

# PUBLIC SERVICE DELIVERY IN PRIMARY HEALTH CARE OF HARYANA

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## Abstract

*The Health care delivery system of any state is not possible without an felicitous healthcare infrastructure. Adequate infrastructure which includes buildings, equipment, supply and communication equipment forms a crucial part of Health Services. Health Sub centers, Dispensaries and Hospitals need to be managed by well trained staff with service perspective. Oral Health promotion, checkup and appropriate referral and identification are an essential requirement at the PHCs, where as in CHCs, it is imperative to have a unit consisting of Dental chair and set of dental equipment for examination, extraction and management of dental problems. The concept of Primary Health Centre (PHC) is not new to India. The Bhore Committee in 1946 gave the concept of a PHC as a basic health unit. an integrated curative and preventive health 6th Five year Plan (1983-88) proposed reorganization of PHCs on the basis of one PHC for every 30,000 rural population in the plains and one PHC for every 20,000 population in hilly, tribal and backward areas for more effective coverage. Since then, 24855 PHCs have been established in the country (March, 2019).*

*To study the evaluation of Primary health centres in terms of availability of assured services , facility of primary management of selected cases with respect to Indian Public health Standards(IPHS) is the objective of this paper.*

## Paper Identification



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## **INTRODUCTION:-**

The Health care delivery system of any state is not possible without an felicitous healthcare infrastructure. Adequate infrastructure which includes buildings, equipment, supply and communication equipment forms a crucial part of Health Services. Health Sub centers, Dispensaries and Hospitals need to be managed by well trained staff with service perspective. Oral Health promotion, checkup and appropriate referral and identification are an essential requirement at the PHCs, where as in CHCs, it is imperative to have a unit consisting of Dental chair and set of dental equipment for examination, extraction and management of dental problems.

### **At Present Health Services are being provided through a network of-**

- Civil Hospitals-70
- Community Health Centres (CHC) – 122
- Primary Health Centres (PHC) – 534
- Sub Centers – 2674
- Polyclinics– 11
- Urban Health Centres – 11
- Dispensaries - 4

The concept of Primary Health Centre (PHC) is not new to India. The Bhore Committee in 1946 gave the concept of a PHC as a basic health unit. an integrated curative and preventive health 6th Five year Plan (1983-88) proposed reorganization of PHCs on the basis of one PHC for every 30,000 rural population in the plains and one PHC for every 20,000 population in hilly, tribal and backward areas for more effective coverage. Since then, 24855 PHCs have been established in the country ( March , 2019).PHCs are the cornerstone of rural health services- a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-Centres for curative, preventive and promotive health care. It acts as a referral unit for 6 Sub-Centres and refers out cases to Community Health Centres (CHCs-30

bedded hospital) and higher order public hospitals at sub-district and district hospitals. It has 4-6 indoor beds for patients. PHCs are not spared from issues such as the inability to perform up to the expectation due to (i) non-availability of doctors at PHCs; (ii) even if posted, doctors do not stay at the PHC HQ; (iii) inadequate physical infrastructure and facilities; (iv) insufficient quantities of drugs; (v) lack of accountability to the public and lack of community participation; (vi) lack of set standards for monitoring quality care etc.

The nomenclature of a PHC varies from State to State that include a Block level PHCs (located at block HQ and covering about 100,000 population and with varying number of indoor beds) and additional PHCs/New PHCs covering a population of 20,000-30,000 etc. Regarding the block level PHCs it is expected that they are ultimately going to be upgraded as Community Health Centres with 30 beds for providing specialized services

#### **OBJECTIVE OF THE STUDY:-**

To study the evaluation of Primary health centres in terms of availability of assured services , facility of primary management of selected cases with respect to Indian Public health Standards(IPHS). The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the community.

#### **The objectives of IPHS for PHCs are:**

- i. To provide comprehensive primary health care to the community through the Primary Health Centres.
- ii. To achieve and maintain an acceptable standard of quality of care.
- iii. To make the services more responsive and sensitive to the needs of the community.

