

Health of Sub Health Centres in Haryana

Manoj Siwach¹, Vijay Kumar^{2*} and Rajender S. Godara³

Abstract

Health care has always been an essential component of the Indian Development strategy. However, the health status of India's rural population is still a matter for serious concern. If the quality of human capital is not good, other capital and resources cannot be properly utilized. This paper is an attempt to find out the health status in the form of physical performance of the selected sub health centres of Haryana. The present study focuses on physical performance in terms of availability of human resources, building and equipments as per Indian Public Health Standard (IPHS). The findings reveal a gap in the availability of above mentioned facilities in the primary units (Sub Health Centres) of Indian Health System maintained at the level of Govt.

Introduction

The health status of India's rural population is still a matter for serious concern. Health care has always been an essential component of the Indian Development strategy. If the quality of human capital is not good, other capital and resources cannot be properly utilized. Health is major part of human capital. The poor rural public health care system leads to pauperization of poor households due to expensive private sector health care. Public expenditure on preventive health services is not on a priority over curative health in the country. Indian public expenditure on health sector is one of the lowest in the world. The government spending on health has been very low in India despite very high total expenditure on it. Private sector expenditure is three times more than that of public sector. The private sector health care is not affordable for the rural poor people. The urgent need is to transform the public health system into an accountable, accessible and affordable system of quality services. To improve the health of rural poor, a large number of centrally sponsored programmes and policies had been launched by the Government of India.

¹ Associate Professor and Chairperson, Department of Economics, CDLU Sirsa

Email: manojsiwach70@gmail.com

² Assistant Professor (Contractual), Department of Economics, CDLU Sirsa *Corresponding Author

Email: vkscdlu@gmail.com

³ Assistant Professor (Contractual), Department of Economics, CDLU Sirsa Email: godarars@gmail.com

After experimentation of various health programmes and policies, the National Rural Health Mission was launched by the Government of India on 12th April 2005 which was later converted in to National Health Mission (NHM), to provide accessible, affordable and accountable quality health services even to the poorest households in the remotest rural regions. It aims at provision of comprehensive and integrated primary healthcare to the people, especially to the rural poor, women and children. NHM is a flagship scheme of Government of India to address the needs of the rural population through an architectural correction of the health system. NHM is an umbrella programme with various categories of funds. Funds available under NHM include RCH Flexipool, NHM Additionalities, Routine Immunization (RI), and National Disease Control Programmes. Government of India underlines that NHM envisages many requirements on account of strengthening of services in terms of human resources, building infrastructure and equipments.

Various studies highlight the lack of health infrastructure (Sharma: 2009, GoI: 2010, GoI: 2012), non availability of staff (Ramani and Mavalankar: 2005, Sharma: 2009, GoI: 2010), the issues of availability, accessibility, acceptability, affordability and quality of health services in India (Kumar: 2008), weak referral system, poor service delivery and lack of accountability of quality of care (Ramani and Mavalankar: 2005). Suggestions such as improved management of resources and community action (Kumar: 2008), making NRHM an integral part of five year plans (Jacob: 2012), have been made in the studies. Some of the studies reflect upon the advances made in the health sector vis-à-vis various health indicators through NRHM. This paper is an attempt to find out the health status in the form of physical performance of the selected sub health centres of Haryana. Health facilities can not provide quality health services if it is unhealthy or having less human resources, building and equipments as per IPHS standards. The present study focuses on physical performance in terms of availability of human resources, building and equipments as per IPHS standards.

Methodology

Sirsa and Mahendergarh districts of Haryana were selected for the study of the research paper as these two have been declared as backward districts in the state of Haryana by Ministry of Rural Development, Govt. of India. Further six health sub-centres were selected from the each district. Sub-centres Pohrka, Khari Sureran, Jiwan Nagar, Nuhianwali, Chormar and Kalanwali from the district Sirsa and the sub-centres Deroli Ahir, Majra Kalan, Jatwas, Duloth Ahir, Atali and Beri from district Mahendergarh were selected randomly. The objectives of the research paper have been achieved by collecting the information/data at

primary level. The primary data have been collected from the records of sub-centres. A questionnaire was developed to collect the data on physical performance (human resources and buildings and equipments) of sub-centres. The primary survey was conducted in the year 2014-15. The study of the paper is limited to only the twelve sub-centres (six from each district) of two districts of the State.

