COMAPARATIVE STUDY ON PRIMARY HEALTH CENTERS OF URBAN AND RURAL AREAS OF GANDHINAGAR DISTRICT OF GUJARAT

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INTRODUCTION

- Gandhinagar, Gujarat's new capital city, lies on the western bank of Sabarmati river.
- The district is divided into four Talukas.(Mansa, Kalol 1, Kalol 2 and Dahegam)
- Total no. of Urban Health center in district four blocks (Mansa, Kalol 1, Kalol 2 and Dahegam)
- Total no. of Community Health Center in district 12.
- Total no. of Primary health centre in district is 42.
- According to NFHS 4, urbanization of Gujarat is 42.6%

- 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.
- 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
- As the success of PHCs lies in the utilization 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.

RESEARCH QUESTION

- What is the difference in status of Primary Health center in Urban as compared to that of Rural area in terms of services and facilities?

OBJECTIVES

- To study and analyse the status of facilities (MAMTA sessions, delivery , IPD) available at Urban PHCs with respect to rural PHCs.
- To study and analyse the status of services (IEC, Human resources, physical infrastructures) available at Urban PHCs with respect to Rural PHCs.
- To make appropriate recommendations for strengthening of urban PHCs

RATIONALE

- In Gandhinagar district after establishment of NRHM and NUHM no attempt has been made to have a systematic assessment of implementation of IPHS guidelines in Primary health centres. In order to initiate any program intervention to provide effective services to beneficiaries it is imperative to assess the current situation of PHCs in urban and rural areas.

METHODOLOGY

- **Study Design:** The study design is Descriptive, Cross Sectional Study.
- **Study Duration:** 3 months (5th February to 4th May 2018)
- **Study Area:** The study was conducted in Gandhinagar district of Gujarat. PHCs from four blocks were studied.
  - Urban PHCs from Mansa, Kalol 1, Kalol 2 and Dahegam.
  - Rural PHCs from Bahiyal, Unava, Pundhra and Soja.

- **Sampling Technique”**
- For selection of UPHCs: All UHCs were selected.
- For selection of PHCs: Purposive sampling was used.
- **Data Collection Instrument**
- The data were collected using a checklist and observations made during the field visits.
- **Data Collection Procedure**
- Data were collected by visiting the health centers and checking the records. Also if required interacting with health service providers.

