Adhering to IPHS Guidelines: A study of the Health Facilities in Sheikhpura District of Bihar

- Devika Biswas and Vivekanand Ojha, BVHA, Patna

BACKGROUND

The National Rural Health Mission (NRHM) was launched nationwide in 2005 and one of its commitments was to make all facilities fully equipped according to Indian Public Health Standards (IPHS)[1], 2006, to meet people's health needs and provide quality health care. The health care system in India has expanded considerably over the last few decades; however, the quality of services is not uniform. Therefore, standards were introduced through the NRHM mechanism in order to improve the quality of public health care. Bihar is one of the NRHM high focus states where all health indicators are poor and need improvement to achieve the Millennium Development Goals. There is also a huge shortage of health infrastructure in the state, with only 60% of the sub centres (SCs), 72 % primary health centres (PHCs) and 20% community health centres (CHCs) to provide the services, as against the total required health facilities according to the Rural Health Statistics, compiled by the Ministry of Health and Family Welfare, Government of India in 2008.

STUDY OBJECTIVES

1. To assess the present status of health facilities according to IPHS norms in one district of Bihar.
2. To understand the awareness about IPHS among the management of health facilities.

STUDY SETTING

Sheikhpura district is situated north-east of Patna, Bihar. It is comparatively a small district with a total population of 5, 25,137 and area of 605.96 km^2, with 50 % living below the poverty line (according to Department of Rural Development, Government of Bihar) and a sex ratio of 918. The scheduled caste population is 19.7 % and scheduled tribe population is 0.04 %. The total literacy rate of the district is 66 % while female literacy rate is 55 % (Census 2011). The district has 1 district hospital, 1 sub-divisional hospital, 1 CHC, 5 PHCs, 17 additional primary health centres (APHCs) and 85 SCs (Table 1).

METHODOLOGY

A quantitative study design was adopted. Standard format of IPHS 2006 version was used to prepare a checklist to elicit information from CHC, PHCs and SCs. Although there was no IPHS format specifically for the APHCs, an attempt was made to collect information on the selected topics of the PHC format such as services provided, infrastructure, monitoring and so on from the APHCs. The formats were sub-divided according to major areas such as services, human resources, investigation facilities, physical infrastructure, equipment, drug, furniture, trainings, and quality control.

Sample: All existing CHC (1), PHCs (5), APHCs (17) and SCs (85) were included in the sample. Of the total SCs, the team could visit only 60 SCs. Of these 20 were found closed so the schedule could be administered to only 40 SCs.

Data Collection: The respondent of the study was the person in charge of the health facility. However, in some of the facilities, the person in charge was not available hence, another officer was interviewed. A three day training on data collection was done for the data collectors. Data collection was undertaken in the month of February 2011. The collected data was entered in excel and analysed using SPSS.

Table 1
Distributions of health facility centres of sheikhpura district against population, 2011

Name of the Block	Population (census 2001)	District Hospital	Sub Divisional Hospital	CHC (Referral Hospital)	Block PHC	Block APHC	Sub Centre
Sheikhpura	165018	1	1	×	1	6	23
Ariari	88124	×	×	×	1	3	14
Barbigha	115460	×	×	1	1*	1	16
Chewara	61563	×	×	×	1	6	11
Sheikhpurosarai	58833	×	×	×	1	×	14
Ghatkusumbha	36504	×	×	×	1	1	7
Total	525502	1	1	1	5	17	85

*This block PHC is merged for services with the referral hospital located in the same campus.

[1] IPHS guidelines were only draft guidelines in 2006. Resource allocation under NRHM through PIP route did not factor in all infrastructure, equipments and HR needs.

Ethical Review: Ethical clearance for the study was obtained from Institutional Ethics Review Committee of School of Public Health, SRM University. Data collection was done after seeking informed consent and explaining the purpose of the study to all respondents.

Limitations of the Study: The health officials did not cooperate wholeheartedly as they were busy with ongoing preparations for the Health Awareness Mela which was underway. They suggested that data should be collected in April, which was not feasible as there would be panchayat elections and the Code of Conduct would be issued which could confuse the data gathering process.

