

# **QUALITY OF CARE IN SUB CENTERS: MONITORING OF IPHS STANDARDS AT SUB CENTERS**

**in 11 Districts of Uttar Pradesh**



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The National Rural Health Mission (NRHM) is first program which specifically focuses on improving access to primary healthcare in rural areas by improving the quality of existing public health facilities – Sub center, PHCs, CHCs and District Level Hospitals.

It also envisions active involvement of the community in monitoring quality of health services.

### **What is IPHS?**

The Indian Public Standard Indian Public Health Standards(IPHS) are a set of standards envisaged to improve the quality of health care delivery in the country under the National Rural Health Mission. They set a minimum requirement for public health facilities like Sub Centers and Primary Health Centers.

In keeping with this principle, the quality of health services at the village level sub center **was monitored by community women in 71 villages across 11 districts of Uttar Pradesh.** The objective was to use these findings to develop recommendations for the District Action Plan of the NRHM.

### **Who monitored the Sub-centres?**

Members of Mahila Swasthya Adhikar Manch – a forum of 8000 women rural women from 11 districts in Uttar Pradesh who have organized to improve quality of health services and claim their entitlements to nutrition, food security and livelihood. Most women are poor daily wage labourers.

### **What was monitored?**

A Sub Center is provided for 5000 population in plain areas and for every 3000 population in hilly/tribal/desert areas. The Indian Public Health Standard specifies minimum requirements in several areas like human resource, drugs, equipment, infrastructure etc that is required at the health facilities. **The MSAM monitored the sub-centres according to 19 selected services and equipment that are meant to be provided as facilities at the sub center.**

### **How was it Monitored?**

A monitoring format was developed with list of the 19 facilities that should be available at the Sub-center. Since a majority of the women are non literate, it was a pictorial check-list format which women could easily understand. A group of women went to their village sub-center with these checklists and ticked on the facilities that were available.

### Where was the monitoring done?

The monitoring was done in 2010, in 71 sub-centres in and close to the villages where the MSAM is active, in 11 districts of Uttar Pradesh – Azamgarh, Banda, Bareilly, Chitrakoot, Chandauli, Gorakhpur, Jaunpur, Kushinagar, Mirzapur, Muzaffarnagar and Saharanpur.

### Findings from the monitoring:

Table 1: Availability of Infrastructure

	No. of Sub-centers where facilities were available (out of 71)	No. of Sub centers where facilities were not available (out of 71)	No Answer
More than one room	40	28	3
Toilet	36	33	2
Sanitation	35	35	1
Electricity	34	35	2
Water	47	23	1

The table above shows that:

- When it comes to basic infrastructure facilities in the sub-centers, it is encouraging that most of the sub-centers seem to have some sort of basic physical structure present with 40 out of 71 sub-centers having more than one room.
- However it is a matter of concern that nearly half the sub-centers did not have electricity or sanitation, and 15 out of 71 sub-centers had buildings in poor dilapidated conditions.
- Water was available in two thirds (48 out of 71) of the sub centers but toilets were not available in 33 out of 71 of the sub-centers.

**Table 2: Availability of staff and Equipment**

<b>Out of 71 Sub-centres</b>	<b>No. of Sub-Centers where facilities were available</b>	<b>No. of Sub-Centers where facilities were not available</b>	<b>No Answer</b>
1 ANM Present	56	-	8
More than 1 ANM Present	7	-	8
Facility for Ante natal Check up	27	43	1
Weighing Machine	31	39	1
Instrument for Measuring Blood Pressure	21	49	1
Iron Tablets	48	19	4

- Ante-natal services for pregnant women are one of most important service that village level sub centers should provide. It is encouraging that iron-tablets that are meant to be regularly provided to pregnant women were available in around 2/3 of the sub centers. However only 27 out of 71 again (roughly one-third) sub-centers were reported providing ante-natal check-ups.
- Basic instruments like weighing machine and blood pressure measuring instruments are needed for pre-natal check-ups: more than half (39 out of 71) sub-centers did not have weighing machines and 49 out of 71 sub centers did not have instrument for measuring blood pressure.
- Sub-centers should be able to handle normal deliveries at the local level. However some of the basic requirements to handle a delivery were missing. Nearly half the sub centers (36 out of 71) did not have a bed and 42 out of 71 did not have curtains near the bed for privacy.
- Other basic things like gloves were absent in half (37 out of 71) the sub-centres as well as stove required for sterilizing was missing in 36 out of 71 villages.
- Sub Center should provide contraceptives like pills, condoms as well as generic medicines for common ailments like fever. Two thirds (46 out of 71) sub-centers reported having contraceptive pills while 41 out of 71 sub-centers had condoms available. Medicine for fever was available in 37 out of 71 sub-centers.

## **Conclusion:**

It is commonly known that women are often the last to access health care in a poor family. Distance of the health-center and cost of treatment may act as important factors that determine women's access to primary healthcare. Given the easy location of the sub-centers, it has the potential to increase access to primary healthcare for women. However as the data suggests, many sub-centers lack basic facilities like water, electricity or toilets, which raise serious questions about quality of care provided.

UP being one of the worst states when it comes to maternal health indicators, the importance of ante natal care is immense. Much of the problems associated with maternal death can be averted if there is early detection of anemia, low weight, blood pressure etc. However, as the data suggests, more than half the sub centers are not providing ante-natal check-ups, thereby increasing the load on higher level of facilities. Sub- centers were found to be ill equipped to handle normal deliveries, with nearly half the sub-centers not even having beds. Easy availability of quality contraceptives is integral for women to have control over reproductive decision making and avoid unwanted pregnancies. Yet, not all sub-centres had contraceptive facilities.