



**GOVERNMENT OF NAGALAND**

**EVALUATION REPORT  
ON  
PRIMARY HEALTH CENTRES  
IN  
PHEK DISTRICT**

**DIRECTORATE OF EVALUATION  
GOVERNMENT OF NAGALAND  
KOHIMA**

## **PREFACE**

An Evaluation Study on the working of the Primary Health Centre in Phek District was undertaken by the District level office of this Department. The study was conducted at the instance of the Phek District Planning & Development Board. The main objective of the study is to assess its working, its impact on the rural population, to study its problem and difficulties if any and to put forward constructive suggestion for the improvement of the scheme. This report thus provide an insight into it working.

The report has been prepared by Shri Chungpongchiten Jamir, District Evaluation Officer, Phek under the supervision and guidance of Shri N. Zeliang, Joint Director of Evaluation. The research assistance rendered by the investigating staff deserved much appreciation.

It is hope that the findings and suggestion made in the study report will be very useful in effectively implementing the programme.

KOHIMA  
The 20<sup>th</sup> July 1992.

**(L. COLNEY)**  
Director of Evaluation  
Nagaland: Kohima.

## **CONTENTS CHAPTER — I**

### **MAIN FINDING AND SUGGESTIO**

#### **MAINTENANCE OF RECORD**

1. Attachment of Staff.
2. Non Existent of sub - centre.
3. On medicines.
4. On sanitation.
5. On Family Planning.
6. On attendance of Staff.

## **CHAPTER — II**

#### **INTRODUCTION AND BACKGROUND**

1. Objective of the Primary Health Centre.
2. Growth of PHC in Phek District.
3. Objective of the study.
4. Scope of the study.
5. Methodology.
6. Limitation.

## **CHAPTER — III**

#### **ORGANISATION AND PERSONNEL**

1. Prescribed norm in Nagaland.
2. Present position of PHCs/SC. in Phek District.
3. Organisation set-up in Nagaland.
4. Staffing pattern.

## **CHAPTER — IV**

#### **WORKING OF THE PRIMARY HEALTH CENTRE**

1. Maternity and Child welfare.
2. Family Planning.
3. Environmental sanitation.
4. Spread of Health Centre.
5. School Health.
6. Medicine and equipment.

## CHAPTER – V

### IMPACT OF THE SCHEME ON THE PEOPLE

1. Selection of Respondents.
2. Land and building.
3. On staff of the PHCs/SC. Centres.
4. Timely Action diet and family Planning.
5. Visit of Villages by the staff of PHC/SC's.
6. Visits to Villages Schools by the staff of **PHC/SC**.
7. Health Publicity through group Discussion with Villagers.
8. On Medicine and Equipment of PHCs.

### LIST OF TABLE

Table No.	Title
1.	Basic particulars of existing Primary Health Centres/Sub-Centres in Phek Districts As on 13-11-90.
2.	Staff position of PHC and SC as on Date of visit.
3.	Centre-Wise-Break-up of Out-Door and indoor patients. Treated at various Selection P.H.Cs.
4.	Numbers of cases referred to District Hospitals from the selected P.H.Cs. During The period under study.
5.	Progress of activities on Maternity and Child welfare services in P.H.Cs.
6.	Progress of activities of Family Planning in P.H.Cs.
7.	Information on Health Education.
8.	Information on School Health Services.
9.	Office-in-charge views of P. H. C. & SC's on Medicine and storage.
10.	Respondents views/Reactions towards land and Building.
11.	Respondents views/Reaction towards Staff of P. H. C. /SC.
12.	Respondents views on attention to patient Diet and Family Planning.
13.	Information on visits of Villages by the PHC/SC Staff.
14.	Information on visits by the PHC/SC Staff to School of the Villages.
15.	Information on the Number of times the PHC/SC Staff discuss Health Problems with Villagers.
16.	Respondents views on Medicine and Equipments of the PHC.
17.	Respondents Re-action on Transport facilities;

## CHAPTER –1

### MAIN FINDINGS AND SUGGESTIONS

#### On Maintenance of Records.

1.1. Most of the P.H.Cs and Sub-Centres selected for the study does not have proper records which they are expected to do; Necessary records such as number of days on tour by staff, number of villages under its jurisdiction, total population covered by a centre, number of cases treated by the staff while on tour were not maintained properly. The Directorate and the District level office of the concerned department should take effective measures to ensure proper maintenance of records at the P.H.Cs and Sub-Centres, meaningful and purposeful assessment of the progress of P.H.Cs and Sub-Centres can be possible only when there are proper records made available.

#### Attachment of Staff.

1.2. The Evaluation team during field investigation have come across a peculiar practice called attachment of staff. This mean that staff for a particular centre are attached to another centre. Out of the two P.H.Cs and two Sub-Centres actually studied, it has found that one A. N. M. and one Dresser posts created for Meluri P.H.C, were attached to Naga Hospital, Kohima and at Civil Hospital, Pfutsero respectively. One laboratory Technician meant for Chozuba P.H.C. was attached to Civil Surgeon, Phek and one A.N.M. each meant for Waziho and Yoruba Sub-Centres were attached to Civil Hospital, Pfutsero. It is presumed that similar practice might be existing in other centres not covered under this study. The Evaluation team strongly felt that such irregular practice of attachment of staff meat for one centre to another centre should be stopped immediately and brought back to its original place of centres at once. All the M. O. in charge of the respective centres have also stated that the centres are finding difficulties for functioning their respective duties due to attachment of staff meant for their centres to another centres.

