"A Study of status of facilities available at Sub Centres and Right to Health"

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Abstract:

Sub Centre is the first peripheral contact point between community and health care delivery system. Sub Centers are serving for the reduction in IMR and MMR in rural areas of India but still there are some gaps at Sub Center level like Absenteeism and irregularities of medical staff, Worker not stayed at Sub Center, Lack of labor room and equipments, availability of water and electricity, many of Sub Centers are running in private and rented building which hurdles the make health facilities 24 x 7. The present research paper represents a brief scenario of status of facilities available at Sub Centers situated in Sewer block of Bharatpur district of Rajasthan.

Keyword: Health, Sub Centre, villager, community health, family**,** facilities, Government

Introduction:

It is basic right of every human being to get the health care facilities and to operationalized the agenda of common minimum program that a missionary approach is being adopted to deliver quality health care services.

After independence Government, both central and state has initiated and launches a variety of Programs, Projects, Policies committees and schemes to strengthen the medical health care services. Efforts were made to universal access to equitable, affordable and quality public health care services.

Rajasthan is the largest state of India spanning 3.42 lakh sq. km. and having a population 5.6 crore. The state is divided into 32 districts, and 237 development blocks. More than 60 percent of the State's total area is desert, with sparsely distributed population, entailing a very high unit cost of providing healthcare services. The state has a high proportion of Schedule Caste population (over 17 percent) and a high proption of Schedule Tribes population (12.4 percent).

Table 1 : Demographic Profile of Rajasthan

	Local area	3.42 lakh sq. kms.
	Population	68548437
	Rural Population	75.1%
	Crude Birth Rate	25.9 per 1000 Population
	Crude Death Rate	6.6 per 1000 Population
	Infant Mortality Rate	49 per 1000 live births
	Maternal Mortality Rate	388 per 100000 live births

Source : Census 2011

The data shown in above table reveals that the state of Rajasthan is still lagging behind in the various health indictors. Rajasthan is one amongst the states in India having higher Infant Mortality Rate and Maternal Mortality Rate.

Like most of other states of India, Rajasthan has also embarked for the development of health care services.. Ensuring good public health and hygiene care in the state is still a tremendous challenge provided the difficult terrain, inadequate availability of clean drinking water, poor economic status of the community at large and gaps at service delivery level.

Research Methodology:-

Research methodology plays a vital role in crossing various obstacles and it has been most utilized in the sphere. Methodology is a conscious procedure or a designed means of achieving a goal. In its quoted aspects, A method is always away of doing something, but beneath the doing one can discover an integrated assuagement of knowledge understanding and principle.

Objectives of the study

1. To know the facilities and services available at the sub centres
2. To study the present status of the services and facilities available at sub centres.
3. To find the gaps at services delivery level.
4. To know the ways to improve the facilities and services at sub centers.

Universe of Study

The study was conducted in Sewar block of Bharathpur district. On random basis is villages was selected for the study purpose. Area of study is 20 km. away from Bharathpur city all selected villages are on 11 to 12 km. of approach

Sample size

Researcher has selected 30 Sub Centers of Sewar block of Bharatpur district.

Sampling Method

Stratified Random Sampling method was used to collect the data

Data collection:-

Researcher used Primary source and Secondary source for data collection.

Primary source:-

As primary resources researcher select interview schedule and with this schedule researcher also use observation and interview method for data collection.

Secondary source:-

Books, Literature and internet surveys One of the most economics & quickest ways to discover hypothesis in literature surveys for their purpose a large volume of published and unpublished data are available, which can be studied in a small handed of time sources are books, newspaper, government documents, journals etc. There data may not be sufficient to solved the problem completely but will be of great help to provide a direction further research.

Tools & technique of data collection:-

Researcher used interview schedule and observation method for data collection.

Interview Schedule: -

A simple & short interview schedule containing relative question being prepared to collect the data for current level of information of A.N.M Both the open and close ended questions has been taken to collect the relevant information for the study.

Data interpretation & analysis:-

All the collected data were coded firstly and were calculated on a master sheet. After that tabulation and analysis of data has been done. The study was actually done to know the status of condition and services available at Sub centre. Schedule was prepared which has both open & close ended questions, schedule was filled up, the coding was done with the help of master chart and which promoted to develop tabulation & finally it leads to interpretation of collected data.

