Internship Training at Government Hospital, Community Health Center, Amer

By

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MBA Hospital and Health Management
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Institute of Health Management Research
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Internship Training

At

Government Hospital,
Community Health Center, Amer

Comparing the functioning of a CHC with the standards set by IPHS

By

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Post Graduate Diploma in Hospital and Health Management

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TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Sneha Mishra student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at Government Hospital (CHC), Amer, from 5st February, 2015 to 5th April, 2015.

The Candidate has successfully carried out the study designated to her during internship training and his 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.

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Evaluating the Efficacy of Community Health Centre at Government Hospital (CHC) Amer, Jaipur and submitted by Dr. Sneha Mishra Enrollment No. 1505 under the supervision of Dr. Barun K. Kanjilal, for award of MBA Hospital and Health Management of the university carried out during the period from 5th February, 2015 to 5th April, 2015. 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.

Sneha Mishra.
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The certificate is awarded to

Dr. Sneha Mishra Sharma

In recognition of having successfully completed her
Internship in the department of

Outpatient Department

and has successfully completed her Project on

Patient Waiting Time

at **Government Hospital (Community Health Centre), Amer**

from **5th February 2015 to 5th April 2015**

He/She 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

Dr. Rajesh Kumar Singh
Sr. Medical Officer
CHC Amer

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Dr. Sneha Mishra

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ABBREVIATIONS

CHC	**Community Health Center**
IPHS	**Indian Public Health Standards**
SMS	**Sawai Man Singh Hospital, Jaipur**
DH	**District Hospital**
PHC	**Primary Health Center**

Internship

Introduction

The Government Hospital, Amer is a Community Health Center located on outskirts of the city, in Amer. It caters to the medical needs of inhabitants of the periphery majorly. Patients from areas surrounding Amer also come here to seek medical facilities. The Community Health Centre (CHC), the third tier of the network of rural health care institutions, was required to act primarily as a referral centre (for the neighbouring PHCs, usually 4 in number) for the patients requiring specialised health care services. The objective of having a referral centre for the primary health care institutions was two-fold; to make modern health care services accessible to the rural people and to ease the overcrowding in the district hospitals. The CHCs were accordingly designed to be equipped with : four specialists in the areas of medicine, surgery, paediatrics and gynaecology; 30 beds for indoor patients; operation theatre, labour room, X-ray machine, pathological laboratory, standby generator , etc., along with the complementary medical and para medical staff.

The utilisation of the services of CHCs depends primarily on the quality of services rendered by them. Other factors that may have a bearing on the utilization rate are the distance and location of the CHCs. Longer distance and inconvenient location can adversely affect utilisation. The quality of services rendered by CHCs is influenced by the availability of medical and para medical staff, and the availability and functionality of the infrastructure as proposed in the guidelines. The infrastructure includes all the physical facilities, viz; the building/rooms, operation threatre / labour room, arrangements for uninterrupted supply of water/electricity, medical equipments, pathology laboratories .

Facilities:
The equipment provided under the CSSM is deemed adequate. Physical Infrastructure will be remodelled or rearranged to make best possible use for optimal utilisation. Drugs will be as per the list provided with the document. All the support services like laboratory, blood storage etc. will be strengthened.

Human Resource Management:
Capacity Building will be ensured at all levels by periodic training of all cadres.

Accountability:
It is mandatory for every CHC to have "Rogi Kalyan Samiti" to ensure accountability. Every CHC shall have the Charter of Patients' Rights displayed prominently at the entrance. A grievance mechanism under the overall supervision of Rogi Kalyan Samitis would also be set up.

Quality of services:
Every CHC shall also have the Standard Operating Procedures and Standard Treatment Protocols for common ailments and the National Health Programmes. Social audit by involvement of the community through Consumer Forum and Rogi Kalyan Samitis is being recommended. To maintain quality of services, external monitoring through Panchayati Raj Institutions and internal monitoring at appropriate intervals will be advocated. Guidelines are being provided for management of routine and emergency cases under the National Health Programmes so as to maintain uniformity in management in tune with the National Policy

Vision

The Community Health Centers are developed by the government to act as referral centre for the neighbouring PHCs and for the patients requiring specialized health care services

Mission

The mission of the CHC is two-fold i.e. to make modern health care services accessible to the rural people and to ease the overcrowding in the district hospitals.

Organization Profile

Physical Infrastructure: The CHC Amer had 35 indoor beds with one Operation theatre, labour room, X-ray facility and laboratory facility. The building had areas/ space marked for the following: ·

Entrance zone

o Prominent display boards in local language providing information regarding the services available and the timings of the institute
o Registration counters
o Pharmacy for drug dispensing and storage
o Public utilities separate for males and females
o Suggestion/ complaint boxes for the patients/ visitors and also information regarding the person responsible for redressal of complaints.

Outpatient department:

Clinics for Various Medical Disciplines – These clinics include general medicine, general surgery, dental, obstetric and gynaecology, paediatrics and family welfare. Separate cubicles for general medicine and surgery with separate area for internal examination (privacy) can be provided if there are no separate rooms for each. The cubicles for consultation and examination in all clinics should provide for doctor's table, chair, patient's stool, follower's seat, wash basin, examination couch and equipment for examination. A separate morturary department was also there. An ayurveda department was also there.