#### Non-Existent of Sub-Centres.

1.3. Contrary to Medical Department report some Sub-Centres are non existent. For example, Phugwu Sub-Centre (as per the report obtained from Phugwu Area Council Chairman) is not functioning at all since 1988 where as the concerned department from the district headquarter reported the existence of Phugwu Sub-Centre. It is very likely that the P.H.Cs and Sub-Centres not covered by the Evaluation team under this study might not be existing as in the case of Phugwu Sub-Centre. Whatever may be the case, the concerned department should immediately look into this peculiar functioning and corrective measures taken so that the irregularities are no longer allowed to continue.

### **On Medicines.**

1.4. Short supply of medicines to the centres have become an undisputed fact. All the centres reported that the supply of medicines was quite insufficient to meet the requirement. Even the most essential and common medicines were reported to have not been supplied in adequate quantity. The Civil Surgeon of the concerned district reported that the supply of medicines to the Medical Officers of the P.H.Cs / Sub-Centres depends on the supply of medicines from the Directorate. The M. O. of the concerned centres reported that normally their centres does not receive the required medicines as per their indent placed. The general public interviewed by the Evaluation team also reported that they never get even the basic requirement of medicines from their respective centres. Thus each one is pointing their fingers on the other. At present, purchase of medicines reported to have been done by the Directorate without consulting the officers of the P.H.Cs with regard to their likely requirements of different types of medicines. This was said to be one of the reasons that the types of medicines required by the centres normally out of stock in the Central Medical store. Hence, it is suggested that, stock verification and indent placed by each P.H.Cs/Sub-Centres should be checked first and their likely requirements be obtained before the purchase of medicines are done. It is reported that the little quantity of medicines received by certain P.H.Cs were not as per their indent placed and requirement for their P.H.Cs. It was also seen that in all the centres the storage facility, for storing even few medicines and equipments are found to be inadequate which are absolutely necessary.

### **On Sanitation.**

1.5. While appreciating that all the P.H.Cs/sub-Centres actually studied by Evaluation team are functioning in Government building constructed by the concerned department the sanitary part in and around the premises of centres are far from satisfactory. It is a fact that without proper Environmental sanitation many health programme undertaken by the department is likely to give on a temporary relief. The Primary Health Centres do not appear to have done anything worth-while on this important aspect of the P. H. Cs. Effective measures for improvement of environmental sanitation should be done.

### **On Family Planning.**

1.6. The scheme of Family Planning is also one of the important functions of the P.H.C.s to the rural masses. The Evaluation team after obtaining the reports of the M.O. in-charge as well as the beneficiaries interviewed come to the conclusion that the scheme has been successful to a considerable extent. The concerned department should continue to give attention by educating the people the importance of Family Planning.

### **On Attendance of Staff.**

1.7. Health problems is a continuous process in one way or the other depending on the individual as well as the condition of the area concerned. It indicates that regular attendance of the staff in their respective duties is a must in all the P.H.Cs/Sub-Centres. This is the only nearest institution where the immediate needs of health problems the rural people can be obtained. But 60% of the beneficiaries actually interviewed by the Evaluation team reported that the staff of the P.H.Cs and Sub-Centres are not at all sincere in their respective works. They are reported to be in the habit of absents from duties for days together and the general public are facing many difficulties particularly in time of emergencies. The reports of the beneficiaries has been proved on the day of visits by the Evaluation team: Most of the staff are found absent from duty without intimation or submitting leave application the reasons are best known to themselves. No effective actions were taken by the controlling officers of P.H.Cs / Sub-Centres against the staff who are absents from duties without proper reasons. The staff of the P.H.Cs should know that their functions are life saving duties and not merely to get their daily wages. The Department should enforce discipline in punctuality and attendance of all the P.H.C. & Sub-Centres staff.

## CHAPTER— II

### INTRODUCTION AND BACKGROUND.

2. 1. Out of the many health programmes undertaken by the Medical organisation, the Primary Health Centre is an important scheme to provide minimum medical and health care facilities to the rural and backward people and at the same time to educate them in matters of preventive and promote health needs.

2. 2. In India, It was the Bhore Committee on Health Survey and Development appointed by the Government of India in 1945 which defines the concept of Primary Health Centre. The Central Council of Health in its meeting held in January 1953 accepted the setting up of Primary Health Centres in each block. Since then the Primary Health Centre emerged as the focal point for the health package.

#### Objective of the Primary Health Centres;

2. 3. The Primary Health Centres (PHC) are entrusted to render multi - purpose services to the backward and rural community. Some of these are enumerated below; -

1. Medical Relief through better Hospital - Services.
2. Maternities and Child Welfare.
3. Family Planning.
4. Environmental Sanitation;
5. Control of Communicable Diseases.
6. Spread of Health Education.
7. School Health.
8. Collection of vital statistics etc.

