

# 24

» Antenatal care and routine immunization (fixed day services)

» Postnatal care

» 24- hour delivery services (normal and assisted)

# X

» Early and safe abortion services (including MVA)

» Essential newborn care

» Family planning services

# 7

» Essential laboratory services

» Referral for emergencies



## Are '24 x 7' PHCs in Maharashtra really providing services round the clock?



### Background

For people in rural areas, Primary Health Centers (PHCs) represent the first point of contact with a doctor in the public health system. PHCs were established in rural areas for providing the full range of primary health care services to the community. The provision of Maternal and Child Health services including emergency obstetric and neonatal care are an integral part of the services to be provided by the PHC. Keeping

this in mind, NRHM has planned to strengthen PHC services by upgrading a significant proportion of PHCs to provide round the clock (24 x 7) services.

At present in Maharashtra, out of a total of 1809 PHCs, only 397 (about 22% of all PHCs) have been upgraded to 24 x 7 PHCs<sup>1</sup>. This needs to be viewed in context of the intention expressed in the RCH-II programme that 50% of PHCs should be made functional 24 x 7 by 2010<sup>2</sup>. Services such as 24-hour delivery services (normal and assisted), essential newborn care and referral for emergencies are critical for labeling any PHC as one that provides round the clock health services.

### Process of data collection through SMS

Hence, to assess actual round the clock availability of Medical

officer and nurses in 24 x 7 PHCs, a quick survey was conducted by gathering data in CBMP areas from covering 25 PHCs supposed to be providing 24 x 7 services, located across 12 districts of Maharashtra. A Community based monitoring and planning (CBMP) Block coordinator / facilitator or Village health committee member visited each PHC on 23<sup>rd</sup> January 2013 between 9 pm and midnight and enquired about availability of the Medical officer and staff nurse / ANM. Information generated was collated by means of SMSs sent from across the state using mobile phones. On 23 January 2013, data was also gathered from 24 PHCs which are 'non 24x7' to assess their status, as a comparison. In addition to this, informal discussions with doctors and nurses working in 24x7 PHCs were held to understand aspects related to their availability in

<sup>1</sup> [http://www.mohfw.nic.in/NRHM/Documents/24x7\\_PHC\\_Maharashtra.pdf](http://www.mohfw.nic.in/NRHM/Documents/24x7_PHC_Maharashtra.pdf)

<sup>2</sup> [http://mohfw.nic.in/NRHM/Documents/MH/Guidelines\\_for\\_operationalising\\_24\\_hours\\_functioning\\_PHCs.pdf](http://mohfw.nic.in/NRHM/Documents/MH/Guidelines_for_operationalising_24_hours_functioning_PHCs.pdf)





## Analysis of data

The following criteria were used for the analysis, based on presence / availability of Medical officer and staff nurse / ANM at time of visit between 9 pm and midnight on the designated day:

- Both doctor and nurse were present, or nurse was present and doctor was available on call in the PHC: classified as **Good situation**
- Neither doctor or nurse was present but when called, doctor could come to the PHC: classified as **Partly satisfactory situation**
- The doctor was neither present, nor did s/he come to the PHC when called: classified as **Unsatisfactory situation**

## Key findings regarding availability of doctors and nurses in the studied PHCs are summarized below?

- Out of 25 PHCs designated as having 24 x 7 services, it was observed that in 11 (44%) of the PHCs doctor and nurse were both present, or nurse was present and doctor was available on call in the PHC.

**...This means that in 44% of the 24 x 7 PHCs, the situation was found to be Good.**

- In 4 (16%) PHCs, neither doctor or nurse was present but when called, the doctor could become available in the PHC.

**...This means that in 16% of the studied 24 x 7 PHCs situation was found to be Partly Satisfactory.**

- While in 7 (28%) PHCs doctors were neither present nor did they come to the PHC when called and 3 (12%) PHCs were observed to be closed.

**...Hence, the situation was Unsatisfactory in 40% (10 PHCs) of the 24 x 7 PHCs.**

In case of the non 24 x 7 PHCs studied, the situation was Good in 7 (29%) PHCs, the situation was Unsatisfactory in 7 (29%) PHCs, out of which 4 (16%) PHCs were found to be closed. In 10 (42%) of these PHCs situation was found to be partly satisfactory.