Operational Definations:-

Sub-Centre:-

Sub Centre is the first peripheral contact point between community and health care delivery system. A Sub Centre is manned by one Female Health Worker (ANM) and one Male Health Worker (MPW). One Lady Health Visitor (LHV) for six sub-centres is provided for supervision at the PHC level.

Primary Health Centre (PHC):-

PHC is the first contact point between village community and the Medical Officer. Manned by a Medical Officer and 14 other staff, it acts as a referral unit for 6 Sub-Centres and has 4-6 beds for patients. It performs curative, preventive, promotive and family welfare services. These are established and maintained by the State Governments. Currently there are 23109 Primary Health Centres in the country.

Community Health Centres (CHCs):-

CHCs are established and maintained by the State Governments. Manned by four specialists i.e. Surgeon, Physician, Gynecologist and pediatrician and supported by 21 paramedical and other staff, a CHC has 30 indoor beds with one OT, X ray facility, a labour room and laboratory facility. It serves as a referral centre for 4 PHCs. Currently there are 3222 Community Health Centres in the country.

Services available at Sub center:-

1) Supplementary Nutrition:-

2) Immunization:-

3) Health Check up :

4) Referral Services:

5) Nutrition and Health Education:

6) Sub Centre Level Action Plan

7)Maintenance of Records and Reports:

8) Other Supportive Programs and Services

- Maternal Health Services
- Control of HIV/AIDS
- Tuberculosis Control Program/ DOT services
- Leprosy Control Services
- Blindness Control program
- National Vector Borne Disease Control Program
- Integrated Disease Surveillance Program
- Endemic Flurosis Program

Results and Discussions

Availability of specify services

Does the doctor visit the sub centre at least once in a month

S.No.	Doctor Visit	Frequency	Total %
1	Yes	23	76.67
2	No	7	23.33
		30	100

As figure shown in the table above most of the respondents that is 76.67% agreed that the doctor visits the sub centre at least once in a month. While 23.33% respondents disagree on the doctors visit.

It is mandate for doctor to visit the sub centre once in the month.

The 100% respondents accepted that the facilities for referred of complicated cases of pregnancy/delivery are not available at sub centre for 24 hours.

Coordination services with AWW, ASHA, Village Health and Sanitation Committee, PRIs.

S.No.	Coordination services	Frequency	Total %
1	Yes	18	60
2	No	12	40
		30	100

The table reveals that 60% respondents accepted that there are co-ordination services between AWW, ASHA, village health and sanitation committee, PRIs while 40% respondents agreed that co-ordination services between AWW, ASHA, village health and sanitation committee, PRIs are relating poor for effective and adequate health care services it is very necessary that there must be good coordination between the all stakeholders.

Availability of Manpower.

Health worker

S.No.	Health worker	Frequency	Total %
1	Female	30	100
2	Male	0	0
		30	100

As figure shown in the table above the 100% respondents had accepted that female health worker available at sub centre. It is important that no single respondent preferred that no any male health worker available at sub centre.

Where in this sub centre located?

S.No.	Sub centre location	Frequency	Total %
1	Within area	17	56.67
2	Far	13	43.33
		30	100

The data reveals that approximately 56.67% respondents said that sub centre is located within area of village while 43.3% respondents agreed that sub centre is located far to village.

The distance of sub centre from village is very important factor in accessing the health care services by the villagers.

Whether located at an easily accessible area?

S.No.	Easily accessible area	Frequency	Total %
1	Yes	13	43.33
2	No	17	56.67
		30	100

During the course of the study the investigator found that 43.33% sub centre located at an easily accessible area while 56.67% remaining of total respondent that sub centre do not located at an easily accessible area.

The distance of sub centre (in kms.) from the remotest village in coverage area.

S.No.	Distance (Kms.)	Frequency	Total %
1	0-5	4	13.33
2	5-10	12	40
3	10-15	14	46.67
		30	100

The data in the above table show that 13.33% of the total respondents agreed that 0-5 km. distance of sub centre form the remotest village in coverage area while 40% respondents agreed 5-10 kms. And 46.67% respondents agreed 10-15 kms. Distance between sub centre and coverage area.

