CHAPTER – IX

SUGGESTIONS, RECOMMENDATIONS AND FUTURE SCOPE

Chapter IX

9. Suggestions & Recommendations

Findings from the analysis of survey of health workers and beneficiaries provide insight into practices in public health management from the supplier and beneficiary side. These findings also reveal the extent to which the intentions defined in health policy and NRHM are translated into action in the field. Utility of these methods and practices in improving health care impact could be ascertained from the health workers and beneficiaries. Thus these findings help to identify initiatives which have high impact on outcome, make enormous difference across the districts in achieving desired objectives and have large scope for improvement in the field. Such key findings are the basis of formulating the suggestions and recommendations for improvement in the health care delivery in Gujarat and Country. Suggestions and recommendations are grouped in to appropriate categories based on both the surveys and findings.

9.1 Supply of Health Care: Health Workers

Health Planning: It is found that the involvement of local bodies like Gram Panchayat in preparation of health plan needs improvement. Even when there is involvement, the quality is below desired level. Though there is institutional mechanism for participation, it requires proper implementation. There has to be a mechanism for approval of health plan at the gram panchayat with an incentive mechanism to encourage qualitative participation in the preparation of well thought-out plans.

Infrastructure: Though health centres have been built, connectivity by road and transport infrastructure has to be improved in one-third of cases, especially in remote villages. These centres can be given priority in District Planning funds.

Facilities: In many instances, FHW find the condition of health centres not upto the mark. Facilities and amenities like toilet require to be more women-friendly as they constitute larger share of service providers as well as beneficiaries. In order to improve mobility of health workers, subsidised loan for purchase of 2-wheelers can be provided.

Activities:

Targets: Though target based planning and execution is prevalent in maternal health activities like family planning and ANC visit, it is nearly absent in key child health activities like immunization and nutrition. Given the need to improve child health status in the State, this activity needs intense planning and monitoring.

Target Determination: It is observed that there is significant variation in difficulty in achieving the target. The process of target determination should be done on a scientific basis with some level of standardization and uniformity with flexibility to incorporate local requirements.

Demand for Health Care: An important objective is to improve the demand for health care among the people. However, it is revealed that more than $1/3^{rd}$ rarely approach for services. Thus the latent demand for these services needs to be converted to real demand which will improve the health care outcome. Socio-economic and demographic characteristic of those people can be identified for focussed targeting of awareness programs.

Drug Availability: In some cases, health workers have reported stock-out of drugs. Supply chain management and storage of drugs has to be addressed depending on the consumption pattern, distance from main storage centre and other emergency supplies available. A proper real time inventory management system can heal to overcome the problem to a large extent.

Vacancy of Health Personnel: The vacancy level in health workers is 27%. There is an urgent need to recruit personnel to fill these vacancies and have larger share of female as health workers. ASHA workers have made strong penetration in the health care system and need to be encouraged to focus on weak areas.

Clarity of Work: Absence of clarity of work among the health workers in their day-to-day work has to be addressed at the district level by preparing and updating job chart, prioritising tasks of each health workers and reviewing the performance on that basis. Though health organization must be capable of responding to emergency and unforeseen situations, all the regular activities must be planned and organized properly. Absence of clarity can be significant reason for high burden of work.

Target Achievement: MLR performed on a range of independent variables indicate that increase in involvement in decision making, burden of work and chances of promotion improve target achievement. On the contrary, increase in reporting tends to adversely affect the target achievement.

Motivation: In this case, MLR has indentified involvement in decision making, performance evaluation and review of work of health workers as key factors responsible for higher levels of motivation.

Involvement in Decision Making: Health workers are the main interface in public health delivery system. Their knowledge and feedback are important for success of health care

initiatives. An institutional mechanism for their involvement in decision making would enhance the effectiveness of delivery system.

Opportunity for Promotion/Career Growth: Though there is limited scope for improvement in this respect, health workers can be considered for posting as staff nurse in addition to public health nurse after providing relevant short/medium duration training.

Burden of Work: Interestingly, MLR reveals that increase in burden of work results in better performance. However, this linear relationship may change if the burden of work keeps increasing and this phenomenon requires further study.

