ASSESSMENT OF PRIMARY HEALTH CARE SERVICES IN TRIBAL BLOCKS OF RAJASTHAN

Dissertation
At
WISH Foundation, Jaipur

By
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Under the guidance of
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I wish him all success in all his future endeavors.

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Assessment of Primary Health Care Services in Tribal Blocks of Rajasthan

19 March - 18 May 2015

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He comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning. We wish him/her all the best for future endeavors

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Abstract

Assessment of Primary Health Care Services in Tribal Blocks of Rajasthan

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Background:

A meeting had been conducted between WISH Foundation India, NHM rajasthan officials and district CM&HO about primary health care status of every block of the 13 districts where Scale rajasthan project will be implemented. Initially 30 PHCs were selected to be handed over to WISH foundation for the next five years by NHM Rajasthan to manage on their own.

Objectives:

1. To study and analyse the existing infrastructure, manpower and other facilities available to ensure Primary health care services in the tribal blocks of rajasthan as per IPHS guidelines.
2. To identify the facilitating and hindering factors in the achievement of desired outputs and suggest measures to correct them.

Method:
Cross-Sectional, Descriptive Study was conducted to assess the primary healthcare services which involved both Qualitative and Quantitative type of study. Checklist was prepared by the help of Karuna Trust (working as an NGO partner with Wish Foundation) in which revised IPHS guidelines for PHCs were used as reference**.** Non probability sampling (Purposive sampling) method was used and 6 facilities were selected in which 2 were from each district Sawai Madhopur (PHC Surwal and Bhadoti), Baran (PHC Jepla and Pali) and Banswara (Timeda Bada PHC Ramgarh).

Results

Huge gap found between existing status in comparison with IPHS standards as only two PHCs, surwal and bhadoti had more than 50% staff required. Doctor and nursing staff were in positioned but posts of Pharmacist, data entry operators and health activists etc. were vacant.

PHC pali and bhadoti were good as they had 91% and 82% availability of infrastructure facilities respectively, but in others residential quarters for doctors and other staffs were not available and PHCs were facing difficulties to manage 24*7 deliveries and other emergency cases.

Primary health care centres were phenomenally sound in terms of equipments availability as 4 out of 6 PHCs had more than 75% of listed equipments. Equipments unavailable were steam sterilizer, MTP instruments, radiant wormer, fumigation machine and photo therapy units. Supply of Vitamin A, anti snake venom, anti rabies vaccine and emergency drug trays were irregular. Data entry operators were not positioned so HMIS data were not generated other than that computer/ internet facility were also not there.

Status of services delivery was not well as citizen’s charter was not there, fumigation was not done and cleaning and drainage system were also in poor state. Seepage was present in some of them and disposal of bio medical waste was not done as per guidelines.

Conclusion:

Overall status of primary health care services was in poor state as (1) Doctor and nursing staff were in positioned but others were vacant, (2) Residential quarters were not available, (3) Equipments like sterilizer, MTP instruments, radiant wormer etc. were absent, (4) Supply of drugs and consumables were irregular,(5) 24*7 delivery and infants cases were not managed, (6) HMIS data were not generated and maintained and others as citizen’s charter were absent, cleaning and drainage system were also in poor state. Seepage was present and disposal of bio medical waste was not done as per guidelines.

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Bhupendra Kumar Sharma

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List of Symbols and Abbreviations

AHS	Annual Health Survey
AIDS	Acquired Immuno Deficiency Program
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
ASPM	Associate State Programme Manager
AWW	Angan Wadi Worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha, SowaRigpa and Homeopathy
BEmOC	Basic Emergency Obstetric Care
CBR	Crude Birth Rate
CDR	Crude Death Rate
CES	Coverage Evaluation Survey
CHC	Community Health Center
CMO	Chief Medical Officer
C- section	Caesarean section
DH	District Hospital
EAG	Empowered Action Group
EmOC	Emergency Obstetric Care
FRU	First Referral Unit
GNM	General Nurse Midwife
HMIS	Human Resource Management Information System
IFA	Iron Folic Acid
IMR	Infant Mortality Rate
IMNCI	Integrated Management of Neonatal Child Illness
IPHS	Indian Public Health Standard
IUD	Intra Uterine Device
JSSK	Janani Shishu Surakhsha Karyakram
JSY	Janani Surakhsha Yojna
LSAS	Life Saving Anaesthesia Skills
LHV	Lady Health Volunteer
MCH	Maternal Child Health

MCTS	Mother and Child Tracking System
MDG	Millennium Development Goals
MHU	Mobile Health Unit
MMR	Maternal Mortality Ratio
MoHFW	Ministry of Health and Family Welfare
MTP	Medical Terminal of Pregnancy
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
NFHS	National Family Health Survey
NGO	Non Governmental Organization
NNMR	Neo Natal Mortality Rate
NRHM	National Rural Health Mission
OT	Operation Teature
OBG Specialist	Obstetrics and Gynaecology Specialist
PHC	Primary Health Center
PPP	Public–Private partnership
PRI	Panchayati Raj Institutions
RCH	Reproductive and Child Health
RKS	Rogi Kalyan Samiti
RMNCH+A	State Health Systems Resource Centre
RTI	Reproductive Tract Infection
SBA	Skill Birth Attendant
SC	Sub Center
SDH	Sub Divisional Hospital
SDO	State Data Officer
SIHFW	State Institute of Health and Family Welfare
SNCU	Specialized Newborn Care Unit
SPM	State Programme Managers
SRS	Sample Registration System
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
U-5 MR	Under-5 Mortality Rate

1. Introduction:

1.1 Rajasthan state at a glance:

Rajasthan is the largest state of the Republic of India by area and was established on 1st November 1956. Rajasthan, physically the largest state in the Indian Union is situated in the North-west part of the country, and has 56 million (or 5per cent) of the country's population. There are 33 districts, 237 blocks and 41353 villages. The population density is 165 persons per sq. km. (as against the national average of 312). Rajasthan covers 10.4% of India, an area of 342,239 square kilometres (132,139 sq mi). The Population of Rajasthan is 6,86,21,012 comprising of 5,15,40,236 rural and 1,70,80,776 urban population as per the Census 2011. The decadal growth rate of the state is 28.41% (against 21.54% for the country) and the population of the state continues to grow at a much faster rate than the national rate.

It comprises most of the wide and inhospitable Thar Desert (also known as the "Rajasthan Desert" and "Great Indian Desert"). Except in the hills of the Aravali range, temperature in most other parts of the state reaches the 40C mark during the summer months. Winters are mild in Rajasthan with the temperatures ranging between 22C and 8C. The climate of Rajasthan is characterized by dry and hot winds. The rainfall, which is characteristically scanty, comes during the month of July and September. However rainfall is comparatively high in the hilly Aravalli range. The southwest region of the state, being on the tropical region is considerably humid.

It shares a border with Pakistan along the Sutlej-Indus river valley. Elsewhere it is bordered by other Indian states: Gujarat to the southwest; Madhya Pradesh to the southeast; Uttar Pradesh and Haryana to the northeast; and Punjab to the north.

Figure 1.1: Divisions of rajasthan state

Table 1.1: Demographic, Socio-economic and Health profile of Rajasthan State as compared to India figures

S. No.	Item	Rajasthan	India
1	Total Population (Census 2011) (In Crore)	6.86	121.01
2	Decadal Growth (%) (Census 2011)	21.44	17.64
3	Crude Birth Rate (SRS 2013)	25.6	21.4
4	Crude Death Rate (SRS 2013)	6.5	7
5	Natural Growth Rate (SRS 2013)	19.1	14.4
6	Infant Mortality Rate (SRS 2013)	47	40
7	Maternal Mortality Rate (SRS 2010-12)	255	178
8	Total Fertility Rate (SRS 2012)	2.9	2.4
9	Sex Ratio (Census 2011)	926	940
10	Child Sex Ratio (Census 2011)	883	914
11	Schedule Caste population (in crore) (Census 2001)	0.97	16.67
12	Schedule Tribe population (in crore) (Census 2001)	0.71	8.43
13	Total Literacy Rate (%) (Census 2011)	67.06	74.04
14	Male Literacy Rate (%) (Census 2011)	80.51	82.14
15	Female Literacy Rate (%) (Census 2011)	52.66	65.46

Table 1.2: Health Care Infrastructure Available in Rajasthan State		
S. no.	**Health facilities**	**No. of health facilities**
1	District	33
2	District Hospital	34
3	Sub Division Hospital	19
4	Govt. Blood Banks	44
5	City Dispensaries	194
6	Block	249
7	CHC	568
8	PHC	2088
9	Sub centre	13227
10	Delivery points	1665
11	108 Ambulances	649

1.2. Primary Health Centre:

Primary Health Centre is the cornerstone of rural health services- a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-Centres for curative, preventive and promotive health care. A typical Primary Health Centre covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas with 6 indoor/observation beds. It acts as a referral unit for 6 Sub-Centres and refer out cases to CHC (30 bedded hospital) and higher order public hospitals located at sub-district and district level. However, as the population density in the country is not uniform, the number of PHCs would depend upon the case load.

