POOR QUALITY CONTROL OF THE FIRST CONTACT POINT OF COMMUNITY: FINDINGS OF CROSS-SECTIONAL STUDY ON SUBCENTRES IN DISTRICT JHANSI

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ABSTRACT

Introduction: *As Sub-centres are the first contact point with the community, the success of any nationwide programme would depend largely on the well-functioning Sub-centres providing services of acceptable standard to the people.*
Objective: *Literature reviewed shows few studies on monitoring and supervision aspect of subcentres reflecting need to further assess this domain. In the above context, this study was carried out to highlight the monitoring, supervision and quality control at subcentres in district Jhansi.*
Material and Methods: *This was a crosssectional study in district Jhansi from 2012-2013.20 subcentres were selected and ANMs from selected centres were interviewd.*
Results:*All ANMs prepared the Sub- Centre plan for the year, they had due list of beneficiaries for all villages under subcentres. Supervision and record checking at periodic intervals by the male and female health supervisors from PHC (at least once a week) and by MO (at least once in a month) was done only at 50 -60% of subcentres. Citizen's charter in local language was displayed at none of subcentres. Availability of various guidelines issued by GOI or State Govt was absent in all subcentres.*
Conclusion:*The study concludes that monitoring of subcentres need to be strengthen to ensure efficient working of human resources and appropriate utilization of various services by community.*

Keywords: *Subcentres, Facility survey, Monitoring, Supervision*

INTRODUCTION

In the public sector, a Health Sub-centre is the most peripheral and first point of contact between the primary health care system and the community. It is the lowest rung of a referral pyramid of health facilities consisting of the Sub-centres, Primary Health Centers, Community Health Centres, Sub-Divisional/Sub-District Hospitals and District Hospitals. The purpose of the Health Sub-centre is largely preventive and promotive, but it also provides a basic level of curative care.(1) As Sub-centres are the first contact point with the community, the success of any nationwideprogramme would depend largely on the well-functioning Sub-centres providing services of acceptable standard to the people.

The current level of functioning of the Sub-centres is much below the expectations. In order to provide quality care in these Sub-centres, Indian Public Health Standards (IPHS) are being prescribed to provide basic primary health care services to the community and achieve and maintain an acceptable standard of quality of care. These standards would help monitor and improve functioning of the Subcentre.(1) Literature reviewed shows few studies on monitoring and supervision aspect of subcentres reflecting need to further assess this domain.In the above context,this study was carried out to highlight the monitoring, supervision and quality control at subcentres in district Jhansi.

MATERIAL AND METHODS

This was a cross-sectional study which was carried out in the district Jhansi of Uttar Pradesh during the period June 2012 to June 2013.All of the blocks are rural and more or less similar in socio-demographic parameters. Out of eight, two community development blocks were namely Badagoan and Chirgoan selected for the

study. These community blocks were purposively selected because these are field practice area attached to Department of Community Medicine, M.L.B. Medical College, Jhansi. Because of feasibility of the area for repeated visits and familiarity with the health workers, they were likely to be more cooperative and comparatively it was easier to gather the realistic information. Ten sub-centers from each of two blocks were selected for the study purpose simple random sampling using the lottery technique.

The data were collected by facility survey and interview technique on a pre-designed, structured and pre-tested schedule designed as per IPHS norms for the sub-centres.(1) Auxillary Nurse midwife (ANM)working in the selected sub-centers were interviewed using the above mentioned schedule. Also the data were collected by personal observations on some of the parameters as per the laid down IPHS norms for sub-centers.

Monitoring parameters include- Internal mechanisms: Supportive supervision and Record checking at periodic intervals by the Male and Female Health supervisors from PHC (at least once a week) and by MO of the PHC (at least once in a month) etc. and external mechanisms -Sub-centres will be under the oversight of Gram Panchayat(PRIs).In regard to Quality assurance andaccountability , sub-centres exist to provide health care to every citizen of India within the allocated resources and available facilities. The Citizen Charter seeks to provide a framework, which enables citizens to know-What services are available?,the quality of services they are entitled to and the means through which complaints regarding denial or poor qualities of services will be addressed.The data collected was tabulated, analyzed using percentages by using Microsoft Excel software and interpretations were made accordingly .

