, sincere and dedicated person who has a Strong drive and zeal for learning.

We wish him/her all the best for future endeavours.

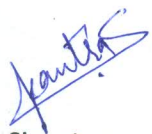
Regional Deputy Director
Health & Medical Services
Gandhinagar

Regional Deputy Director
Health and Medical Services
Gandhinagar- Gujarat

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled ***"COMPARATIVE STUDY ON PRIMARY HEALTH CENTERS OF URBAN AND RURAL AREAS OF GANDHINAGAR DISTRICT OF GUJJARAT"*** and submitted by **Dr. Pavitra Seth** Enrollment No. IIHMR-U/01/2016-18/0516 under the supervision of **Dr. P.R. Sodani** for award of MBA in Hospital and Health Management of the University carried out during the period from **February'18 to May'18** 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

ACKNOWLEDGEMENT

Nothing really can be accomplished alone It is the direction, guidance, involvement and support of more than few that results into realization."

My institute –Institute of Health and Hospital Management Research (IHMR), Jaipur, all the faculties at IIHMR and its education deserves the foremost appreciation for providing me the opportunities to understand my individual capabilities. I acknowledge the contribution of **Dr. P.R. Sodani** Acting President at IIHMR University, Jaipur in the completion of project and constantly encouraging me

I am highly indebted to **Dr. A.S. Sanghvi** (Regional Deputy Director, RPMU Gandhinagar) for his valuable guidance and help despite of his busy schedule.

I extend my sincere thanks to my parents and friends for the cooperation and guidance during the three months as this study is an accomplishment due to their timely help and constant support

I am also grateful to the employees of the RPMU, Gandhinagar and NHM Gujarat staff for cooperating with me in spite of their hectic schedule and to accomplish my task.

Table of Content

List of Figures

INTRODUCTION

Primary Health Centre is the initial level of communication of the folks, the personal and the community with the public health system, which brings well-being as adjacent as conceivable to wherever the communal individuals". "The knowledge and apprehension in wellbeing expansion and primary health care in India ages back to the Indus-valley civilization. In the modern time, the basis for primary healthcare for all was laid by the suggestions of Bhore committee in 1946." Later, based on the tender of first unified all round progress programme (the communal development programme) primary health centres were established for every block of the district."

As the time passes many modifications were made in Health system of India after Alma Ata declaration (1978), Primary health care for all and later Millennium development goals (MDG) both Central and state government has started providing health services to the poorest by making health accessible and affordable . Many programmes for the improvement of Health has been launched by Ministry of health and family welfare, government of India (GOI) under National Rural Health Mission which has been initiated in 2005 for the welfare and betterment of the people who remain deprived of the health care related services. Schemes like Rashtriya Swasthya Beema Yojana (RSBY), Yashashvini, Vajaaypee Aarogyashree in Karnataka state, Bhamashah Swasthya Beema Yojana, Rajasthan provides financial people to the people who are not able to pay for the treatment and the diagnostic services at all the health centres both in rural and urban areas Web based monitoring of all the programs made it easier to evaluate and identify the areas of concern .

After successful launch of NRHM for the improvement of Health in rural areas, the GOI came up with a new mission in 2012 i.e. National urban health mission (NUHM) with the purpose to elevate the health status of Urban poor, vulnerable and under privileged population of the society. Under this setup, Government plans to established PHCs in urban areas.

“Under this regard, it become crucial to validate the success of existing health centres especially PHCs as they are the link between CHCs and Sub centres and can be termed as first referral units”.”