Services Provided

As per the names of the departments the services offered are :
general medicine, minor surgeries, dental, obstetric and gynaecology, paediatrics and family welfare, panchkarma. An ambulance is also present to carry and bring patients from far off reaches.

Indian Public Health Standard for CHC

Introduction

Health care delivery in India has been envisaged at three levels namely primary,secondary and tertiary. The secondary level of health care essentially includes Community Health Centres(CHCs), constituting the First Referral Units(FRUs) and the district hospitals. The CHCs were designed to provide referral health care for cases from the primary level and for cases in need of specialist care approaching the centre directly. 4 PHCs are included under each CHC thus catering to approximately 80,000 population in tribal / hilly areas and 1, 20,000 population in plain areas. CHC is a 30-bedded hospital providing specialist care in medicine, Obstetrics and Gynaecology, Surgery and Paediatrics. These centres are however fulfilling the tasks entrusted to them only to a limited extent. The launch of the National Rural Health Mission (NRHM) gives us the opportunity to have a fresh look at their functioning.

NRHM envisages bringing up the CHC services to the level of Indian Public Health Standards. Although there are already existing standards as prescribed by the Bureau of Indian Standards for 30-bedded hospital, these are at present not achievable as they are very resource-intensive. Under the NRHM, the Accredited Social Health Activist (ASHA) is being envisaged in each village to promote the health activities. With ASHA in place, there is bound to be a groundswell of demands for health services and the system needs to be geared to face the challenge. Not only does the system require upgradation to handle higher patient load, but emphasis also needs to be given to quality aspects to increase the level of patient satisfaction. In order to ensure quality of services, the Indian Public Health Standards are being set up for CHCs so as to provide a yardstick to measure the services being provided there. This document provides the requirements for a Minimum Functional Grade of a Community Health Centre.

Objectives of Indian Public Health Standards (IPHS) for CHCs:

- To provide optimal expert care to the community
- To achieve and maintain an acceptable standard of quality of care
- To make the services more responsive and sensitive to the needs of the community

Service delivery in CHCs:

Every CHC has to provide the following services which can be known as the Assured Services: · Care of routine and emergency cases in surgery: This includes Incision and drainage, and surgery for Hernia, hydrocele, Appendicitis, haemorrhoids, fistula, etc. o Handling of emergencies like intestinal obstruction, haemorrhage, etc. Care of routine and emergency cases in medicine: Specific mention is being made of handling of all emergencies in relation to the National Health Programmes as per guidelines like Dengue Haemorrhagic fever, cerebral malaria, etc. Appropriate guidelines are already available under each programme, which should be compiled in a single manual. · 24-hour delivery services including normal and assisted deliveries · Essential and Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions · Full range of family planning services including Laproscopic Services · Safe Abortion Services · New-born Care · Routine and Emergency Care of sick children · Other management including nasal packing, tracheostomy.

All the National Health Programmes (NHP) should be delivered through the CHCs. Integration with the existing programmes like blindness control, Integrated Disease Surveillance Project, is vital to provide comprehensive services. The requirements for the important NHPs are being annexed as separate guidelines with the document.

o RNTCP: CHCs are expected to provide diagnostic services through the microscopy centres which are already established in the CHCs and treatment services as per the Technical Guidelines and Operational guidelines for Tuberculosis Control.

o HIV/AIDS Control programme: The expected services at the CHC level are being provided with this document which may be suitably implemented.

o National Vector –Borne Disease Control Programme: The CHCs are to provide diagnostic and treatment facilities for routine and complicated cases of malaria, filaria, dengue, Japanese encephalitis and Kala-azar in the respective endemic zones.

o National Leprosy Eradication Programme: The minimum services that are to be available at the CHCs are for diagnosis and treatment of cases and reactions of leprosy along with advice to patient on Prevention of Deformity.

o National Programme for Control of Blindness: The eye care services that should be available at the CHC are diagnosis and treatment of common eye diseases, refraction services and surgical services including cataract by IOL implantation at selected CHCs optionally. 1 eye surgeon is being envisaged for every 5 lakh population.

o Under Integrated Disease Surveillance Project, the related services
Under Integrated Disease Surveillance Project, the related services include services for diagnosis for malaria, Tuberculosis, typhoid and tests for detection of faecal contamination of water and chlorination level. CHC will function as peripheral surveillance unit and collate, analyse and report information to District Surveillance Unit.

Minimum requirement for delivery of the above-mentioned services:
The following requirements are being projected based on the assumption that there will be average bed occupancy of 60%. The strength may be further increased if the occupancy increases with subsequent up gradation.

Certain suggestions for offsetting the deficiencies in the availability of required manpower:
Anaesthetists: :
oDiploma and MD seats for post graduation in Anesthesia to be increased across the country. However care should be taken to only include institutions with assured quality and able to provide adequate clinical training.
o Certificate course for one year in Anesthesia by the National Board of Examinations

Public Health Programme Manager:
o Diploma and MD seats for post graduation in Public Health to be increased across the country. However care should be taken to only include institutions with assured quality and able to provide adequate field and community-based training.
o Persons with DNB degrees in Family Medicine, Hospital Administration, Public Health, Maternal and Child health are to be recognized for the post.
o Persons who have completed the Professional Development Course of 3months with a 9-month field training in recognized training institute may also be eligible for the same. This may also be seen as a career

advancement avenue for Medical Officers serving in PHCs who may be eligible for the post after a stint of 3-4 years in PH1C and completion of this
course.

