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Situation Analysis of Implementation of National Health Programmes in Primary Health Centres (Phcs) At Uttarakhand

Nishu Jha[1], Bhavna Jain[2], Radhika Bhati[1], Aprajita Mehta[1], Manisha Dhinwa[3], Surekha Kishore[4], Pradeep Aggarwal[5], Sheen Job[1]

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Author's Affiliation:
[1]Doctor; [2]Senior resident; [3]BSc Honours Nursing; [4]Professor; [5]Associate Professor, Dept. of Community and Family Medicine, AIIMS, Rishikesh

Correspondence
Dr Pradeep Aggarwal
drpradeep_aggarwal@hotmail.com

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ABSTRACT

Context: The Bhore Committee in 1946 gave the concept of PHC as comprehensive primary health care to the community and maintain an acceptable standard of quality of care. The study was conducted to assess the implementation of National Health Programmes at PHCs in Uttarakhand.

Methodology: An observational cross-sectional study was conducted at two PHCs (Thano and Raiwala) from March 2019 to April 2019. Interviews of health functionaries and beneficiaries of national health programmes were done based on standard Indian Public Health Standards (IPHS) guidelines and check list, for both PHCs. Beneficiaries under each programme were also observed.

Result: Various programmes such as Universal Immunization Programme, School Health Programme, and Pulse Polio Programme, National nutrition Programme, National family welfare Programme, NPCDCS and Jansankhya Niyantran Yojna were implemented successfully at both PHCs. Although knowledge among peripheral health workers was found to be little inadequate.

Conclusion: The functioning and execution of some of the National Health Programs at PHCs Thano and Raiwala were found to be inclined with IPHS guidelines.

Keywords: Indian Public Health Standards, National Health Programmes, Primary Health Centers

INTRODUCTION

The primary healthcare delivery first proposed by the Bhore Committee (1946) of India, has gained worldwide acceptance among International agencies and National governments to cover both comprehensive healthcare and basic health services.[1] The main aim of the programme was to improve the outreach of services primarily for the vulnerable population. PHC is a common platform for the convergence of all National Health Programmes (NHP). The overall objective of IPHS is to provide health care that is quality-oriented and sensitive to the needs of the community.[2]

In the last decade, there has been significant increase in the number of manpower's in health facilities with an increase of 63%, 35% and 15% in the numbers of ANMs, allopathic doctors at PHCs and specialist doctors at Community Health Centers (CHC) respectively. All these facts highlight that considerable amount of resources are spent at the level of PHCs and CHCs.[3] As per different health costing studies in India, highlight the cost of delivering particular services like Pediatric care,[4] Newborn care in dis-trict hospitals,[5] referral transport,[6] specific diseases like respiratory diseases[7] or typhoid[8] and service provider like at primary health center[9] or district hospital.[10] According to the Government commitment, to provide each citizen of

India with universal health care, it is important from the perspective of planners and policy makers to decide how much cost is being levied by the government per unit service delivered. According to the National Family Health Survey (NFHS)-4 data only 62% of children are fully immunized.[11] India stands global rank 1 for tuberculosis (TB), in the year 2015 India witnessed 2.8 million new cases of TB.[12] Globally 27% of TB cases notified in India in 2014.[13] Due to the rising burden of non - communicable diseases, India cover over 69 million people with diabetes currently.[14] There are more than 1 million smoke-related deaths.[15] India aims to achieve a malaria-free country by 2027 and elimination by 2030. National Strategic Plan (NSP) 2017-22 for malaria elimination has been developed by the National vector borne disease control programme. For effective implementation of various elimination strategies, the focus of the program is laid on district-level rather than State-level.[16] India has one of the highest rates of malnourished women in developing countries. Maternal malnutrition has been associated with an increased risk of maternal mortality and also childbirth defects.[17] As a result, to determine the implementation of following NHP and to assess their shortcomings, this study was undertaken at PHC Thano (hilly region) and PHC Raiwala (plane region). Both PHCs comes under Dehradun district, PHC Thano includes 8 sub-centers (Ram Nagar Danda, Bhogpur, Ranipokhri, Ghammuwala, Sangamon, Dharkot, Itharna, Khamandpur) its CHC in Raipur, PHC Raiwala includes 3 subcentres (Raiwala, Prateet Nagar, Haripur) its CHC in Doiwala. As a result, following study was conducted with an aim and objective to assess the implementation of NHP at PHC Thano and PHC Raiwala, to document the current situation of NHP at both PHCs and to draft and share recommendations with the competent authority.