#### **Services at the Primary Health Centres:-**

1. Medical care:-
2. OPD services: A total of 6 hours of OPD services out of which 4 hours in the morning and 2 hours in the afternoon for six days in a week. Time schedule will vary from state to state. Minimum OPD attendance is expected to be 40 patients per doctor per day. In addition to six hours of duty at the PHC, it is desirable that MO PHC shall spend at least two hours per day twice in a week for field duties and monitoring. •
3. 24 hours emergency services: appropriate management of injuries and accident, First Aid, stitching of wounds, incision and drainage of abscess, stabilization of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency

conditions. These services will be provided primarily by the nursing staff. However, in case of need, Medical Officer may be available to attend to emergencies on call basis. •

4. Referral services. • In-patient services (6 beds).

Maternal and Child Health Care Including Family Planning:-

- a) Antenatal care i. Early registration of all pregnancies ideally in the first trimester (before 12th week of pregnancy).
- b) Intra-natal care: (24-hour delivery services both normal and assisted)
- c) Proficient in identification and basic first aid treatment for PPH, Eclampsia, Sepsis and prompt referral.
- d) Postnatal Care i. Ensure post- natal care for 0 & 3rd day at the health facility both for the mother and new-born and sending direction to the ANM of the concerned area for ensuring 7th & 42nd day post-natal home visits. 3 additional visits for a low birth weight baby (less than 2500 gm) on 14th day, 21st day and on 28th day.

**Janani Suraksha Yojana Janani Suraksha Yojana (JSY)**

This is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. This scheme integrates cash assistance with delivery and post-delivery care. While the scheme would create demand for institutional delivery, it would be necessary to have adequate number of 24X7 delivery services centre, doctors, mid-wives, drugs etc. at appropriate places. Mainly, this will entail Linking each habitation (village or a ward in an urban area) to a functional health centre- public or accredited private institution where 24X7 delivery service would be available.

**Janani Shishu Suraksha Karyakram (JSSK):-** JSSK launched on 1st of June of 2011 is an initiative to assure free services to all pregnant women and sick neonates accessing public health institutions. The scheme envisages free and cashless services to pregnant women including normal deliveries and caesarian section operations and also treatment of sick newborn (up to 30 days after birth) in all Government health institutions across State/UT.

**Entitlements for Pregnant Women:-**

1. Free and Zero expense delivery and Caesarian Section.
2. Free Drugs and Consumables.
3. Free Diagnostics (Blood, Urine tests and Ultrasonography etc. as required.)

4. Free diet during stay in the health institutions (up to 3 days from normal deliveries and upto 7 days for caesarian deliveries).

#### **Family Welfare:-**

1. Education, Motivation and Counseling to adopt appropriate Family planning methods.
2. ii. Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUCD insertions.
3. iii. Referral and Follow up services to the eligible couples adopting permanent methods (Tubectomy/Vasectomy)

#### **Adolescent Health Care:-**

To be provided preferably through adolescent friendly clinic for 2 hours once a week on a fixed day. Services should be comprehensive i.e. a judicious mix of promotive, preventive, curative and referral services Core package (Essential).

- Adolescent and Reproductive Health: Information, counseling and services related to sexual concerns, pregnancy, contraception, abortion, menstrual problems etc.

#### **National AIDS Control Programme**

- (a) IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission (PPTCT) services.
- (b) Organizing School Health Education Programme.
- (c) Condom Promotion & distribution of condoms to the high risk groups.
- (d) Help and guide patients with HIV/AIDS receiving ART with focus on adherence.

#### **Functional Linkages with Sub-Centres:-**

There shall be a monthly review meeting at PHC chaired by MO (or in-charge), and attended by all the Health Workers (Male and Female) and Health Assistants (Male and female). •

On the spot Supervisory visits to Sub-Centres. •

Organizing Village Health and Nutrition day at Anganwadi Centres

**Infrastructure:-** It should be centrally located in an easily accessible area. The area chosen should have facilities for electricity, all weather road communication, adequate water supply and telephone. At a place, where a PHC is already located, another health centre/SC should not be established to avoid the wastage of human resources.

Sign-age

Entrance with Barrier free access

Waiting Area

Outpatient Department

Labour Room (3.8 m x 4.2 m)

#### **Community Health Centres (CHCs):-**

CHCs are being established and maintained by the State government under MNP/BMS programme. As per minimum norms (Box-1), a CHC is required to be manned by four medical specialists i.e. surgeon, physician, gynecologist and pediatrician supported by 21 paramedical and other staff (See Annexure-I for IPHS norms). It has 30 indoor beds with one OT, X-ray, labour room and laboratory facilities. It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations. As on 31st March, 2019, there are 5335 of CHCs functioning in rural areas of the country.