RESULTS

It was found that all ANMs prepared the Sub- Centre plan for the year,they had due list of beneficiaries for all villages under subcentres. Findings of monitoring and supervision of subcentres is showed in Table -1. Only 30-40% subcentres had printed materials in enough quantity like registers and reporting forms .At most of places ANMs are reporting in handwritten forms or photostated material which consume lot of time. Almost all ANM submit reports on time but no one is provided with any written feedback from the PHC except suggestions during meetings at PHCs by MO and health supervisors.

Supervision and record checking at periodic intervals by the male and female health supervisors from PHC (at least once a week) and by MO (at least once in a month) was done only at 50 -60% of subcentres but visits by health supervisors was not regular and more detailed checking of records and feedback is given during at meetings at PHCs than at subcentres. Medical officer do visits subcentres once in a month but not always at all subcentres their day and time of visit is NEVER fixed and similarly residentsare NEVER aware of timings of doctor visit. VHND (Village Health and nutrition days) was conducted at 40-50% of subcentres that also not regular.

VHSC (Village health and sanitation committee) are in preliminary phase formed but not working as such.ANM was not facilitated in carrying out your activities and nomonitoring oftheir work by VHSC.Coordination and supervision of activities of ASHA and AWW was good but with Village Health and Sanitation Committee, PRIs was poor. None of ANM was doing monitoring of water quality in the village. Tracking of drop out and left out cases of immunisation was done by ASHAs in coordination with ANMs. All the subcentres had received the united fund for previous financial year.In Badagoan all subcentres had partially used united funds.In Chirgoan mostly centres had only partially utilized the united fund. In 20% it was fully used in construction of subcentre and in one of them (10%) it remained unused

Table-1. Monitoring and Supervision at Subcentres

	Parameter	**Sub-centers**	
		Badagoan (N=10)	Chirgoan (N=10)
1.	ANM prepared the Sub- Centre plan for this year?	10(100)	10(100)
2.	ANM have the printed materials in enough quantity?	4(40)	3(30)
3.	ANM submit the reports in time?	10(100)	10(100)
4.	ANM provided with any written feedback from the PHC?	0	0
5.	Supervisory visits by LHV /Health Supervisor(Male)/MO I/C of PHC	6(60)	5(50)
6.	Does doctor visit subcentre once in a month	9(90)	8(80)
7.	Day and time of visit fixed	0	0
8.	Are the residents aware of timings of doctor visit	0	0
9.	Citizen's Charter displayed at Sub- Centre?	0	0
10.	Coordination of services and supervision of activities of ASHA and AWWs	10(100)	10(100)
11.	Monitoring of water quality in the village	0	0
12.	Tracking of drop out and left out cases of immunisation by ASHA	10(100)	10(100)
13.	Have you received the untied fund for Previous financial year?	10(100)	10(100)
14.	Have you utilized the untied fund? a.Fully utilised b.Partially utilised c.Not utilised	 0 10(100) 0	 2(20) 7(70) 1(10)

Figure in parentheses show the percentage of sub centres Quality control of sub-centers is shown in Table-2 which shows that Citizen's charter in local language was displayed at none of sub centres. Internal monitoring: supportive supervision and record checking at periodic intervals by the male and female health supervisors from PHC (at least once a week) and by MO (at least once in a month) was done but visits by health supervisors was not regular and more detailed checking of records and feedback is given during at meetings at PHCs than at sub centres.

External monitoring by Village health and sanitation committee (VHSC) was not done but Evaluation by independent external agency like WHO especially during Pulse polio immunization (PPI), UNICEF was done Sometimes District officials (Additional CMO) visits sub centres. Availability of various guidelines issued by GOI or State Govt was absent in all sub centres. Posters of various National Programs like Family planning, are displayed at most of sub centres.