As the success of PHCs lies in the utilisation of the services by the people, there is a need of intensive research in this field. And, as government is trying to improve health in urban as well as rural areas via different programs, there is a need to scrutinize is there any differences in the facilities and services provided by health centres in both the area

LITERATURE REVIEW

Thimmaih N. and Anitha C.V. (2013)

Primary Health Centre (PHC) is the most vital component of Public Health Care System as it is the first place of contact between the citizens and the Public Health System. The government is trying to improve the delivery of health care services through various programmes, so as to improve the health status of people. The most important aspect of the success of health programmes is the extent of availing of public health services by the people." Thereby, it would be necessary to ascertain the factors which help in better accessibility of public health care service by people especially at PHC level, so that health for all is achieved . As the government is trying to address health issues of rural and urban areas through separate programmes, there is need to examine whether there is any difference in the accessibility of PHC services in these areas. The present paper tries to address these questions by using Correlation,"" Chi-square test, Multiple Regression Model, Probit and Negative Binominal Regression models. It was found that there is no significant difference in the accessibility of PHC services in rural and urban areas and distance was the factor which determines accessibility in both urban and rural areas along with other factors

Anargiros Mariolis et. al. (2008)

Discrepancies in primary health care (PHC) services between urban and rural settings have already been studied in many countries; however, limited information exists regarding countries, such as Greece, where public Health Centres dedicated to primary care have not been in existence in major cities.

The results of this study highlight the significant differences regarding PHC services utilization between an urban and a rural population. Urban citizens seem to have different health needs and reasons for choosing a PHC unit than residents of the Greek countryside. Proximity to health services and the public character of the urban health centre seem to be its main advantages.

Duggal (1997) observed that it is unfortunate that while the incidence of all diseases are twice higher in rural than in urban areas, the rural people are denied access to proper health care, as the systems and structures were built up mainly to serve the better off. While the urban middle class in India have ready access to health services that compare with the best in the world, even minimum health facilities are not available to at least 135 million of rural and tribal people, and wherever services are provided, they are inferior. While the health care of the urban population is provided by a variety of hospitals and dispensaries run by corporate, private, voluntary and public sector organisations, rural healthcare services, mainly immunisation and family planning, are organised by ill-equipped rural hospitals, primary health centres and sub centres.

The Eighth Plan pointed out that it is not only the rural poor who are deprived: in large cities, where about 40-50 per cent of urban dwellers live in slums, their health status "is as bad, if not worse than in rural areas". Further, "The infrastructure for primary health care in urban areas hardly exists" (VHAI. 1998). The following three studies depict the deplorable situation of urban primary health care system and factors that influence their health seeking behaviour and the personalised spending for their health problems

METHODOLOGY

RESEARCH QUESTION

How different is the status of primary health centres in urban as compared to that of rural

HYPOTHESIS

There's no difference in the facility and services given at PHCs and UHCs.

AIM

The study aims at knowing the status of PHCs and UPHCs in terms of infrastructure, HR, services, availability of equipment and essential drugs, quality parameters and other support services.

OBJECTIVES

To study and analyse the status of MCH (maternal and child health) services available at Urban PHCs with respect to rural PHCs,

To study and analyze the status of facilities (IEC, Human resources, physical infrastructures) available at Urban PHCs with respect to Rural PHCs.

To make appropriate recommendations for strengthening of urban

METHODOLOGY

Study Design

Cross sectional, Descriptive study.

Study Setting

The study would be conducted in Gandhinagar district of Gujarat. It is divided into four blocks : Mansa, Kalol 1, Kalol 2 and Dahegam . There are approximately 252 villages in this district. According to the census 2011 it has a population of 2,388,291.

Duration of Study

The study would be conducted for a period of 90 days (three months), from February 05, 2018, to May 05 2018, till the completion of the desired sample size

Sample Size

Urban PHCs: All UHCs were selected Mansa, Kalol 1, Kalol 2 and Dahegam.

For PHCs Four PHCs will be selected from same block where urban PHCs are located

Sampling Technique

For selection of UPHCs: All UHCs were selected .

For selection of PHCs: Purposive sampling was used.