**On comparing 24 x 7 PHCs with non 24 x 7 PHCs, data suggest that the situation of availability of skilled staff in 24 x 7 PHCs might actually be worse than non 24 x 7 PHCs in some respects. In non 24 x 7 PHCs the situation was Unsatisfactory in 29% of the PHCs, while in 24 x 7 PHCs the situation was Unsatisfactory in 40% of the PHCs.**



## Availability of doctors and nurses in selected 24 x 7 and non- 24 x 7 PHCs

Availability of doctors and nurses	24 x 7 PHCs (sample-25)	Non-24 x 7 PHCs (sample - 24)
Good situation	44%	29%
Partly satisfactory situation	16%	42%
Unsatisfactory situation	40%	29%

**Informal discussions with some doctors and nurses working in the studied PHCs from across 12 districts were held to understand factors related to about their availability in PHCs.**

### **Opinions about relevant factors from doctors and nurses who stay in the 24 x 7 PHCs...**

**“ Quarters and PHC have proper Infrastructural facilities-** 'The PHC as well as quarters have basic infrastructural facilities such as water, electricity, lights. So we are able to stay here'. ”

**“ Attitude of staff-** 'In spite of the availability of all basic infrastructure, sometimes staff refuses to stay in quarters. This is linked to their attitude towards



work. It is necessary to change their negligent attitude and remind them about their responsibility to

provide health services'.

**“** 'Our PHC is located close to the highway. Injured patients may enter any time in the PHC. So I have to stay in the PHC quarter' ”

**“** 'Staying in PHC quarters is always useful in terms of gaining patients' faith by providing them round the clock services'.

”

### **Opinions about relevant factors from doctors and nurses who do not stay in the 24 x 7 PHCs...**

**“ Shortage of humanpower-** 'PHCs have been upgraded to 24 x 7 PHC but additional staff is not provided. The ANM alone has to handle OPD, IPD and deliveries. In some places, ANM positions are vacant. Given this situation, the staff tends to lose the spirit of the work. Hence, it is necessary to make provision of additional manpower to provide 24 x 7 services'. ”

**“ PHC quarters not adequate -** 'Many PHCs do not have quarter facility and others have few in numbers. Hence only one doctor and one or two other staff members can stay there. If number of quarters is increased then all staff can stay there and provide round the clock service'. ”

**“ Quarters completely lack basic facilities -** 'The situation of staff quarters is quite poor. The building is very old. Its maintenance is overdue. Who will ensure staff's safety if they stay here?' ”

**“** 'When the PHC does not have its own independent building, provision of staff quarter is miles away from the PHC.' ”

**“ Political interference-** 'Sometimes certain staff refuse to stay in the quarters, they are able to get away with this due backing received by them from local political representatives.' ”

The above data show that the overall situation about the availability of doctors and nurses in the 24 x 7 PHCs is not as per



expected in over half of these PHCs. Quotes from staff about factors influencing their availability in PHC show that attitude of doctors towards health service, shortage of humanpower, lack of quarters or lack of basic facilities in the quarters, location of PHC being far from the place of stay provided and political interference are certain attitudinal and systemic reasons behind this.

**While upgrading of PHCs to provide 24 x 7 services is definitely a laudable effort, it is clear that mere sanctioning of 24 x 7 PHCs is not enough. Provision of all basic facilities and sufficient humanpower in these PHCs is essential to enable them to provide services round the clock. While the Health department is promoting institutional deliveries to be conducted in all PHCs to reduce maternal and neonatal mortality, in reality, about half of even the 24 x 7 PHCs are not able to provide round the clock services.**



## The following recommendations are being made to strengthen the services offered by 24 x 7 PHCs-

- 
- 
- Basic infrastructural facilities such as continued supply of water and electricity, telephone, proper building for PHC, staff quarters have to be prioritized. Equipments and medicines required for care during deliveries and emergencies must be available in the PHC. Complaints regarding staff quarters should be addressed as a high priority as it is directly linked with the availability of staff in the PHC.
  - As mentioned in the guidelines, at least 2 doctors (Medical Officers) and 3 nurses / ANMs should be placed (preferably recruited on a permanent basis) in these PHCs.
  - The actual number of deliveries performed during day and night time should be reviewed periodically at the block and district level. The number of deliveries performed during the day (9 am?5 pm) and night (5 pm?9 am) should be separately recorded in the MIS. Surprise visits during off duty timing should be made by concerned officials in case of PHCs that are performing lower than expected number of deliveries during night hours.
  - If villagers or CBMP implementing organizations present complaints regarding inadequate functioning of 24 x 7 PHCs, these should be addressed and resolved in time bound manner by block and district level health officials.
  - Permanent staff should be recruited and deployed to the maximum extent possible, rather than employing contractual staff.



Overall this situation raises the question whether 24 x 7 PHCs are really providing round the clock health services. Keeping in mind the above recommendations, immediate steps should be taken at all levels towards strengthening of 24 x 7 PHCs. Only then will all of these 24 x 7 PHCs be able to live up to their designation.

*This survey was carried out by District and Block nodal organizations implementing Community based monitoring and planning in various districts of Maharashtra, supported by NRHM. Coordination of data collection, analysis, report writing and translation has been done by SATHI team members. Technical facilitation of SMS based information management by Nidhi Vij is gratefully acknowledged.*