Also, the official letter from the State Health Society did not reach the Chief Medical Officer and District Program Manager, before the field study was completed, affecting their cooperation. The IPHS were subsequently revised by the Government of India but the findings of the study continue to be relevant.

FINDINGS

Location: The accessibility of any health centre depends on the location of that centre. The CHC, 5 Block PHCs, 17 APHCs and 37 SCs were located in easily accessible places. Three SCs were hard to be located as there were no landmarks and they were situated in by-lanes, behind houses.

CHC (Referral Unit)

Barbigha CHC approximately covers 137000 population. The CHC had an average outpatient attendance of 200 daily.

Human resources: The CHC has been upgraded as the referral unit and has only 2 specialists against 4 required as per the IPHS. A detailed picture of human resource in the CHC is given in Table 2. One anesthetist, pediatrician and dental surgeon positions are not yet filled. However, the number of physicians posted in this CHC is higher than the recommended number. There existed a dearth of staff nurses.

Table 2
Human resource status of CHCs in Sheikhpura district, Bihar 2011

Personnel	As per IPHS	Existing
Existing		
General physician	1	0
Physician	1	7
Obstetrician and gynaecologist	1	1
Pediatrics	1	0
Anesthetist	1	1
Public health manager	1	1
Dental surgeon	1	0
General duty MO	6 (atleast 2)	1
Specialist of AYUSH	1	0
General duty MO (AYUSH)	1	0
Public health nurse	1	1
Staff nurse	19	1
Dresser	2	1
Lab technicians	3	2
ANM	1	1

None of the doctors had undergone training in sterilisation, RTI / STI, HIV /AIDS, newborn care, emergency obstetric care (EmOC) in the last 1 year. They underwent training only in IUD insertions, emergency contraception and Integrated Management of Neonatal and Childhood Illness. Overall, in terms of human resources, this CHC was well below IPHS.

Physical infrastructure: The CHC is located in the same PHC premises. Staff quarters were not available. There existed a medical officer(MO) residence which was not in living condition. It had an outsourced generator supply for electricity back up because of frequent load shedding. The sewerage was of soak-pit type. There was a hand pump and an overhead tank with a pump in working condition. The waste disposal is done behind the labour room by burning it and then dumping it in a pit.

Services: A detailed picture of service availability is given in Table 3. The CHC opens for the stipulated outpatient department (OPD) time on all days except holidays and inpatient facilities are also available. There was a pharmacy for drug dispensing and storage. The patient's entitlements were prominently displayed on the walls. There were fixed days for sterilisation.

Table 3
Availability of services in the Barbigha CHC, 2011

Available	Not available
Medicines	EmOCs
Surgery (conditional)	New born care
Emergency services	Emergency care of children
NH program: 24x7 delivery services including normal and assisted deliveries	Safe abortion
Full range of family planning	Blood storage
Treatment of RTI	Ante natal & post natal clinic
Essential laboratory services (outsourced)	Inpatient facilities for children
Referral transport services	OT for cesarean deliveries
Tubectomy & LSCS & ligation	Gynaecology & obstetrics OPD
Counseling for HIV/AIDs/STD	
Immunisation	
Board/name plates to guide patients	

Generally, most of the medicines are in stock but there was no drug list and stock register available with the MO, who therefore was unable to give any information regarding this. The MO did not have any idea about the availability of operation theatre (OT) equipments. The labour room is mostly used for normal deliveries but 2 emergency caesarean operations were done in the last 1 year.

Though there existed a fully functional laboratory, yet the lab services were outsourced to a private firm. Inspite of being a referral unit, the CHC did not have any blood storage facility, ante natal or post natal clinic.

As there was no surgeon, generally no surgery takes place. However, there were two incidents of laproscopic family planning operation in the last 1 month, not carried out by a surgeon, grossly violating the standard protocol.

The facility had an ambulance and a jeep but there were no drivers. A daily wage driver was occasionally hired by the Rogi Kalyan Samiti (RKS). In the absence of a pediatrician, many services like newborn care, emergency care and inpatient facilities for children could not be rendered and they were asked to go to the district health facilities for treatment.