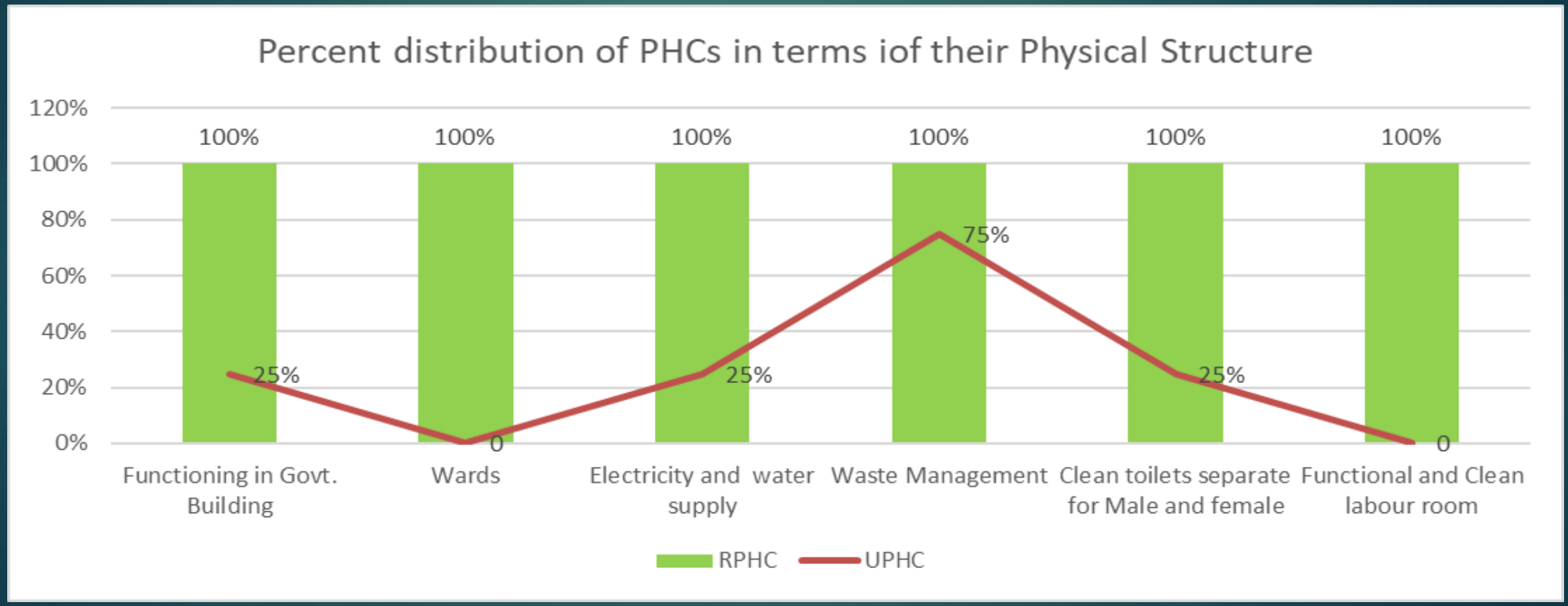
Data Analysis Procedure

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

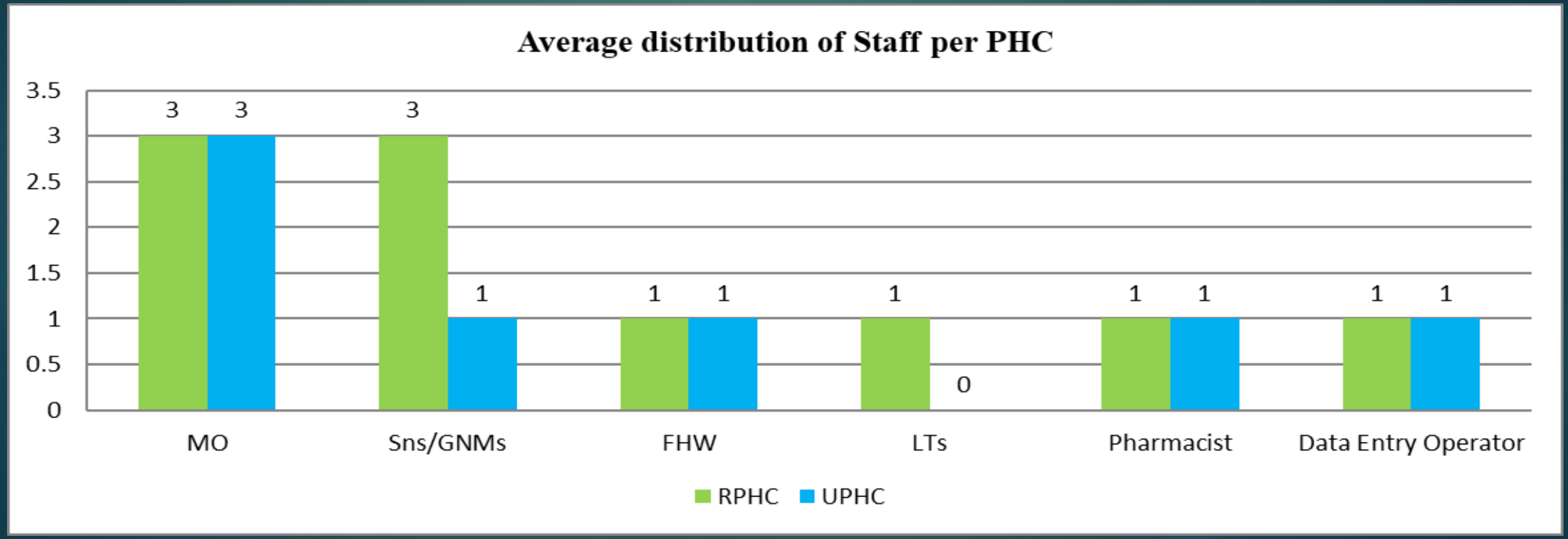
SAMPLE SELECTION PROCESS

- There are four Urban PHCs in district. Therefore all were selected for the study.
- For selection of PHCs in rural areas: Purposive sampling was done.
- **Sample size: 8** Health centers (4 RPHCs and 4 UPHCs)
- **Data collection:** Checklist was used for data collection.