Equipment:

- The list of equipment provided under the CSSM may be referred to as they are deemed to be adequate for providing all services in the CHC. (Annexure 8).
- Before ordering new sets, the existing equipment should be properly assessed.
- For ophthalmic equipment wherever the services are available and equipment required under various National Health programmes are given in respective
- annexure(1,2, 4, 5, 6), and Blood storage Facilities(Annexure-10). Cold chain equipment are supplied under Immunization Programme..
- Maintenance of equipment: It is estimated that 10-15% of the annual budget is necessary for maintenance.
- 2 Refrigerators, one for the ward and one for OT should be available in the CHC.
- Sharing of Refrigerator with the lab should be possible.
- Appropriate standards for equipments are already available in the Bureau of
- Indian Standards. If standards for any equipment are not available, technical specifications for the equipment may be prepared by the technical committee for
the process of tendering and procurement.

Drugs:

The list of essential drugs and emergency drugs are provided as annexure 9.
Programme specific drugs are detailed in the Guidelines under each programme.

Investigative facilities at the CHC:

In addition to the lab facilities in the CHC, ECG should be made available in the CHC with appropriate training to a nursing staff. All necessary reagents, glass ware and facilities for collecting and transport of samples should be made available.

Physical Infrastructure:

The CHC should have 30 indoor beds with one Operation theatre, labour room, X-ray facility and laboratory facility. In order to provide these facilities, following are the guidelines:

Location of the centre: To the extent possible, the centre should be located at the centre of the block head quarter in order to improve access to the patients. This may be applicable only to centres that are to be newly established.
However, priority is to be given to operationalise the existing CHCs.

The building should have areas/ space marked for the following:

Entrance zone:

o Prominent display boards in local language providing information regarding the services available and the timings of the institute
o Registration counters
o Pharmacy for drug dispensing and storage
o Clean Public utilities separate for males and females
o Suggestion/ complaint boxes for the patients/ visitors and also information regarding the person responsible for redressal of complaints.

Outpatient department:

o Clinics for Various Medical Disciplines – These clinics include general medicine, general surgery, dental (optional), obstetric and gynaecology, paediatrics and family welfare. Separate cubicles for general medicine and surgery with separate area for internal examination (privacy) can be provided if there are no separate rooms for each. The cubicles for consultation and examination in all clinics should provide for doctor's table, chair, patient's stool, follower's seat, wash basin, examination couch and equipment for examination.

o Room shall have, for the admission of light and air, one or more apertures, such as windows and fan lights, opening directly to the external air or into an open verandah. The windows should be in two opposite walls

o Family Welfare Clinic – The clinic should provide educative, preventive,diagnostic and curative facilities for maternal, child health, school health and health education. Importance of health education is being increasingly recognized as an effective tool of preventive treatment.People visiting hospital should be informed of environmental hygiene,clean habits, need for taking preventive measures against epidemics, family planning, etc. Treatment room in this clinic should act as operating room for IUCD insertion and investigation, etc. It should be in close proximity to Obst. & Gynae. OPD.

o Waiting room for patients

o The Drug Dispensary should be located in in an area conveniently accessible from all clinics. The dispensary and compounding room should have two dispensing windows, compounding counters and shelves. The pattern of arranging the counters and shelves shall depend on the size of the room. The medicines which require cold storage and blood required for operations and emergencies should be kept in refrigerators.

o Emergency Room/ Casualty The emergency cases may be attended by an area conveniently accessible from all clinics. The dispensary and compounding room should have two dispensing windows, compounding counters and shelves. The pattern of arranging the counters and shelves shall depend on the size of the room. The medicines which require cold storage and blood required for operations and emergencies should be kept in refrigerators.
OPD during OPD hours and in inpatient units afterwards.

Treatment Room:

o Minor OT
o Injection Room and Dressing Room

Wards:

Separate for males and females 13

Nursing Station:

The nursing station shall be centered such that it serves all the clinics from that place. The nursing station should be spacious enough to accommodate a medicine chest / a work counter for preparing dressings, medicines, sinks, dressing tables with screen in between and pedal operated bins to hold soiled material. It should have provision for:

Patient Area:

Enough space between beds.
Toilets; separate for males and females.
Separate space/ room for patients needing isolation

Ancillary rooms:
Nurses rest room
There should be an area separating OPD and Indoor facility.
Operation theatre/ Labour room:

Patient area:
Pre-operative and Post-operative(recovery)room
Staff area:
Changing room separate for males and females
Storage area for sterile supplies
OT/ Labour room area:
Operating room/ labour room
Scrub area
Instrument sterilization area and a disposal area

Emergency lighting – Emergency portable/fixed light units should also be provided in the wards and departments to serve as alternative source of light in case of power failure.
Generator back-up should be available in all facilities.
Generator should be of good capacity. Use of solar energy wherever feasible may be used.
Telephone: minimum two direct lines with intercom facility should be available.
Administrative zone: Separate rooms should be available for office and stores

Capacity building:
Training of all cadres of worker at periodic intervals is an essential component.
Multi-skill training for paramedical workers

Quality Assurance in Service delivery:
Quality of service should be maintained at all levels.
Standard treatment protocol for all national programmes and locally common diseases should be made available at all CHCs. **Standard Treatment protocol**: is the "Heart" of quality and cost of care. All the efforts that are being made to improve "hardware i.e. infrastructure" and "software i.e. human resources" are necessary but NOT sufficient. These need to be guided by Standard Treatment Protocols. Some of the states have already prepared these guidelines.

