Assessment of Sexual and reproductive Health Services at 24x7 PHCs in Four Districts of Rajasthan

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Introduction

- There is widespread and growing demand for primary health care in developing countries especially in India.

- This demand in turn displays a growing eagerness among policymakers and program managers for knowledge related to how health systems can become more equitable, inclusive and fair.

- Further, the Bhore Committee (1946) strongly proposed the primary health care approach for effective and equitable health care services in India.

- There are 2-3 million people living with HIV in India and up to 90% of these people do not know their HIV status.
- 5% of the whole population of reproductive age in India (approximately 25 million people) suffer from a reproductive tract (RTI) or sexually transmitted infection (STI).
- The highest priority needs to be given to ensuring that women have access to skilled birth attendants at the time of giving birth and that woman who develop life-threatening complications during pregnancy, childbirth or post partum can immediately access treatment at adequately-equipped facilities.

Research Question:

- What is the availability of sexual and reproductive health services at 24x7 PHCs as per IPHS guidelines in HPDs and NHPDs of Rajasthan?

Objectives

- To assess the availability of sexual and reproductive health services at 24x7 PHCs as per IPHS guideline.

- To identify the gaps in sexual and reproductive health services at 24x7 PHCs.

- To compare the sexual and reproductive health services at 24x7 PHCs of HPDs and NHPDs.

Methodology

- **Study type-** Descriptive study, cross sectional
- **Study Duration-**2 months
- **Study Area- 24x7 PHCs**

High Priority Districts- Rajsamand, Banswara

Non High Priority Districts- Baran, Pratapgarh

Selection criteria- Majority of the population of these four selected districts live in rural area.

Study Respondents- Medical officers, ANMs, Pharmacists, Lab technicians

- **Sampling technique-**Probability Proportion to Size (PPS)

- **Sample size-** 20% of 24x7 PHCs in the selected districts.
  HPDs- 10 PHCs
  NHPDs- 7 PHCs
  Rajsamand- 5 PHCs (20% of 25 PHCs)
  Banswara- 5 PHCs (20% of 27 PHCs)
  Baran- 5 PHCs (20% of 23 PHCs)
  Pratapgarh- 2 PHCs (20% of 11 PHCs)
  Medical officers- 17
  ANMs- 17
  Pharmacists- 17
  Lab technicians- 17

Data collection:

- **Observation:** By facility check list which is developed for 24x7 PHCs as per IPHS guideline; information regarding sexual and reproductive health services, infrastructure and personnel, equipments, drugs and supplies available at health centres is gathered.

- **Interview schedule:** Facility check list which is developed for 24x7 PHCs would be used to seek information on the Human resources, infrastructure, equipments, drugs and supplies and services regarding sexual and reproductive health services at 24x7 PHCs.

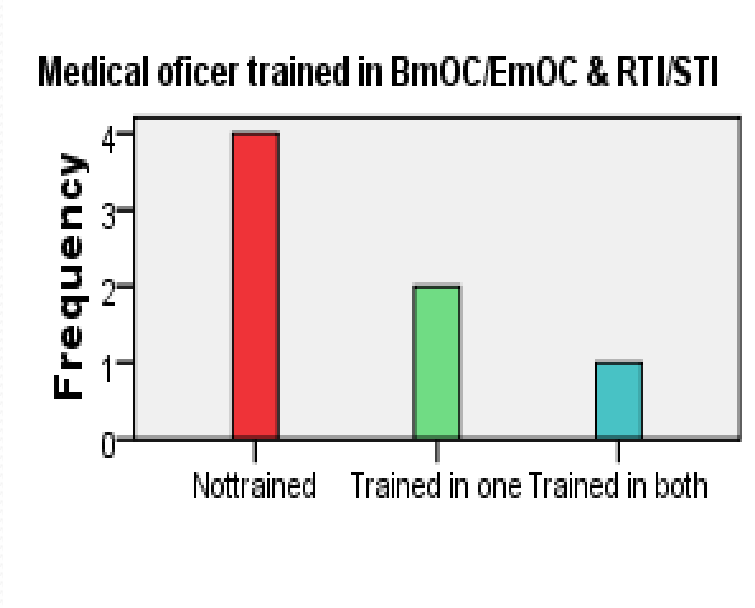
Data Analysis

- The collected data was entered into SPSS to perform analysis. The data was assessed according to various components of the study and required tables and graphs were generated and interpreted.