Primary Health Centres conducting more than 10 deliveries per month throughout the year has designated as Operational delivery points. The idea behind designation of health facilities as delivery points is to prioritize the facilities having high delivery loads and provide 24*7 basic delivery and neonatal care services in order to improve current status of maternal and infant mortality.

Reduction in maternal and child mortality rate is the stated goal for National Health Mission, National Population Policy and National Health Policy to which the country is a signatory and has to respond. Maternal and Child health have become the prime focus for healthcare delivery all over the world, especially after the advent of the Millennium Development Goals, with MDGs 4 and 5 being "reducing child mortality rates" and "improving maternal health" respectively. Maternal and child mortality in India continues to remain unacceptably high. Historical evidence at the global level has demonstrated that it is possible to bring down effectively if obstetric and neonatal services are provided within reach of the communities and the families.

2. Literature review:

(1) A study was conducted by TRF (Technical resource facility funded by UKaid from the Department for International Development and AusAID and managed by HLSP) in Punjab provincial, Pakistan and the study shows that 81% primary health facilities having infrastructure but only 162 out of 493 were in good condition. For basic and comprehensive EmOC services (which should be available for 24 hours a day and seven days a week, since demand for EmOC services cannot be predicted). Another key issue faced by the surveyed health facilities, was the lack of MNCH-related staff and MNCH program was not met at the majority of the health facilities. The limited availability of medicines, supplies and functional equipment was a frequent barrier for the health facilities, preventing them from delivering high quality MNCH services. At the time of assessment, no health facility in Punjab was provided with the complete range of items required to perform the MNCH functions.

(2) PHCs were not spared from issues such as the inability to perform up to the expectation due to (i) non-availability of doctors at PHCs; (ii) even if posted, doctors do not stay at the PHC HQ; (iii) inadequate physical infrastructure and

facilities; (iv) insufficient quantities of drugs; (v) lack of accountability to the public and lack of community participation; (vi) lack of set standards for monitoring quality care etc.

3. Rational:

The overall objective of assessment of the PHCs was to ensure primary health care services were quality oriented and sensitive to the needs of the community with special emphasis on handling safe deliveries and providing neonatal care. Standards are the main driver for continuous improvements in quality, so performance of Primary Health Centres was assessed against the set standards which would also helpful to monitor and improve the functioning of the PHCs.

4. Research question:

What are the existing infrastructure, manpower and other facilities available to ensure Primary health care services and identification of facilitating and hindering factors in the achievement of desired outputs?

5. Objectives:

1. To study and analyse the existing infrastructure, manpower and other facilities available to ensure Primary health care services in the tribal blocks of rajasthan as per IPHS guidelines.
2. To identify the facilitating and hindering factors in the achievement of desired outputs and suggest measures to correct them.

6. Methodology:

6.1. Study Type:

Cross-Sectional Descriptive Study

It involved both Qualitative and Quantitative type of study.

6.2. Study Respondents:

Doctors, Nurses, pharmacist and administrative staff were available in primary health centres.

6.3. Tools and Techniques:

Revised IPHS guidelines for Primary Health Centres were used as reference keeping in view the resources available with respect to functional requirements of Primary Health Centre with minimum standards such as manpower, infrastructure, equipments, drugs and other services etc. available at Primary Health Centres. The checklist used in assessment was prepared by the help of Karuna Trust working as an NGO partner with Wish Foundation India.

The checklist was filled by direct observation and remarks were noted and quality aspects were explored by interaction with respondents.

6.4. Sampling method:

Non probability sampling (Purposive sampling) method was used. A meeting had been conducted between WISH Foundation India, NHM rajasthan officials and district CM&HO about primary health care status of every block of the 13 districts where Scale rajasthan project will be implemented. Initially 30 PHCs were selected to be handed over to WISH foundation for the next five years by NHM Rajasthan to manage on their own.

Figure 6.1: Mapping of Health facilities:

6.5.Facilities covered during field visit:

In order to know the existing status of primary health care services following PHCs were selected for the initial assessment and on the basis of this assessment further things are going to be planned accordingly.

Table 6.1: Health Care Rajasthan State covered during field visit

S. No.	Zone	District	Block	Health facility
1.	Bharatpur	Sawai Madhopur	Sawai Madhopur	PHC Surwal
2.	Bharatpur	Sawai Madhopur	Bonli	PHC Bhadoti
3.	Kota	Baran	Chhabra	PHC Jepla
4.	Kota	Baran	Chhabra	PHC Pali
5.	Udaipur	Banswara	Kushal garh	PHC Timeda Bada
6.	Udaipur	Banswara	Kushal garh	PHC Ramgarh

6.6. Ethical Considerations:

- Prior information was given before visiting to any health facility.
- Names of persons kept confidential and would not be taken during research process and presentation.
- All the information gathered from the respondent kept confidential and will used only for research purpose.
- If anyone among the respondents refused to become part of the data collection process they not forced by any means.
- The result was shared with Medical officer in charge of those Primary health centres as well other officials and partners.

7. Observations:

The overall objective of this assessment of PHCs was to assess current status of primary health care services in tribal areas of rajasthan and ensure that it was quality oriented and sensitive to the needs of the community. The performance of Primary Health Centres was assessed against the set standards as per IPHS guidelines and it would also help to select low performing PHCs along with their Sub centres and to improve their functioning in order to strengthen primary health care services.

For assessment of PHCs a checklist was prepared which was joined together into several heads- Manpower, Infrastructure, equipments, drugs and consumables, services, HMIS and other services.

7.1. Manpower:

According to IPHS guidelines medical officer in charge is the key person who can take care of whole activities performed by PHC and their underlying sub centres and ensure service deliveries keeping in view of quality care services. In 24*7 PHCs there should be an addition doctor to provide round the clock health services in assistance of an Ayush doctor.

Other than medical officer, health assistants, staff nurses, lab technician, pharmacist, data entry operator, clerical staff, drivers and group D workers has to be there to provide primary care and strengthen service delivery.

Table 7.1: Manpower status available at Primary Health Centres.

MANPOWER	IPHS norms	Current Status (YES=1, NO=0 and for multiple 1 for each position)					
		PHC Surwal	PHC Bhadoti	PHC Jepla	PHC Pali	PHC Timeda Bada	PHC Ramgarh
Medical Officer In Charge (MOIC)	1	1	1	1	1	1	1
Medical Officer/Doctor	1	1	1	1	0	1	1
Senior Health Assistant (Female)	1	0	0	1	0	0	0
Senior Health Assistant (Male)	1	0	0	0	1	0	0
Junior Health Assistant (Female)	1	1	0	0	0	0	0
Junior Health Assistant (Male)	1	1	0	0	1	0	0
Staff Nurse	3	1	3	3	0	3	1
Lab Technician	1	1	1	1	1	1	0
Pharmacist	1	0	0	0	0	0	0
Clerical (SDC/FDC) Staff	2	2	2	0	0	0	0
Group D/ Class IV staff	4	1	1	1	1	0	0
Drivers	1	0	1	1	3	0	0
Ophthalmic Assistant	1	0	0	0	0	0	0
AYUSH Doctor	1	1	1	0	1	0	1
Lady Doctor	1	1	1	0	0	0	0
Data Entry Operator	1	1	0	1	0	1	1
Total	**22**	**12**	**12**	**10**	**9**	**7**	**5**

In all facilities medical officer in charge were in position and in some PHCs only one medical officer was present and whole PHC was managed by them. Position of health assistants were vacant in all PHCs except PHC jepla had one senior health assistant and in PHC surwal addition charge was given to LHV. 3 posts of staff nurse was sanctioned

in all PHCs and fulfilled in bhodoti, jepla and timeda bada but in pali there was no staff nurse. Lab technician was available in all PHCs except one Ramgarh. Pharmacist and ophthalmic assistants were not available in any of them. Ayush doctor was not positioned in jepla and timeda bada and lady doctor was available only in surwal and bhadoti.