The minimum distance is 0-5 km. between sub centre and coverage are and 0-15 kms. the maximum distance.

The distance of sub centre (in kms.) from PHC

S.No.	Distance (Kms.)	Frequency	Total %
1	0-10	9	30
2	10-20	8	26.67
3	20-30	13	43.33
		30	100

According to table 30% respondents that 0-10 kms. Distance of sub centre form PHC. 26.67% respondent that 10-20 kms. Distance between sub centre from PHC and 46.33% respondent that 20-30 kms. distance between sub centre from PHCThe minimum distance 10-20 kms. of sub centre from PHC and 20-30 kms. is maximum distance.Distance of sub centre from PHC is significant in case of referred services.

The distance of sub centre (in kms.) from CHC

S.No.	Distance (Kms.)	Frequency	Total %
1	0-10	9	30
2	10-20	18	60
3	20-30	3	10
		30	100

According to table 30% respondents that 0-10 kms. Distance of sub centre form CHC. While 60% and 10% respondent were agreed that 10-20 kms. And 20-30 kms. Distance between sub centres from CHC The maximum distance is 20-30 kms. of sub centre from CHC and 10-20 kms. Is minimum distance.

Building

Is a designated government building available for the sub centre?

S.No.	Government building	Frequency	Total %
1	Yes	17	56.67
2	No	13	43.33
		30	100

56.67% of the respondents agreed that there were designated government building available for the sub centre while 43.33% respondents accepted that there were not available govt. buildings for the sub centre. It shows that still the sub centers are functioning in private or rented buildings

(F) Are any of the following close to the sub centre?

S.No.	Sanitation of sub centre	Frequency	Total %
1	Garbage Dump	13	43.33
2	Cattle shed	14	46.67
3	Stagnant pool	3	10
4	Pollution from industry	Nill	0
		30	100

As figure shown in the table above 43.33% respondents accepted that there is garbage dump out of the sub centre while 46.67% respondent accepted cattle shed and 10% accepted that stagnant pool out of the sub centre. No any respondents response that there is any industry is establish out of the sub centre.

Table indicates that sub centre surrounded place are not clean and sanitated.

Is boundary wall with gate existing?

S.No.	Boundary	Frequency	Total %
1	Yes	10	33.33
2	No	20	67.67
		30	100

66.67% of the respondents agreed that there is no boundary wall with gate existing while 33.33% respondent response that there is boundary wall available with gate.

It is sums from the table that mostly sub centre are not safe.

Suggestions/complaint box

S.No.	Complaint box	Frequency	Total %
1	Yes	3	10
2	No	27	90
		30	100

The most of the respondents 90% preferred that suggestion/complaint box were not available at sub centre while 10% respondents preferred that suggestion/complaint box were available at sub centre.

This concludes that the health worker does not know about problems & suggestions of villagers.

If the labor room is present are deliveries carried out in the labor room?

S.No.	Deliveries carried out	Frequency	Total %
1	Yes	4	13.33
2	No	20	66.67
3	Some times	6	20
		30	100

According to the table 13.33% of the total respondent's response that deliveries carried out in the labor room while 66.67% respondent's response that deliveries do not carried out in the labor room and 20% response agreed that some times deliveries carried out in the labor room.

If labor room is present but deliveries not being conducted there then what are the reasons for the same?

S.No.	Reason for deliveries	Frequency	Total %
1	Staff not staying	5	16.67
2	Poor condition of the labor room	12	40
3	No power supply in the labor room	12	43.33
		30	100

The above table reveals that 16.67% respondents prefer that staff is not staying at sub centre so deliveries not being conducted at sub centre while 40% respondents agreed poor condition of labor room and 13% respondents agreed that lack of supply in the labor room is the reason.It is sum from the table that labor room condition is not well and staff not staying at sub centre so deliveries are not being conducted at sub centre.

Clinic Room

S.No.	Clinic room	Frequency	Total %
1	Yes	3	10
2	No	27	90
		30	100

The most of the respondent 90% not available at sub centre while only 10% respondents accepted that clinic room are available at sub centre.

The conclude that many services did not provide to villagers.