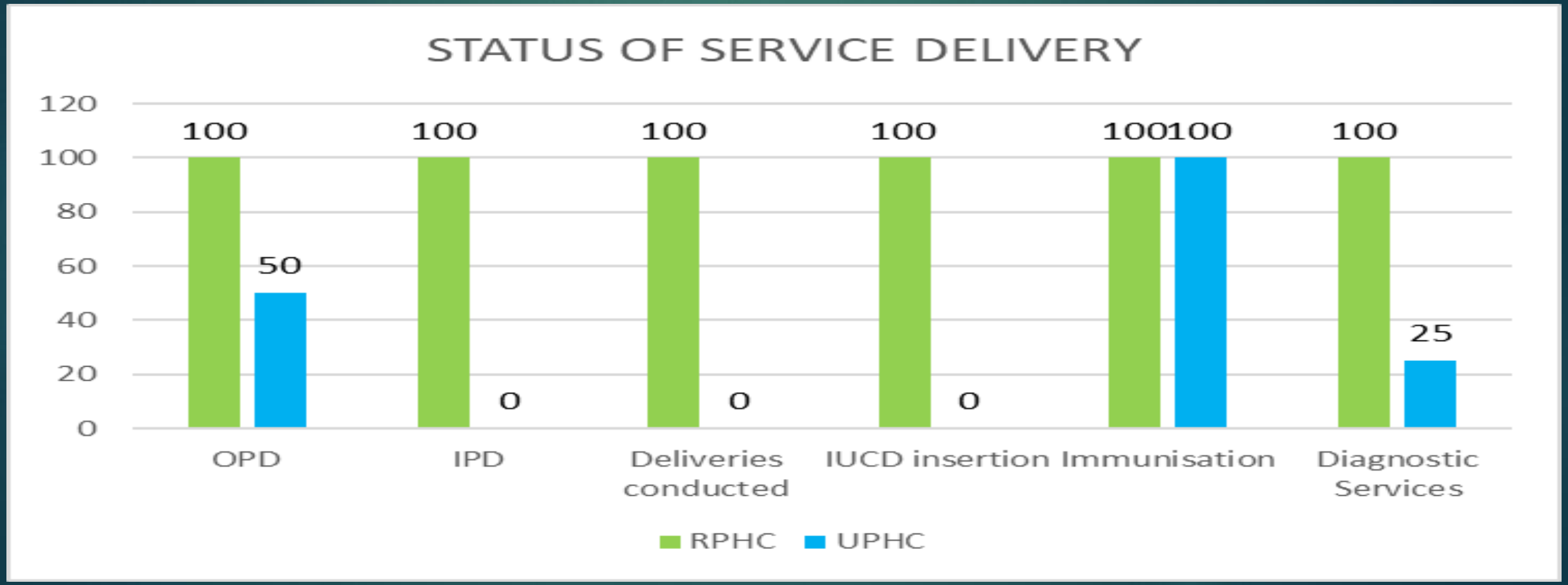
STATUS OF PHCs IN TERMS OF PHYSICAL INFRASTRUCTURE



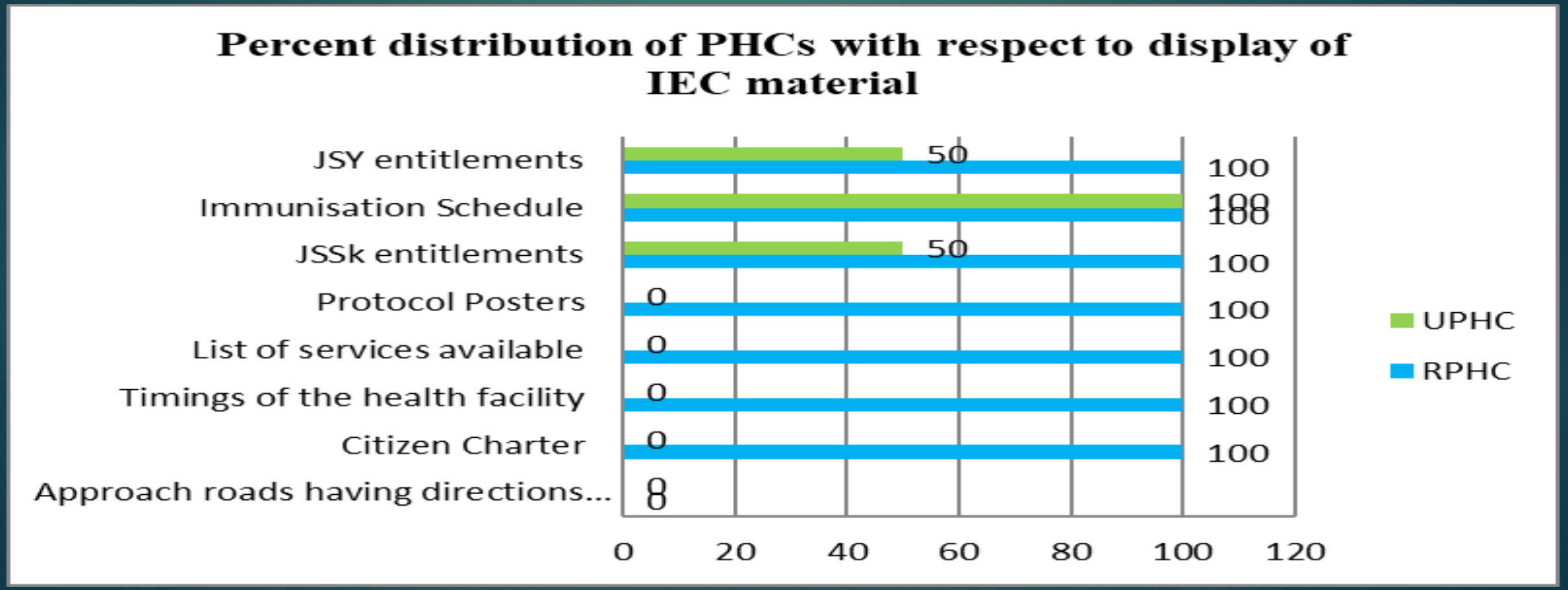