There was no list available of furniture and equipment. The furniture was however quite old and worn out and needed change.

PHCs and APHCs

Human resources: The data (Table 4) reveals that except in the case of MOs, all other posts are not filled in compliance with IPHS. It was found that 3 block PHCs have more doctors than the prescribed norm. All the APHC had only AYUSH doctors. The AYUSH doctors practicing at these centers were feeling demoralized as they are forced to prescribe allopathic medicines instead of prescribing their own medicines. Two PHCs did not have a pharmacist. Laboratory technician was posted in only 1 PHC.

The study reveals that the outpatient department (OPD) of the block PHCs of Sheikhpura and Barbigha are being under utilised as they are situated very close to the district hospital and referral hospital respectively.

Table 4
Human resource status of 5 PHCs and 17 APHCs against IPHS in Sheikhpura district, 2011

Human resource	IPHS for PHC	No of PHCs fulfilling norms	No of APHCs fulfilling norms
Medical officer (MO)	1 (allopathic) +1 (Ayush)	5 (3 PHCs had more Mos)	0 (All had AYUSH MOs)
Pharmacist	1	3	0
Nurse - midwife (Staff nurse)	1 (3 for 24x7)	3 (All were 24x7)	16
Health worker (Female)	1	2	9
Health educator	1	3	4
Health assistant (1 male and 1 female)	1+1	0	0
Clerk	2	0 (4 had 1 clerk each)	0
Laboratory technician	1	4	0
Driver	1 (optional)	1	0
Class IV	4	0	0

Physical infrastructure: The PHC buildings were not maintained. There was general lack of hygiene in all the centres. Water and electricity were available regularly in all the PHCs. Only 1 PHC had an irregular supply of electricity (Table 5). All the PHCs had a functional labour room. In 2 PHCs surgeries were not being carried out since last 6 months.

Only 7 have their own building, and rest of the APHCs are functioning from rented houses. In the APHCs there was a general lack of hygiene in all centers with irregular electricity supply. It was observed that furniture and equipment are available even though the maintenance was poor.

Table 5
Infrastructure of 5 PHCs and 17 APHCs against IPHS in Sheikhpura district, 2011

Infrastructure	As per IPHS	No of PHCs fulfilling norms	No of APHCs fulfilling norms
Water	Regular	5	17
Electricity	Regular	4	0
Operation theatre	Fully functional with surgical facilities	3	0
Labour room	Fully functional	5	0

Services: Most of the PHCs reported providing services according to the norm (Table 6). List of equipments and drugs was not available at the PHCs, therefore it is difficult to comment on whether patients were getting the required drugs from the PHCs. The respondents also revealed that monitoring of the PHCs through PRI/RKS/VHSC takes place regularly. APHCs had mostly OPD services provided by AYUSH doctors.

For quality control, RKS are in place in all PHCs. It was reported that RKS monitors the facilities sometimes, but the list of RKS members were not available anywhere. However, the entitlements for patients, such as JSY, family planning benefits, services available were displayed.

Table 6
Services provided by 5 PHCs and 17 APHCs against IPHS in Sheikhpura district, 2011

Services according to IPHS	No of PHCs fulfilling norms	No of APHCs fulfilling norms
Daily average OPD (40 patient/ doctor/ day)	4	0
Emergency 24×7 services	5	Not Applicable
Inpatient services	5	0
Antenatal care	5	17
Intranatal care	5	0
Postnatal care	5	17
Newborn care	5	0
Child care and immunisation	5	17
Family planning (Tubectomy and Vasectomy)	5	17
Normal delivery	5	0

Sub Centres

Human resources: IPHS recommends 2 ANMs, one health worker male and one voluntary worker to be appointed in each SC. Twenty two SCs had two ANMs and rest had only one ANM. None of the SCs had any other recommended workers.

Physical infrastructure: Three SCs were in rented apartments and the rest were in government buildings. In most of the SCs, walls were painted in the local language depicting services delivered. However, none of the centres had their own communication system, residential facilities, regular electricity, waste disposal facility, borewell, piped water supply facility with over head tank, separate examination room, clinic room, labour room, public utilities and boundary wall. The centers had no list of drugs, furniture or equipments.