S.NO.	PHC	UPHC
1	UNAVA	KALOL 1
3	PUNDHRA	KALOL 2
4	BAHIYAL	MANSA
4	SOJA	DAHEGAM

Data Collection Instrument

The data would be collected using a checklist and observations made during the field visits

Data Collection Procedure

Data will be collected by visiting the health centers and checking the records. Also if required interacting with health service providers

Data Analysis Procedure

The data would be checked for partial/incompletely filled information before analysis. The data would be tabulated and analyzed using Microsoft Excel

RESULT ANALYSIS

Fig.1 Status of PHCs in terms of Physical Infrastructure (fig in %)

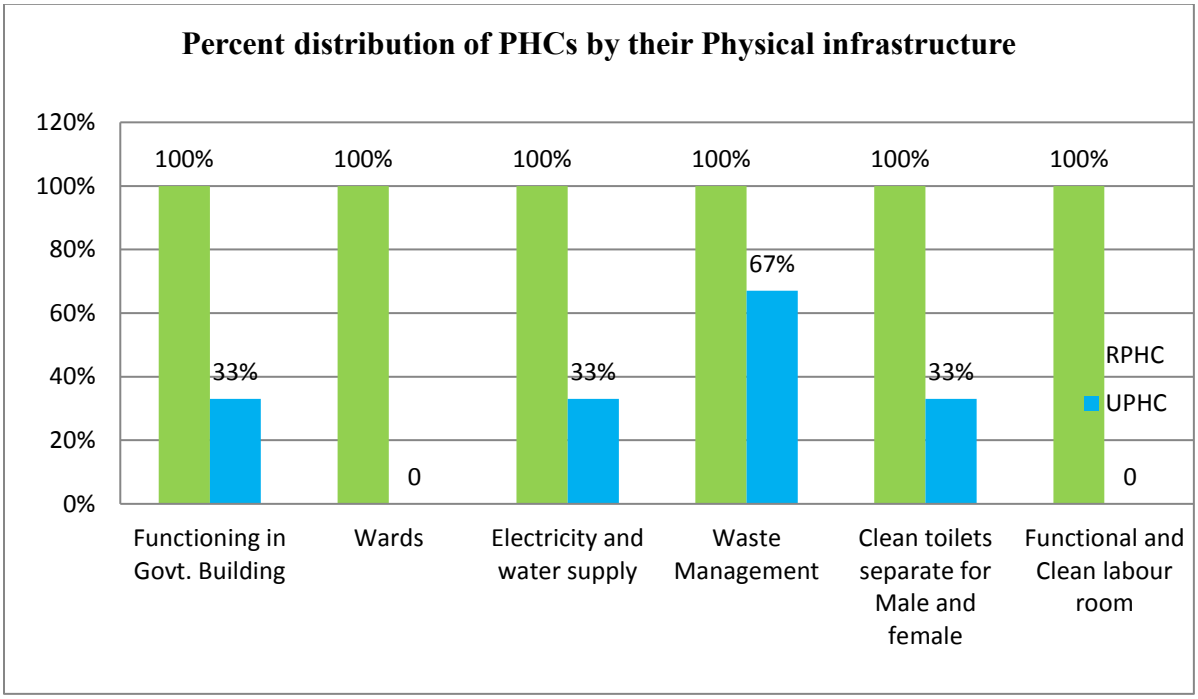


Fig 2: Status of Availability of Human Resources in Urban PHCs and Rural PHCs (Figure in average number)