STATUS OF AVAILIBILITY OF HUMAN RESOURCES RPHCs AND UPHCs (in average number)



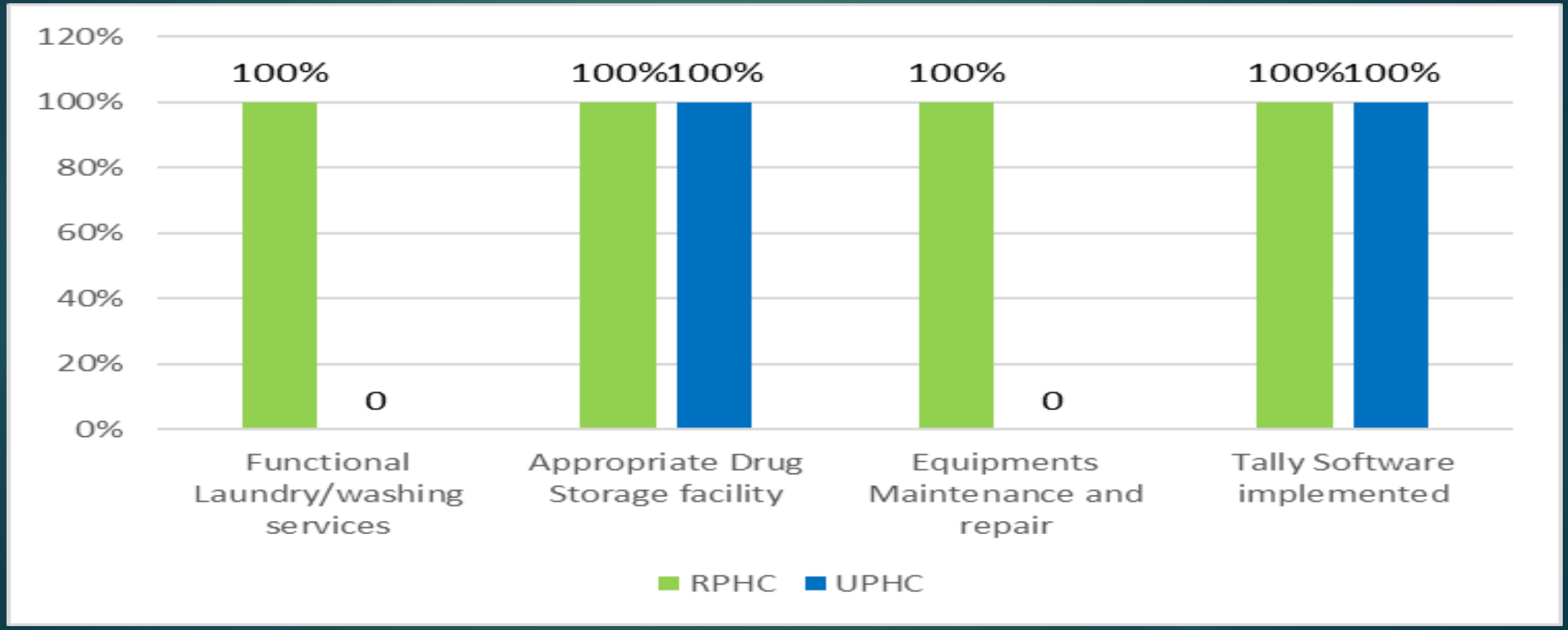
STATUS OF SERVICE DELIVERY HEALTH CENTERS (FIG IN %)