Services: SCs did not have fixed working hours mentioned and thus, many centres did not open except on immunisation day. Therefore, they were unable to provide many services like antenatal care, postnatal care, new born care or providing concrete service guarantee on a regular basis. ANMs were not aware if the centre was a DOT centre or any national health programmes were taking place and availability of village health plan.

Internal monitoring of quality was performed in 39 centers by the health supervisors and MOs, whereas the external monitoring was not performed by the community.

Awareness about IPHS

The study addresses the level of understanding about the IPHS among the management of the health facilities in Shiekhpura district of Bihar. Only 3 MOs have heard about IPHS; however, they are not clear about what needs to be done to make their facility according to the standards. Two of the MOs reported that they have not even heard about the IPHS. Interestingly, few of the ANMs were aware about the IPHS and they had reported 1 or 2 times in the prescribed format. The overall observation about the level of awareness regarding IPHS was very low. In fact, many of them suggested that their awareness levels on health and related topics needs to be updated.

Most of the staff is unaware about the standard recommendations of IPHS, basics of NRHM, their duties and responsibilities, assured services and goal and targets of the national health policy.

CONCLUSION AND RECOMMENDATIONS

As evident from the study, all the types of health centres in the district are not adhering to the IPHS norms, be it human resource, infrastructure or services. Some of the management staff know about IPHS, but they are not clear how to make their facility centres according to IPHS.

In order to improve the functioning of the health facilities according to IPHS, the following recommendations are made:

- Pooling of human resources needs to be done (of experts/surgeons and anesthetics with O.T. support services) at the block PHCs who can go to different APHCs on call to provide the services or alternatively patients be referred for specialized services at PHC through phone call so that experts be ready before patients reach.
- All APHCs be made fully functional for inpatient services particularly for basic services like delivery services, intranatal care and so on.
- All health service staff are provided related manuals/ guidebooks about IPHS, NRHM in Hindi language.
- RKS needs to be more active in its monitoring responsibility.

REFERENCES

i. The National Population Policy 2000. http:// www.populationcommission.nic.in/npp.htm

ii. The National Health Policy 2002. http://www.mohfw.nic.in/NRHM/.../National_Health_policy_2002.pdf

iii. Indian Public Health Standards (IPHS) for CHCs/ PHCs/Sub-centres (Guidelines March 2006 and Revised 2010) by Directorate General of Health Services, MOH & FW, GOI) http://mohfw.nic.in/NRHM/Documents/IPHS_for_PHC.pdf; http://mohfw.nic.in/NRHM/Documents/IPHS_for_CHC.pdf

iv. State PIP, Bihar (2010-11) http://statehealthsocietybihar.org/pip2011-12/statepip-2011-12

v. DLHS-3, Sheikhpura report by IIPS, M umbai http://www.statehealthsocietybihar.org/survey_reports

Acknowledgements: We are grateful to Centre for Health and Social Justice, SRM University and UNFPA. We thank our mentor who regularly monitored our progress. We thank Bihar State Health Society and Sheikhpura district health authorities and all our respondents for their cooperation and support. We also thank BVHA team and Board members, for their support and encouragement.

About the Organization: Bihar Voluntary Health Association (BVHA) was established in 1969 and is the oldest secular voluntary association of NGOs, charitable hospitals, dispensaries, health centers in the country working in the field of health and development. It has 116 members and associates and over 300 non-members and works towards empowering people to claim their health rights in the state of Bihar.

Mentoring: The study was mentored by Dr Anil Kumar from SRM University and finalised with the support of Dr. Abhijit Das and Ms. Shelley Saha Sinha of CHSJ.

CHSJ
New Delhi

SPH, SRM University
Kattankulathur, TN

UNFPA India
New Delhi

Centre for Health and Social Justice
Basement of Young Women's Hostel No. 2, Avenue 21, G Block, Saket, New Delhi 110 017
Phone : 91-11-26511425, 26535203 Telefax : 91-11-26536041 E-mail: chsj@chsj.org Website: www.chsj.org