Diet: Diet may either be outsourced or adequate space for cooking should be provided in a separate space.

CSSD:
Adequate space and standard procedures for sterilization and sterile storage should be available.

A Laundry and storage should also be available
Storage

Introduction for the study

The project that I decided to work on was to compare the functioning of the CHC with the standard functions of a CHC as laid down by IPHS. For this I worked in most of the departments of the CHC from general medicine, general surgery, dental, labour room, radiology, paediatrics to the inpatient department as well for a period of two months to understand the functioning of the CHC. The CHC catered to the patients coming to it from the neighbouring villages and also from neighboring PHCs.to understand the functioning of the CHC, I spent a few days in all the major departments of the organization. I prepared a questionnaire to interview some patients to have a better understanding of the problems that they were facing in the CHC. I also interacted with some doctors nursing staff and other paramedical staff of the hospital, including the Class IV staff of the hospital.

Rationale

- Generally , it is seen that CHCs are not functioning according the standards set for the same.
- To evaluate whether the CHC is acting as a referral centre for its neighbouring PHCs
- It is fulfilling its two fold function of providing specialised services to its patients both reffered and patients coming directly to the center

Research Ouestion

Is CHC Amer, functioning according to the set standards of a CHC as laid down by the IPHS?

Objective

To compare the functioning of the CHC Amer with that of the set standards laid down for a CHC

Methodology:

I interviewed 120 patients for each month to know the problems that they suffered in the CHC. I also did a focused group study.

1. Type of study: Crosssectional qualitative analytical, Focussed group study
2. Primary Data: unstructured interviews, observations
3.Secondary Data: Record review, Check lists

Analysis

This is a comparative table of the standards set for a CHC by the IPHS against which I have compared CHC,Amer on various parameters:

Table 1

Resources	Indian Public Health Standard	Community Health Center, Amer
1.No. of beds	30	35
2. All Assured services	Mandatory	Present
(a)routine and emergency medical care department	Mandatory	Present
(b)routine and emergency surgical care department	Mandatory	Present
(c)obstetrics and gynaecology department with a Labour Room	Mandatory	Present
(d)Paedatrics department	Mandatory	Present

This is a comparative analysis for the specifications for manpower for a CHC, as per IPHS and the specifications that CHC, Amer had:

Table 2

3. Manpower	Indian Public Health Standard	Community Health Center, Amer
General Surgeon	1	Present (1)
Physician	1	Present (1)
Obstetrician/ Gynaecologist	1	Present (1)
Paediatrics	1	Present (1)
Anaesthetist	1 (can be on contractual basis)	Present (1)
Ophtalmologist	1 (Proposed)	Present (1)
Dental	1(optional)	Present (1)

In terms of manpower, the CHC Amer, had all the specialist doctors but was deficient in **para medical and class IV staff.**
The CHC had two OPD timings morning and evening
Morning was from 8am -2pm where as evening was from 4-6 pm.

This is a comparative analysis for the support manpower:

Table 3

Resources	Indian Public Health Standard	Community Health Center, Amer
4.Support Man power		
Public Health Nurse	Mandatory (1)	Present (1)
ANM	Mandatory (1)	Present (1)
5.Support services		
laboratory	Mandatory	present
blood storage	Mandatory	present
X ray Laboratory	Mandatory	present

Thus we can see in the following table that ophthalmic assistant, OPD and OT attendand, a qualified dresser, a radiographer, ward boys and chowkidars were lesser in number as stated in the IPHS standards for the same. **One of the major finding was the patients faced a lot of difficulty due to lack of an OPD attendant**. They felt undirected as no authorized person was there to guide them as to where to go from the OPD counter.

The Surgeries also suffered due to lack of an OT attendant.

