

Primary Health Centers in the Backward Regions of India: An Exclusive Study of PHC, Mura, Dist-Sambalpur, Orissa, India



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Health is the major indicator of development. The country where the health system is good it is taken in to consideration that the country is developed. But this is a fallacy so far as the scenario of India is concerned.

In one hand when India is surging on and on its health system is running in the opposite way. The aim of the article is to portray the findings of research done by Sambalpur University, India on the deplorable condition of Indian health system in its remote parts. The sample village is Mura, a Grampanchayat of Sambalpur District, Orissa, India. The village has more than 10000 people. The methodology adopted in the study includes participant and non-participant, observations, Interviews and structured questionnaire.

An attempt was made to fathom the aim and objectives of this Primary Health Centre and whether it is catering the need of the people. Along with this the organizational structure, working environment, employer employee relationship, organizational network, major flagship program undertaken by the PHC were studied. The findings of the study are horrific in nature. Like any other PHC, this centre also suffers from scrunch of doctors. Further the doctors remain in the district headquarter town of Sambalpur there by neglecting their duty in the field. In fact this is a general trend in India. Due to this the entire area is under the grip of quack, the self appointed doctors. And the poor people are easily duped by them. The amount of medicine supplied to the PHC for a year end in only one month and the authority concerned refuse to give more medicine to the PHC. No electricity, water and sanitation and lack of adequate machinery aggravate the problem. Then the opening hour of the PHC is not suitable for the local people because they remain busy to eke out a living. These are some of the major drawbacks of the PHC. In the last part of this paper overall assessment has been done. Provided better housing facility to the doctors and staff with electricity and internet connection they can stay in the remote villages. Oxygen cylinder and better and effective medicine are the need of the PHC. This is highlighted in the conclusion. Finally some remedial measures have been suggested for the betterment of the PHC, Mura. The paper ends with a hope that the Health facility in India will improve by this kind of research report.

It is rightly said that "Health is wealth". If our health is well then we can do many things and if our health is bad then we become a poor performer. There are many proverbs associated with health. But in independent India the situation is grave. Nothing is more tantamount than the thing that we have one government doctor per 100,000 populations (Government of India Census 2001). Our forefathers thought that after independence things would change and we will have a healthy India, but the dream remained a dream and the reality became something different. Further more in comparison to other states the situation of Orissa is very critical and needs immediate intervention. Here the Infant mortality rate is high and the mother mortality rate is concerned. Again we have a poor health system. We do not have more medical colleges in our state to produce doctors. So here the quacks take chance. All of we know that "Little learning is dangerous thing". The self appointed doctors without any degree and pedigree play havoc in the state forcing the people to bite the dust. This is the health system in Orissa. Again the doctors remain in town though they are in charge of PHC (Primary Health Centers). So the people's plight is aggravated. In this report the moribund condition of Primary Health Centre

in rural India is being highlighted. The report is about the Primary Health Centre of Mura, dist-Sambalpur, Orissa, India.

The objective of this PHC (Primary Health Centre) is to provide health facilities to around 45000 people of Gram Panchayat. In Orissa the health system is decentralized. Each Block has got a Community Health Centre and the comparatively big Gram Panchayats have got a PHC each. Suffering from disease is universal and Indian rural villages are no exception to it. To bring back the suffering people to the main stream of society is the primary objective of the government and in Gram Panchayat the PHC is entrusted with such responsibility. The PHC situated at Mura village of Sambalpur district is a burning example of this. This PHC has several objectives. Firstly giving proper care and treatment to the pregnant mothers. Second massive awareness campaign to root out diseases, maintaining balance between birth rate and death rate etc. There are other objectives of the P.H.C. as well; they include child welfare, awareness, and control of Malaria. Providing vaccination of Polio and, giving medicine free of cost to poor patient, regular health camp at village levels and so on. These are objectives of the PHC. In the other words this work should be performed by the P.H.C. Organizational Structure.