Results and Discussion

A Sub-Centre is the smallest and the grass-root level of primary health care system in India. The main purpose of a Sub-Centre is to act as the first contact point for the community and the primary health care system. One Sub Centre is to cover a population of 3000 in Hilly / Tribal / Difficult areas and 5000 in Plain areas. The Directorate General of Health Services, Ministry of Health and Family Welfare, Govt. of India has developed Indian Public Health standards (IPHS). These work as the reference point for evaluating the performance of various health units. Accordingly, the present study has collected, tabulated and analyzed the performance of sub centres on the basis of IPHS. The physical performance of Sub Centres has been evaluated by comparing the availability of human resources, building and equipment with the requirements as envisaged in IPHS guidelines. The detailed analysis is given below.

A. Physical Performance vis-à-vis Human Resources

The findings of the study related to physical performance of Health Sub Centres with respect to availability of *Human Resources* have been summarized in table-1. A glance at table-1 reflects a very sound position of availability of staff in various sub health centres of District Mahendergarh. Four of the Sub Centres (Majra Kalan, Jatwas, Duloth Ahir and Atali) of the total six studied had more ANM/Health Worker (F) than the IPHS requirement. Similarly, five of the Sub Centres (Deroli Ahir, Majra Kalan, Jatwas, Duloth Ahir and Atali) of the total six studied had more SN / ANM (if SN not available) than the IPHS requirement. Two of the Sub Centres (Majra Kalan and Jatwas) of the total six studied had more Health Workers (M) than the IPHS requirement. The other Sub Centres had required number of male Health Workers. However, no safai karamchari had been recruited in any of the Sub Centres mentioned above. As a result, the level of general cleanliness was very low.

Table: 1
Physical Performance of Sub Centers vis-a-vis Human Resources

District Mahendergarh							
Sr. No.	Staff	Deroli Ahir	Majra Kalan	Jatwas	Duloth Ahir	Atali	Beri
1	ANM /Health Worker (F): 2 (E)	1/1	0/3	1/2	1/2	1/2	0/1
2	Health Worker (M): 1	1	2	2	1	1	1
3	SN / ANM, if SN is not available)*	1	3	1	1	2	0
4	Safai- Karamchari: 1(PT)	0	0	0	0	0	0
District Sirsa							
		Pohrka	Khari Surera	Jivan Nagar	Nuhian wali	Chormar	Kalan wali Village
1	ANM /Health Worker (F): 2 (E)	1/1	1/1	1/1	1/1	1/2	1/1
2	Health Worker (M): 1	0	0	0	0	0	0
3	SN / ANM, if SN is not available)*	0	1	0	0	1	1
4	Safai- Karamchari: 1(PT)	0	0	0	0	0	0

Source: Field survey

Note: M (Male), F (Female), PT (part time)

The table reflects a poorer position of availability of staff in various sub health centres of District Sirsa as compared to District Mahendergarh. In fact, the availability was greater in Khari Surera, Chormar and Kalanwali Village. However, no male health worker or the safai karamchari had been posted / recruited in any of the Sub Centres mentioned above. Despite this, the level of general cleanliness was good. This was so because the work of cleanliness was done by the ASHA posted in these Sub Centres.

To conclude, the availability of staff was very good in case of Sub Centres located in district Mahendergarh as compared to district Sirsa. However, the level of cleanliness was good in Sirsa as compared to district Mahendergarh.

B. Physical Performance vis-à-vis Building

The data with respect to district Mahendergarh have been presented in table-2.

A glance at the table shows that the physical performance of sub centres in Mahendergarh with respect to building is not very encouraging. The Sub Centres at Majra Kalan, Jatwas and Atali did not have Labour room with one labour table and Newborn corner and a room for store. Further, the Sub Centre at Beri did not have one labour table and Newborn corner. The SC at Deorli Ahir did not have Newborn corner.

Table: 2
Physical Performance of Sub Centers in District Mahendergarh vis-a-vis Building