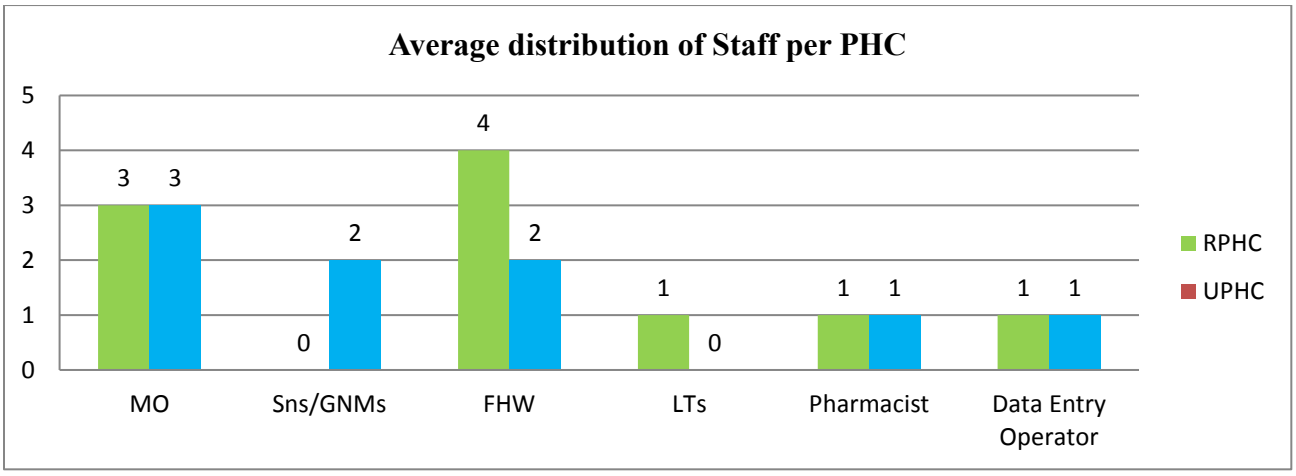


Fig 3: Status of service delivery in health centers (Figure in %)

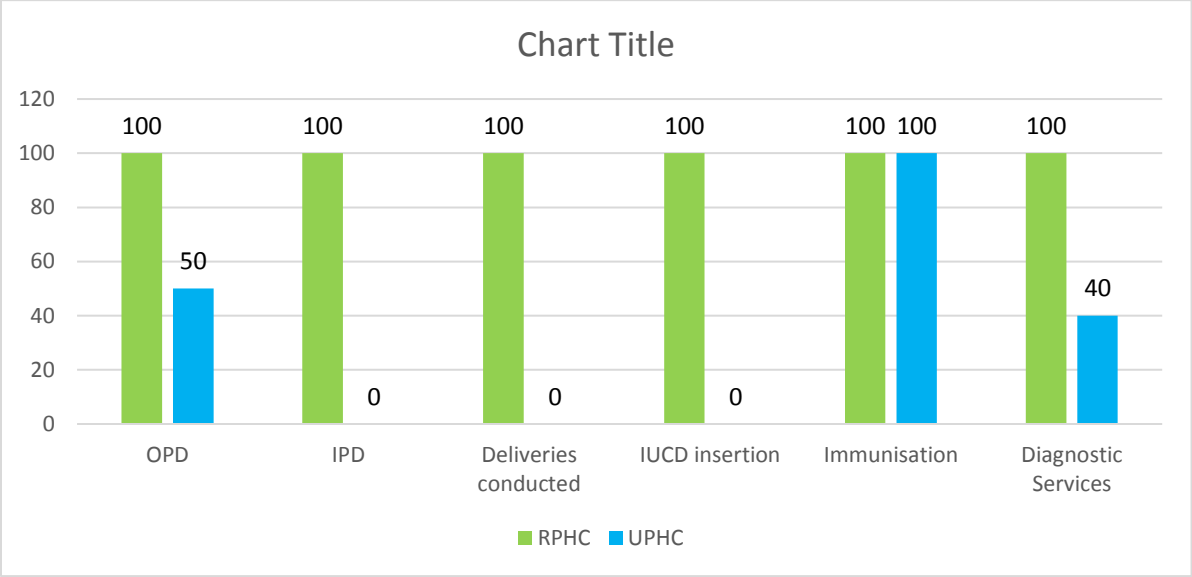


Fig.4 Status of Availability of IEC material (figure in%)