#### **First Referral Units (FRUs):-**

An existing facility (District Hospital, Sub-divisional Hospital, Community Health Centre etc.) can be declared as a fully operational First Referral Unit (FRU) only if it is equipped to provide round-the-clock services for emergency obstetric and New Born Care, in addition to all emergencies that any hospital is required to provide. It should be noted that there are three critical determinants of a facility being declared as a FRU: i) Emergency Obstetric Care including surgical interventions like caesarean sections; ii) new-born care; and iii) blood storage facility on a 24-hour basis. As on 31st March 2019, there are 3204 FRUs functioning in the country. Out of these, 95.7% of the FRUs are having Operation Theatre facilities, 96.7% of the FRUs are having functional Labour Room while 75.3% of the FRUs are having Blood Storage/linkage facility.

#### **RURAL HEALTH CARE SYSTEM IN INDIA:-**

1. Sub Centre:- Most peripheral contact point between Primary Health Care System & Community manned with one HW (F)/ANM & one HW (M).
2. Primary Health Centre (PHC):-  
A Referral Unit for 6 Sub Centres 4-6 bedded manned with a Medical Officer Incharge and 14 subordinate paramedical staff.
3. Community Health Centre (CHC):-  
A 30 bedded Hospital/Referral Unit for 4 PHCs with Specialized services.

#### **IN Context of Haryana:-Public Service delivery in Health**

Government of Haryana is committed to provide quality health care to its all citizens. Health Department has been constantly upgrading itself in terms of infrastructure, human resources, equipments, drugs etc. Health Department in the State is responding to the health needs of all categories of its population including infants, children, adolescents, mothers, eligible couples and

the elderly in addition to the sick and trauma victims. Also, there is a constant Endeavour to keep communicable and non-communicable diseases in check and to have strong systems of recording, reporting and planning.

#### **Public Private Partnership (PPP) :-**

Under PPP the State Govt. is providing CT Scan, MRI, Haemodialysis and Cath Lab services. PPP are further being expanded by establishing CT scan services at Bahadurgarh and Charkhi Dadri, MRI at Jhajjar, Palwal, Panipat and Kurukshetra and Cath. Lab at Sonapat, Yamunanagar and Bahadurgarh.

State of Haryana was awarded certificate of merit for securing **1st rank for best performance under in National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Deceases and Stroke Programme (NPCDCS).**

#### **COVID-19 :-**

The State Government has established 26 RT-PCR labs covering 21 districts (17 in district hospitals, 6 in Govt. medical colleges & 3 others). The establishment in remaining district of Jhajjar is under process. Haryana has sufficient well equipped health institutions with oxygen/ICU beds and ventilators to treat Covid-19 patients.

#### **Health Department:-**

Health department has also established helpline to address queries of citizens of Haryana. State has effectively developed the tracking system of home isolated patients through tele-calling and home visits are also being done to patients who need consultation and are shifted to hospitals for treatment as and when required. State recovery rate is more than 98.02% and fatality rate is around 1.08 % only (as on 10.02.2022).

#### **The Electronic Vaccine Intelligence Network-eVIN:-**

e-VIN which is an innovative technological solution aimed at strengthening immunization supply chain and logistics management in Haryana, has been upgraded as CoWIN (Winning over Covid-19) for real time monitoring of Covid-19 vaccine and beneficiaries.

#### **Referral Transport :-**

Presently 635 Ambulances are operational, out of which 161 are ALS & 170 are BLS for the timely treatment of the people of the state. 26 additional ALS & 16 neonatal care ambulances are being procured.

#### **e-Upchaar (HMIS) :-**

The Hospital Management Information System (HMIS), e-Upchaar is being implemented across 56 healthcare facilities in Haryana. It includes 3 Medical Colleges, 22 District Hospitals, 9

SDHs, 1 Ayurvedic College, 11 CHCs and 10 PHCs. At present, 54 sites are Live and in Operations & Maintenance (O & M) phase while 2 sites after being Live are undergoing construction. Till January, 2022, a total of 2,85,52,577 registrations have been done.

#### **Ayushman Bharat:-**

The pilot launch of the scheme was conducted across the country on 15.08.2018. Haryana was the 1st State in the claim under AB-PMJAY scheme. The scheme is on entitlement basis. Every family figuring in defined Socio Economic Caste Census, 2011 database will be entitled to claim benefits under the Scheme. The guidelines of GoI provide a treatment cover of 5 lakh per family per annum on family floater basis and operational cost of ₹15 crore covering 15.51 lakh beneficiary families (identified through SECC 2011 database) of Haryana with no restriction on family size. The cost is being shared in 60:40 ratio by GoI and Govt. of Haryana. In case of addition of additional category of beneficiaries, the entire cost will be borne by the State Govt.