7.2. Infrastructure:

Infrastructure facilities include PHC building, residential quarters, round the clock water and electricity supply, communication facilities, utility services as well place for OT labour room, wards and store room for drugs and other consumables.

All PHC had government premises and good road connectivity with referral facilities. In PHC jepla 24*7 water and electricity services were not available, rest of PHCs were having water and electricity but only for 4-8 hrs and for power backup all PHC were equipped with inverter except surwal and in ramgarh and pali it was present but not functional. PHCs bhadoti, jepla and pali were connected through landline but in others staff used their personal mobile for communication.

Jepla and ramgarh PHCs did not equipped with internet facility and computer was not available in surwal and ramgarh, so online data entry was done at their respective CHCs. Except jepla all PHCs had separate utility services for male and female as well for lobour room. Residential quarter for doctors was not available at PHC surwal and timeda. Residential facility for ANMs was available at all PHCs except surwal. OT was available in PHC timeda bada only. Labour room, OPD room, ward, dispensing and store room were available in all, but separate dressing room were not available at PHC pali and ramgarh.

Table 7.2: Status of Infrastructure facilities available at Primary Health Centres.

INFRASTRUCTURE	Availability	Current Status (Code for YES=1, NO=0 and for others no. given against position)					
		PHC Surwal	PHC Bhadoti	PHC Jepla	PHC Pali	PHC Timeda	PHC Ramgarh
What type of building is available for PHC?	1. Rented premises 2. NGO/PRI/Donated building 3. Government building, other government building	3	3	3	3	3	3
Does the PHC have 24 hour running water supply?	(Y/N)	1	1	0	1	1	1
Does the PHC have regular electricity supply?	(Y/N)	1	1	0	1	0	0
Is there any Power backup in PHC? (Generator / inverter)	(Y/N)	0	1	1	1	1	1
Is there any Communication facility (Mobile / landline) in PHC?	(Y/N)	0	1	1	1	0	0
Is there Internet facility in PHC?	(Y/N)	1	1	0	1	1	0
Are there separate public utilities for males and females?	(Y/N)	1	1	0	1	1	1
Is there residential facility for Doctor?	(Y/N)	0	1	1	1	0	1
Is there residential facility for Health Assistant (Male)?	(Y/N)	0	0	1	1	0	0
Is there residential facility for Health Assistant (Female)?	(Y/N)	0	0	0	1	0	0
Is there residential facility for nurse / ANM?	(Y/N)	0	1	1	1	1	1
Is a four wheeler available for program implementation?	(Y/N)	0	0	0	1	0	0
Is computer facility available?	(Y/N)	0	1	1	1	1	0
Are the following facilities available?							
· Operation Theatre	(Y/N)	0	0	0	0	1	0
· Labour Room/ IUD room	(Y/N)	1	1	1	1	1	1
· Outpatient Room	(Y/N)	1	1	1	1	1	1
· Injection room / dressing room	(Y/N)	1	1	1	0	1	0
· Ward	(Y/N)	1	1	1	1	1	1
· Dispensing room for giving medicines	(Y/N)	1	1	1	1	1	1
· Storeroom	(Y/N)	1	1	1	1	1	1
Total	**22**	**13**	**18**	**15**	**20**	**16**	**13**

7.3.Equipments:

Status of equipments availability was exceptionally very good in PHCs other than in kushal garh block (PHC timeda bad and ramgarh). Deep freezer, ILR and cold boxes were available in each facility to support cold chain storage of vaccines except in PHC jepla and in ramgarh due to electricity issues vaccines are stored in kushal garh CHC.

BP instrument, weighing machine for infants and adults, hub cutter, labour room table with McIntosh sheet was available in all PHCs. Autoclave (which is used in sterilization of equipments and cloths) was available at all primary health care facilities except timeda bada but steam sterilizer was present only in bhadoti and ramgarh. MTP instrument were used in PHC bhadoti and jepla.

Table 7.3: Current status of equipments availability in Primary Health Centres.

EQUIPMENTS	Availability	Current Status (YES=1 and NO=0)					
		PHC Surwal	PHC Bhadoti	PHC Jepla	PHC Pali	PHC Timeda Bada	PHC Ramgarh
Deep freezer	(Y/N)	1	1	0	1	1	1
ILR (Ice Line Refrigerator)	(Y/N)	1	1	0	1	1	1
Cold Box	(Y/N)	1	1	1	1	1	1
Vaccine carrier	(Y/N)	1	1	1	1	1	1
Weighing machine for infants	(Y/N)	1	1	1	1	1	1
Weighing machine for adults	(Y/N)	1	1	1	1	1	1
BP instrument	(Y/N)	1	1	1	1	1	1
Autoclave	(Y/N)	1	1	1	1	0	1
Steam sterilizer	(Y/N)	0	1	0	0	0	1
MTP Instruments	(Y/N)	0	1	1	0	0	0
Labour room table and McIntosh Sheet	(Y/N)	1	1	1	1	1	1
light source available in labour room	(Y/N)	1	1	1	1	0	0
Suction Apparatus (Manual or Automatic)	(Y/N)	1	1	1	1	0	1
Needle Destroyer	(Y/N)	1	1	1	1	1	1
Oxygen Cylinder	(Y/N)	1	1	1	1	1	0
Fumigation machine	(Y/N)	0	0	0	0	0	0
Radiant warmer	(Y/N)	1	1	1	1	0	0
Phototherapy unit	(Y/N)	0	0	1	0	0	0
Total	**18**	**14**	**16**	**14**	**14**	**10**	**12**

Fumigation machine (used to sterilize OT and labour room with the aim of reduce hospital acquired infections) and photo therapy unit were absent in all facilities.

Radiant warmer and suction apparatus (essential equipments of new born care corner) were not available in ramgarh and timeda bada and not funtional in jepla and pali. Oxygen cylinder was absent only at Ramgarh PHC.

7.4.Supply of Drugs and Consumables:

Regular supply of drugs and other consumable services play crucial role in smooth functioning of health facility and provide uninterrupted service deliveries to cater the need of tribal communities.

Normal delivery kit (Kit I) was available in PHCs to conduct normal deliveries at primary health care level. Disposable delivery kit was also supplied to facilities but in timeda bada and ramgarh it was absent the reason might be less delivery load on that PHC.

Family planning services like Kit G IUD insertion as well supply of oral pills, condoms and copper T were up to the standards but tubectomy kits was absent in primary care facilities.

Status of immunization services was good at primary level as cold chain storage facilities were available. Vaccines for BCG, DPT, OPV, measles, TT and Hepatitis B etc. were available and stored as mentioned in guidelines as well its distribution to sub centres during MCHN days. But in ramgarh as there was no vaccine storage facilities, these vaccines were stored and distributed at CHC level.

IFA tablets for management of anaemia in pregnant and adolescent girls were available in primary health centres. Supply of ORS packets for management of diarrhoea in infants and children were up to the level.

Analgesics/ antipyretics, anti tubercular drugs, inj. gentamycin/ ampicillin and chloroquin tablets were available but Vitamin A solution which is given to infants with measles vaccine was not available at PHC timeda bad and ramgarh.

Anti rabies vaccine used to prevent from rabies after animal bite was absent in surwal, pali and timeda bada health centres.

Table 7.4: Supply of Drugs and consumables at Primary Health Centres.