All objectives are achieved by an organization if work is done in a coordinated manner. That is why we find organizational structure in each and every organization whether they are run by the government or are owned by private bodies. The organizational structure in health care setting is difficult to fathom for most of the personnel are studded in parallel positions. It is difficult to portray the organizational structure of a health centre. The task gets tougher when it is as small organization as a PHC. But here an attempt has been made to portray the organizational structure of PHC Mura.

Here, the medical officer of PHC Mura is a MBBS doctor, below him is the post of Pharmacist, and below him remains the post of the ward attendant. Below the ward attendant remains the lowermost post of sweeper. But after the implementation of the programme of National Rural Health Mission a remarkable change can be marked in the organizational structure of this solitary PHC. Here an Ayush doctor is appointed, whose qualification is BAMS and he remains in a position parallel to that of the medical officer. The government sanctioned post of doctors to two persons from the very beginning. And one of them should be designated a medical officer. Both of them should be MBBS degree holder. But since the inception there is only one MBBS doctor. Similarly there should be three attendants in the PHC. There are three but one is permanently appointed by the government and the other two are appointed on a contractual basis. Of the two attendants who are appointed on a contractual basis one is deputed to Themra PHC. The PHC is also fragmented in several wings and separate rooms have been allotted to it, they include indoor, dressing room, delivery room, Operation theatre, emergency room, store room and dispensary.

Method of Data Collection

Every method of data collection has been employed here for getting the authentic data. We watched the awaiting patient with upturned glance bearing a deserted look. The writer came to know many things from their facial expression and gestures. The plethora of plight experienced by them was apparent and vivid in their face. Here we collected some data in the manner of non participant observation. We also talked with the patient and expressed sympathy and empathy alike. So it can be said that we have also collected data by participant observation. We had also some basic question prepared a day earlier, and we asked questions from the same like an interview. When interviewing the doctors the method of data collection was like that of structured interviews and when interviewing other patients the method of data collection used by us was non structured interview. In this way we collected the data.

Working Environment

The working environment is very pathetic. The government machinery has failed and failed

miserably to provide good and congenial working environment for the staff. The staff suffers but the suffering is more for the patients because they come here with a view to get relief and when they experience the desperate remedies provided here they become perplex. We will discuss about the working environment one by one. Electricity facility is the need of the hour for each Health Unit but the PHC Mura is being devoid of electricity facility which suffers a lot. Due to this the doctor has to quit the P.H.C. when the dusk approaches. The patient bears the brunt for the doctor claims that there is no light facility and that he should quit. The most affected phase in this drama of death is the Operation Theater. An operation theatre is there but operation are not done because there is no electricity facility. It is manageable to work without electricity in winter but performing the same task in the summer when the mercury rises up to 490 Fahrenheit, it is simply unbearable and impossible to work.

The other problem is that there is local liquor shop adjacent to the PHC. Parallel sessions of the parliament take place here and some time members of the parliament arrive drunken and attack the doctors. It may not sound music to the ear but many times the doctors and attendants hear abusive language from the drunkards.

The other thing is that there is no water facility available in the PHC. The doctors and the patients remain thirsty alike. Due to this the sanitation system of the PHC gets affected. As there is no hotel or canteen in the proximity of the PHC some time the doctors and the patient remain without food. They depend on the preserved food of the Tiffin box which they carry right from their home. As the government is not providing new bed and bed sheets the patients remain in the ground making the atmosphere dirty and spoiling the environment.

This is all about the working environment of the PHC of Mura. It is pathetic story to be told and a story to be listened at.

Employer Employee Relationship

The employer employee relationship in this PHC is as ordinary and simple. Most of the time the doctors remain absent as well as the Pharmacist. The lone sweeper comes early in the morning, performs his job and goes back to home. As it has been told earlier that there are three attendants, out of them one has been deputed to Themra PHC. From the remaining two one is regularly irregular. He comes to the PHC around 5-7 days in a month. Only one attendant is punctual and he comes regularly.