Table-2. Quality control of sub-centers

Parameter	**Sub-centers**	
	Badagoan (N=10)	Chirgoan (N=10)
1. Citizen's charter in local language	0	0
2. Internal monitoring: supportive supervision andrecord checking at periodic intervals by thesupervisors from PHC and Medical officers	6(60)	5(50)
3. External monitoring: Evaluation by independent external agency.	10(100)	10(100)
4. Availability of various guidelines issued by Govt	0	0

Figure in parentheses show the percentage of sub centres

DISCUSSION

Government of India laid down various health-related goals i.e. Millennium Developmental
Goals (MDGs), National Health Policy-2 goals, and various goals under NRHM; achievement of which would be far from reality in light of the present situation of the sub-centers. Our study revealed that there were significant gaps in all the parameters related to IPHS at the level of sub-centers. Other studies also found poor results regarding monitoring and supervision & quality control of sub-centers. Supportive supervision by the supervisors at all levels was found lacking,(2) Nair VM et al (2004) in their study on subcentres in Kerela found 81% are supervised by middle supervisor and 43% by MOIC(3).DLHS-3 (2007-2008) reported that the proportion of sampled Subcentres facilitated by Village Health & Sanitation Committee (VHSC) and those that received untied funds is 70.5 and 72.7 percent respectively,(4) Kumar A et al (2011) found that medical officer visited SCs once in a month only in 8.8% SCs,(5) whereas in the Kerala study, 58.9% of the SC were visited by medical officer every month. That could be one of the reasons for better health care delivery and better health status in Kerala.

Nandan D et al (2007-2008) in their a study on utilisation of untied funds (UF) elaborated that the UF money is given as part of the NRHM fund and Rs 10,000 is issued for various activities of subcentres.. At most of SHCs more than 90% of the UF is spent. There is no significant difference in the percentage utilisation of UF at places where SHC building is present and at places where it is not. At places without the SHC building about one-fourth of the fund is shown to be spent on repair works as against 60% at places where there is a building. The money is spent on repairing of toilets, water tank and plumping and electrical fittings. The second major expenditure is on furniture. At places where there is no government SHC building one - fourth of the fund is spent as rent. But at one of the SHCs more than half thefund is shown as rent. Similarly in present study two things on which fund was spend was construction and stationary material and most of subcentres it was partially utilized.(6)

Evaluation study of National Rural Health Mission (NRHM)In 7 States (2011) reported that regular monitoring and supervision werecarried out by multipurpose health supervisors and also by the concerned medical officers asreflected by the satisfactory quality of sub-centre records. But against the satisfactoryavailability of services the delivery of specific services like MCH and family planning werenot satisfactory as field visits of medical officers were not planned and there was no scheduleof such visits. 24 hours referral facilities were not available in any of the sub-centers as noneof the health workers was maintaining headquarters. Importance of citizen's charter and standard guidelines was not understood properly by theconcerned medical officers and other health officials (7)

CONCLUSION AND RECOMMENDATIONS

The study concludes that monitoring of subcentres need to be strengthen to ensure efficient working of human resources and appropriate utilization of various services by community Importance of citizen's charter and standard guidelines was not understood properly by the concerned medical officers and other health officials. Citizen's charter and standard guidelines might help in improving community awareness and utilization of the services at sub-center level. These issues could be managed by motivating the health officials regarding importance of Citizen's charter and also ensuring that the concerned medical officer should submit his/her tour program in advance to the higher authorities.

Good coordination with PRI members was also not observed. We must try to involve PRI members as they are one of the key links. .Regular uploading of financial data on HMIS portal should be done. Regular meeting and timely meeting should be held for the Rogi Kalyan Samitis and Village Health Sanitation Committee so as to make the proper utilization of funds Proper accounting policies and maintenance of books of accounts should be followed as per

the finance manual with regard to fixed assets, advances etc.

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The Untied fund should be used in upgrading the SHCs to a functional level rent rather than paying rent .It should not be mandatory to have the Sarpanch as the signatory of the fund account. Any other Panch/Sarpanch can be the signatory of the UF account. This should be decided in the meeting by consensus and documented. Regular monitoring of utilization of the fund should be done to ensure no mismanagement or pilferage. A transparent system of signing cheques by the signatories in the presence of a minimum of six VHC members should be initiated. A register should be maintained to monitor the expenses and spending through the UF.