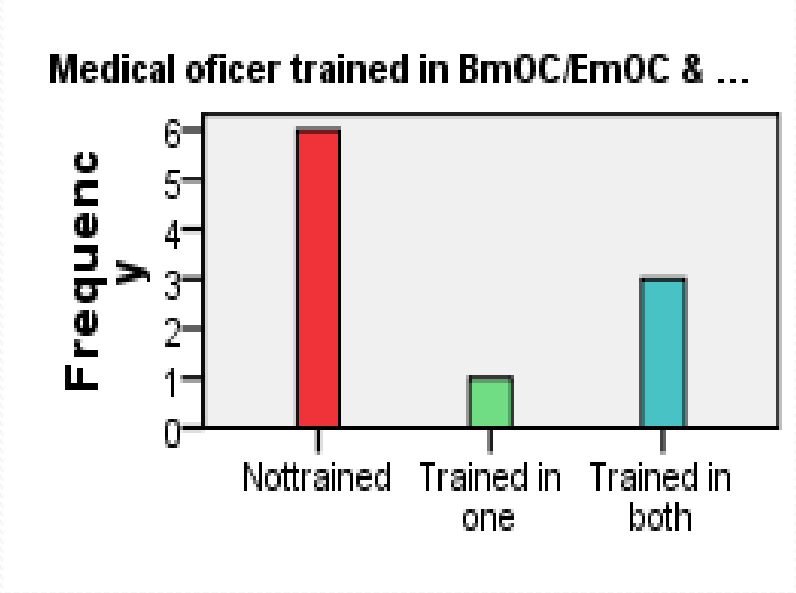
Results

Human Resource		
	NHPDs (n=7)	HPDs (n=10)
Minimum two medical officers	4 (57%)	1 (10%)
At least one trained Medical Officer in handling Basic Emergency Obstetric Care and RTI/STI	1 (14%)	3 (30%)
Trained and registered Medical Officer to conduct MTP	1 (14%)	4 (40%)
Trained LHV/FW for RTI/STI screening with per speculum examination	3 (43%)	3 (30%)
Trained lab technician for RTI/STI test	5 (71%)	4 (40%)
At least one staff nurse/LHV/ANM round the clock	7 (100%)	9 (90%)
Pharmacist	2 (29%)	0 (0%)

24x7 PHCs having at least one trained Medical Officer in handling Basic Emergency Obstetric Care and RTI/STI
(In NHPDs, n=7)

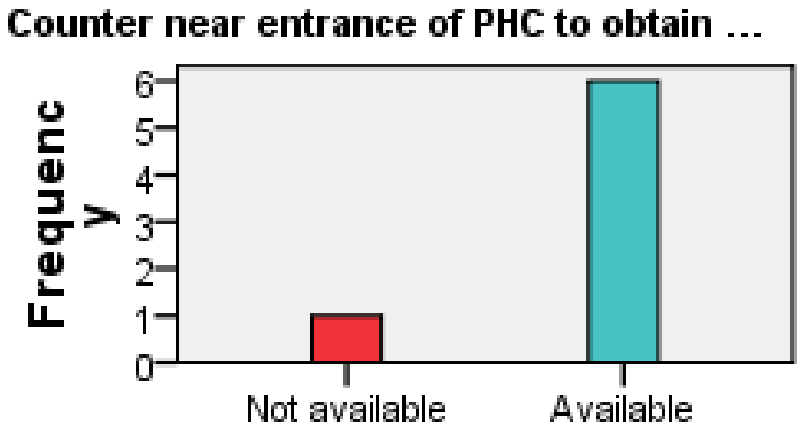


24x7 PHCs having at least one trained Medical Officer in handling Basic Emergency Obstetric Care and RTI/STI (In HPDs, n=10)

