Establishing a Rural Health Training Centre (RHTC): An Experience

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ABSTRACT

The priority of the government remains the improvement of health status of rural population. All National Health program and missions have been designed keeping in mind the health needs of this underprivileged group of population. Despite the focus and attention paid to rural health services, the indicators depicting the health status of rural population remain dismal. An important aspect of the rural health service delivery is the availability of trained human resource (doctors and paramedics). The regulatory body of medical education in India, MCI (Medical Council of India), has made it mandatory for medical colleges (teaching institutions for medics and paramedics) to have a Rural Health Teaching and Training center (RHTC) as a field practice area with an objective to develop the competence to assess the health needs of the community, formulate solutions, implementation of National Health Program, carry out Operational Research (OR) as well as delivering health care services at the rural community level in medical students. The RHTC also provides primary health care services at the doorstep of the community. This article shares the authors experience in developing the RHTC as field practice area for the Institute.

Key words- Rural Health Training Center, National Health Programmes, Generic Drug Dispensing

Introduction

Since long the focus of the government has been the improvement of health status of rural population. All National Health programmes and missions have been designed keeping in mind the health needs of this underprivileged group of population. An important aspect of the rural health service delivery is the availability of trained human resource (doctors and paramedics). This aspect has been envisaged in the guidelines of MCI (Medical Council of India) making it mandatory for medical colleges all over the country to have a Rural Health Teaching and Training center (RHTC) as a field practice area.

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The objective of the RHTC is to develop competence in medical students for delivering family...
centered health care services. It also helps in developing the competence to assess the health needs of the community as well as formulate solutions for the same.

The other important objective is to develop competence in implementation of National Health Program and carry out Operational Research (OR) to improve the health system. The RHTC provides primary health care services at the doorstep of the community and thus RHTC provides an opportunity for community based teaching of medical under-graduates students as well as for interns and post-graduate to improve their clinical and epidemiological skills. This article shares the authors experience in developing the RHTC as field practice area for the Institute.

**Identification**

The land for the development of the RHTC was identified at the Sansarpur village of the Bakshi Ka Talaab (BKT) block of Lucknow. The site was chosen after assessing the geographical accessibility of health care delivery centers and the commuting distance from the Institute. There was a New PHC (Primary Health Centre) under the government sector about 5 kms from Sansarpur and the Block CHC was approximately 9 kms from the RHTC. Moreover there was no mode of public transport available nearby. The distance of the RHTC from the Institute was 10-12 kms and the time for commuting was about 20-25 minutes. The proposed RHTC was catering to a population of nearly 37,000 of the nearby villages. After selection of the site, the construction of infrastructure at the RHTC was completed. The infrastructure, manpower support for the center was provided as per the MCI guidelines and the health need of the community.

**Initiation of services and implementation of health program:** Before initiating the clinical services, the catchment area for the RHTC was identified and mapping of the villages was undertaken. The mapping exercise helped us in assessing the response from the population; publicity of the center as well as the mapping and line listing of the families for the visit of students. Thereafter the local stakeholders like the government functionaries (MOIC, ASHA, AWW, ANM, teachers etc.), local influential persons (Pradhan, Ex-Pradhan, Ration dealer etc.) and other stake holders were identified & contacted. The surrounding villages were mainly provided health care services by local AYUSH and unqualified practitioners and quacks. They were also identified and a meeting was called at RHTC. The meeting was chaired by the Dean of the Institute and the discussion on provision of services was undertaken. The felt need of the community was that the services provided should be of high quality, and affordable. It was decided in the meeting that the consultation and basic laboratory services would be provided free of cost. Once a week specialist OPD of Pediatrics and OBG was decided in consultation with the stake holders. To ensure the continuum of high quality of care and patient satisfaction, it was also decided that the patients referred from the RHTC will be given an additional concession on service charges at the institute and maturity of the referrals will be ensured. Regarding the dispensing of drugs, it was decided that the budget for the purchase of drugs will be provided by the management of the Institute and generic drugs will be dispensed with additional surcharge levied on the actual price of the drug. The cost of the drug will be decided by the committee which consists of the authorities from the RHTC as well as the representatives from the community.
Periodically the accounts will be checked by the committee and the committee was empowered to decide the future policy for the distribution of drug. The above process took around six to eight months and the clinical services were initiated in Feb, 2014. The immunization services were also started as per the National Immunization Schedule. The once a week Specialist OBG services (particularly ANC) were started along with the Pediatric services (RCH component). The STI/RTI Clinic was also established based on the guidelines of the National health program. Drug dispensing was also initiated with the clinical services. The services provided (OPD, Lab investigations etc.) were in line with the services provided at RHTC of Government and Private Medical Colleges.