SUBJECTS AND METHODS

An observational study with cross sectional study design was conducted at two PHCs. In hilly region PHC Thano and in plane, PHC Raiwala were selected. The study was conducted in two months duration from March 2019 to April 2019. Health functionaries and beneficiaries of NHP were taken as study population. A key informative face to face interviews was conducted with peripheral health workers (Lady Health visitor, ANM, Trained birth attendant) and beneficiaries of national health programmes based on standard IPHS guidelines and check list, for both PHCs. Beneficiaries under each programme were also observed. Beneficiaries related to programmes were under five children, adolescents, old aged persons, antenatal and postnatal mothers. Some information was also collected by assessing facilities at both PHCs in accordance with IPHS guidelines and checklist. This data was then assessed to know the current ongoing status of national health programmes at both PHCs. Inform consent from respective participants(Lady Health visitor, ANM, Trained birth attendant) were taken. The study was approved by Institutional Ethical Committee (Letter No: AIIMS/IEC/19/1293.[18]

Data Analysis: Data was entered in MS excel version 2016, transferred and analysed using SPSS (statistical package for social science) version 23.0. Descriptive statistics were used to describe frequency or proportions.

RESULTS

Reporting of **Integrated Disease Surveillance Programme** (IDSP) was done regularly by Lady health visitor (LHV) at the end of each month. No outbreak of any diseases has occurred at both PHCs from past five years. Regular awareness camps in the community regarding vector borne diseases and its prevention and control was conducted at both the PHCs. At both PHCs, awareness generation camps were organized regularly regarding the prevention and control of STIs and HIV/AIDS. **For School Health Programme,** two camps in a month were conducted for regular health check-ups. Available medicines were provided, deworming facility was present (tablets/syrups given) at both PHCs. Awareness camps were also organized for **National Iodine Deficiency Control Programme for both PHCs. Under National Programme for the prevention and control of Cancer, Diabetes, CVD, and Stroke (NPCDCS**), regular screening of blood sugar by glucometer and blood pressure measurement done by ANM and ASHA at both PHCs. Regular awareness generation activities regarding healthy lifestyles was conducted at both PHCs. All vaccines under **Universal Immunization Programme (**UIP) were given regularly every week at both PHCs. The cold chain was well maintained. Japanese Encephalitis (JE) and Rota vaccines were not available. There was 92% coverage of the MR campaign at PHC Thano and 99% coverage at PHC Raiwala in October 2017. Vitamin A was not available from the past six years, however, received in March 2019 at PHC Thano. **Under Pulse Polio Programme,** routine immunization and Supplementary immunization activities were regularly conducted at both PHCs. **In National nutrition Programme,** successful implementation of diarrhoea fortnight campaign, every year from the 3rd week of July to the 1st week of August. ORS and zinc tablets were given at both PHCs. **For National family welfare Programme,** contraceptives

such as condoms, oral pills, emergency contraceptives were provided and there were facilities for Intrauterine device (IUD) insertions. Counselling regarding family planning and infertility was given at both PHCs. **Regarding Adolescent health**, at both PHCs counselling related to menstrual hygiene were given. Sanitary napkins were distributed to adolescent girls in 2018 (July, August) for Rs 6 per packet. Any Sunday of a month Rashtriya Kishore Swasthya Karyakram (RKSK) as swastikas was celebrated by ANM for adolescent girls. **For Jansankhya Niyantran Yojna,** every year since 2012 it starts from 11th July for 15 days, where awareness about population control given through family planning services by ANM and ASHAs at both PHCs. **Under Revised National Tuberculosis Control Programme (RNTCP),** PHCs (Thano and Raiwala) don't function as DOTS centres but awareness generation camps were organized regarding importance of completion of treatment.