Sr. No	Staff	Sub-centres					
		Deroli Ahir	Majra Kalan	Jatwas	Duloth Ahir	Atali	Beri
District Mahendergarh							
		Deroli Ahir	Majra Kalan	Jatwas	Duloth Ahir	Atali	Beri
1	Waiting room	No	No	No	No	No	No
2	1 Labour room with one labour table and NBC	1/1/0	No	No	yes	No	1/0/0
3	1 room with 2-4 beds	Yes (1bed)	No	No	No	No	No
4	1 room for store	Yes	No	No	Yes	No	Yes
5	1 room for clinic/office	Yes	Yes	Yes	Yes	Yes	Yes
6	Toilet facility in labour room, ward room and	Yes**	Yes*	Yes*	No	No	No
7	Residential facility for one ANM	Yes	Yes	Yes	Yes	No	Yes
8	Residential facility {2 staff (E) and 3 staff (D)}	Yes (2 staff)	No	No	No	No	No
District Sirsa							
		Pohrka	Khari Surera	Jivan Nagar	Nuhian wali	Chormar	Kalanwali Village
1	Waiting room	No	No	No	No	No	No
2	1 Labour room with one labour table and NBC	Yes	Yes	Yes	Yes	DH	Yes
3	1 room with 2-4 beds	Yes	Yes	Yes	Yes	-	-
4	1 room for store	-	Yes	Yes	-	Yes	-
5	1 room for clinic/office	Yes	Yes	Yes	Yes	Yes	Yes
6	Toilet facility in labour room, ward room and WA	Yes**	Yes**	Yes**	Yes**	Yes**	Yes**
7	Residential facility for one ANM	Yes	Yes	Yes	Yes	Yes	Yes
8	Residential facility [2 staff (E) and 3 staff (D)]	-	-	-	-	-	-

Source: Field survey

Note:

- SN (Staff Nurse), M (Male), F (Female), E (Essential), NBC (Newborn corner), WA (waiting area) and DH (Delivery hut)
- *Common toilet facility
- ** Labour room and waiting area

None of the Sub Centres had the facilities of waiting room. None of the Sub Centres except the one at Deroli Ahir had room with 2-4 beds or the residential facility for 2 or 3 staff members. Even the Sub Centre at Deorli Ahir had only a single bed facility. There was no toilet facility in labour room, ward room and waiting area in Sub Centres of Duloth Ahir, Atali and Beri. However, the brighter side was that all the Sub Centres had a room for

clinic/office and all the Sub Centres except Sub Centre Atali had residential facility for one ANM.

The data with respect to district Sirsa, as presented in table 2, shows that the physical performance of Sub Centres in Sirsa with respect to building was better than the Sub Centres in district Mahendergarh. All the Sub Centres had a Labour room with one labour table and Newborn corner, a room for clinic/office, toilet facility in labour room, ward room and waiting area (though common) and residential facility for one ANM. However, there was no room with bed in Chormar and Kalanwali village and no room for a store in Pohrka, Nuhian wali and Kalanwali village. Further, none of the Sub Centres had any waiting room or residential facility for 2 or more staff.

C. Physical Performance vis-à-vis Equipments

The data on physical performance of Sub Centres in Mahendergarh with respect to equipments have been presented in table-3. A glance at the table shows that none of the Sub Centres in district Mahendergarh had a 6 litre capacity deep Basin, Kelly's hemostat, straight Forceps, Suture straight needles, Suture curved needles, Oxygen Administration Equipment and a I/V Stand. The sub centres at Deroli Ahir, Majra Kalan, Jatwas, Duloth Ahir, Atali and Beri did not have equipments mentioned at sr. no. 16, 19, 11, 11, 18 and 21 respectively out of a total of 43 equipments required in a Sub Centre as per IPHS guidelines.

The data on physical performance of Sub Centres in Sirsa with respect to equipments have been presented in table 4. A glance at the table shows that availability / non availability of equipments shows almost a uniform pattern across various Sub Centres. None of the SCs in district Sirsa had a 6 litre capacity deep Basin, Kelly's hemostat straight Forceps, a Sterilizer, Surgical Scissors straight, Sims speculum vaginal double ended ISS Medium, Suture straight needles, Suture curved needles, Oxygen Administration Equipment, Talquist Hb scale, Foetoscope and a Suction Machine. The sub centres at Pohrka, Khari Surera, Jivan Nagar, Nuhian wali, Chormar and Kalanwali Village did not have 12 equipments each out of a total of 43 equipments required in a Sub Centre as per IPHS guidelines.

Table: 3
Physical Performance of Sub Centers in District Mahendergarh vis-a-vis Equipments