DRUGS and CONSUMABLES	Availability	Current Status (YES=1 and NO=0)					
		PHC Surwal	PHC Bhadoti	PHC Jepla	PHC Pali	PHC Timeda Bada	PHC Ramgarh
Kit G IUD Insertion	(Y/N)	1	1	1	0	1	1
Kit I Normal Delivery Kit (DDK)	(Y/N)	1	1	1	1	1	1
Oral Pill	(Y/N)	1	1	1	1	1	1
Condoms	(Y/N)	1	1	1	1	1	1
Copper T	(Y/N)	1	1	1	1	1	1
BCG	(Y/N)	1	1	1	1	1	0
DPT	(Y/N)	1	1	1	1	1	0
OPV	(Y/N)	1	1	1	1	1	0
Measles	(Y/N)	1	1	1	1	1	0
T.T	(Y/N)	1	1	1	1	1	1
DT	(Y/N)	0	1	0	1	0	0
Hepatitis B	(Y/N)	0	1	1	1	1	1
IFA Tab Small	(Y/N)	0	1	1	1	1	0
IFA Tab Large	(Y/N)	1	1	1	1	1	1
ORS packet	(Y/N)	1	1	1	1	1	1
Vitamin A Solution	(Y/N)	1	1	1	1	0	0
Disposable delivery kit	(Y/N)	1	1	1	1	0	0
Antipyretics/Analgesics	(Y/N)	1	1	1	1	1	1
Inj .Gentamycin /Ampicillin	(Y/N)	1	1	1	1	1	1
Anti-snake Venom	(Y/N)	0	1	1	0	0	1
Chloroquin Tablets	(Y/N)	1	1	1	1	1	1
I/V fluids	(Y/N)	0	1	1	1	1	1
Tubectomy Kit	(Y/N)	0	0	0	0	0	0
Anti Rabies vaccine	(Y/N)	0	1	1	0	0	1
Anti Tubercular drugs	(Y/N)	1	1	1	1	1	1
Emergency Tray Drugs (Inj. Diazepam,Inj. Lignocanine Hydrochloride, Nifidipine Tablet, Inj. Magnesium Sulphate)	(Y/N)	0	1	1	0	1	0
Madilu Kits	(Y/N)	1	0	0	0	0	0
Total	**27**	**19**	**25**	**24**	**21**	**20**	**16**

Emergency Tray Drugs (Inj. Diazepam,Inj. Lignocanine Hydrochloride, Nifidipine Tablet, Inj. Magnesium Sulphate)) were not available in some PHCs specifically in surwal, pali and ramgarh.

7.5. Services Provided at PHC:

Except surwal rest of the PHCs were functional as 24*7 health facility. There was no doctor available at night in surwal and pali. Deliveries were conducted in all facilities it was exceptionally low in surwal and pali 1-3 per month. There were no residential quarters in surwal and timeda that's why no deliveries conducted at night and in PHC ramgarh doctor was posted one month before and community did not know about it so delivery cases shifted towards block CHC kushal garh. Service for assisted delivery (foercep or vaccum) was not provided by any of primary health centres.

Parenteral oxytocics were available which control over muscle contraction process and help in uncomplicated the labour process. Parenteral antibiotic were also available to reduce risk of infections. PHC bhadoti, jepla and pali were the only health facility who could manage post partum haemorrhage cases, rest others refer those cases to block CHC and district hospital.

Essential new born care services was not provided by PHC timeda bada and ramgarh as new born care corner was not established and radiant warmer was also not available there. Only one health facility PHC bhadoti was capable to provide services to manage sick children. Doctor, nursing staff and ORS supply were there but still diarrhoea cases in infants could not managed in PHCs of kushal garh block.

Table 7.5: Availability of Basic, New born, antenatal and laboratory services at PHCs

SERVICES	Availability	Current Status (YES=1 and NO=0)					
		PHC Surwal	PHC Bhadoti	PHC Jepla	PHC Pali	PHC Timeda Bada	PHC Ramgarh
Is this a functional 24*7 health facility?	(Y/N)	0	1	1	1	1	1
Is the doctor available 24x7?	(Y/N)	0	1	1	0	1	1
Are deliveries conducted in this facility?	(Y/N)	1	1	1	1	1	0
Are deliveries conducted 24*7?	(Y/N)	0	1	1	1	0	0
Is service for assisted delivery (forceps or vacuum) provided in this facility? (Y/N)	(Y/N)	0	0	0	0	0	0
Is administration of parenteral Oxytoxcics available?	(Y/N)	1	1	1	1	1	1
Is administration of parenteral antibiotics available?	(Y/N)	1	1	1	1	1	1
Are services for managing PPH available?	(Y/N)	0	1	1	1	0	0
Are essential newborn care services available?							
· Does the facility have the following services for managing sick children? (Y/N)	(Y/N)	0	0	1	0	0	0
· Management of Diarrhoea	(Y/N)	1	1	1	1	0	0
Are antenatal care services provided in this facility?							
· Is Haemoglobin estimation carried out?	(Y/N)	1	1	1	1	1	1
· Is injection TT given to pregnant women?	(Y/N)	1	1	1	1	1	1
· Is IFA tablets provided in ANC?	(Y/N)	1	1	1	1	1	1
Are the following basic laboratory services provided?							
· Haematological test	(Y/N)	1	1	1	1	1	1
· Malaria test	(Y/N)	1	1	1	1	1	1
· TB test (Sputum testing for mycobacterium)	(Y/N)	1	1	1	1	1	1
· Test for Blood Sugar	(Y/N)	1	1	1	1	1	1
· Routine urine / stool examination	(Y/N)	1	1	1	1	1	1
Total	**18**	**12**	**16**	**17**	**15**	**13**	**12**

Antenatal care services include estimation of Haemoglobin to detect anaemia cases, TT injection and IFA tablets to increase haemoglobin level which ultimately reduces risk of maternal and neonatal deaths. These three critical antenatal services were provided by all primary health centres.

Basic laboratory tests which include Haematological test, Malaria test, TB test (Sputum testing for mycobacterium), Test for Blood Sugar and Routine urine / stool examination were performed at PHC level.

7.6. HMIS System:

Health Information System can be defined as a set of components and procedures organized with the objective of generating information which will improve health care management decisions at all levels of health system.

Table7.6: Status of Health Management Information system at Primary Health Care Centres.

HMIS	Availability	Current Status (YES=1 and NO=0)					
		PHC Surwal	PHC Bhadoti	PHC Jepla	PHC Pali	PHC Timeda Bada	PHC Ramgarh
Online Submission HMIS	(Y/N)	0	1	1	0	0	0
Monthly Integrated activity report	(Y/N)	1	1	1	1	1	1
Notifiable disease report	(Y/N)	0	1	1	1	0	0
Immunization report	(Y/N)	1	1	1	1	1	0
Family planning registers	(Y/N)	1	1	1	1	1	1
Total	**5**	**3**	**5**	**5**	**4**	**3**	**2**

Online submission of HMIS data was done by PHC bhadoti and jepla only. In pali and timeda bada data entry operator was deputed to other places so they did not prepare soft copy of data, entry of data done at CHC level. In surwal and ramgarh the status was very poor as they did not have manpower, computer and internet facility so the is generated in paper only and transferred to soft copy at block CHC.

Monthly Integrated activity report, Immunization report and family planning registers were maintained by all primary health centres but for any emergency situation or to report outbreak of any disease different registers have to be maintained which was prepared only in bhadoti, jepla and pali.

7.7. Other facilities:

Citizen charter was available only in surwal, jepla and pali PHCs rest three did not displayed it which is mandatory to be display outside the facility in local language.

Fumigation of OT and labour room was not done by any health facility as there was no fumigation machine available and it was also not taken care of their respective CHCs.

Deep burial pits are generally used in primary health centres for disposal of bio medical waste. PHC bhadoti and pali did not have proper disposal mechanism, they used to through it outside in open areas which could be the source of contamination for various diseases. Colour bin were available in all primary health centres for bio medical waste segregation but they were not used as per the guidelines. Hub cutter was available in all facilities to destroy needles.

Table 7.7: Other Existing Facilities provided at Primary Health Care Centres.