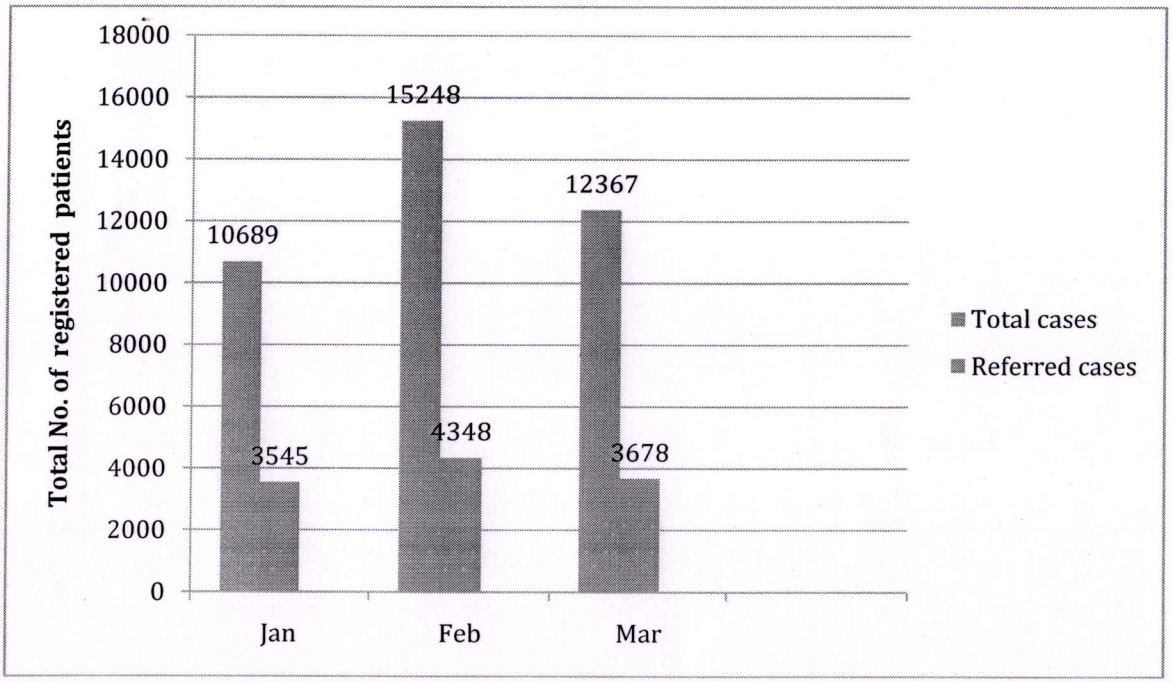
Table 4

Resources	Indian Public Health Standard	Community Health Center, Amer
Nurse-midwife	7+2	3
Dresser (certified by Red Cross/ St.Johns Ambulance)	1	0
Pharmacist/compounder	1	1
Lab Technician	1	1
Radiographer	1	0
Ophthalmic assistant	0-1	0
Ward Boys/ Nursing	2	1
Sweepers	3	1
Chowkidar	5	1
OPD attendant		0
Statistical Assistant/ Data Entry Operator		1
OT attendant		0
Registration clerk		1
Total essential	21/22	10

Graphical Analysis:

With the data collected I plotted various graphs to study the functional efficiency of CHC Amer on various parameters as set by IPHS, 2012

Fig. 1:Total Cases vs referred cases



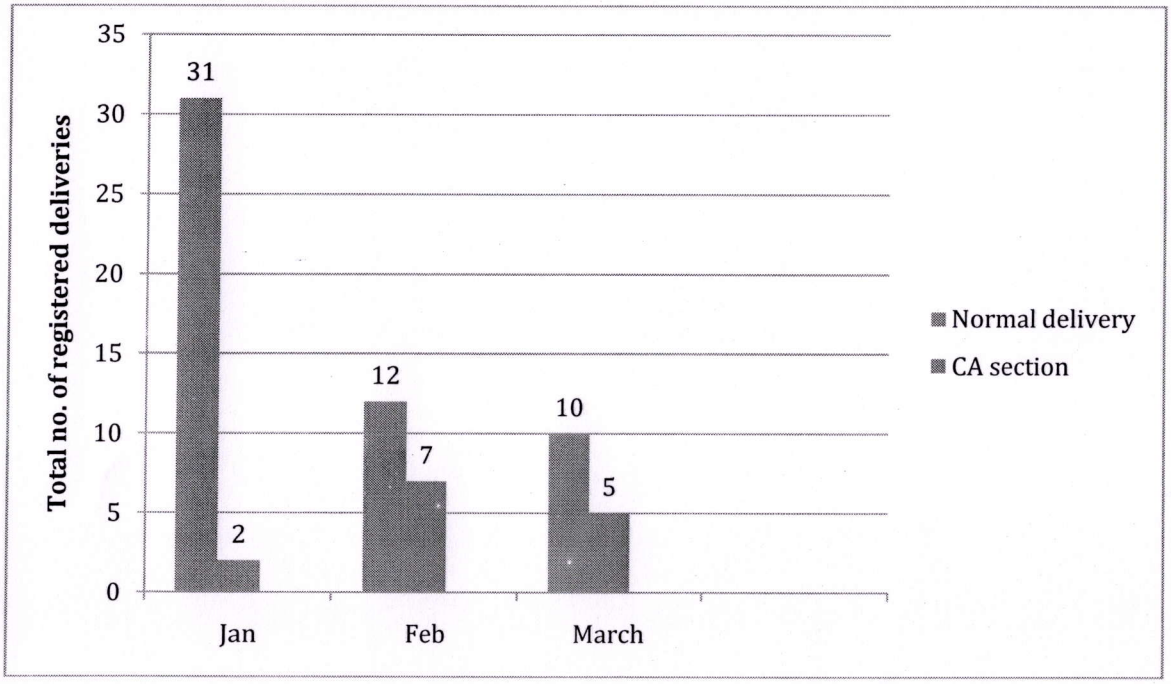
This graph depicts that the number of referred patients was less than one third of the total patients coming to the CHC, Amer.

As stated in IPHS standards, one of the major function of a CHC was that it should act as a referral center and cater to the needs of the patients being referred to it from the neighbouring PHCs, that is the in patients referred. Thus in this case we find CHC Amer had very few no.of referred cases from its surrounding PHCs.

