Assessment of public health infrastructure at district hospital, Jharkhand

A dissertation submitted in partial fulfilment of the requirements for the award of

Post-Graduate Diploma in Health and Hospital Management

by

Dr Sarita Sinha



International Institute of Health Management Research

New Delhi -110075

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Under the guidance of

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Certificate of Approval

The following dissertation titled " **Assessment of public health infrastructure at district hospital, Jharkhand"** is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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This is to certify that **Dr. Sarita Sinha,** a participant of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled "**Assessment of public health infrastructure at district hospital, Jharkhand"** in partial fulfilment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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Abstract

Purpose:

The purpose of the study was to assess the Public Health Infrastructure at district hospital and to evaluate the (a) availability of: (i) Human resources i.e. staff necessary for providing care services, (ii) Material resources i.e. Equipment & facilities necessary for carrying out care work.

Method:

The study was carried out in 2010. Assessment about the infrastructure was carried out by adopting different methods and tools. IPHS survey template was used as a tool to assess the infrastructure, and qualitative methodology like meeting staff, review of records, and observing clinical procedure were used to complete the survey. Descriptive analysis of data was used to determine the availability of infrastructure. Secondly, data has been analyzed as per the service quality model to understand the level of gaps which require intervention for proper improvement and increase the service utilization at public health facility.

Result:

The result of the assessment reflects huge gaps at the public health facility studied. It has been categorized in structure, process and outcomes. Significant gaps were found in all the 19 categories studied in the survey. Especially availability of medicine was negligible as per the standards. Standard practice is not being followed in the hospital, e.g. patient is not being examined properly by physicians. Outcomes of the services were also not satisfactory as majority of inpatient and outpatient are found to be not satisfied. Employees are also not satisfied with a majority of 78% found to be unsatisfied.

Conclusion:

The overall health status of facilities at district hospital is very poor. The most important thing which is the cause of poor infrastructure is because lack of feeling of ownership and accountability among different stakeholder. Even though government is taking best initiative like untied fund to meet contingencies expenditure and maintenance but stake holders are not involving themselves to utilize and upgrade their facility. Here the role of panchayati raj institutions and civil society organizations becomes pertinent as one of the important stakeholder. Even though much of the responsibility for efficient working of the public health system lies upon the government, the people also need to assert their rights. To address the issues related to quality health care services, capacity building of health service providers, accountability and use of right to information for improving the quality of health care services are very critical factors. It is a challenge to the PRI and civil society institutions to make a

difference in improving the access to primary health care services and contribute in ensuring access and utilization of services in their area.

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List of Abbreviations

Abbriviation	Full Form
NGO	Non Government Organization
AIDS	Acquired Immune Deficiency Syndrome
AYUSH	Ayurveda Unani Siddha Homeopathy
DGHS	Directorate General Of Health Services
NVBDCP	National Vector Born Disease control Program
CVD	Cerebro Vascular Disease
NRHM	National Rural Health Mission
EAG	Empowered Action Group
IMR	Infant Mortality Rate
MMR	Maternal Mortality Rate
TFR	Total Fertility Rate
GDP	Gross Domestic Product
FMG	Finance Management Group
NE	North Eastern
UT	Union Territory
RCH	Reproductive and Child Health
ROP	Records Of Proceedings
PIP	Program Implementation Plan
NPCC	National Program Coordination Committee
IPHS	Indian Public Health Standard
CHC	Community Health Centre
PHC	Primary Health Centre
ASHA	Accredited Social Health Activist
VH&SC	Village Health And Sanitation Committee
PRI	Panchayati Raj Institution
CMO	Chief Medical Officer
MD	Mission Director
ANM	Auxiliary Nurse Midwife
SC	Sub Centre
HIV	Human Immunodeficiency Virus
SRS	Sample Registration System
NFHS	National Family Household Survey
IFA	Iron folic Acid
MIS	Management Information System
LHV	Lady Health Visitor
MPW	Manpower Position Of Health Worker
MOHFW	Ministry of Health And Family Welfare
CSSM	Child Survival and Safe Motherhood
EMOC	Emergency Obstetric Care
UNFPA	United Nation Population Fund
WHO	World Health Organization
RGI	Registrar General Office
UK	United Kingdom
UNICEF	United Nation Children’s Fund

MAQ	Maximizing Access and Quality
OT	Operation Theater
USG	Ultra Sono graphy
OPD	Out Patient Department
BP	Blood Pressure
BMW	Bio Medical Waste
BHT	Butylated Hydroxytoluene
IPD	InPatient department