#### **Ayushman Bharat Haryana Health Protection Mission :-**

The Department has successfully implemented Ayushman Bharat Mission in hospitals attached to the Govt. Medical College. In the 1st phase, the scheme has been implemented in all Government and Government aided Medical College namely PGIMS Rohtak KCGMC Karnal, BPSGMC (W) Khanpur Kalan, Sonipat, SHKMGMC Nalhar, Nuh and MAMC Agroha. The first successful claim for the patient treated under the scheme in the entire country has been processed by KCGMC, Karnal.

#### **Affordable Medicine and Reliable Implants for Treatment (AMRIT):-**

AMRIT Pharmacy have been opened in all Government Medical College of the State and are fully functional.

#### **Pradhan Mantri Bhartiya Jan Aushadhi Kendra (PMBJK):-**

Under this scheme, Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana (PMBJP) have been opened in all Govt. Medical Colleges and are functional also.

#### **Pardhan Mantri Matru Vandana Yajana (PMMVY):-**

The Govt. of India has renamed Indira Gandhi Matritav Sehyog Yojana as Pardhan Mantri Matru Vandana Yojana (PMMVY) from 01.01.2017. The scheme is being implemented in all the districts of the State in accordance with the provisions of the National Food Security Act, 2013. The scheme will help in improving health seeking behaviour and nutrition among pregnant women & lactating mothers to reduce the effects of under-nutrition namely stunting, wasting and other related problems. Under this scheme, every pregnant and lactating mothers are being paid `



5,000 in 3 installments. 1,85,126 beneficiaries (instalment bases) have been paid with an expenditure of ` 30.83 crore for the year April, 2021 to 30th November, 2021.

#### **ESI HEALTH CARE:-**

After receiving approval from the Govt., department has empanelled, 49 private hospitals to provide secondary care services as per CGHS rates on reimbursement basis to Insured Persons (IP) and their dependants which is already empanelled with Health Department and 2 another private hospitals tie-up in Ambala region for providing secondary care services as per CGHS rates on cashless basis to IP's and their dependants. One doctor ESI Dispensary in Naraingarh (Ambala) has been started on 10.08.2021 and 2 doctors ESI Dispensary at Nuh (Mewat) has been started on 21.09.2021.

#### **MEDICAL EDUCATION & RESEARCH :-**

The Department of Medical Education and Research was created for the establishment, up-gradation, expansion and regulation of medical education and research in the State. Quality medical education is being provided by various Medical, Dental, Ayush, Nursing & Para Medical Institutions in the State. The Department of Medical Education & Research was created vide Govt. Notification dated 4th September, 2014.

Pt. Deendayal Upadhyaya University of Health Sciences, Kutail at Karnal .

Health University as a Centre of Excellence is being established in Village Kutail, District Karnal. The University of Health Sciences Act, 2016 was notified on 21.09.2016 and its amendment was notified on 02.04.2018 vide which University was re-named.

Pt. Neki Ram Sharma Govt. Medical College, Bhiwani .

The State Govt. is in the process of establishing a Government Medical College in Bhiwani under the Centrally Sponsored Scheme of MoHFW, Govt. of India i.e. 'Establishing of a Medical College by Upgrading the Existing District Hospital. The construction work has been awarded to Bridge & Roof Co (I) Ltd., a Central Public Sector Undertaking. The DPR amounting to ` 535.55 crore has been approved by the Government. The project will be completed in 27 month time. The work is in progress and physical progress of the work is 11.5%.

Other achievements of the department

- Centralized Combined Counseling (CCC) for admission in Under Graduate and Post Graduate Courses-The department is conducting admissions for all Under Graduate and Post Graduate Courses through Centralized Combined Online Counseling Portal.
- Haryana Nurses & Nurse Midwives Council- In order to streamline the admission, curriculum, examination and registration process associated with Nursing Education in the State, this Govt.

enacted a new Act “The Haryana Nurses and Nurse Mid Wives Act, 2017” and has established Haryana Nurses and Nurse Mid Wives Council which has replaced the existing Haryana Nurses Registration Council (HNRC) and now Haryana Nurses and Nurses Mid Wives Council is regulating Nursing Education in Haryana State.