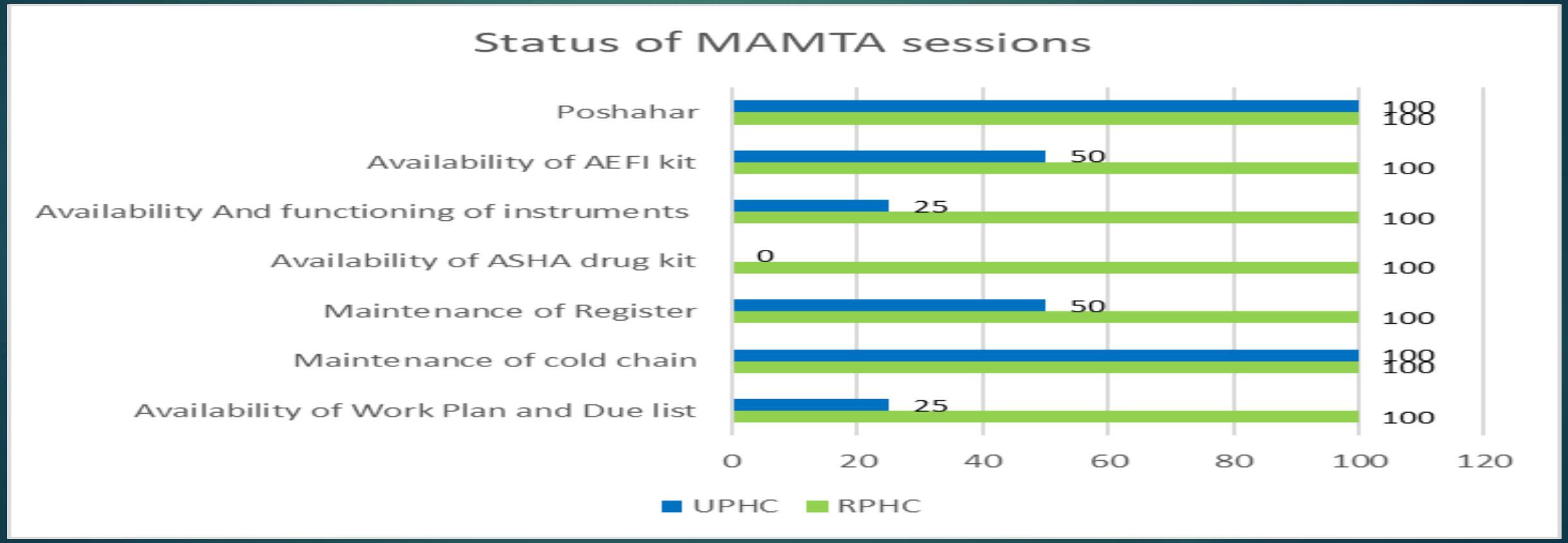
STATUS OF AVAILIBILITY OF IEC MATERIAL (fig in%)



STATUS PF OTHER SUPPORT OTHER SERVICES AVAILABLE AT HEALTH CENTERS(Fig in %)



STATUS OF MAMTA SESSION IN URBAN AND RURAL 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 comparison 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.

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