#### Growth of P.H.Cs in Phek District:

2. 4. In Phek District, Chozuba P. H. C. was started during the Fourth Five Year Plan. The Laruri Sub-Centre was started during the fifth five year plan and during the Sixth Five Year Plan Kikrumba P.H.C. and Sub-Centres of Zipu, Hutsu and Phugwu were further opened. During the Seventh Five Year Plan, the P.H.C. and Sub-Centres were further expanded by opening Meluri P. H. C. and Sub-Centres of Yoruba, Ruzazho, Phugwil and Thevopizu. So by the end of the Seventh Five Year Plan, there are three P.H.Cs and Nine Sub-Centres in the entire Phek District.

#### Objective of the Study.

2. 5. The improvement of Health of the rural masses depends largely on the effective and efficient functioning of the P.H.Cs Phek District, being one of the most backward and remote areas within the state, the effective functioning of the P. H. C.s and the Sub-Centres are considered very important. The Evaluation Department was therefore, directed to evaluate the scheme with the following as main objectives.



1. To assess it's working and progress. Scope of the Study.
2. To assess the impact of the scheme on the rural population and
3. To ascertain its shortcomings, and difficulties and suggest possible measures for removing them.

### **Scope of the Study.**

2. 6. This study was taken as a snap study only and the main focus of enquiry was on the physical performances of the P.H.Cs/ Sub-Centres and its impact on the beneficiaries/ rural population. Due to the non-availability of financial data, the analysis of the financial performances of the P. H. Cs and Sub-Centres was not attempted in the report.

### **Methodology.**

2. 7. A random sample of 2 ( two ) P. H. Cs namely 1. Chozuba 2. Meluri and 6 Sub - Centres namely 1. Thevopisu 2. Yoruba 3. Puzazho 4. Phugwu 5. Waziho and 6. Zipu was taken for the purpose of the study. This 67% of the P. H. C. and Sub-Centre were taken to study., the functioning of the P.H.Cs/Sub-Centres in the district. But the Evaluation team actually covered only 2 P.H.Cs. and 2 Sub - Centres out of the 6 Sub - Centres selected for the study. The reason for not covering the 4 Sub-Centres are the non functioning of the Sub-Centres or non-availability of the staff.

A structured schedule 'I' we used in course of field enquiry for collection of information from the P.H.Cs and Sub-Centres and a structured schedule 'II' was used for collection of information from the general public/beneficiaries to get their views and comments on the working of the P.H.Cs/Sub-Centres. About three to six respondents were interviewed from each P.H.Cs areas and about two to four respondents were interviewed from each Sub-Centres areas. The secondary information was collected from the officials of the Directorate and District level offices of the department. The reference period for the purpose of this study is only 1988-89 and 1989-90.

### **Limitation.**

2. 8. The Major limitation of the study were no availability of the required data from the implementing agency. In the absence of the readily available official records, the Medical officers, in-charge of the P. H. Cs/ Sub - Centres furnished the information mostly from their knowledge and memory. The information were also obtained even from the illiterate villagers and is therefore, expected to suffer a great recall lapse.

## CHAPTER — III

### OGANISATION AND PERSONNEL.

#### Prescribed norm in Nagaland.

3.1. In Nagaland, the density of population is relatively low, the villages are scattered in a very extensive area and are not having adequate transport and communication facilities. Therefore, the Government of Nagaland, considering the peculiar locational aspect of villages has decided that one Primary Health Centre should cover on an average 20 - 30 thousand rural population and the norms prescribed for a Sub-Centre was 5 (five) thousand rural population. It was prescribed that for an efficient and effective working of a P.H.C. there should be four/five sub-centres under each Primary Health Centre.

#### Present position of P.H.Cs./S.Cs. in Phek District.

3.2. The present position of Primary Health Centres and Sub-Centres in Phek District are presented in Table-I below; -

TABLE — I

#### BASIC PARTICULARS OF EXISTING PRIMARY HEALTH CENTRES / SUB-CENTRES IN PHEK DISTRICT AS ON 13-11-1990.

SI. No.	Type of Centre P.H.C. / S.C.	Location	Year of establishment	No. of beds	No. of blocks Covered	No. of villages covered	Approximate Population covered
1	2	3	4	5	6	7	8
1.	P. H. C.	Chozuba	1960	12	1	22	12,000
	1. Sub-Centres	Phugwu	1984	—	—	—	—
	2. Sub-Centres	Yoruba	1986	—	—	—	—
	3. Sub-Centres	Ruzazho	1986	—	—	—	—
	4. Sub-Centre	Phugwi	1986	—	—	—	—
	5. Sub-Centre	Thevopisu	1986	—	—	—	—
2.	P. H. C.	Meluri	1986	12	1	27	13,000
	1. Sub-Centre	Zipu	1984	—	—	—	—
	2. Sub-Centre	Waziho	1984	—	—	—	—
	3. Sub-Centre	Larauri	1979	—	—	—	—
	4. Sub-Centre	Hutsu	1983	—	—	—	—
3.	P. H. C.	Kikruma	1981	—	—	—	—

(Source: — Official Record)

3.3. From the above table it indicates that the uniformity of sub-Centres for each P.H.C. is not done and under each P.H.C. and Sub-Centre the blocks and approximate population covered could not be presented in all because of non-availability of records from the respective centres.