OTHER FACILITIES	Availability	Current Status (YES=1 and NO=0)					
		PHC Surwal	PHC Bhadoti	PHC Jepla	PHC Pali	PHC Timeda Bada	PHC Ramgarh
Is Citizen's charter with the list of available services displayed in local language?	(Y/N)	1	0	1	1	0	0
Is deep burial pit used for BMW disposal in PHC?	(Y/N)	1	0	1	0	1	1
Are colour bins used for BMW segregation in the PHC?	(Y/N)	1	1	1	1	1	1
Are Needle destroyers being used?	(Y/N)	1	1	1	1	1	1
Is fumigation done in OT and Labour Room?	(Y/N)	0	0	0	0	0	0
Is Pucca Road leading to PHC?	(Y/N)	1	1	1	0	1	1
Is Floor of primary health centre pucca?	(Y/N)	1	1	1	1	1	1
Is Seepage in walls absent or present?	(Y/N)	0	1	0	1	1	0
Do the Toilets in PHC have running water & drainage facility?	(Y/N)	0	0	0	1	1	1
Are toilets in the PHC clean or not?	(Y/N)	1	0	1	0	0	1
Is Drainage system available?	(Y/N)	0	0	1	0	0	0
Is the building and the premises clean or not?	(Y/N)	1	1	1	0	1	0
Total	**12**	**8**	**6**	**9**	**6**	**8**	**7**

All PHCs were connected with pucca road and floor was also in good condition, it was made by either cemented floor or tiles. Seepage was present in walls of surwal, jepla and ramgarh PHCs. Running water facility was not available in many of them and cleaning was not done. Proper drainage system was not seen in PHCs and premises were not clean.

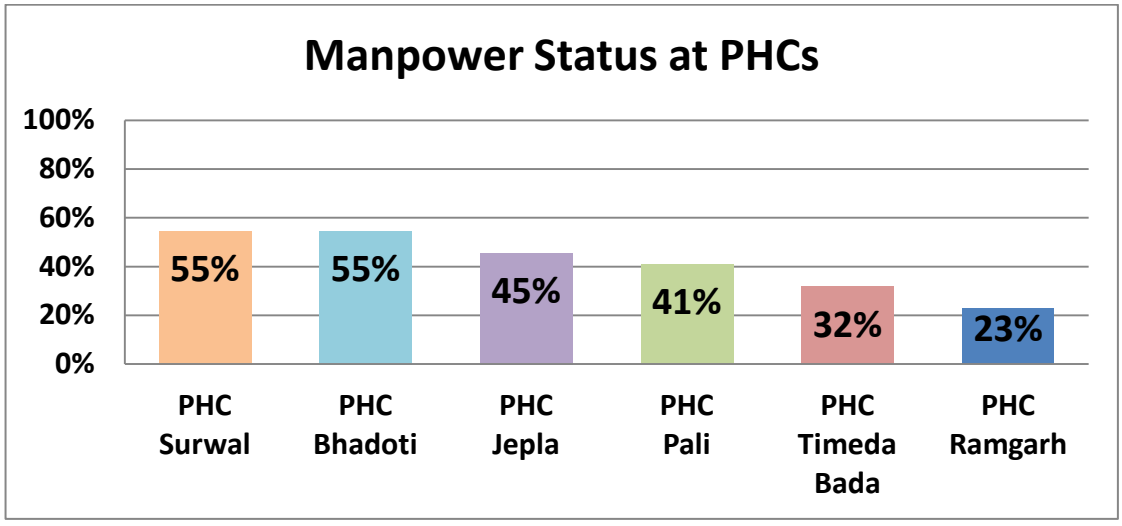
8. Results:

As earlier discussed in order to assess primary health care services in tribal blocks of rajasthan, all parameters were grouped into several heads like Manpower, Infrastructure, equipments, drugs and consumables, services, HMIS and other services. Percentage availability of each head was calculated which could help to get a clear scenario of primary health care services of respective areas.

8.1. Manpower:

When calculated it was found that there was huge gap between existing manpower in comparison with IPHS standards. The result shown only two PHCs, surwal and bhadoti had more than 50% staff required and in rest of them it was not even half of standards. Doctor and nursing staff were in positioned in all PHCs but posts of other staff like Pharmacist, data entry operators, information assistants, health activists, driver and group D workers were vacant.

Figure 8.1: Percentage Manpower Status Available at Primary Health Centres.

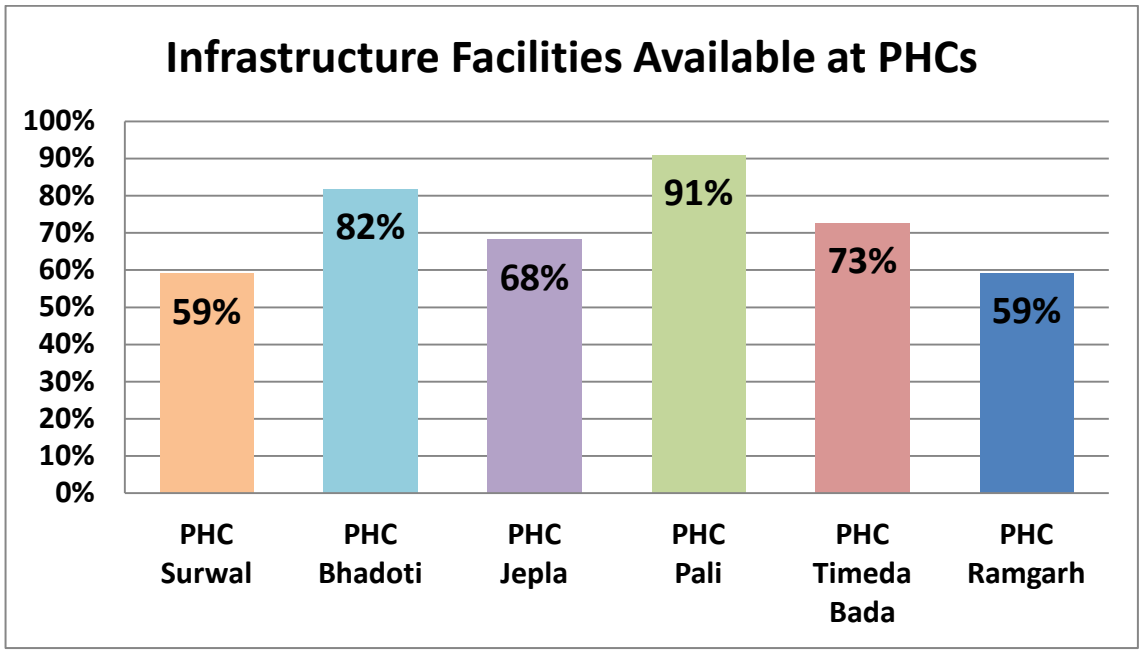


8.2.Infrastructure:

Infrastructure facilities were quit well at primary health care level as they all had government premises in which individual space available for labour room, outpatient

room, ward, medical dispensing and storage rooms but residential quarters for doctors and other staff were unable to fulfil the need.

Figure 8.2: Status of Infrastructure facilities available at Primary Health Centres.



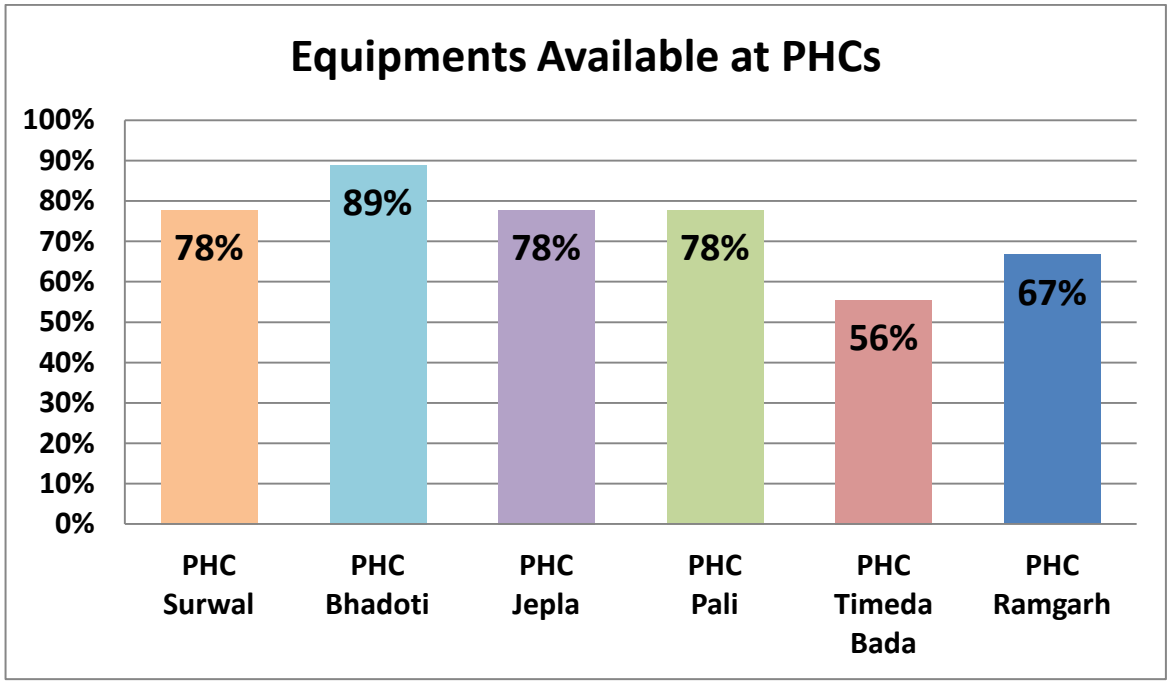
PHC pali and bhadoti were very good as they had 91% and 82% availability of infrastructure facilities respectively. Other PHCs like timeda bad and jepla were good as they scored 73% and 68% and rest of them surwal and ramgarh had 59% infrastructural services.