Challenges in service deliveries at both PHCs: On assessing knowledge of peripheral health workers, it was found that they had inadequate knowledge and some of their practices were faulty due to lack of regular training and facilities. No laboratory services for diagnosis of STDs, Rapid Plasma Reagin (RPR) for syphilis, rapid test for malaria, rapid diagnostic test for typhoid. No labour room facilities as well as conduction of deliveries. Surgical procedures like Vasectomy, Tubectomy, Medical Termination of Pregnancy (MTP), Hydrocelectomy, Cataract surgeries were not being carried out. No ambulance service was present. No screening facilities for HIV/AIDS, iodine deficiency and refractive errors.

Health Work Force Challenges: There was a huge deficiency of manpower at PHCs Thano and Raiwala. Out of 17/18 (recommended) only 8 manpower were present at PHC Thano, including 2MO(1MO-in charge and 1MO-AYUSH), 2 Health worker(female), 1 Pharmacist, 1 Health Assistant, 2 Class -4 whereas 11 manpower were present at PHC Raiwala including 1MO-in charge, 3 Health worker(female), 2 Pharmacist, 2 Health Assistant, 3 Class -4.

Table 1. Depicts total no of registered under five children for three consecutive years (April 2016-March 2019) was 513 for PHC Thano and 5202 for PHC Raiwala. It also shows total no of vaccinated under five children for both PHCs(230 for Thano and 3237 for Raiwala) for three consecutive years (April 2016- March 2019).

Table 2. Shows number of under- five children vaccinated with BCG, Measles Rubella (MR) and pentavalent vaccine at both PHCs for three consecutive years (April 2016- March 2019).

Table 1: Distribution of registered and vaccinated under five children at PHC Thano and PHC Raiwala

Duration (in years)	PHC Thano	PHC Raiwala
Registered under five children		
Apr2016-Mar2017	172	1332
Apr2017-Mar2018	181	2210
Apr2018-Mar2019	160	1660
Vaccinated under five children		
Apr2016-Mar2017	66(38.3)	1050(78.8)
Apr2017-Mar2018	77(42.5)	914(41.4)
Apr2018-Mar2019	87(54.4)	1273(76.4)

Table 2: Vaccination status of under five children at PHC Thano and PHC Raiwala

Duration (in years)	PHC Thano	PHC Raiwala
BCG Vaccine		
Apr2016-Mar2017	15 (8.7)	142 (10.7)
Apr2017-Mar2018	15 (8.3)	148(6.7)
Apr2018-Mar2019	15 (9.4)	146 (8.8)
Pentavalent Vaccine		
Apr2016-Mar2017	36 (21.0)	461 (34.6)
Apr2017-Mar2018	47 (26.0)	489 (22.1)
Apr2018-Mar2019	36 (22.5)	552 (33.2)
MR vaccine		
Apr2016-Mar2017	15 (8.7)	447 (33.6)
Apr2017-Mar2018	15 (8.3)	277 (12.5)
Apr2018-Mar2019	36 (22.5)	575 (34.6)

Table 3: Distributions of Contraceptives at PHCs (Thano and Raiwala) (Apr-2018-Mar2019)

Contraceptive Measures	PHC Thano	PHC Raiwala
Condoms	3180 packets given	5480 packets given
Copper-T	Data not available	77 Cu-T inserted
OCPs	315 packets given	OCPs stock was not updated recently

OCP= Oral Contraceptives

Table 4: Distribution of registered ANC females at PHC Thano and Raiwala

Duration (in years)	PHC Thano	PHC Raiwala
Apr2016-Mar2017	40	468
Apr2017-Mar2018	32	433
Apr2018-Mar2019	31	544

Table 3 Depicts details regarding contraceptive usage for both PHCs during Apr-2018-Mar 2019. It was found that at PHC Raiwala (5480) more packets of condoms were distributed as compared to PHC Thano(3180). At PHC Raiwala 77 Cu-T were inserted, whereas data related to Cu-T insertion was not available at PHC Thano. Regarding Oral contraceptive pills (OCPs) 315 packets were given at PHC Thano but OCPs stock was not updated at PHC Raiwala.

Table 4. Shows details of Antenatal Care (ANC) registered females at PHC Thano and Raiwala for

three consecutive years (April 2016- March 2019). At PHC Raiwala, no delivery facilities were present. As a result no data present regarding the beneficiaries of Janani Suraksha Yojana (JSY). Only data regarding the no of registered ANC females was present. Whereas at PHC Thano, Labour room facility present but deliveries were not being conducted. At this PHC (Thano), 87.5% females benefitted under JSY during April 2016 -March 2017, which was increased to 97% in April 2017 -March 2018 and then decreased to 67.7 in the next year.