**Achievements in the Functional Medical Colleges**

- Pt. B.D. Sharma UHS, Rohtak are 250 intakes annually and 2,000 beds UHS, Rohtak awarded NAAC Grade A in February, 2017 and is at Rank 2nd amongst all Health Universities in the country. PGIMS, has been approved as Centre of Excellence by Ministry of Youth Affairs & Sports. Post Graduate Courses in Sports Medicine will be started soon. CT Scan & MRI facilities got NABH Accreditation in the year 2017. Bio Chemistry Lab got NABL Accreditation in the year 2017. State of the art 120 beds Dhavantari Apex trauma centre is operational since January, 2018 with 5 modern OT, 22 bedded ICU, 30 beds in triage area and a 3 tesla MRI. More than 50000 Patients are treated in last 6 months.
- 200 beds Apex Mother & Child Hospital has been operationalized recently. It is the largest MCH in North India.
- Construction of Linear accelerator facility for cancer treatment is under process.
- University has various Foreign collaborations like Indo Japanese collaboration for study on cancer and radiation oncology , SMART health extend project in collaboration with George Institute for Global Health, Australia.

**KCMGMCKarnal :-**

**100 intake annually and 550 beds.**

- (i) The Hospital became functional since, 13.04.2017 and 1st batch of 100 MBBS students was admitted in academic session 2017-18.
- (ii) MRI 1.5 tesla machine and 64 slice CT Scan machine have been installed.
- (iii) The DPR amounting to ` 373.25 crore has been approved by SFC-C on 12.07.2021 for construction of Phase-II of the college. Haryana Police Housing Corporation is the Executing Agency and the project is expected to be completed in 30 months.

**SUMAN initiative- :-**

Total Budget- 13.82 lakhs Activity 1 RCH.

- Notification of Health facilities :- target for notification of 500 Health facilities has been given to State by GoI. In 2022-23, budget of Rs. 1.50 lakhs has been approved by GoI for notification of Health facilities. This budget has been kept at State HQ and will be released after districts submit the filled SUMAN checklists at State HQ NHM. All Districts are requested to ensure

notification of SUMAN health facilities (including HWCs) so that target given by GoI is achieved during FY 2022-23.

#### **NUTRITION REHABILITATION CENTRE (NRC):-**

NRCs are facility based care units where SAM children up to the age of 5 years with medical complications are admitted as per the defined admission criteria. SAM children are admitted with their mothers for treatment, stabilization and rehabilitation with medical and nutritional therapeutic care. Once discharged from the NRC, the child continues to be in the Nutrition Rehabilitation program till she/he attains the defined discharge criteria from the program.

Services provided at Nutrition Rehabilitation Centre (NRCs)

- Providing sensory stimulation and emotional care
- Social assessment of the family to identify and address contributing factors
- Counseling on appropriate feeding, care and hygiene.
- Demonstration and practice- by -doing on the preparation of energy dense child foods using locally
- Available, culturally acceptable and affordable food items. Follow up of children discharged from the facility.
- 24 hour care and monitoring of the child.
- Treatment of medical complications.
- Wage compensation.
- Travel Support to the SAM patient and attendant.

#### **NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASE AND STROKE (NPCDCS):-**

All the districts have been approved for implementation of the programme.

Objectives of NPCDCS:

- 1) Prevent and control common NCDs through behavior and life style changes.
- 2) Provide early diagnosis and management of common NCDs & Palliative care.
- 3) Build capacity at various levels of health care for prevention, diagnosis and treatment of common NCDs.

#### **Strategies:**

- 1) Prevention through behavior change
- 2) Early Diagnosis.

#### **Community Health Centre (CHC/FRU):**

Prevention and health promotion including counseling.

- Opportunistic & Population based screening of persons above the age of 30 years by the appointed doctor under the programme which will be assisted by a nurse.

Early diagnosis through clinical and laboratory investigations.

- Management of CVD, diabetes and stroke cases.

#### **Primary Health Centre (PHC):-**

Health promotion (behavior Change & counseling) is an important component of the programme at sub centre level and would be carried out by the health workers. Various approaches can be used to educate people at community/school/workplace settings.

#### **Sub Centre (SC) & Health & Wellness Centre:-**

Follow-up of common CVDs including Hypertension etc. and Diabetes Identification of early warning signals of common cancer.

- Referral of suspected cases to PHC/CHC/DH/TCI
- Data recording & reporting.

**Conclusion:-**Public Service delivery plays a vital role in Health care administration in India and Haryana Health care facilities are improving day by day in India. The government has made several efforts to address the shortfall in the public health system through the schemes like the national Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Strokes (NPCDCS).With the objective to make healthcare more accessible to all, various schemes and programmes has been launched in Haryana. Haryana is the first state in the country to give free medicines to OPD patients in state Hospital, PHCs and CHCs.Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana (PMBJP),Suman initiative are great example of public service delivery. However there are more need of work for health sector in public service delivery.

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