On investigating further by interacting with the hospital staff, the main reason I found for fewer no. of referral cases was most of the patients needing medical assistancefrom the PHCs, directly approached the District Hospital,i.e. SMS hospital, Jaipur

This is a graph comparing the delivery pattern at the hospital:

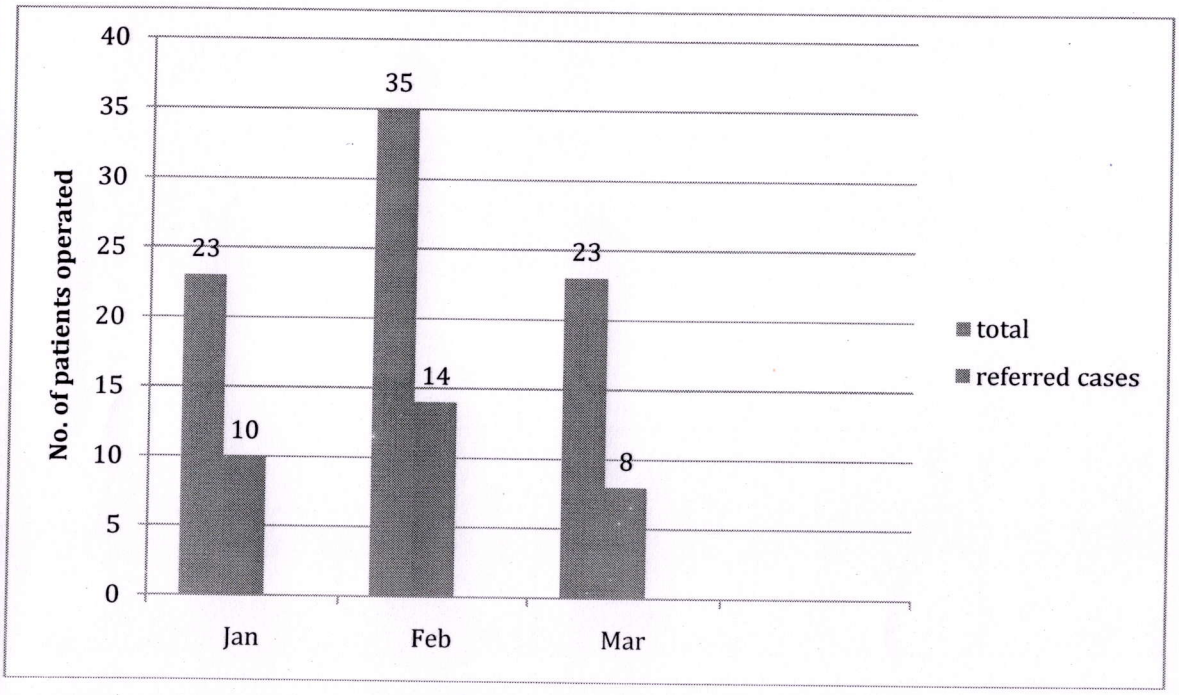
Fig. 2: Normal delivery vs caesarian section



Thus, I found here that the no. of caesarian sections were less than 10 (Should be atleast half of the normal delivery no.) for all the 3 months. The major reason that I found on interacting with the staff ,was that most of the complicated cases again approach directly to SMS Jaipur.

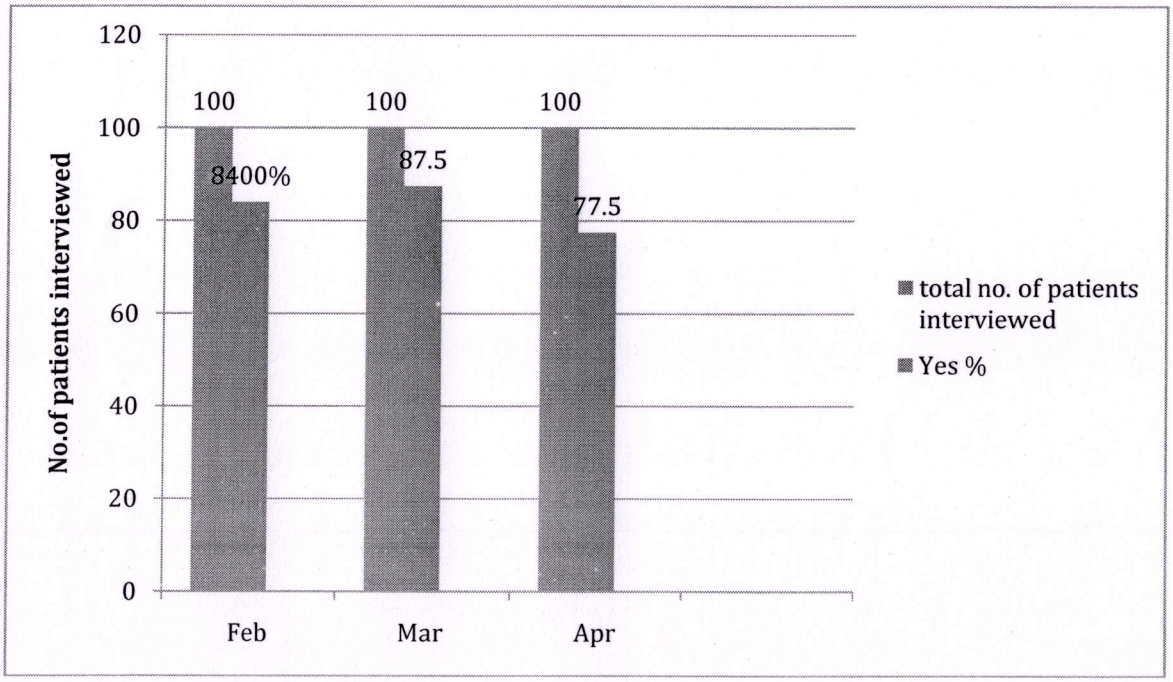
This is a comparative analysis of the surgical cases operated at the CHC. Again I found that the no. of referred cases was less than 50% of the total cases. The reason being the same as above