Sr. No.	Equipment	Deroli Ahir	Majra Kalan	Jatwas	Duloth Ahir	Atali	Beri
1	Basin 825 ml.: 1 + 1 (D)	No	Yes (2)	Yes	Yes	No	Yes
2	Basin deep (capacity 6 litre): 1	No	No	No	No	No	No
3	Tray instrument/Dressing with cover	No	Yes (2)	Yes (2)	Yes	No	Yes
4	Flashlight/Torch Box-type pre-focused (4 cell): 1	No	No	No	Yes	No	No
5	Torch (ordinary)2	Yes	Yes (1)	Yes (1)	No	Yes	Yes
6	Dressing Drum with cover 0.945 liters ss: 1	Yes	No	No	Yes	Yes	No
7	Hemoglobin meter – set Sahli type complete1	Yes	No	Yes (4)	Yes	Yes	Yes
8	Weighing Scale, Adult 125 kg/280 lb1	Yes	No	Yes	Yes	Yes	Yes
9	Weighing Scale, Infant (10 Kg) 1	Yes	Yes	Yes	Yes	Yes	No
10	Weighing Scale, (baby) hanging type, 5 kg: 1	Yes	No	Yes (2)	Yes	Yes	Yes
11	Sterilizer 1	Yes	No	Yes	Yes	Yes	No
12	Surgical Scissors straight: 1	Yes	No	Yes (2)	Yes	Yes	No
13	Sphygmomanometer Aneroid 300 mm with cuff: 1+ 2(D)	Yes	No	Yes (2)	No	Yes	Yes
14	Kelly’s hemostat Forceps straight : 1	No	No	No	No	No	No
15	Vulsellum Uterine Forceps curved: 1	Yes	Yes	Yes	Yes	Yes	Yes
16	Cusco’s/Graves Speculum vaginal bi-valve medium: 1	Yes	Yes (2)	Yes	Yes	Yes	Yes
17	Sims retractor/depressor: 1	Yes	Yes	Yes	Yes	Yes	No
18	Sims speculum vaginal double ended ISS Medium: 1	No	Yes	Yes	Yes	No	Yes
19	Uterine sound graduated: 1	Yes	Yes	Yes	Yes	Yes	Yes
20	Cheatle’s forcep: 1	Yes	Yes	Yes	Yes	Yes	No
21	Vaccine carrier: 2	Yes	Yes(1)	Yes (1)	Yes	Yes	Yes(1)
22	Ice pack box: 8	Yes	No	No	Yes	Yes	Yes (4)
23	Sponge holder: 2 + 2 (D)	Yes	Yes	Yes (1)	No	Yes	Yes
24	Plain Forceps: 5	Yes	Yes (1)	Yes (1)	No	Yes	Yes (1)
25	Tooth Forceps: 2	No	Yes (1)	Yes (1)	Yes (1)	Yes	No
26	Needle Holder: 2	No	Yes (1)	Yes (1)	No	No	No
27	Suture needle straight: 10	No	No	No	No	No	No
28	Suture needle curved: 10	No	No	No	No	No	No
29	Kidney tray: 4	Yes (1)	Yes (1)	Yes (1)	Yes	Yes (1)	Yes (1)
30	Artery Forceps, straight: 5 + 5 (D)	Yes	Yes (2)	Yes (2)	Yes (2)	Yes (1)	No
31	Dressing Forceps (spring type): 1	No	Yes	Yes	No	No	No
32	Cord cutting Scissors, Blunt, curved on flat: 1	No	Yes	Yes (2)	Yes	No	No
33	Clinical Thermometer oral and rectal: 1 + 1 (D)	Yes	Yes	Yes	Yes	Yes	Yes
34	Talquist Hb scale 1	Yes	No	Yes	Yes	No	Yes
35	Stethoscope: 1	Yes	Yes	Yes (2)	Yes	Yes	Yes
36	Foetoscope: 1	Yes	Yes	Yes (2)	Yes	No	Yes
37	Hub cutter and Needle destroyer: 1	Yes	Yes (3)	Yes	Yes	Yes	Yes
38	Ambu Bag (Pediatic size) with Baby mask: 1	No	No	Yes	Yes	No	Yes
39	Suction Machine: 1D	No	No	No	Yes	No	No
40	Oxygen Administration Equipment: 1	No	No	No	No	No	No
41	Tracking bag and tickler box (Immunization): 1D	Yes	Yes	Yes	Yes	Yes	No
42	Measuring tape: 1	Yes	No	No	No	Yes	No
43	I/V Stand:1	No	No	No	No	No	No

Source: Field survey

Note: The figures after the colon show the requirement of equipments as per IPHS; ss stands for stainless steel and D stands for desirable.

Table: 4
Physical Performance of Sub Centers in District Sirsa vis-a-vis Equipments