Monitoring & Review: Reports and reviews of performance are integral part of management of health care delivery. The number of such reports and review must ensure effectiveness without become a burden on day-to-day work. In reporting, there is significant variation across districts. MLR show that increase in work load due to number of reports and time spent on this adversely affects the target achievement. This can be addressed to some extent by standardizing the reports, using information technology in management information system and can be designed based on the experience in the districts to ensure optimality and effectiveness.

Review of work brings the health workers and superiors in direct contact and provides opportunity for guidance and appreciation of work and has a positive impact on motivation.

Performance Evaluation: High degree of variation is found across the districts which require reasonable level of standardization, uniformity and timely submission. Moreover, this may have detrimental effect on the morale and motivation of employees if it is not seen to be just and fair.

Pay & Allowances: Sizeable proportion of health workers is not fully satisfied with the pay & allowances. Since pay and allowances in Government are based on periodic pay commission recommendations, it is difficult to make any major changes. However, Health Department may devise monetary and non-monetary rewards to recognize outstanding achievements and contribution to health care personnel at different levels.

Training: Though the quality of training was found to be good in all districts, it was found to be inadequate in some cases. Training and workshops have to be conducted to meet minimum level of requirements for all health workers. In addition, need based training programs can be designed after assessing the feedback of health workers and doctors.

Time Management: Nearly half of the health workers think they are not able to use their time very effectively. This is an issue which depends on many factors like planning, local issues, burden of work and personal issues. Information technology can be an important tool for effective time management. However, it requires a detailed study to understand this issue properly as this is linked to many other factors like local priorities and emergencies.

Financial Powers: NRHM and RCH II provide for sizeable financial powers to the health workers to undertake minor repairs and emergency purchases. In practice, this is not easy to exercise these powers and hence requires simplification of procedures and training of health workers in procurement.

9.2 Demand for Health Care: Beneficiaries/Patients

Age of Beneficiaries: Most of the male beneficiaries avail health care only after the age of 25. Thus, they do not have proper guidance and counselling before the marriageable age. In general, RCH activities tend to be women and child centric and rightfully so. However, men being key decision makers in most of the households, they have to be targeted for adolescent, pre-marriage and peri-conceptional counselling and awareness programs.

With increase in age, the type of health service required undergoes a change: from maternal health to immunization to family planning. Maternal health and nutrition have moderate demand in all age groups. Thus, right services have to be made available to the right age groups by the health care system

Income: In Ahmedabad which is an urbanized district most of the beneficiaries were from low income groups whereas in Bharuch and Junagadh, which are largely rural, sizeable proportion of non-low income groups avail health centre services. This provides two or more interpretations: First one is that, in rural areas less proportion of poor people approach health centre for services; but the second more plausible reason could be that in urban areas less proportion of high income people avail these services since private health care is widely available. However, this relationship has to be explored with further detailed study to understand the implication of income in totality.

Income level of respondents is a key differentiator of various aspects of health care and right and relevant health care can be designed based on the income level of families within a given social milieu.

Literacy: Similar to income, in Ahmedabad more proportion of beneficiaries are non-literate compared to other districts. Multiple interpretations similar to the above can be made in this case also and hence requires further study.

Level of literacy also has significant impact on health care choices of people and hence an important parameter along with income in formulating the health care policy and designing delivery system.

Caste: It is observed that Scheduled Tribe population in Ahmedabad have low participation in awareness programs. People of tribal community migrate to urban centre for seasonal and short term work with families. But they may not have access to public health services during the stay which is the reason for low percentage participation. This needs to be addressed by strengthening monitoring and field visits to their location.

Awareness Programs: The level of participation in maternal health programs is relatively less in the State. Since this requires sustained counselling over a longer period, it can be linked to some other activities or incentives so that there is meaningful participation by beneficiaries.

NGO: They play an important role in public health care wherein they visit beneficiaries for awareness generation. However, it was found that they were active in Ahmedabad which is an urban centre but nearly absent in other two districts which are largely rural. Funds provided to NGO under NRHM should have incentive structure to provide services in remote and rural areas of the State.

Guidance seeking / Decision Making Behaviour: While the source of guidance could be family or health workers, decision making is a personal choice or a family decision. Family members, especially spouses and parents must be engaged in awareness programs.

Purpose of Visit to Health Centre: Maternal health and nutrition do not constitute key reasons for visit to health centre even among female. This situation needs rectification so that the beneficiaries are well targeted and demand for these services improves.