**Organisation set-up in Nagaland.**

3.4. The over-all administrative and financial control rests with the Director of Health Services, Nagaland. Under the control of the Director, there are Civil Surgeons and Sub-Divisional Medical Officers in the District level. The Primary Health Centres/Sub-Centres are under the control of Civil Surgeon of the respective district. The responsibilities of executing different schemes under the P.H.Cs/Sub-Centres depend on the Medical Officers in-charge of the Primary Health Centres and as such he is in over-all charge of the staff attached to Primary Health Centres and Sub-Centres under them. Each

**Sub-Centre is headed by a Pharmacist with other subordinate staff Staffing Pattern.**

3.5. The Government of Nagaland have adopted a specific pattern of staffing a 12 bedded wards attached to various P.H.Cs. For a 6 bedded P.H.Cs no specific norm is prescribed. Nevertheless, the staff is provided according to exigencies of the situation subject to a limit placed for a 12 bedded P.H.Cs.

3.6 The staff position of the P.H.C./Sub-Centres selected for the study are presented in table-II below: -

**TABLE – II**

**STAFF POSITION OF PHC AND S C AS ON DATE OF VISIT.**

Category of Staff	PHC Chozuba		PHC Meluri		S.C. Waziho		S.C. Yoruba	
	Sanction	In position	Sanction	In position	Sanction	In position.	Sanction.	In position.
1	2	3	4	5	6	7	8	9
1. Medical Officer	1	1	2	1	Nil	Nil	Nil	Nil
2. Pharmacist	1	1	1	1	1	1	1	1
3. Staff Nurse	3	3	4	2	Nil	Nil	Nil	Nil
4. Lady Health Visitor	1	Nil	1	1	Nil	Nil	Nil	Nil
5. Sanitary Inspector	1	1	Nil	Nil	Nil	Nil	Nil	Nil
6. A.N.M.	4	3	6	2	Nil	Nil	1	Nil
7. Dhai	1	1	Nil	Nil	Nil	Nil	Nil	Nil
8. Laboratory Technician	1	1	Nil	Nil	Nil	Nil	Nil	Nil
9. Driver	1	1	Nil	Nil	Nil	Nil	Nil	Nil
10. Medical attendant	Nil	Nil	Nil	Nil	Nil	2	2	2

(Source: - Field Investigation)

3.7. From the table-II above it can be seen that the required Staff such as L.D.A. Cum-Store Keeper, Dresser, Vaccinator Ayah, Chowkidar, Peon, Cook, Sweeper, Sur-veillance S. Worker, P.M.W. Lab Attendant, M/I, B.C.G. Technician, Small Pox, Supervisor, etc. are not sanctioned by the Govt, so far which are actually necessary for the smooth functioning of the P.H.C/Sub - Centres. Over and above some staffs are attached to other Centres in the District and some are even outside the District.

## CHAPTER –IV

### WORKING OF THE PRIMARY HEALTH CENTERS

4. 1. Normally, the main functions of the Primary Health Centres/Sub-Centres is to give medical aid to the rural masses along with the guidance to the ignorant rural population how to live hygienically for preventing from various infectious diseases.

4. 2. The Evaluation team has collected the total numbers of patients treated both outdoor and indoor from various P.H.Cs and Sub-Centres which are presented in table-III below:

TABLE - III

#### CENTRE-WISE BREAK-UP OF OUT DOOR AND INDOOR PATIENTS TREATED AT VARIOUS SELECTED P. H. C. S.

YEAR	P. H. C. CHOZUBA		P. H. C. MELURI			S. C. WAZIHO		S.C. YORUBA		
	No. of out-door patients treated	No. of In-door patients treated	Average No. of patients treated per day	No. of out-door patients treated	No- of In-door patients treated	Average No. of patients treated	Total No. of patients treated	Average No. of patients treated per day	Total No. of patients treated	Average No- of patients treated per day
I	2		4	5	6	7	8	9	10	11
1988-89	4133	108	11.62	450	130	1.57	545	1.49	N.A.	—
1989-90	6345	198	17.92	750	170	2.52	680	1.86	N.A.	—

(Source: — Field Investigation)

4.3. From the figure indicated in table-III above, it can be seen that the number of patients (indoor as well as outdoor) does exhibit an increasing trend over the years. The data at Sub-Centre Yeruba could not be presented as there was no records in that centres.

4. 4. The information of total number of indoor patients treated and the total number of indoor patients died were also collected which are presented in table-IV below. However the nature of indoor patients died could not be presented as there was no proper records from the concerned centres.

**TABLE NO. —IV**

YEAR	P. H. C. CHOZUBA			P. H. C. MELURI		
	No. of Indoor patients treated	No. of Indoor patients who died	Percentage patients died.	No. of Indoor patients treated	No. of Indoor Patients died.	Percentage of patients Died.
1	2	3	4	5	6	7
1988-89	108	2	2.16	130	4	5.20
1989-90	198	2	3.96	170	6	10.20

(Source: - Field Investigation.)

