

Logistic appraisal of urban health post in District Meerut: a Cross Sectional Study

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Abstract: Background: According to census 2011 urban population is 30 % of total Indian population. Population projection indicates that by 2015, about 40% of Indian population will be urban. In Meerut Slum population is 88% of total urban population. In Urban area the health care delivery system is not very defined and multiplicity of system exists. From The 9th five year plan, Government has started giving priority to urban health as well, but hardly any progress has been achieved in this area. Health care to urban poor is provided by Urban Health Post (UHP). There is no such kind of study till date, so this study planned to take a view on logistic available at UHP.

Aim: To evaluate logistics available at Urban health post.

Method: Study was conducted in urban area of Meerut. Total 19 urban health post located in urban Meerut were taken for study. To evaluate logistic, questionnaire was prepared on the basis of National Accreditation Board for Hospitals and Health care provider. Three visits were paid to every centre to evaluate the logistic at urban health post.

Result: Result of study highlight that no urban health post had RO for drinking water. 94.7% health post had power supply but there were no backup. At all UHP medical officer was posted but only 84.2% were present on all the 3 visits. Pharmacist was not posted at any UHP. Among all post, 89.5% post had Infant Weighing Machine but only at 70.6% post these were working rest were either kept in store room or broken. 78.9 % health post had adult weighing machine, but only at 80.0% post these were in working condition. BP instrument and stethoscope were present at 73.68% health post but working in condition only at 71.4% and at 57.1% post respectively.

Conclusion: Government should maintain all the building and instrument over urban health post and assure the presence of medical officer. Time to time follow up should be done regarding working of instrument.

Key Words: Urban, Census, Urban Health Post

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I. Introduction

Urbanization is an important demographic shift worldwide. In the year 2000, urban population accounted for nearly 45% of the world population. Today, nearly half the world population is urban. India is a country of village, where most of the population lives in country side. But in urban area also the population density is not ignorable, which is 30% of total population according to census 2011. Population projection indicate that by 2015, about 40% of India population will be urban.¹ Meerut, the second largest city of the country in terms of urban slum population . Slum population of Meerut city district is 11,50,000. Slum population is 88% of total urban population.² In rural India health care delivery system is defined which is mainly public health facility that are Sub Center, PHC and CHC while in Urban area the health care delivery system is not very defined and multiplicity of system exist. Historically, government of India's focus has been on development of rural health system. From The 9th five year plan, Government has started giving priority to urban health as well, but hardly any progress has been achieved in this area. Health care to urban poor is provided by Urban Health Post. For better working of Urban Health Post these should be assessed time to time, but unfortunately there is no such study done till now, so keeping seriousness of problem in mind this study is performed.

Aim & Objective - To evaluate logistics available at Urban Health Post .

II. Material and Method

There are 19 Urban Health Post located in different part of Meerut to provide health services to urban population.

A cross sectional study was conducted in urban area of Meerut at all 19 urban health post. To assess logistics at urban health post the questionnaire was prepared on the basis of National Accreditation Board for Hospitals and Health care provider³. Study carried out from 31st May 2014 to 30th Sept 2015 Data collected was analyzed and evaluated by Epi info 7.

III. Result

Result of study revealed that (table 1) only 31.51 percent of the posts were running in government building. All urban health post had potable water supply either through hand pump or tap water but as per standard recommendation none of them having RO water supply. Only one (5.2 %) post had separate toilet for male and female. Regarding sitting space and chair available, 9 (47.6%) urban post have adequacy. Of all, 18(94.7%) post have power supply but there is no 24 hrs backup.

Table 1-

S.N	Status of Urban health Post (19)	No	Percentage
1	Building Owned	6	31.5%
2	Access Clean to Post	13	68.4 %
3	Well Maintained Building	11	57.9%
4	Surrounding Of Building Clean	12	63.2%
5	Drinking Water (RO)	0	0.0%
6	Separate toilets for male and female	1	5.2 %
7	Adequate Sitting Space And Chair Available	9	47.4%
8	Cleanliness In OPD Room	16	84.2%
9	Electricity Available	18	94.7%
10	IEC Displayed at Centre	13	68.4%
11	Signage Appropriate	11	57.9%

Table 2 Presence of staff at health post, Out of 19 post only at 16, Medical officers was present during my visits. Out of 19 urban health posts only 16 health posts had availability of ANM (84.2%) and none of the post had Pharmacist posted, only 4 health post (21.1%) had public health nurse.