**Uptake of services:** Initially the patient load was low and rose to approx. 10-14 patients in five-six months. To improve the patient load, we initiated the screening of children of nearby schools (Figure 1). Dashed Arrow at our center in collaboration with the Principal/Head Master of the schools of our catchment area. This further increased the case load to about 15 patients per day. The step that greatly increased the patient load was the conduction of Blood Pressure measurement camps (Figure 1 Solid Arrow) and subsequent referral in the field practice area. The group targeted in the BP measurement camp was elderly population. The BP measurement camps drastically increased the patient load at the center and the daily OPD rose to 30-35 patients per day. To increase the immunization, a meeting was conducted with the Block CHC officers and Immunization micro-plan of the catchment area of the center was obtained. The field staff of the center was posted as per the micro-plan to assist the ANM in the immunization and simultaneously ensure the immunization of leftover/remaining children at the center. To improve quality of basic ANC and Gynecology services, apart from Specialist OBG services, the Medical Officer posted at the center was trained at the OBG dept. of the institute. To spread awareness about the center and the services offered, targeted approach was undertaken. The gathering of pregnant women and lactating women at AWC were addressed by the Field staff as well as ASHA’s of the catchment area were contacted (Figure 2 Solid Arrow). Initially the support was evident in the ANC visits (as seen by increase in ANC visits) but later due to some unavoidable reasons, the support could not be sustained.

**Table-1:** Uptake of services at RHTC, Sansarpur

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<tbody>
<tr>
<td>No. of Patients attending OPD</td>
<td>209</td>
<td>687</td>
<td>1121</td>
<td>2640</td>
</tr>
<tr>
<td>Average no. of Patients per day</td>
<td>4</td>
<td>9</td>
<td>15</td>
<td>35</td>
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<tr>
<td>No. of STI/RTI Patients Managed</td>
<td>0</td>
<td>5</td>
<td>9</td>
<td>13</td>
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<tr>
<td>No. of Children Immunized</td>
<td>3</td>
<td>20</td>
<td>17</td>
<td>32</td>
</tr>
<tr>
<td>No. of ANC visits</td>
<td>7</td>
<td>16</td>
<td>8</td>
<td>13</td>
</tr>
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</table>
Fig.-1: Progress in Uptake of Services (Patient Load)

Fig.-2: Progress in Uptake of Services (Average patient load, STI/RTI, Immunization, ANC)

**Generic drug dispensing:** Branded generic drugs were procured as per the list of essential drug list and committee of RHTC authorities & local stakeholders decided the cost of drugs. The experiment of dispensing of branded generic drugs at the center generated positive response from the patients because the drugs were provided at a much lower cost than the Maximum Retail Price (MRP). Moreover, since the drugs were not available free, it maintained the faith of patients in the quality of medicines as well as avoided the unnecessary crowding of OPD. No literature was available regarding this practice in any of the govt. or private medical colleges.

**Maturity of referrals:** The patients requiring investigations other than available at RHTC or some specialty treatment were referred to the institute. Maturity of referrals was being ensured by field staff by undertaking the home visits, telephonic contact with patients/attendants. A staff at the institute was deployed to ensure the referred patients reaching the institute were being provided concession on the services and to remove any inconvenience during consultation. This practice helped us in maintaining the continuum of service, high quality of health care and patient satisfaction.

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Training of undergraduate students: Before initiating the field visits of under-graduate Medical students, the line listing and mapping of villages was done. Simultaneously, the rapport building for easy conduction of visits and coordination from families was done by Field staff. With the help of Line listing, the students were allotted families and the allotment was done in such a manner that none of the families allotted were repeated.

Public health laboratory services: To initiate the public health laboratory services, water quality testing (microbiological) was initiated. The water samples were collected from the center as well as from the nearby AWC, schools, govt. and personal hand pumps. The samples were tested at our department with the help of microbiology department.

The role of RHTC of both the government and the private sector remains the same, but the establishment seems to differ in both the sectors. In our case, the infrastructural support, human resource etc. was promptly delivered by the Institute's administration while the implementation of National Health Programs like immunization where we require coordination from government sector was initiated after much effort.

The road ahead: Although RHTC, Sansarpur has evolved considerably over the period but still there is a large scope of improvement. The existing services need to be sustained and strengthened. Since the uptake of immunization and ANC services has not been up to the expectations, an intensive targeted approach and other means of IEC needs to be devised and implemented. Implementation of Government schemes esp. providing monetary incentives to ANC (JSY) and grass root level health care workers also needs to be worked out in cooperation with Government health sector. Presently the institute has only 2 batches of undergraduate students (MBBS), but the preparation for training of Interns and PG students has to be done well in advance. Moreover the next course of action is to initiate the in-patient 24x7 services especially delivery services. To further increase the awareness about the center, other IEC activities are required to be undertaken. It is also being planned to celebrate the important National Health days at the center. The services of other specialties will also be increased. Implementation of National Health Program like WIFS, IMNCI, RNTCP-DOTS center is also under progress.

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