Infrastructure: Similar to findings from health workers surveys, sizeable share of beneficiaries indicate the need to improve availability of transport and road connectivity. Hence priority has to be given to provide funds to improve road connectivity in weak areas.

Facilities: Condition of health centre, cleanliness and availability of water, toilet etc., varies across districts. During this survey, the need for improvement was found in Ahmedabad, followed by Junagadh and Bharuch.

Service at Health Centre: There is significant variation in the counselling and quality of service across the districts. This is particularly low in Ahmedabad on both the counts. Even repeat visit is low in Ahmedabad. Socio-economic and other characteristics require detailed study to examine and understand the problem.

Quality of Service: This is significantly affected by counselling provided by health workers/doctors, cleanliness, availability of vehicles to go to the health centre and utility of awareness program. Thus improving quality of services to the beneficiaries requires improvement in diverse parameters and hence is a challenging task. Micro-planning is required at the district level to make available vehicles and cleanliness in health centres. Impact of awareness programs has to studied with focus on effectiveness in terms of response.

Drug/Lab Services: In nearly 50% cases, beneficiaries had to get drugs or laboratory services from outside. This may have adverse impact on the perception of beneficiaries and need to be addressed with proper supply chain and inventory management as discussed earlier. Similarly lab services must be available and reliable. This can even be outsourced by providing space for laboratory at the health centre premises.

Documentation & Records: This was found to be extremely useful by beneficiaries. However, the availability is not extensive and uniform. Effective use of information technology tools can ensure a reliable and useful database for this purpose.

Finance: Nearly $3/4^{th}$ of beneficiaries are willing to pay for better services. Strangely, this share is high among the low income group, less literate and labour groups. It is important to evaluate this phenomenon, ascertain the factors driving this and deduce meaningful conclusions.

Repeat Visit to Health Centre: Analysis of repeat visit shows that beneficiaries with higher literacy are likely to visit again compared to those with low literacy. Similarly BPL beneficiaries are less likely to return compared to non-BPL. Thus, the low literacy and low income beneficiaries require extra focus so that they return to health centre for health care.

9.3 Future Scope

Multi-Agency Approach for Immunization: Target based planning and execution is nearly absent in key child health activities like immunization. Given the need to improve immunization level in the State, a multi-agency model involving qualified private health practitioners at reasonable service charges can be evaluated.

Time Management: Nearly half of the health workers think they are not able to use their time very effectively. This is an issue which depends on many factors like planning, local issues, burden of work and personal issues. Information technology can be an important tool for effective time management. However, it requires a detailed study to understand this issue properly as this is linked to many other factors like local priorities and emergencies.

Health Worker Cadre: It was found that most of the key function of the FHW and MPHW are common though in terms of job chart there is some difference. Further study is required to ascertain the need to continue them as separate cadres or merge them into single cadre.

Income: In Ahmedabad which is an urbanized district most of the beneficiaries were from low income groups whereas in Bharuch and Junagadh, which are largely rural, sizeable proportion of non-low income groups avail health centre services. This relationship has to be explored with further detailed study to understand the implication of income in totality.

Literacy: Similar to income, in Ahmedabad more proportion of beneficiaries are non-literate compared to other districts. Multiple interpretations similar to the above can be made in this case also and hence requires further study.

Migration: People of tribal community migrate to urban centre for seasonal and short term work with families. But they may not have access to public health services during the stay which is the reason for low percentage of seeking health care. This issue also requires thorough study and assessment to make proper policy initiatives.

Purpose of Visit: It was observed that the purpose of visit of poor, low income, low literate and backward caste beneficiaries is mainly to treat communicable diseases. In contrast, other groups visited for immunization and family planning services. This shows that the vulnerable sections approach for curative rather than preventive health care. Detailed further study is required to understand this phenomenon to make suitable policy initiatives.

Finance: Nearly $3/4^{th}$ of beneficiaries are willing to pay for better services. Strangely, this share is high among the low income group, less literate, backward caste and labour groups. It is important to evaluate this phenomenon, ascertain the factors driving this opinion and address the issue.

Visit to other health practitioners: Majority of the beneficiaries had visited other health practitioners before coming to health centre. This initial resistance to visit health centres as first choice is a phenomenon which requires thorough study and examination.