4. 5. The total number of indoor patients referred to district hospital were also presented in table-V however, such referral services seem to be very exceptional cases in all the centres.

**TABLE NO- V**

**NUMBER OF CASES REFERED TO DISTRICT HOSPITALS FROM THE  
SELECTED P.H.Cs DURING THE PERIOD UNDER STUDY**

YEAR	P. H. C. CHOZUBA			P. H. C. MELURI		
	No. of Indoor patients treated.	No. of cases refered to Dist. Hospital	Percentage of Cases refered to Dist. Hospital	No. of cases Patients treated.	No. of Cases refered to Dist. Hospital	Percentage of cases refered to Dist. Hospital
1	2	3	4	5	6	7
1988-89	109	5	5.40	130	13	16.90
1989-90	198	7	13.86	170	17	28.90

(Source: - Field Investigation.)

**Maternity & Child Welfare**

4. 6. Maternity and Child Service is another important function of a P.H.C. The Maternity Services are Pre-Natal, Natal, Post-Natal as well as mother-craft, where as the Child Welfare Services are the health supervision, treatment of ill health, correction of defects etc.

4. 7. The performance with regard to Maternity and Child Welfare Services in Phek District are found to be encouraging in view of the fact that considerable number of cases have been performed by all the centres in one case or the other. The table-VI presented below shows the progress of activities on Maternity and Child Welfare Services, in the P.H.Cs and Sub-Centres.

**TABLE NO. VI**

**PROGRESS OF ACTIVITIES ON MATERNITY AND CHILD WELFARE SERVICES IN P.H.Cs.**

Year	Maternity care			Child care								
	Natal cases	Post natal		No. of Cases treated.	No. of deaths,	Cases Of advice tendered.	Group discussion on or classes conduct	Mother benefited.				
Pre- natal Cases treated.	No. of Cases treated.	No. of Deaths,	1						2	3	4	5
<b>P.H.C. CHOZUBA</b>												
1988-89	107	-	-	33	-	-	3	-				
1988-90	172		-	48	-	-	5	-				
<b>P.H.C. MELURI</b>												
1988-89	318	197	1	93	-	-	-	-				
1989-90	292	203	2	107	-	-	-	-				

(Source: - Field Investigation)

4.8 The data presented in table-VI indicates that Meluri P. H. C, did not conduct group discussion even once during 1988-90 Chozuba P.H.C. has conducted several times, but there was no record how many mother has benefited from such group discussion. Family Planning.

4.9. Family Planning is also one of the important function the P. H. Cs. are expected to do. The information collected of Family Planning by the P. H. Cs are presented in table-VII below: -

**TABLE NO. VII**

**PROGRESS OF ACTIVITIES OF FAMILY PLANNING IN P. H. Cs.**

Year	No. Of cases treated.	No. Of cases adopted.
1	2	3
<b>CHOZUBA P.H.C.</b>		
1988-89	105	45
1989-90	207	131
<b>MELURI P.H.C.</b>		
1988-89	140	98
1989-90	160	102

(Source: - Field Investigation.)

4.10. From the data presented in table-VII above it appears that the performance of the P.H.C. on the scheme and the impact on the general public are encouraging.

**Environmental Sanitation.**

4.11. In spite of the fact that without a proper Environmental Sanitation, many health programme undertaken by the department is likely to give only a temporary relief. Despite a lot of time, energy and money having been spent, the Primary Health Centres do not appear to have done any thing worth-while in this important function of the P.H.C. The performance with regard to Environmental Sanitation in all the P.H.Cs./S. Cs is virtually nil. The staff appeared to be fully satisfied with their duties according to their job chart within the P. H. C. itself. Even the Medical officers in-charge of the P.H.C. did not appear to be aware of this important aspect of the P.H.C. function nor did they care to pay any attention to it.

**Spread of Health Education.**

4.12. Health Education plays an important role in preventing diseases which are a source of great health hazard in rural areas. How man can lead a healthy life by adopting certain ways of living is the objective of health education. The aim of health education is therefore to make the public know the cases of different diseases and how best these could be prevented by taking precautionary measures.

**TABLE NO-VIII**

**INFORMANTION NO HEALTH EDUCATION**

Year	P.H.C. Chozuba			P.H.C. Meluri		
	No. of inspection for ensuring health and sanitary condition	No. of occasions when P.H.C. staff discussed health problems with Village	No. of group discussion organized by P.H.C. Staff	No. of inspection for ensuring health and sanitary condition	No. of occasions when P.H.C. staff discussed health problem with Village	No. of discussion organized by P.H.C. Staff
1	2	3	4	5	6	7
888-89	5	9	4	Nil	Nil	Nil
989-90	8	14	6	Nil	Nil	Nil

(Source: - Field Investigation)

4.13 It appears that expect Chozuba P.H.C. the other centers has done nothing on health education as per the data in table-VIII. Therefore, one cannot escape concluding in respect of health education as well.