Most of the time he remains present in the PHC. He knows how to plaster a bandage and how to open it, nothing more and nothing less. Out of other staff including doctors, pharmacist and attendants only one is visible with the attendant. Today the doctor, tomorrow the attendant and the other day the pharmacist come to the PHC. No one is able to see the trio at the same day. This is the irony faced by the innocence villagers. All of them are good for nothing except the one attendant. He is punctual because he belongs to the same village that is Mura. So practically there exists no employer employee relationship in Mura PHC. Though it exists in theory.

Nature of Work Undertaken

In spite of several limitations the PHC at Mura has taken several initiatives to provide better health facility to the area concerned. There are seven ASHA workers under this PHC. The Janani Surakhya Yojana is running in tandem with the diktat of government, though it is lacking a van for the same. The National Malaria Eradication Program was the major program conducted by this PHC in bygone days. The ICDS program of government of India is also run by this PHC. Programs for treatment of Leprosy and TB are also run by this PHC. The PHC also organizing health camp in nearby villages. Though they have started the work recently it has shown good results. Wall writing related to awareness is also done in the PHC. DDT powder is also supplied door to door by this PHC. Mosquito nets are also supplied to the beneficiary. This is all about the nature of work undertaken by the PHC.

Organizational Network

The organizational network is not so complex. As they are the lowest organization in the ladder the organizational structure is simple. Above them exist the community health centre and above that is the district head quarter hospital of Sambalpur. They are directly related to the district head quarter hospital of Sambalpur. The head quarter hospital supplies all medicine to the PHC. The C.D.M.O is the head officer in the organization whereas the sweeper at the PHC is the lowest worker. Furthermore they have a parallel organizational network with other PHC. If the medicine available in the nearby medicine is not used due to lack of patients then the other PHC can take medicine from that PHC and prescribe the same. Again so far as the staff is concerned they are connected with another kind of network. This means some staff get transferred to other PHC and some other staff come to this PHC. This includes doctors, pharmacists, attendants and sweepers. In other cases some are deputed to other PHC. This very incident has occurred in Mura PHC. Here one attendant has been deputed to nearby PHC situated at Themra. This is all about the organizational network of the PHC Mura.

Motivational Level of the Employees

Motivation is necessary to do work in a potential and fruitful manner. If motivation is not there then things will fall apart. Nothing can be achieved, or if at all achieved it is mediocre in nature. So motivation is the fuel that forces us to work and work for the betterment of the society keeping in view the greater interest. Motivation in the field of Medical science is necessary and mandatory as well.

Though we may put this intangible value in the category of mandatory item, it can never be created rather it is a byproduct of working environment and the relationship between the employees. If the atmosphere is cool and calm then an increase in the motivational level of the employees can be marked. Similarly if the atmosphere is full of noise then the motivational level desecrate gradually. The same thing has happened with the employees of Mura PHC. Within 20 meter of the PHC an indigenous liquor shop of government is there. So the employees of the PHC do not feel convenient to work on such environment. This is all about the external environment which is detrimental for the motivational level of the employee. The internal environment is also that much ruinous, which is detrimental for the motivational level of the employees as well. As there is no quarters provided by the government for the doctors, the doctors do not feel motivated to work for longer hours in the PHC. No electricity means none fan or cooler, so it is yet another problem detrimental for the motivational level of the employees. The salary of some contractual employees is very low. This is another reason for which they are not happy with their job. This is all about the motivational level of the employees of the PHC situated at Mura.

Major Problem Encountered

There is plethora of problem encountered by the PHC Mura. The litany of ramification of the problems is felt every now and then. But these problems remain like that. The government has turned a blind eye and deaf year to these entire problems, as a result of which the situation has become worst. Days are counted upon by month, months are counted upon by year but nothing remarkable has been done by the government to elevate the status of the problem. The PHC was inaugurated by the then health minister of Orissa, Mr. Hemananda Biswal on 9th May 1986(Government of Orissa Gazzete1990). In the meanwhile 26 years have passed and the PHC is in its youth. But the irony is that even if the PHC is going through golden age in years underneath it is degrading to a serious extent signifying impending and appalling danger in years to come.