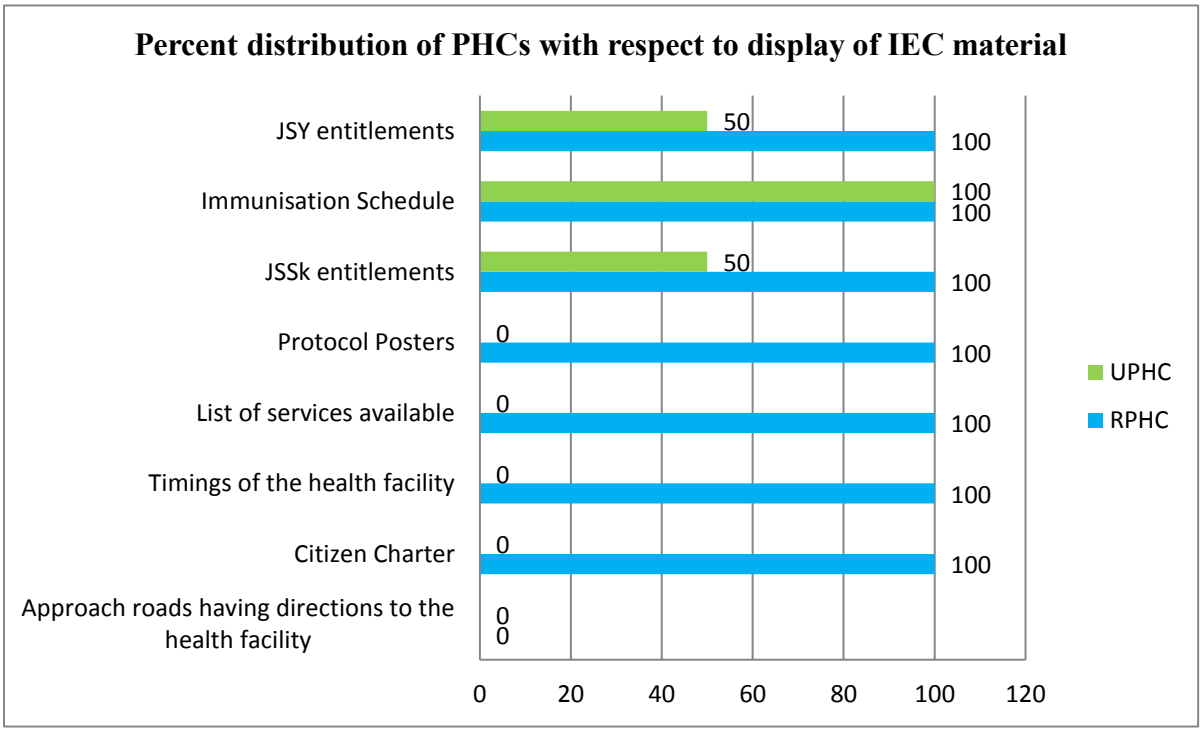


Fig.5 Status of Other support services available at health centers (figure in %)