DISCUSSIONS

Indian healthcare delivery system comprises of 160713 sub-centres (SCs), 30045 primary health centres (PHCs), 5685 community health centres (CHCs).[19] PHCs are the most important part of rural health services the first port of call to a qualified doctor of the public sector in rural areas for the ill patients and also those who directly report or referred from Sub-centres for curative, preventive and promotive health care. As we know setting any standards is never a static process, it's always a dynamic process. The IPHS for PHCs has been prepared to keep in view the resources available for a functional requirement for at both PHCs with minimum standards such as building manpower, instruments, and equipment, drugs and other facilities, etc. It has been found that the newer strategies such as decentralization in primary healthcare system, even in state like Kerala in India with good health indicator has not contributed a significant change to the health sector, indicating the potential scope of private health sector in primary healthcare services.[20] Although the private sector appears to be more efficient, accountable, and medically effective than the public sector, still the public sector lacks timeliness and hospitality towards patients.[21] In order to improve primary healthcare indicators, it is necessary to ensure whether all the villages have a primary health centers or not and also check whether adequate medical supplies are available at each center or not.[22]. According to IPHS guidelines, all the PHCs should function as DOTS centres and deliver treatment as per RNTCP treatment guidelines through DOTS providers. The IPHS guidelines deal with the treatment of common complications of TB and the side effects of drugs. All the records are collected and report to RNTCP activities. In our study RNTCP activities at both PHCs (Thano and Raiwala), no functional DOTS centre was present. No treatment of side effects and common complications of TB was done. Only suspected cases of TB referred to CHC Raipur from PHC Thano and S.P.S hospital Rishikesh from PHC Raiwala. If we compare the situation of TB in Uttarakhand, no State-specific survey has been done. The estimated Total TB Cases are 257/Lac per year and 95 New Smear Pos./Lac per year. The Revised National TB Control Programme is based on the DOTS strategy.[23] Looking into the IDSP, although regular reporting of IDSP is done by LHV at the end of each month, still laboratory services was not present for diagnosis of TB, Malaria, Typhoid and so on. There were no adequate services for the microscopic confirmation and treatment of Malaria, Dengue, JE. Awareness camps regarding preventive measures about STIs and HIV/AIDS were not organized for the last five years, screening of high-risk persons and antenatal mothers with one rapid test of HIV were not conducted at both PHCs. Programmes like School Health Programme, National Programme for the prevention and NPCDS, Pulse Polio Programme, Universal UIP, National Nutrition Programme, National Family Welfare Programme were implemented successfully at both PHCs. Looking into the child delivery facility, at PHC Raiwala no child delivery facility was present. There is no labour room, ASHA were taking beneficiaries to different hospitals, data not readily available, therefore there was no data present regarding the beneficiaries of JSY at PHC Raiwala. Whereas the labour room facility present at PHC Thano but deliveries were not conducted and majority of registered ANC mothers were benefitted under JSY scheme. The extent of utilization of PHCs for ANC services among the public health facilities in India is 22%.[24] According to various studies, it was found that the Government Hospitals provided better prenatal diagnosis and counselling and more better family planning services in primary healthcare than the private clinics, but the private clinics were in better condition, better equipped, and supplied; and better able to provide certain laboratory test results in a timely manner.[25,26]

For National Iodine Deficiency Control Programme, only awareness camps were organized. No facility present for a screening of iodine deficiency at both PHCs. During the assessment of the National Programme for Control of Blindness (NPCB), there were no facilities for a screening of refractive errors and no services for cataract surgery were available at both PHCs. With the above findings it can be observed that functioning and execution of some of the National Health Programs at PHCs Thano and Raiwala were almost found to be inclined with IPHS guidelines and checklist, and many activities under different National Health Programs were satisfactorily conducted. On assessment of knowledge of peripheral health workers found that, they had inadequate knowledge and habit of some faulty practices due to lack of regular training and also due to insufficiency of facilities. For providing essential and

basic health services to community NHP should be implemented properly. Community participation, monitoring, and supervision of activities at PHC, regular meetings, and periodic visits are vital. Proper provision of incentives, awareness, and training of health functionaries should be done.

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