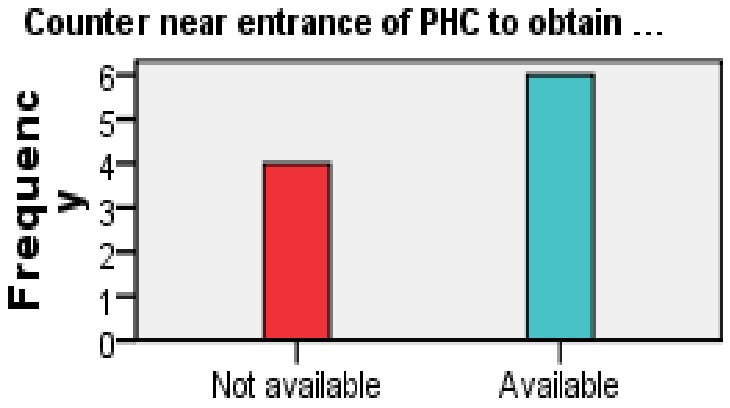


Infrastructure		
	NHPD (n=7)	HPDs (n=10)
Functional OT/ procedure room with facility to conduct sterilization operations	2 (29%)	4 (40%)
Functional electricity generator/solar system or inverter connected to procedure room and OT	6 (86%)	7 (70%)
Counter near the entrance of PHC to obtain contraceptives	6 (86%)	6 (60%)

24x7 PHCs having counter near entrance of PHC to obtain contraceptives (In NHPDs, n=7)



24x7 PHCs having counter near entrance of PHC to obtain contraceptives (In HPDs, n=10)

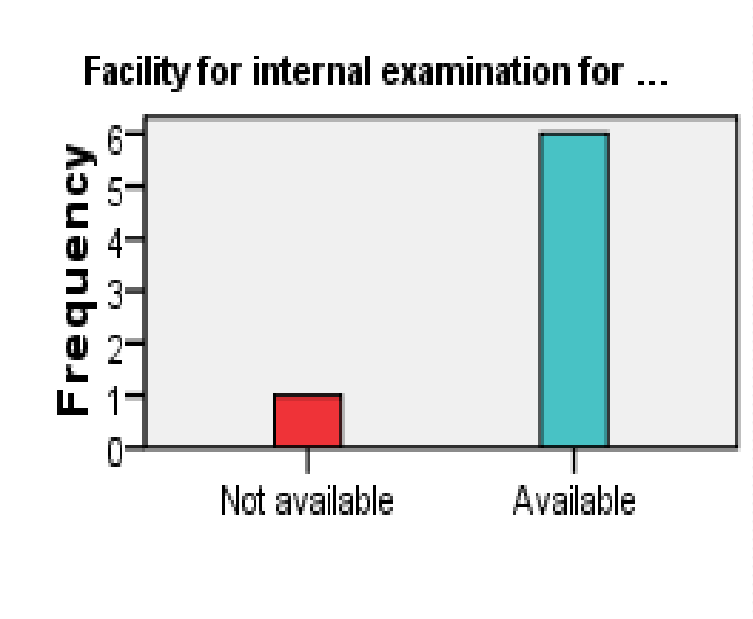


Equipments and supplies		
	NHPDs (n=7)	HPD (n=10)
Sterile Manual Vacuum Aspiration (MVA) syringe for managing incomplete abortion	1 (14%)	1 (10%)
Sterile ovum forceps and curette	4 (57%)	6 (60%)
RPR kit/VDRL test for Syphilis	7 (100%)	8 (80%)
Tab Norfloxacin 400mg	5 (71%)	9 (90%)
Flucanozole or Clotrimazole vaginal tablets	3 (43%)	7 (70%)
Cap Nifidipine	1 (14%)	4 (40%)
Inj. Oxytocin	7 (100%)	10 (100%)
Inj. Magnesium Sulphate	5 (71%)	4 (40%)
Tab Misoprostol	5 (71%)	2 (20%)