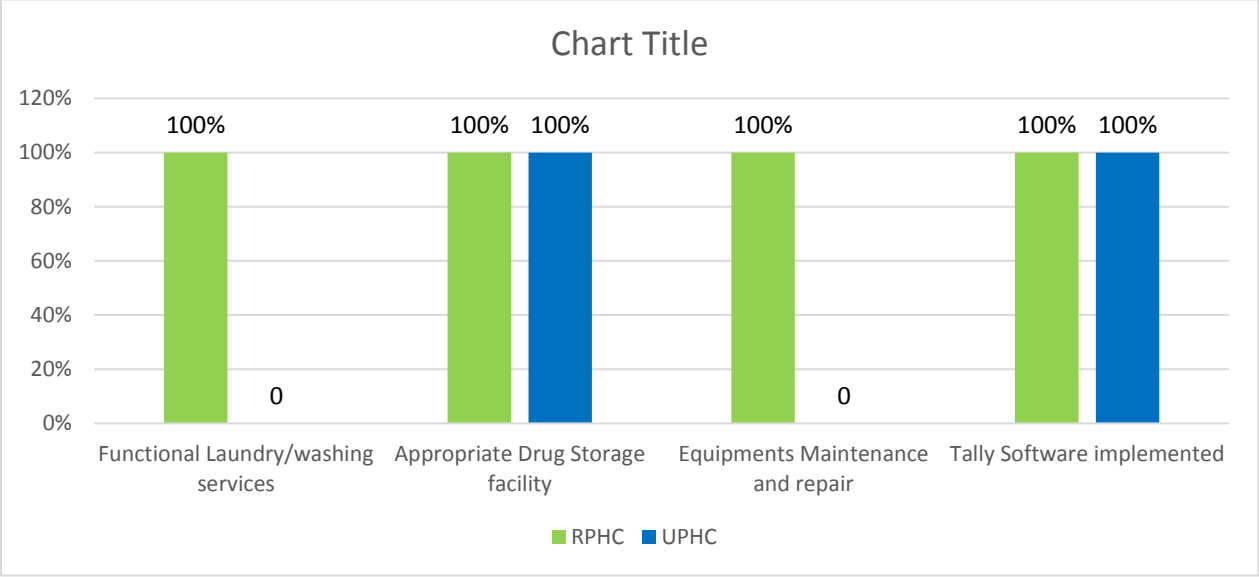
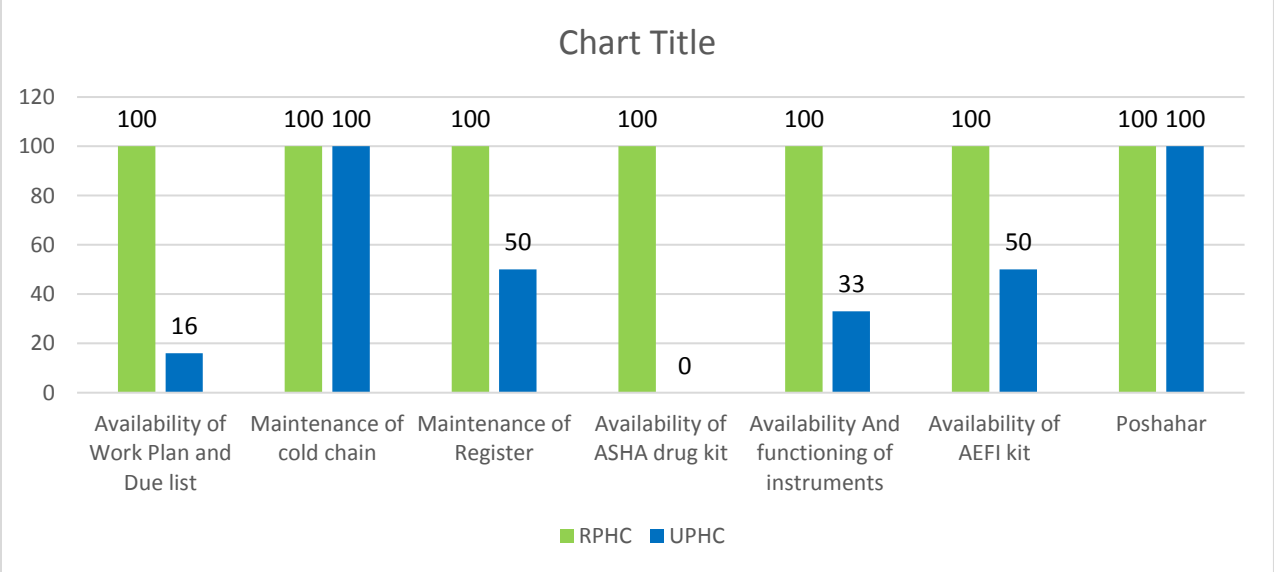


Fig.6 Status of MAMTA Sessions of Rural and Urban PHCs (fig in%)



CONCLUSION

The physical infrastructure of UHCs is inadequate as compared to PHCs as discussed in graph. Lack of wards and Labour room in UHCs affects the service delivery indicator IPD and Deliveries.

Average Staff at UHC is less than PHCs

Only 50% UHCs perform OPD. And no other services are being provided at UHCs in omparison to PHCs where all the services are provided

Lack of display of IEC material in UHCs.

There was appropriate drug storage facility and tally software was implemented in all the PHCs as well as UHCs.

The status of MAMTA session is inadequate in Urban as compared to Rural

Therefore, it is evident from the result that the facilities and services at UHCs is average as compared to rural and they are not efficient enough to Improve health of Urban poor. Hence, there's a need to strengthen UHCs setting the benchmark of PHCs.

RECOMMENDATIONS

- Recruitment on staff should be done as per the norms.
- Land and government building should be allotted to urban PHCs as many services like IPD, deliveries are affected by absence of non availability of building.
- IEC should be displayed at urban PHCs like wise as it is available in rural PHCs.
- Proper monitoring of MAMTA sessions should be done by Public Health Nurse.