## **School Health**

4.14. The school health services consist of detection and treatment of diseased among school children, School Health Sanitation, Improvement of Nutrition, Physical Education and School Health Education through teachers etc.

**TABLE NO.IX**

### **INFORMATION ON SCHOOL HEALTH SERVICES**

Year	P.H.C. CHOZUBA		P.H.C. MELURI	
	NO. of Schools Visited by P.H.C.	No. of Children Examined.	No. of schools Visited by P.H.C.	No. of children Examined.
1	2	3	4	5
1988-89	4	650	2	130
1989-90	6	840	2	170

4.15. The performance of the P.H.Cs in the field of school Health is also discouraging. As shown in table-IX the performance of the P.H.Cs on school Health more attention on this function of the P.H.C.

## **Medicines and Equipments.**

4.16. The medicines/equipments are supplied by the Civil surgeon to the P.H.Cs/Sub-Centres through their respective Sub-Divisional medical officers on the basis of indent placed by the Medical officers of the P.H.Cs. The supply are however subject to availability of medicine at the central store.

4.17. It had been reported by the Medical officers of the P.H.Cs surveyed that the medicines supplied to the centres were not at all adequate and the facilities for storage of medicines also not adequate. It had also been reported that medicines for the treatment of even common diseases were not received by the P.H.Cs because many times such medicines were said to have not been available in the Central Medical store. The information reported by different P.H.Cs/Sub-Centres in table-X shows that immediate correction is needed with regard to supply of medicines and equipments to the P.H.Cs/Sub-Centres by the Government.

**TABLE NO. X**

**OFFICERS IN-CHARGE VIEWS OF PHC. & S.C. ON MEDICINE AND STORAGE**

On supply of medicines.			On procurement		Facilities of storage	
1	2	3	4	5	6	7
	Sufficient	Not Sufficient	Received in time	Not in time	Adequate	Not Adequate
Cbozuba PHC	-	Not sufficient.	—	Not in time	—	Not Adequate
Meluri PHC	-	Not sufficient	Received in time	—	—	Not Adequate
Waziho S.C.	-	Not sufficient	—	Not in time.	—	Not Adequate
Yoruba S.C.	-	Not sufficient	Received in time	—	—	Not Adequate

(Source: - Field Investigation)

## CHAPTER – V

### IMPACT OF THE SCHEME ON THE PEOPLE

5.1. In order to know the success or failure of a welfare scheme, such as the one under study could be judged only by gathering the opinion and informations of the general public who are the actual beneficiaries of the scheme (their reaction and the extent of impact it had on them). Hence, structural schedule was therefore, prepared and collect informations on various aspects of its working from the general public.

#### Selection of Respondents.

5.2. Above 6 (six) respondents are targeted to be interviewed from each P.H.C. and Sub-Centres by the Evaluation team. But, during the field investigation uniformity could not be taken due to some technical difficulties. However, the respondents include village leaders, knowledgeable and responsible persons of the locality.

#### Land and Building;

5.3. The views expressed by the respondents on land and building of the P.H.Cs and Sub-Centres are presented in the table-XI.

TABLE NO. XI

#### RESPONDENTS VIEWS/REACTIONS TOWARDS LAND AND BUILDING

Name of The P.H.C/S.C.	No. of respondents interviewed		Respondents Views on location	Respondents views On space accommodation		Respondents views On main tenancy of P.H.C/S/C building	
		Total	Not ideal	Sufficient	Not sufficient	Maintained properly	Not maintained properly
1	2	3	4	5	6	7	8
Chozuba	6	6	-	5	1	-	6
Meluri	3	3	-	2	1	2	1
Waziho	2	2	-	2	-	1	1
Yoruba	4	1	3	1	3	1	3

(Source: - Field Investigation)

5.4. From the above table it shows that 99% of the respondents from Chozuba, Meluri P.H.Cs and Sub-centres of Waziho reported that the site was ideal and 25% of the respondents from Yoruba Sub-Centre reported that the site was not ideal for Yoruba Sub-Centre.

5.5. As regards to space accommodation of PH.Cs/Sub-Centres, 85% of the respondents reported sufficient from Chozuba PH.C. 66% from Meluri 90% from Waziho and 25% from Yoruba Sub-Centre.

5.6. On maintains of P.H.Cs/Sub-Centre building 99% from Chozuba P.H.C, 60% from Meluri 50% Waziho had 75% from Yoruba centres reported that the center are not maintained properly.