Fig. 3: Surgical Cases operated



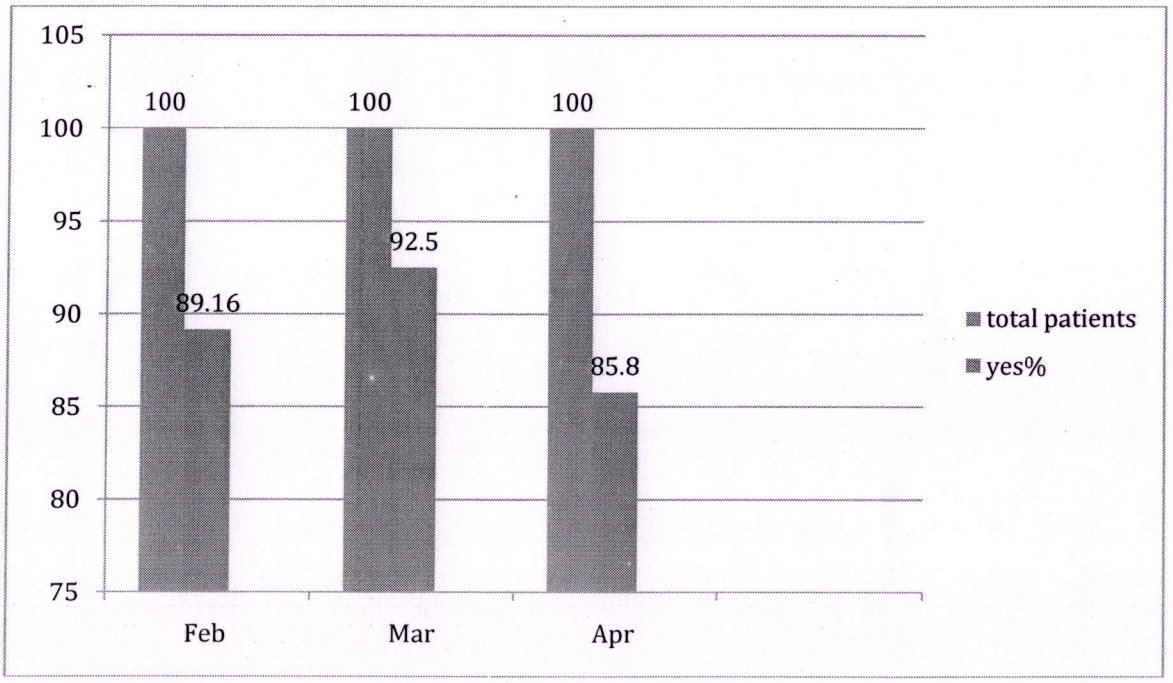
The next major problem that patients complained of was the unavailability of doctors usually during evening times. More than 75% patients said yes they faced difficulty in finding doctors during evening hours for all the 3 months

Fig. 4: Unavailability of doctors in evening hours



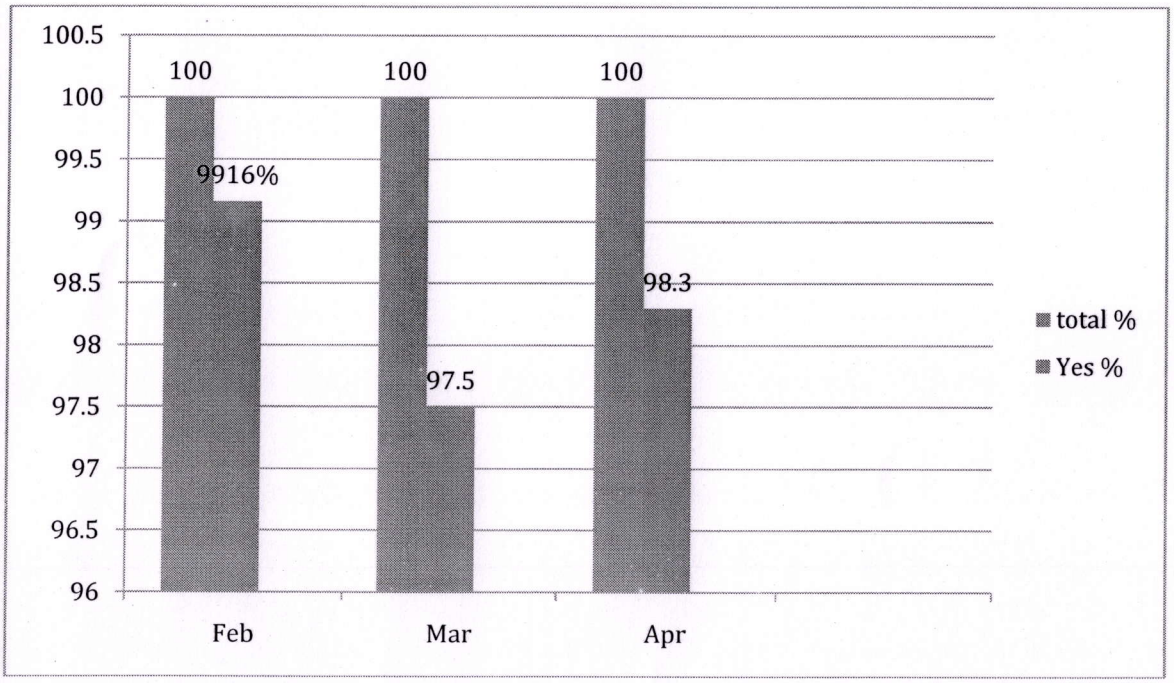
The next problem that the patients faced was long waiting hours in report collections lack of staff in the More than 86% patients said yes for the same. The main reason was lack of staff in the laboratories.