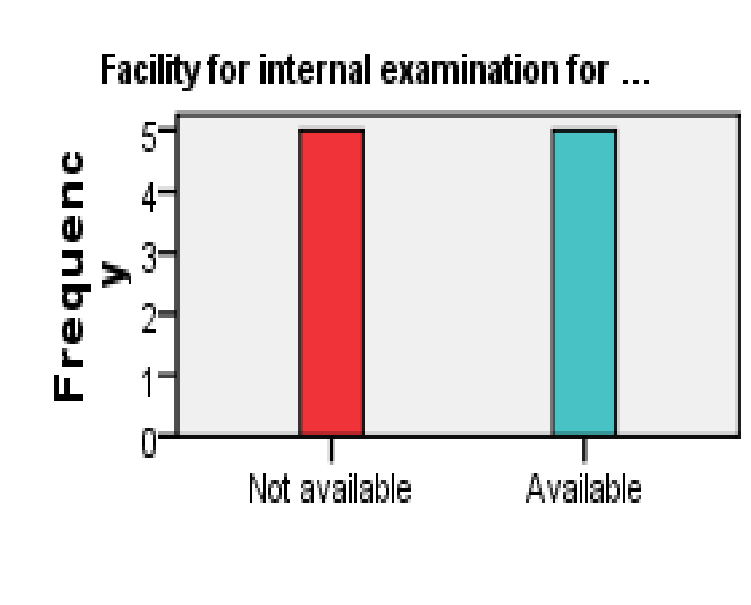
Contraceptives		
	NHPDs (n=7)	HPDs (n=10)
Condoms – at least 200 pieces	6 (86%)	7 (70%)
OCP – at least 20 cycles	7 (100%)	7 (70%)
IUDs – at least 20 packets	7 (100%)	7 (70%)
ECP – at least 20 packets	6 (86%)	5 (50%)

Service Availability		
	NHPDs (n=7)	HPDs (n=10)
Management of RTI/STI	6 (86%)	7 (70%)
Facility for tubectomy and vasectomy	3 (43%)	4 (40%)
Facility for internal examination for gynaecological conditions	6 (86%)	5 (50%)
Treatment for gynaecological disorders	7 (100%)	8 (80%)
Facility for MTP	0 (0%)	2 (20%)
Manual removal of placenta	6 (86%)	8 (80%)
Management of pregnancy induced hypertension including referral	7 (100%)	10 (100%)

24x7 PHCs having the facility for internal examination for gynaecological conditions (In NHPDs, n=7)



24x7 PHCs having the facility for internal examination for gynaecological conditions (In HPDs, n=10)



Recommendations

- There is a need for skilled human resources as per IPHS norms for providing sexual and reproductive health services in both HPDs and NHPDs.
- Pay-for-performance linked to the health outcomes.
- Group housing for health workers living in remote areas which is introduced by West Bengal and Chhattisgarh.
- Short duration training programs.
- There is a need to improve supply chain management to address the shortage of drugs and other supplies related to sexual and reproductive health.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शौचालय
महिला शौचालय
पुरुष शौचालय


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प्रवेश द्वार
लड़की की शादी
18
के बाद
बच्चे
2
ही अच्छे


EMERGENCY TRAY
DELIVERY TRAY
EPISIOTOMY TRAY
MVA / EVA TRAY
MEDICINE TRAY
BABY TRAY
HYDYN


Thank You