**On Staff of the PH.Cs/Sub-centres.**

5.7. The comments offered by the respondents towards the staff of PH.Cs and Sub-Centres are present in table-XII

**TABLE NO. XII**

**RESPONDENTS VIEWS/REACTIONS TOWARDS STAFF OF P.H.C/SC.**

P.H.C/S.O.	Respondents views on satisfactory performance of duty		Respondents views on examination of patients.		Respondents views on shortage of staff		Respondent views on qualification of staff.		Respondents View on politeness and Sympathy show to patients by staff yes.
	Yes Number	Number	Carefully examined	Not Carefully examined	Short	Not Short	Qualification	Not Qualified	
1	2	3	4	5	6	7	8	9	10
Chozuba	2	3	6	-	5	1	5	1	6
Meluri	1	2	3	-	2	2	2	1	3
Waziho	1	1	2	-	2	-	-	2	2
Yoruba	2	2	3	1	4	-	4	-	4

(Source: - field Investigation)

5.8. It is an undisputed fact that the satisfactory performance of duty by the staff engaged in the work is the only condition for the success of the scheme. From the opinion expressed by the beneficiaries in table-XII, it can be seen that the performances of duties by the PH.Cs. Staff not encouraging in all the sampled PH.Cs and Sub-Centres. About 66% from Chozuba and Meluri PH.Cs and 50% from the Sub-Centre of Waziho and Yoruba centres reported that the performances of duties by the staff are not at all satisfactory.

5.9. On the question of proper examination of patients by the doctors or the officers-in-charge of the respective centres, the general impression given by the respondents was very encouraging in view of the fact that 99% from Chozuba, Meluri and Waziho Centres, and 66% from Yoruba, Sub-Centre reported satisfaction over the examination of the patients by the doctors/incharge of the centres.

5.10. With regard to staff position of the P. H. Cs/ S. Cs most of the respondents from all the centres reported shortage of staff. This appears to be mostly due to non-filling up of posts already created and in some cases already filled up but, physically attached to others centres, 80% respondents from Chozuba P. H. C. 66% from Meluri and 99% from Waziho and Yoruba reported shortage of staff in the centres.

5.11. It has been reported by 99% from waziho Centres, 50% from Meluri and 20% from Chozuba that the staff employed in the P.H.Cs/S. Cs are not properly qualified in the Job entrusted to them. However, all the respondents from Yoruba Sub-Centres reported that the staff were properly trained.

5.12 Politeness and sympathy shown to the patients by the medical staff has been regarded as the most essential qualities necessary to be possessed by any medical staff because such treatment melted out to the patients make them feel that they had been paid due attention by the staff which normally bring psychological satisfaction and relief to them (patients). The respondents from all the centres reported that the staff of the centres are showing politeness and sympathy to the patients.)

#### **Timely Action diet and Family Planning.**

5.13 A picture of how the public react on timely action taken by the medical workers in the centres, supply of diet to indoor patients and on Family Planning Programme can be seen from the table - XIII presented below: -

**TABLE NO. XIII**

#### **RESPONDENTS VIEWS ON ATTENTION TO PATIENTS DIET AND FAMILY PLANNING.**

Name of the P.H.C/S, C.	Total No. of Persons Interviewed	Whether Prompt Attention Paid to the patients.		Whether Staff visited Patients House on Request		Whether diet Supplied to indoor Patients satisfactory		Whether Favored Family Planning Programme.	
		Yes (No)	NO (No)	YES (No)	NO (No)	Satisfactory	Not Satisfactory	YES (No)	NO (No)
1	2	3	4	5	6	7	8	9	10
Chozuba	6	6	-	6	-	5	1	4	2
Meluri	3	3	-	3	-	-	3	2	1
Waziho	2	2	-	2	-	-	-	-	2
Yoruba	4	4	-	4	-	-	-	4	-

(Source; - Field Investigation)

5.14. The table indicates the 99% of the respondents from all the centres reported that the staff have paid prompt attention to patients which is quite encouraging.

5.15. With regard to whether the medical staff visited patients house on request 99% of the respondents from all the centres reported satisfactory performances of the medical staff.

5.16. With regard whether diets supplied to indoor patients are satisfactory. 80% respondents from Chozuba P.H.C. reported satisfaction over the diet supplied to the patients. However, 99% respondents from Meluri P.H.C. reported that the diet supplied to the patients are not satisfactory (Sub-Centre are not applicable in this regard)

5.17. The general public in Yoruba, Chozuba and Meluri area showed their willingness to the need of family Planning. In fact, 99% respondents from Yoruba, 66% from Chozuba and 50% from Meluri expressed their willingness to adopt Family planning However not a single respondents interviewed from Waziho Sub-Centre favoured on Family Planning

**Visited of Village by the Staff of P.H.Cs/S.Cs.**

5.18. The success of a scheme depends upon the performance of duty by the field staff. The important of visits to different Villages covered by the P.H.Cs/S.Cs can not be over emphasized. The number of visits to Village by the field staff can be seen from table-XIV.

**TABLE NO.XIV**

**INFORMATION ON VISITS OF VILLAGES BY THE P.H.C/S.C STAFF.**

Name of the Centre	Number of times visited						Total No. of respondents
	Nil	Once	Twice	Thrice	Four times	More than four times	
1	2	3	4	5	6	7	8
Chozuba	-	3	3	-	-	-	6
Meluri	-	-	1	-	2	-	3
Waziho	-	1	1	-	-	-	2
Yoruba	-	-	-	-	1	2	4

(Source: - Investigation)

5.19. The statistics presented in the above table shows that the performances of visits to villages by P.H.Cs/S.Cs staff were not very much satisfactory. It is therefore, imperative that Directorate of Health services should take effective steps to ensure that the field staff frequently visit the villages that are under their respective jurisdiction This is necessary not only for effective implementation of the scheme but also will impure confidence among the rural population that they are being looked after by the Government in all matters especially on health and Sanitation.