8.3.Equipments:

Primary health care centres were phenomenally sound in terms of equipments availability as 4 out of 6 PHCs had more than 75% of listed equipments. PHC bhadoti had 89% and surwal, jepla and pali were having 78% equipments. Ramgarh and timeda bada were weak in terms because of having 67% and 56% equipments only.

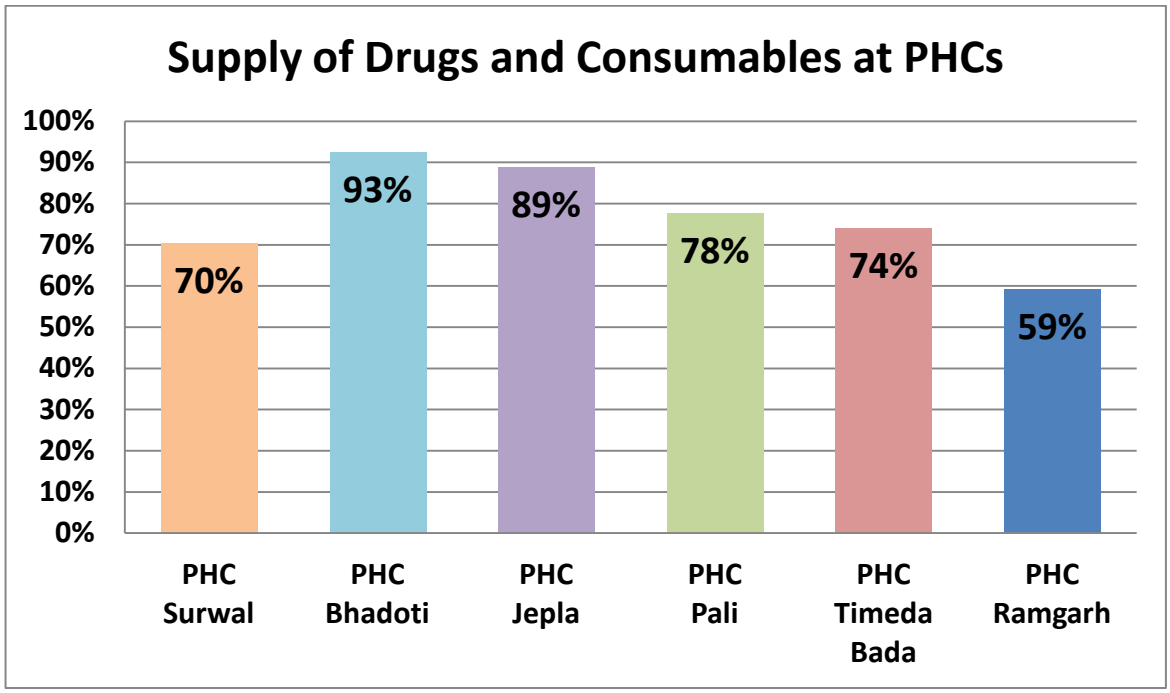
Equipments that were unavailable at health facilities were mainly steam sterilizer, MTP instruments, light source in labour room, radiant wormer in new born care corner, fumigation machine and photo therapy units.

Figure 8.3: Percentage proportion of equipments availability at PHCs.



8.4.Drugs and Consumables:

Figure 8.4: Supply of Drugs and Consumables in terms of Percentage availability at PHCs.



Current status of drugs and consumables supply was good enough to manage out patient services and to sustain smooth functioning of primary health centres. Drugs used in common cold, fever, antibiotics like ampicillin/ gentamycin, analgesics, drugs used to treat malaria cases were available in adequate quantities. Supply of Vitamin A, anti

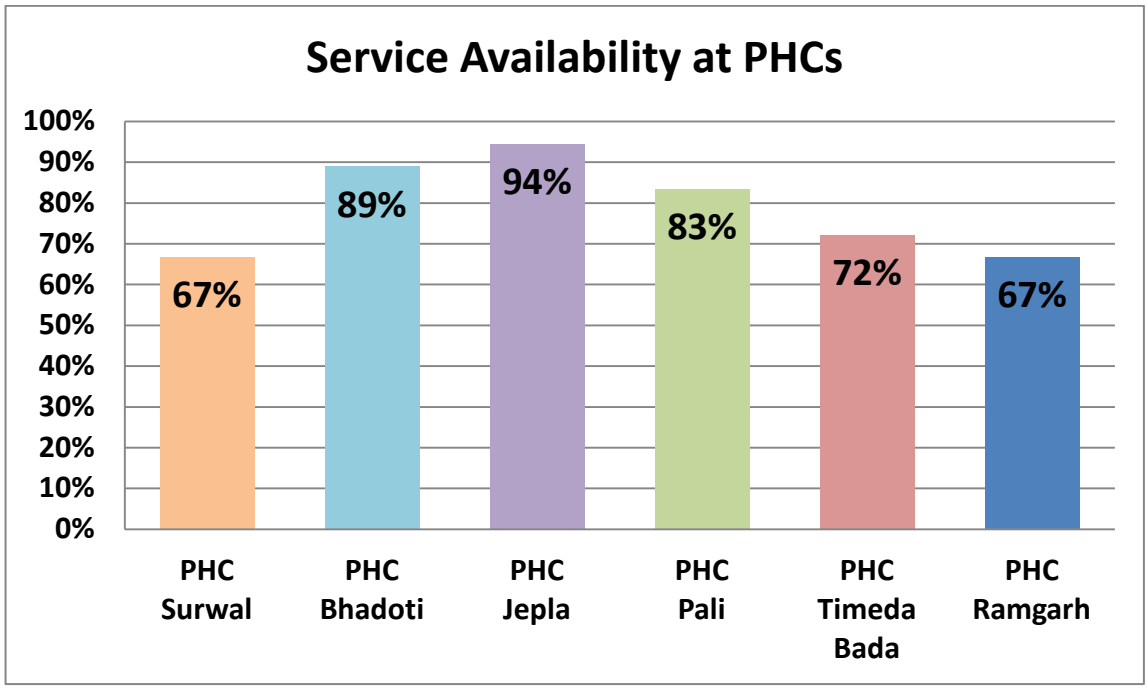
snake venom, anti rabies vaccine and emergency drug trays were irregular so it could be converted to big issue in case of emergency.

Supply of medicines was found remarkably well in bhadoti and jepla PHCs which were 93% and 89% respectively. In other PHCs like in pali, surwal and timeda bada it was 78%, 70% and 74% respectively. PHC ramgarh was in poor state (only 59%) as vaccines for immunization of infants were also not procured.

8.5.Services Provided at PHC:

Services provided at primary health centre were availability of Basic, New born, antenatal, natal, and post natal services and in addition to them laboratory/ diagnostic services were also included.

Figure 8.5: Percentage of Service Provided at Primary Health Care levels.