Fig. 5: Report Collection



This graph shows that almost all (more than 98%) patients complained problems due to lack of an OPD attendant. They felt unguided as to where to go from the OPD counter due to lack of an authorised Person

Fig. 6: OPD attendant



Interpretations

These were some of the major interpretations that I could draw from the analysis of the graphs, interactions with the patients, and interactions with the hospital staff.

1.No. of referred cases in OPD is less than 1/3rd of the total cases (should be atleast 50% of the total cases)
2.No. of caesarian sections are less than 10 for each month
3.No. of referred surgical cases are less than 50% of the total cases (should be atleast 75% of the total cases treated)

Findings

1. Manpower inadequacy in certain crucial areas of the center; OPD attendant, Nursing staff
2. Lack of communication between CHC and its covering PHCs
3. Unavailability of specialist doctors usually during evening hours
4. Patients facing problem (feel undirected) due to lack of an OPD attendant
5. Patients complaining of long waiting time to collect reports

Recommendations

The following are the major recommendations that I came up with, which might help in improving the functionality quotient of CHC Amer, as per the strandards of IPHS 2012:

1. A person dedicated to the OPD to be appointed as an OPD manager to guide the patients as to where to go further
2. A dedicated staff to regularly contact the PHCs so that the no. of referred cases can be increased
3. A prior preparation of the OT or labour room to be done on getting the information on receiving such cases
4. Higher authorities to look into the matter of unavailability of specialists during evening hours: interns can be posted
5. Lab audit to be carried out to improve the TAT of the Laboratory

References:

1.IPHS website
2.Ministry of health and family welfare, Government of India, website
3.NRHM website
4.PEO Evaluation Studies
5.Various online journals on functioning of CHCs.

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ABSTRACT: **Comparing the functioning of a CHC with the standard Functions of a CHC as per IPHS**

KEY WORDS: CHC (Community Health Centre), IPHS(Indian Public Health Standards), ASHA (Accredited Social Health Activist), National Health Programmes

NRHM envisages bringing up the CHC services to the level of Indian Public Health Standards. Although there are already existing standards as prescribed by the Bureau of Indian Standards for 30-bedded hospital, these are at present not achievable as they are very resource-intensive. Under the NRHM, the Accredited Social Health Activist (ASHA) is being envisaged in each village to promote the health activities. With ASHA in place, there is bound to be a groundswell of demands for health services and the system needs to be geared to face the challenge. Not only does the system require upgradation to handle higher patient load, but emphasis also needs to be given to quality aspects to increase the level of patient satisfaction. In order to ensure quality of services, the Indian Public Health Standards are being set up for CHCs so as to provide a yardstick to measure the services being provided there. This document provides the requirements for a Minimum Functional Grade of a Community Health Centre.

Objectives of Indian Public Health Standards (IPHS) for CHCs:

- To provide optimal expert care to the community
- To achieve and maintain an acceptable standard of quality of care
- To make the services more responsive and sensitive to the needs of the community

Service delivery in CHCs:

Every CHC has to provide the certain assured services which can be known as the Assured Services: · Care of routine and emergency cases in surgery: This includes Incision and drainage, and surgery for Hernia, hydrocele, Appendicitis, haemorrhoids, fistula, etc. Handling of emergencies like intestinal obstruction, haemorrhage, etc. Care of routine and emergency cases in medicine: Specific mention is being made of handling of all emergencies in relation to the National Health Programmes as per guidelines like Dengue Haemorrhagic fever, cerebral malaria, etc. Appropriate guidelines are already availableMy study was to identify the gaps in the functioning of CHC Amer (the CHC chosen for my study with the standards for the same as laid by IPHS) , so that suggestions could be given to bridge the gap.

24-hour delivery services including normal and assisted deliveries · Essential and Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions · Full range of family planning services including Laproscopic Services · Safe Abortion Services · New-born Care · Routine and Emergency Care of sick children ·