Table 2

DESIGNATION	Urban health Post (19)	
	No	Percentage
Medical Officer	16	84.2%
Auxiliary Nurse Midwife	16	84.2%
Pharmacist	0	0.0%
Public Health Nurse	4	21.1%

Table 3 shows, eighteen (94.7%) post had vaccine carrier and all of these were in working condition. In all, 17 posts (89.5%) had Infant Weighing Machine but only at 12 posts (70.6%) these were in working condition rest were either kept in store room or broken. In all, health post (79.0%) had adult weighing machine, but only at 12 posts (80.0%) these were in working condition. BP instrument and stethoscope were present at 14 (73.7%) health post but working only at 10 (71.4%) and at 8 post (57.1%) respectively. Examination table, Hemoglobinometer and Speculum were present at 10 urban health post (52%) and working at 6 (60%) and 1 (10%) post respectively.

Table 3

Serial	Equipments & Items	Available		Functioning	
		No	Percentage	No	Percentage
1	Examination Table	10	52.1%	6	60.0%
2	Weighing Machine (Infant)	17	89.5%	12	70.6%
3	Weighing Machine (Adult)	15	79.0%	12	80.0%
4	BP Instrument	14	73.7%	10	71.4%
5	Stethoscope	14	73.7%	8	57.1%
6	Hemoglobinometer	10	52.6%	1	10.0%
7	Speculum	10	52.2%	NA	NA
8	Vaccine Carrier/ Day Carrier	18	94.7%	18	100%

IV. Discussion

The presence of physical facility at urban health post showed that 31.5% posts were functioning in government building while 68.5% centre were functioning in rented building which is very low in comparison to study done by Chander et al⁴ (2005) being 55% in government building. This finding was also lower than finding of evaluation done by PRC in Chhattisgarh (2015)⁵ and Madhya Pradesh (2014)⁶. In the present study, all health post had potable water supply but there was no RO drinking water. And 94.3% post had electricity supply, which is similar to finding of Chander et al⁴ (2005) being 82% and 90% respectively while study done by PRC for Madhya Pradesh (2014)⁶ this finding were 81% and 98.91%. Out of all, 84.2% health post had clean OPD premises and while only 63.2% seen to have clean surroundings which is comparable to study done by Chander et al⁴ (2005) being 50% and 35% respectively. Out of all, 47.4% urban health post had adequate sitting space and chair while study done by Jain et al⁷ in rural Meerut showed higher result being 60%. Present Study reveals among all health post, medical officer and ANM were available at 84.2% of urban health post which is similar to findings of Chander et al⁴ (2005) being 64.0% and 83.7% respectively. In present study Pharmacist were not available at any post while in contrast Chander et al⁴ (2005) showed that pharmacist were available at 38% of posts. Present study reveals that 52.1% of health post had examination table out of which, 60% were in working condition, while Chander et al⁴ (2005) found that 81% post had examination table out of which 85% were in working condition. The present study showed that 78.9% post had weighing machine for adult out of which 80.0% were in working condition, while Chander et al⁴ (2005) showed that 82% post had weighing machine for adult out of which 88% were in working condition. In present study, 89.5% post had weighing machine for infant out of which 70% were in working condition, while Chander et al⁴ (2005) study showed the 62% of post had infant weighing machine out of which 87% were in working condition. In present study Stethoscope were found at 73.7% of post, out of which 57.1% were in working condition, while Chander et al⁴ (2005) study showed that Stethoscope were present at 70% of posts and working in condition at 91% of post. Hemoglobinometer were present at 52% of posts, out of which only 10% were in working condition while study done by Chander et al⁴ (2005) showed that Hemoglobinometer present at 38.5% posts and 85.6% were in working condition. Present study reveal that vaccine carrier were present at 94.7% of post and all these were in working condition similar to the result of Chander et al⁴ (2005) study and same as result of Jain et al⁷ study in Meerut.

V. Conclusion

Study recommends that government should make more effort to start urban health post in government owned buildings. Study recommends that safe water supply by RO or by other source should be insure because drinking water is the basic need for any infrastructure to run properly. All the post have mixed OPD facility for male and female so present study recommend to have separate male and female toilet facility at every health post. Study recommends that every health post should have power backup so that every centre can run properly. All health post should have at least one public health nurse available. All the health post should be regularly monitored by district health authority to check the function and availability of staff at post. Regarding status of equipment majority of health post had availability of equipment but very few of the equipments were found to be in working condition so silent non participatory supervision visit should be paid by district health authority to every post either at monthly or three monthly to check the utilization and function of these equipments.

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