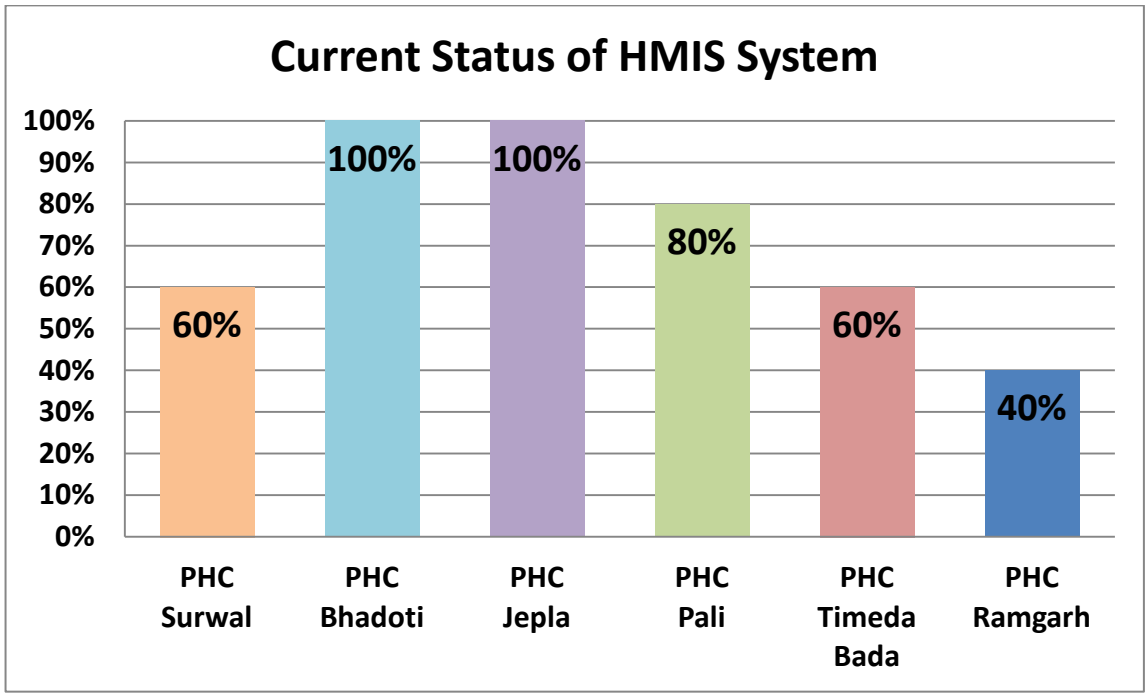
PHC jepla, bhadoti and pali were providing more than 80% of service deliverables 94%, 89% and 83% respectively at primary care level which was showing the reach of healthcare services on ground level. But it was quite low in rest others as in timeda bada it was 72% and in surwal and ramgarh both it was 67%.

Service delivery was directly affected by current status of manpower and their residence in health centre. In bhadoti and jepla and pali both doctor and ANM were used to stay in quarters available at PHC so 24*7 delivery and infants cases were managed. It was found difficult to provide services of assisted deliveries and management of sick new born at PHC level so all facilities used to refer these cases to block level.

8.6.HMIS System:

The main components of HMIS data include monthly integrated activity report, notifiable disease report, immunization report and family planning registers, online entry of these data will provide exact status of healthcare services in particular areas.

Figure 8.6: Current status of HMIS system available at Primary Health Care levels.

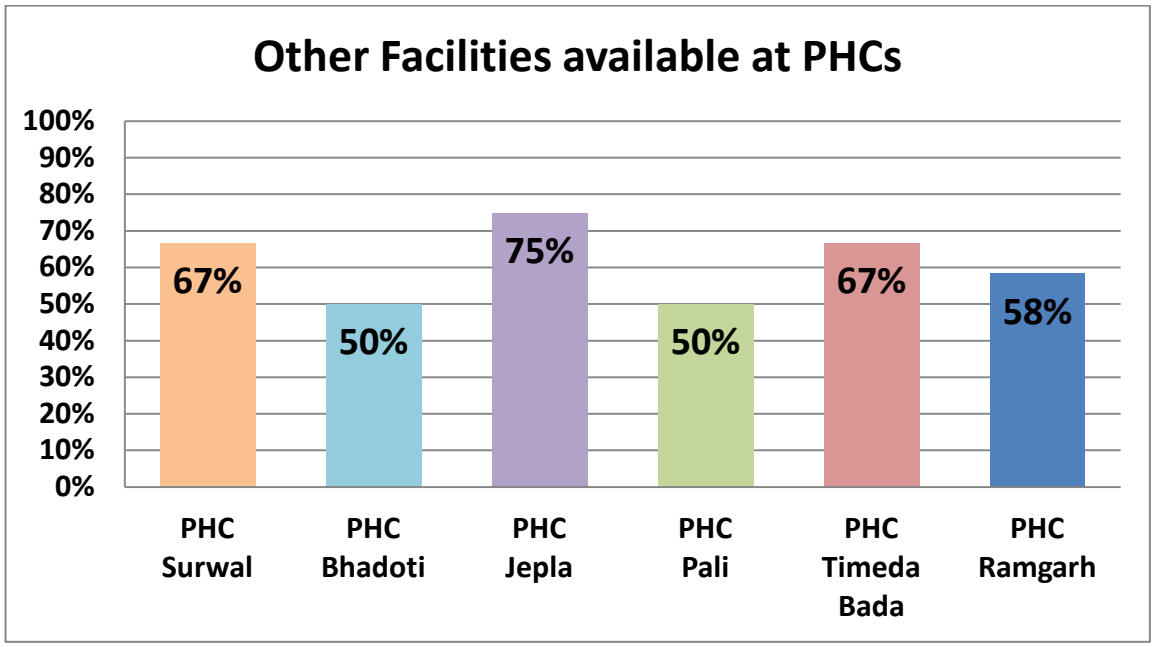


Online Submission of HMIS data were performed by bhadoti and jepla only. Rest other facilities had maintained data as hard copy and data entry was done at block level this was due to absence of data entry operator and information assistants or lack of computer or internet facility. Pali, surwal, timeda bada and ramgarh were scored 80%, 60%, 60% and 40% respectively.

8.7. Other facilities:

Other facilities were including citizen's charter, bio medical waste segregation and disposal, toilet facilities, drainage system, cleaning of PHC and fumigation of OT and labour room.

Figure 8.7: Status of other support facilities available at Primary Health Care level.



Status of these services were not so good at primary healthcare level as citizen's charter were not available, fumigation were not performed and cleaning and drainage system were also in poor state.

All health centres scored in between 50% to 75%, jepla were fulfilled 75% of requirements. Surwal and timeda 67% both, ramgarh 58% and only 50% of these facilities were provided by bhadoti and pali.

9. Conclusion:

This section was useful to conclude key findings based on the results of the health care facility assessment. It was important to know that the health facility assessment is a tool of monitoring and evaluation system which ensures Primary health care services at

ground level and helpful in the identification of crucial factors in the achievement of desired outputs and a way to plan accordingly in order to achieve expected results.

The result had shown that there is huge gap between current manpower status as per IPHS standards only two PHCs, surwal (55%) and bhadoti (55%) had more than 50% staff required and rest of them had not fulfil even half of standards. Doctor and nursing staff were in positioned in all facilities but position of paramedical staff like Pharmacist, data entry operators, health activists and driver were vacant.

Infrastructure facilities were quit well at primary health care level especially in PHC pali (91%) and bhadoti (82%), Other PHCs like timeda bada (73%) and jepla (68%) surwal (59%) and ramgarh (59%) had infrastructural services which were quit good to manage primary health care services.

All primary health centres had government premises with individual space for labour room, outpatient room, ward, medical dispensing and storage rooms but residential quarters for doctors and other staffs were not available due to these PHCs were facing difficulties to manage 24*7 deliveries and other emergency cases.

Equipments availability was not a big issue as 4 out of 6 PHCs had more than 75% of listed equipments, PHC bhadoti had (89%) and surwal, jepla and pali had 78% equipments each. Ramgarh and timeda bada were having 67% and 56% equipments only. Equipments that were unavailable at health facilities were mainly steam sterilizer, MTP instruments, radiant wormer in NBCC, fumigation machine and photo therapy units.

Current status of drugs and consumables supply was good enough to manage primary healthcare services but supply of Vitamin A, anti snake venom, anti rabies vaccine and emergency drug trays were irregular.

Service delivery status was excellent in PHC jepla (94%), bhadoti (89%) and pali (83%) but it was quite low in timeda bada (72%), surwal (67%) and ramgarh (67%). It was directly affected with status of manpower and their residence in health centre as in bhadoti, jepla and pali either doctor or ANM were used to stay in PHC quarters so 24*7 delivery and emergency cases were managed.