Primary Evaluation of Service Delivery under the National Rural Health Mission (NRHM):2009 a Study in Andhra Pradesh, Uttar Pradesh, Bihar and Rajasthan Status of (Untied / Maintenance) Financial Grants Received by Health Centres from FinancialYears (April 1-March 31)Recceived in 100% and unused in 67% of subcentres.(9)

Effective involvement of the Janpad Panchayat should be ensured in the monitoring process. Printed guidelines on the fund utilization in local language should be prepared and distributed to individuals concerned. Orientation on the UF should be provided by the MO to the VHC members and the Panchas and Sarpanchas by the JanpadPanchyat. An amount of Rs. 3000/- each should be provided to the Sarpanch and the ANM for emergency purpose. The UF amount should be released timely to the ANM/VHC i.e. at the beginning of the financial year (10).

Moreover, involvement of PRI members for mobilization of funds for improvement of infrastructure of sub-centers must be encouraged. Likewise, frequent planned joint meetings of health officials with zilaparishad and block samities must be encouraged. In addition, to improve supervision of sub-centers, medical officers must be impressed upon to submit their monthly tour programs in advance and thence respective tour notes to their superior officers. The tour notes submitted by the medical officers must also be audited and necessary steps might be taken for ensuring high quality of performance of sub-centers. (5) There needs to be a better control of medical officers and health supervisors visiting the SCs at least once in 2 weeks. (10)

LIMITATION OF THE STUDY

As the study was conducted in only two blocks of district it might not represent the scenario of the whole Jhansi and thus further research is warranted to bring out the true situation

LIST OF ABBREVIATIONS

ANM:Auxillary nurse midwife
ASHA:Accretidated social health activist
AWW:Anganwadi worker
IPHS:Indian Public Health Standards)
PHC:Primary health centre
MOIC:Medical officer in charge
VHND:Village Health and nutrition days
VHSC:Village health and sanitation committee
PRI;Panchayti raj institutions

REFERENCES:

1. IPHS guidelines, Ministry of Health & Family welfare, Government of India, 2012, Indian Public Health Standards for Sub-centers. New Delhi: Government of India.
2. Kataria SK and Sinha NK .Study on functioning of Sub-centers constructed under IPP-VII in Hazaribagh District of Bihar state.*1995-96.nihfw.org/ndc/.../research.../researchstudiescompleted.*
3. Nair VM,Thankappan KR,Vasan RS et al.Community utilization of Subcentres in Primary Health Care-analysis of determinants in Kerela. IJPH, Jan-March, 2004; Vol48; No.1.

4. DLHS-3, International Institute for Population Sciences (IIPS), 2010. District Level Household and facility Survey (DLHS-3), 2007-08: India. Mumbai: IIPS;2010
5. Kumar A, Goel MK , Jain RB, Khanna P.Gaps in facilities available at Health Sub-centers as per Indian Public Health Standards in a district of Haryana. Asian Journal of Management Research, 2011; 651 Volume 2; Issue 1.
6. Nandan D.A study on utilization of untied funds in Sub - centers in Indore division under National Rural Health Mission, 2007-2008.
7. Evaluation study of National Rural Health Mission (NRHM) in 7 states Programme Evaluation Organisation Planning Commission, Government of India, New Delhi, February 2011
8. NRHM 4th common review mission report Uttar Pradesh National Rural Health Mission, Ministry of Health and Family Welfare, For 16 – 22 December 2010 government of IndiaNew Delhi.
9. Gill K. A primary evaluation of service delivery under the National Rural Health Mission (NRHM): Findings from a study in Andhra Pradesh, Uttar Pradesh, Bihar and Rajasthan working paper 1/2009 – Peo Planning Commission of India, May 2009.
10. Reddy NB, Prabhu GR, Sai TSR. Study on the availability of physical infrastructure and manpower facilities in Sub-centers of Chittoor district of Andhra Pradesh, Short communicationyear:2012;volume: 56; issue: 4; page: 290-292.