Sr. no.	Equipment	Pohrka	Khari Surera	Jivan Nagar	Nuhian wali	Chormar	Kalanwali Village
1	Basin 825 ml.: 1 + 1 (D)	Yes	Yes	Yes	Yes	Yes	Yes
2	Basin deep (capacity 6 litre): 1	No	No	No	No	No	No
3	Tray instrument/Dressing with cover	Yes	Yes	Yes	Yes	Yes	Yes
4	Flashlight/Torch Box-type pre-focused (4 cell): 1	No	No	No	No	No	No
5	Torch (ordinary)2	Yes	Yes	Yes	Yes	Yes	Yes
6	Dressing Drum with cover 0.945 liters ss: 1	Yes	Yes	Yes	Yes	Yes	Yes
7	Hemoglobin meter – set Sahli type complete1	Yes	Yes	Yes	Yes	Yes	Yes
8	Weighing Scale, Adult 125 kg/280 lb1	Yes	Yes	Yes	Yes	Yes	Yes
9	Weighing Scale, Infant (10 Kg) 1	Yes	Yes	Yes	Yes	Yes	Yes
10	Weighing Scale, (baby) hanging type, 5 kg: 1	Yes	Yes	Yes	Yes	Yes	Yes
11	Sterilizer 1	No	No	No	No	No	No
12	Surgical Scissors straight: 1	Yes	Yes	Yes	Yes	Yes	Yes
13	Sphygmomanometer Aneroid 300 mm with cuff: 1+ 2(D)	No	No	No	No	No	No
14	Kelly’s hemostat Forceps straight : 1	Yes	Yes	Yes	Yes	Yes	Yes
15	Vulsellum Uterine Forceps curved: 1	Yes	Yes	Yes	Yes	Yes	Yes
16	Cusco’s/Graves Speculum vaginal bi-valve medium: 1	Yes	Yes	Yes	Yes	Yes	Yes
17	Sims retractor/depressor: 1	No	No	No	No	Yes	Yes
18	Sims speculum vaginal double ended ISS Medium: 1	No	No	No	No	No	No
19	Uterine sound graduated: 1	Yes	Yes	Yes	Yes	Yes	Yes
20	Cheatle’s forcep: 1	Yes	Yes	Yes	Yes	Yes	Yes
21	Vaccine carrier: 2	Yes	Yes	Yes	Yes	Yes	Yes
22	Ice pack box: 8	Yes	Yes	Yes	Yes	Yes	Yes
23	Sponge holder: 2 + 2 (D)	Yes	Yes	Yes	Yes	Yes	Yes
24	Plain Forceps: 5	Yes	Yes	Yes	Yes	Yes	Yes
25	Tooth Forceps: 2	Yes	Yes	Yes	Yes	Yes	Yes
26	Needle Holder: 2	Yes	Yes	Yes	Yes	Yes	Yes
27	Suture needle straight: 10	No	No	No	No	No	No
28	Suture needle curved: 10	No	No	No	No	No	No
29	Kidney tray: 4	Yes	Yes	Yes	Yes	Yes	Yes
30	Artery Forceps, straight: 5 + 5 (D)	Yes	Yes	Yes	Yes	Yes	Yes
31	Dressing Forceps (spring type): 1	Yes	Yes	Yes	Yes	Yes	Yes
32	Cord cutting Scissors, Blunt, curved on flat: 1	Yes	Yes	Yes	Yes	Yes	Yes
33	Clinical Thermometer oral and rectal: 1 + 1 (D)	1 (oral)	1 (oral)	1 (oral)	1 (oral)	1 (oral)	1 (oral)
34	Talquist Hb scale 1	No	No	No	No	No	No
35	Stethoscope: 1	Yes	Yes	Yes	Yes	Yes	Yes
36	Foetoscope: 1	No	No	No	No	No	No
37	Hub cutter and Needle destroyer: 1	Yes	Yes	Yes	Yes	Yes	Yes
38	Ambu Bag (Pediatric size) with Baby mask:1	Yes	Yes	Yes	Yes	No	No
39	Suction Machine: 1D	No	No	No	No	No	No
40	Oxygen Administration Equipment: 1	Yes	Yes	Yes	Yes	Yes	Yes
41	Tracking bag and tickler box (Immunization): 1D	Yes	Yes	Yes	Yes	Yes	Yes
42	Measuring tape: 1	Yes	Yes	Yes	Yes	No	No
43	I/V Stand:1	No	No	No	No	Yes	Yes

Source: Field survey

Note: The figures after the colon show the requirement of equipments as per IPHS; ss stands for stainless steel, D stands for desirable.

Conclusion

The findings of the paper shows that the sub-centres of district Mahendergarh are good in term of human resources but they are in poor condition in the terms of building and equipments as per the IPHS. The sub-centres of District Sirsa are in poor condition in all terms i.e. human resources, building infrastructure and equipments. Sub-Health Centre (Sub-centre) is the most peripheral and first point of contact between the primary health care system and the community providing all the primary health care services. The success of NHM would depend largely on the proper functioning of Sub-centres providing services of acceptable standard to the people. So, the government should ensure the human resources, building infrastructure and equipment facilities at the grass root level for the better implementation of health policies.

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