Online Submission of HMIS data was done only in PHC bhadoti and jepla rest others were maintained it as hard copy and data entry was to be done at block level, reason behind was absence of data entry operator or information assistants and lack of computer/internet facility at PHC.

Other than that citizen's charter was not available in some health facilities, fumigation were not performed, cleaning and drainage system was also in poor state, seepage was present in some of them and disposal of bio medical waste was not done as per guidelines.

Recommendations:

- The main idea behind this takeover of PHC was to select those PHCs not having doctor but it was surprising that all facilities had doctors, so we have to ask NHM rajasthan officials to revise and provide the updated list of PHCs not having doctors.
- Residential quarters for Doctors and other staffs were not there so if we are going to take those facilities, we have to spend major budget head on infrastructure.
- Supply of drug and consumables were not proper as Vitamin A, anti snake venom, anti rabies vaccine and emergency drug trays etc. were not available, so we have to discuss about it with NHM and RMRS people to make sure the regular supply.
- We have to convey NHM to provide necessary equipments like radiant wormer in new born care corner, steam sterilizer, MTP instruments, light source in labour room etc. that were absent in health facilities .
- We have to ask NHM officials to provide proper IEC material for PHCs and establish proper mechanism for disposal of bio medical waste.
- Emergency services (108 ambulance) and Janani express (104) were not available at PHC so we have to ensure about access of these referral services by GVK- EMRI and NHM rajasthan.

10. References:

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Appendix

FACILITY LEVEL CHECKLIST

(*Primary Health Centre*)

SECTION A: BASIC PROFILE

Name of PHC	
District	
Block/Taluka	
Sanctioned Beds	
Functional Beds	
Population covered	
Total number of SCs covered	
Date of Interview	
Name of the interviewer	

SECTION B: MANPOWER

Are following staff available in the sub centre?	**IPHS norms**	**Current Status (YES/NO)**
Medical Officer In Charge (MOIC)	1	
Medical Officer/Doctor	1	
Senior Health Assistant (Female)	1	
Junior Health Assistant (Male)	1 / 1000 population	
Staff Nurse	3 (2 may be contractual)	
Lab Technician	1	
Pharmacist	1	
Clerical (SDC/FDC) Staff	2	
Group D/ Class IV staff	4	
Drivers	1	
Is an Ophthalmic Assistant available?	1	
Is a AYUSH Doctor available?	1	
Is a Lady Doctor available?	1	
Is a Data Entry Operator available?	1	

SECTION C: INFRASTRUCTURE

- What type of building is available for PHC?
  Rented premises, Government building, other government building, NGO/PRI/Donated building
- Does the PHC have 24 hour running water supply? **(Y/N)**
- Does the PHC have regular electricity supply? **(Y/N)**
- Is there any Power backup in PHC? (Generator / inverter)
- Is there any Communication facility (Mobile / landline) in PHC? **(Y/N)**
- Is there Internet facility in PHC? **(Y/N)**
- Are there separate public utilities for males and females? **(Y/N)**
- Is there residential facility for Doctor? **(Y/N)**
- Is there residential facility for Health Assistant (Male)? **(Y/N)**
- Is there residential facility for Health Assistant (Female)? **(Y/N)**
- Is there residential facility for nurse / ANM? **(Y/N)**
- Is a four wheeler available for program implementation? **(Y/N)**
- Is computer facility available? **(Y/N)**
- Are the following facilities available?
  - Operation Theatre **(Y/N)**
  - Labour Room/ IUD room **(Y/N)**
  - Outpatient Room **(Y/N)**
  - Injection room / dressing room **(Y/N)**
  - Ward **(Y/N)**
  - Dispensing room for giving medicines **(Y/N)**
  - Storeroom **(Y/N)**

SECTION D: EQUIPMENT

Are following equipments available in the PHC?

- Deep freezer **(Y/N)**
- ILR (Ice Line Refrigerator) **(Y/N)**
- Cold Box **(Y/N)**
- Vaccine carrier **(Y/N)**
- Weighing machine for infants **(Y/N)**
- Weighing machine for adults **(Y/N)**
- BP instrument **(Y/N)**
- Autoclave **(Y/N)**

- Steam sterilizer **(Y/N)**
- MTP Instruments **(Y/N)**
- Labour room table and McIntosh Sheet **(Y/N)**
- Is adequate light source available in labour room? **(Y/N)**
- Suction Apparatus (Manual or Automatic) **(Y/N)**
- Needle Destroyer **(Y/N)**
- Oxygen Cylinder **(Y/N)**
- Fumigation machine **(Y/N)**
- Radiant warmer **(Y/N)**
- Phototherapy unit **(Y/N)**

SECTION E: DRUGS

- Kit G IUD Insertion **(Y/N)**
- Kit I Normal Delivery Kit (DDK) **(Y/N)**
- Oral Pill **(Y/N)**
- Condoms **(Y/N)**
- Copper T **(Y/N)**
- BCG **(Y/N)**
- DPT **(Y/N)**
- OPV **(Y/N)**
- Measles **(Y/N)**
- T.T **(Y/N)**
- DT **(Y/N)**
- Hepatitis B **(Y/N)**
- IFA Tab Small **(Y/N)**
- IFA Tab Large **(Y/N)**
- ORS packet **(Y/N)**
- Vitamin A Solution **(Y/N)**
- Disposable delivery kit **(Y/N)**
- Antipyretics/Analgesics **(Y/N)**
- Inj .Gentamycin /Ampicillin **(Y/N)**
- Anti-snake Venom **(Y/N)**
- Chloroquin Tablets **(Y/N)**

- I/V fluids **(Y/N)**
- Tubectomy Kit **(Y/N)**
- Anti Rabies vaccine **(Y/N)**
- Anti Tubercular drugs **(Y/N)**
- Emergency Tray Drugs (Inj. Diazepam,Inj. Lignocanine Hydrochloride, Nifidipine Tablet, Inj. Magnesium Sulphate) **(Y/N)**
- Madilu Kits **(Y/N)**

SECTION F: SERVICES

- Is this a functional 24*7 health facility? **(Y/N)**
- Is the doctor available 24x7? **(Y/N)**
- Are deliveries conducted in this facility? **(Y/N)**
- Are deliveries conducted 24*7? **(Y/N)**
- Is service for assisted delivery (forceps or vacuum) provided in this facility? **(Y/N)**
- Is administration of parenteral Oxytoxcics available? **(Y/N)**
- Is administration of parenteral antibiotics available? **(Y/N)**
- Are services for managing PPH available? **(Y/N)**
- Are essential **newborn care services** available? **(Y/N)**
    - Does the facility have the following services for managing sick children? **(Y/N)**
    - Management of Diarrhoea **(Y/N)**
- Are antenatal care services provided in this facility? **(Y/N)**
    - Is Haemoglobin estimation carried out? **(Y/N)**
    - Is injection TT given to pregnant women? **(Y/N)**
    - Is IFA tablets provided in ANC? **(Y/N)**
- Are the following basic laboratory services provided?
    - Haematological test **(Y/N)**
    - Malaria test **(Y/N)**
    - TB test (Sputum testing for mycobacterium) **(Y/N)**
    - Test for Blood Sugar **(Y/N)**
    - Routine urine / stool examination **(Y/N)**

SECTION G: HMIS

Is HMIS submission done online?

- Monthly Integrated activity report **(Y/N)**
- Notifiable disease report **(Y/N)**
- Immunization report **(Y/N)**
- Family planning registers **(Y/N)**

SECTION H: OTHERS

Is Citizen's charter with the list of available services displayed in local language? **(Y/N)**

Is deep burial pit used for BMW disposal in PHC? **(Y/N)**

Are colour bins used for BMW segregation in the PHC? **(Y/N)**

Are Needle destroyers being used? **(Y/N)**

Is fumigation done in OT and Labour Room? **(Y/N)**

Is Pucca Road leading to PHC? **(Y/N)**

Is Floor of PHC pucca? **(Y/N)**

Is Seepage in walls present? **(Y/N)**

Do the Toilets in sub centre have running water & drainage facility? **(Y/N)**

Are toilets in the SC clean or not? **(Y/N)**

Is Drainage system available? **(Y/N)**

Is the building and the premises clean or not? **(Y/N)**