The PHC gets only get a sum of 16000/- from the district head quarter hospital of Sambalpur which is a meager amount if the population is taken in to account. Everyday nearly 50 people come to the PHC. So in a month the figure remain nearly about 1500. The medicine supplied for a year even cannot meet the demand of one month. And here the problem starts and the

patients are forced to travel in the road of no return, becoming puppet in the hand of faulty policy.

It is difficult to prescribe medicine without tasting blood. But it is a matter of utter disgust that here no such facility is available. So it becomes difficult on the part of a doctor to prescribe medicine without knowing the actual disease. When medicine is prescribed in anticipation it leads to several other diseases. Due to this mismanagement someone has open a private blood testing clinic close to the PHC. That fellow charges Rs.50/- from each blood taste. Instances are there that the report issued by the private blood tasting clinic is most of the time wrong. There is no “Janani Surakhya Van” in the PHC so it becomes difficult on the part of the PHC authority to bring the pregnant mother to the PHC.

Minor operation should be carried out in the PHC. But due to lack of equipments needed for operation, this process has stopped since last 7 years. When we approached the operation theatre was closed and the lock was rusted. The dressing room, indoor and emergency room were also closed. Whenever a patient comes for operation even if minor they refer it to district head quarter hospital of Sambalpur. There is a peon his name is Auro Bisi, but he never comes to the PHC.

The main problem lies with the faulty policy of the government. The PHC remain open 8-12am and 3-5pm in the winter and 8-12am and 4-6pm in the summer. This is the very time when the rustic people remain busy in work. They are poor as a result of which they have to work even though they are sick in order to eke out a living.

So far as the stock of medicine and injection is concerned they are very poor in effectiveness. No costly medicine is supplied to the PHC. Due to non effectiveness of the medicine the victim never get relief from the pain and fever. In the field of antipyretic drugs there exist the four category of medicine they are Paracetamol, Ibuprofen, Nemosolide, Diclophenac sodium. In the field of antibiotic the following category of drugs are prescribed. They are Tetracycline, Doxycyclin, Cotrimaxerial, Ophloxacin, Ciprofloxacin and Norfloxacin. In the field of anti diarrhoea drugs there are two kind of composition, they are Tinidazole and Metranidozale. Paracetamol, Diclophenac, Theophyllint, Etophylline, Chlorophenal Maliate are also given in injection. Many other drugs are there but all are not supplied because they are costly. As there is no nurse in the PHC the treatment of ladies patient becomes difficult. This is all about the major problem encountered by the PHC of Mura.

Overall Assessment and Suggestion

The overall performance of the PHC Mura is far from satisfactory. The problems have been portrayed vividly in this report after an extensive study conducted by 4th semester MSW students of Sambalpur University during their field work. Firstly the communication gap between the district head quarter hospital of Sambalpur and the PHC Mura should be bridged. It could happen e.g. by public private partnerships. Secondly Houses should be constructed for all employees of the PHC near it. When their home will be within the boundaries of the PHC then they will feel like they are near home while working. Then the PHC should be electrified. Without electricity the PHC is looking like a ghost house. So the government should take necessary steps to provide electricity facility to the PHC. Then if possible one computer with 24hour internet facility should be provided to the PHC for better deliverance of treatment. One oxygen cylinder should be provided to the PHC to save life. Further it will be better if staff nurse and an ambulance is provided. The posts which are lying vacant should be fill up immediately. The government of Orissa sponsored liquor shop should be closed or should be transferred to a place far from the PHC. To conclude this is all about the overall assessment of the PHC Mura. Here with assessment some suggestions have also been given to make the PHC a better one in future. Let the organization serve the humanity.

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