REFERENCES

1. Mariolis, A., Mihas, C., Alevizos, A., Mariolis-Sapsakos, T., Marayiannis, K., Papathanasiou, M., Merkouris, B. (2008). Comparison of primary health care services between urban and rural settings after the introduction of the first urban health centre in Vyronas, Greece. BMC Health Services Research, 8, 124

2. http://doi.org/10.1186/1472-6963-8-124

3. https://bioinfopublication.org/files/articles/3_1_1_IJPHHR.pdf

4. http://nrhm.gov.in/nhm/nuhm.html

ANNEXURE

PHI Visit Checklist For PHC (PHI)

Name of LO: District:

Taluka:

Name of PHI: **Date of Visit:**

Section I: Service Delivery Indicators

Sr.	Service Utilization Parameter	For Current Month	Progressive for the Year	Remarks
1.1	No of OPD			
1.2	No of IPD			
1.3	No of Deliveries conducted at PHI			
1.4	No of Operations			
1.5	No. of children fully immunized			
1.6	No. of women who accepted post partum FP services			
1.7	No. of JSSK Beneficiaries/			
	No. of JSY Beneficiaries			
1.8	No of RSBY/MA Beneficiaries			
1.9	No of Certificates Issued under 'Ability Gujarat' Project			
1.10	No of RKS/VHSNC Meetings held			

Section II: Parameter

Sr. No	Parameter	Yes	No	Remarks
2.1	Appropriate Signage Board at entrance of Health Facility			
2.2	Clean, Green, land scope at PHI campus			
2.3	Health facility Functioning in Govt. building			
2.4	Building in good condition (Infrastructure/Drainage System etc)			
2.5	IEC Material displayed(Timings of the Health Facility/List of Service available/JSSK Poster/Immunization Schedule/ EDL available and displayed (At Entrance, Dg dispensing window/OPD area) Vernacular language/other related IEC Material			
2.6	Staff Quarters available? (MO/SNs/FHWs/other)			
2.7	Staff stays in Quarters?			
2.8	Electricity with functional power back up			

Sr. No	Parameter	Yes	No	Remarks
2.9	Running 24*7 water supply			
2.10	Availability of mechanisms for waste management			
2.11	Clean Toilets separate for Male/Female			
2.12	5S implemented in PHI			
2.13	Functional New born care corner (functional radiant warmer with neo-natal Ambu bag)/ Functional Newborn Stabilization Unit			
2.14	Separate Male and Female wards (at least by Partitions)			
2.15	Sufficient HR Available in PHI			
2.16	Training Status of Supt./MO/Paramedic Staff (for CHC, PHC)			
2.17	Sufficient and well maintained equipment Available in PHI			
2.18	Cold chain equipment maintained?			
2.19	E-mamta Data Entry completed till Date? Mention percentage completed (in Remarks column)			
2.20	Facility based reporting for HMIS completed by PHI till last month?			
2.21	DLIMS Data entry completed till last month? Mention till which month completed (in Remarks column)			
2.22	VCNC/CMTC/NRC Functional? Give remarks for response			
2.23	Record Maintenance (OPD Register/IPD Register/RCH Register etc.)			
2.24	Availability of complaint/suggestion box			

Section III: MAMTA DAY Observations (Mamta Day-)

Sr. No	Parameter	Yes	No	Additional Remarks
3.1	Availability of Work plan generated & filled?			
3.2	Provision of Water for Mamta Day beneficiary			
	Availability of ASHA Drug kit with ASHA			
3.3	ASHA Incentives Paid till last month?			

Sr. No	Parameter	Yes	No	Additional Remarks
3.4	Availability & Functioning status of instruments like Weighing Machine etc.			
3.5	Maintenance of Registers			
3.6	Availability of AEFI kit			

Section IV: FINANCIAL Review

Sr. No	Parameter	During Month	Progressive for the Year	Remark
4.1	Opening Balance			
4.2	Fund Allocated during month (Specify Date)			
4.3	Total Expenditure			
4.4	Closing Balance			
4.5	Cash on Hands			
4.6	JSSK Expenditure %			
4.7	JSY Expenditure %			
4.8	FP Expenditure %			
4.9	Avg. Payment of Incentive per ASHA			
4.10	Finance related Record Keeping			