Examination Room

S.No.	Examination room	Frequency	Total %
1	Yes	2	6.67
2	No	28	93.33
		30	100

According to table 93.33% respondents response that separate examination room are not available at sub centre while 6.67% respondents response that separate examination room are available.

Waste disposal

How the medical waste disposed off (please specify)?

S.No.	Water disposal	Frequency	Total %
1	To fix the medical waste disposal material in the pitch	8	26.67
2	To burn of the disposal material	9	30
3	Deposit of the medical waste disposal after cut of the cutter	13	43.33
		30	100

The above table reveals that 26.67% respondents agreed that they fix the medical waste disposal material in the pitch, while 30% respondents through it to burn of the disposal material and 43.33% respondents agreed that they deposited the medical waste disposal after cut of the cutter.

It shows that medical wastes are hazardous but the all sub centres are practicing the safely disposal off medical waste.

Electricity

(A) Regular electricity supply available.

S.No.	Electricity supply	Frequency	Total %
1	Yes	13	43.33
2	No	17	56.67
		30	100

The investigation found 43.33% respondents response that regular electricity supply are available while 56.67% respondents response that regular electricity are not available.

It sums that electricity is very important in 24 x 7 health services, it should be improved.

Communication facilities

S.No.	Communication facilities	Frequency	Total %
1	Yes	Nill	0
2	No	30	100
		30	100

As figure shown in the table said that the total respondents accepted that communication facilities are not available at sub centre.

This conclude that health worker not communicate health related and any information to villagers and staff.

Transport facilities for movement of staff.

S.No.	Transport facilities	Frequency	Total %
1	Yes	3	10
2	No	27	90
		30	100

The most of the respondents 90% preferred that transport facilities do not available for movement of staff while 10% respondents preferred that transport facilities available for movement of staff.

Residential facilities for the staff

S.No.	Residential facilities	Frequency	Total %
1	Yes	6	20
2	No	24	80
		30	100

The table reveals that 80% respondents said that no residential facilities are provided for the staff and 20% response that residential facilities are available at sub centre.

Is health worker at a sub centre head quarter village?

S.No.	Health worker stay at sub centre	Frequency	Total %
1	Yes	7	23.33
2	No	23	76.67
		30	100

According to 76.67% respondents that the health worker stays at a sub centre head quarter village and 23.33% respondents answered that workers are not staying at sub centre head quarter village.

Internal Monitoring

Supportive supervision and record checking at periodic intervals by the male and female

S.No.	Record checking	Frequency	Total %
1	Yes	27	90
2	No	3	10
		30	100

The most of the respondents 90% accepted that the male and female health supervision from PHC for supportive supervision and record checking has been done time to and 10% respondents accepted that supportive supervision and record checking by the male and female health supervision from PHC has not been done.

External Monitoring

Village health and sanitation committee

S.No.	Sanitation Committee	Frequency	Total %
1	Yes	15	50
2	No	15	50
		30	100

As figure shown in the table above that 50% respondents accepted that external monitoring has been done by village health and sanitation committee while 50% respondents accepted that no monitoring has been done by the VHSC.

Independent external agency

S.No.	External agency	Frequency	Total %
1	Yes	10	33.33
2	No	20	66.67
		30	100

The investigator found that 33.33% respondents response that the independent external agencies are available while 66.67% respondents gave response that independent external agency are not available.

Conclusion and Suggestions

Government has to look after the gaps at service delivery part vis a vis should also focus on the community awareness and response ness part by making effective I.E.C (Information, Education and Communication) of services available at Sub Centers so that the more association of community and Sub centers take place.

As per observation and findings of study the following recommendation are suggested:-

1. The facilities should be available at sub centre for referred of complicated cases of pregnancy by 24 x 7
2. All sub centres should practice the safely disposal off medical wastage.
3. Good co-ordination should be required between AWWs, ASHA, VHC and PRIs services.
4. Government building for the sub centre
5. The distance of sub centre from village should be proper because it is very important factor in accessing the health care services by the villagers.
6. Electricity is very important in 24X7 health services it should improved.
7. The deliveries are not being conducted at sub centre so labour room condition should be improved & residential quarters should be provided to staff.
8. More technical and refresher courses for ASHA and ANM is required.

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