### **Visits to Villages Schools by the Staff of P.H.C/S.Cs**

5.20. On School Health functions, the staff of the PHCs are expected to visit village schools as frequently as possible. The reaction and views of the public on the efficiency of school health services by the P.H.Cs staff are presented in table-XV.

**TABLE—XV**

### **INFORMATIONJDN VISITS BY THE P.H.C/S.Cs STAFF TO SCHOOL OF THE VILLAGES.**

Name of The centre	Number of times visited						Total No. of respondents.
	NIL	Once	Twice	Thrice	Four times	Above four times	
1	2	3	4	5	6	7	8
Chozuba	2	2	2	-	-	-	6
Meluri	-	1	1	-	-	1	3
Waziho	2	-	-	-	-	-	2
Yoruba	-	-	1	-	-	3	4

(Source: - Field Investigation)

5.21.The statistics presented in the above table clearly indicate that the performances in all the centres on visits to village schools by the staff of P. H. Cs are quite unsatisfactory. A nil performance on school health services in Waziho clearly shows that the authority is not taking any interest in the school health activity on the P.H.C.

### **Health Publicity Through Group Discussion with villagers.**

5.22.Group discussion about-health with villagers is also one of the important function of P. H. Cs. The information collected from respondents are presented in table-XVI.

**TABLE NO. XVI**

**INFORMATION ON THE NUMBER OF TIMES THE  
P.H.C/S.C. STAFF DISCUSSED HEALTH  
PROBLEMS WITH VILLAGERS**

Name of the centres.	Number of times health problems discussed with villagers.						Total No. Of respondents
	NIL	Once	Twice	Thrice	Four times	Above four times	
1	2	3	4	5	6	7	8
Chozuba	5	1	-	-	-	-	6
Meluri	1	2	-	-	-	-	3
Waziho	2	-	-	-	-	-	2
Yoruba	-	-	2	-	2	-	4

(Source: - Field Investigation)

5.23.A perusal of the above table shows that except Yoruba Sub-Centre which shows little performance, the other centres hardly done anything in respect of group discussion with villagers.

**On Medicines and Equipments of P.H.Cs.**

5.24.An over-all picture of the reaction and opinion of the general public on the question of availability of medicines and equipments at the P.H.Cs/S.Cs is presented in table No. XVII.



**TABLE NO. XVII**

**RESPONDENTS VIEWS ON MEDICINES AND EQUIPMENTS OF THE P.H.C.**

Name of the Centres	Respondents reaction on availability of medicines prescribed by M- O.		Respondents reaction on common medicines.		Cleanliness.		Adequacy.	
	No. of respondents getting all the medicines from PHC/S.C	No- not getting all the medicines from P.H.C. S.C-	Available (Nos.)	Not Available (Nos)	Cleaned properly (Nos.)	Not cleaned properly (Nos.)	Sufficient (Nos)	Not sufficient (nos.)
1	2	3	4	5	6	7	8	9
hozuba	-	6	-	6	2	4	-	6
feluri	-	3	-	3	1	2	-	3
vaziho	-	2	1	2	-	2	-	2
oruba	-	4	3	1	1	3	-	4

(Source: - Field Investigation.)

5.25.The study revealed a much discouraging picture in view of the fact that all the respondents in all the Centres reported that even the most common medicines are not available from the centres.

5.26.On cleanliness of equipments the respondents from all the centres are of the view that the equipments are clean properly before their use.

5.27.Regarding adequacy of equipments 99% of the respondents from all the centres reported that the centres are not well equipped. The Department should see that deficiencies existing in all the centres, are no longer allowed to continued. They should be provided with the minimum requirement of equipment to carry on their works:

**On Transport Facilities.**

5.28.A vehicle was normally provided to all the P.H C. to facilitate the working of the centres as well as for lifting the serious patients from their residences to the P. H. Cs. How far the provision of a Vehicle to the centre had served the interest of the Public - could be seen from the Table - XVIII.

**TABLE - XVIII**

**RESPONDENTS REACTION ON TRANSPORT FACILITIES**

Name of the P.H.C/S.C	View on arrangement for prompt transport of serious cases to district hospital				Respondents views on providing transport/vehicle for lifting serious cases.		Arrangement of bringing serious patients to hospital.	
	Total No. Of Respondents.	Satisfied	Not Satisfies	Vehicle Provided.	Vehicle not provided	By Govt. Vehicle.	By hiring Provide Vehicle	Carrying on Shoulders.
1	2	3	4	5	6	7	8	9
Chozuba	6	-	6	-	6	-	4	2
Meluri	3	3	-	3	-	3	-	-

(Source: - Field investigation)

5.29 According to the respondent interviewed, provision of a vehicle to the centre has served the interest of the Public in Meluri centre. The Transport facilities has not yet provided to Chozuba centre. In order to have uniformity in the set up of P. H. C. a vehicle may be provided to Chozuba P.H.C. as well.