

Providing Quality Services in Public Healthcare: Goals and the Reality a Case Study of Harlakhi Block in Madhubani District of Bihar

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Abstract—In India the quality of public healthcare services provided to the patients has always remained as a mysterious question. There are discussions that, Are the healthcare services provided in the country maintain the level of quality they should maintain? The most important question of quality of public healthcare services comes in our mind when we talk about government hospitals and that too at primary level. The rural health care system suffers from lack of services both technological and man power. The patients are forced to travel from villages to cities due to the lack of healthcare services in the rural areas. In India there are both public and private healthcare centres. But people from all the sections of the society cannot afford going to the private hospitals because their charges are high. The problem with the public health services is related to the quality of services provided to the patients.

But when we are talking about the quality of services provided in the health sector we need to know that why quality is needed in the health sector. In health sector there is no scope for even a small error as any error means all the difference between life and death, relief and disability, and cure and morbidity which is not acceptable. This Paper discusses about what we mean from the quality in healthcare, the problem existing in the health sector, the quality of primary healthcare services at PHC level. Apart from that this paper also discusses about NFHS4 report and the case study of Harlakhi PHC in Madhubani district of Bihar on the quality of healthcare services.

1. INTRODUCTION

The Joint Commission defines quality as “the degree to which patient care services increase the probability of desired outcomes and reduce the probability of undesired outcomes given the current state of knowledge.” The Institute of Medicine (IOM), Washington defines it as “the degree to which health services for individuals and population increase the likelihood of desired health outcomes and are consistent with current professional knowledge”. In the health sector quality of health services depends upon the structure, processes and outcomes. Structure relates to the facilities and the man power which is present there for the patients while processes means the interaction between the staffs in the hospitals, doctors and the patients. Only if the doctors or the nursing staffs behave with the patients in a friendly way the

patients are ready to discuss with them anything related to their health. The rural healthcare system is the major area where the reforms are needed as this is the part of the country where most of the people live. Despite of that also 75% of the healthcare facilities are present in the urban areas. [2]

2. THE PROBLEM WITH QUALITY

There are several types of developments in the health sector with the span of time. The advancement of technologies in the health sector with new researches and the advancement in the health system need change in the man power also. There are many new medicines which have been discovered to save the life of the people and those have saved many people’s lives too. But with the development and advancement in the technologies and the equipment the complexity is also increasing day by day. There is need for trained personnel in the health sector, who are having knowledge about the equipment and the changing technology. These advancements are taking place in the health sector but the level of management of these services is the same as it used to be decades ago. Quoting Sir Cyril Chantler, “Medicine used to be simple, ineffective and relatively safe. Now it is complex, effective and potentially dangerous”. Modern medicines have saved many lives but it has also risked some lives. (Brig Pawan Kapoor, MJAFI 2011). Apart from that the rural healthcare system lacks the human resource. The primary level institutions like the Sub Centres (SC), Primary Health Centres (PHC), and Community Health Centres (CHC) are facing the huge problem of the absenteeism of health professions in the hospitals.

The sub centres being the most peripheral institution and the first contact point between the Primary Health Centres (PHC) and the community needs to be equipped with medicines and man power. The poor infrastructure of these government hospitals is the main reason for less inflow of patients. According to government records 49.7 percent of Sub Centres, 78 percent of PHCs and 91.5 percent of CHCs are located in

dilapidated government buildings. Due to poor infrastructure of the hospitals and lack of basic facilities in the hospitals and surrounding areas the medicals staffs specially the doctors are not ready to work in the rural areas. [1]

3. EXPENDITURE PROBLEM

In India the expenditure in the health sector is the main problem which is creating hurdles in the path of service delivery. The public health expenditure in the health sector in India is quite minimal when we compare it with other developing countries. As per Census 2001 the expenditure on public health in India is only 17.9% out of the total expenditure on health. In our country people face many health problems and their out of the pocket spending in the health needs is one of the highest in India. When we compare public funding with private funding the proportion of private funding in India is quite high. It is evident from the table below that the proportion of private funding has always been higher than public funding. The latest National Health Accounts data for 2004-05 records that, about 28% of the total public expenditure on health was allocated for tertiary health care services, which was significantly higher than the target of 10 percent being recommended by the National Health Policy of India.

Table 3.1: Expenditure from different Sources in India (2004-09)

Sources	2004-05	2005-06	2006-07	2007-08	2008-09
Public Funds	19.67	22.72	23.82	25.09	26.70
Private Funds	78.06	75.86	74.87	73.54	71.61
External Flows	2.27	1.41	1.31	1.37	1.68
Grand Total	100	100	100	100	100

Source: Table 15, National Health Accounts (2004-05) of MOHFW/GOI and Sources of Health Expenditure in India (2004-05 to 2008-09)

The lack of public funding in the healthcare leads to the degradation of the service quality in the public healthcare system. In the table above it can be seen that the public funding in the health sector is very low compared to the private sector in all the years. [1]

4. THE EFFORTS FOR QUALITY IMPROVEMENT

There are several efforts made by the government to improve the quality of public healthcare in the country. From the beginning it was a challenge for the government to provide the health services in the rural areas. After the opening up of the health care centres in the rural areas the challenge has shifted to providing the quality healthcare to the patients and also to provide the safety and quality to the doctors so that they are ready to serve in the rural areas.

To improve the quality of public healthcare government has launched many programs like the National Rural Health

Mission (NRHM) in 2005, Rashtriya Swasthya Bima Yojana (RSBY) in 2007. Under NRHM many programs have been launched to attract the patients towards the public health care units like Janani Suraksha Yojana (JSY), the employment of ASHA workers to attract the patients towards hospitals. The main focus is on the maternal and child health because it the most vulnerable section which faces health issues in the rural areas. Maternal and child deaths are high in the rural areas. Apart from that from the point of view for the development of a healthy society it is necessary to take care of the new-born child. Because, if initially the health of the child is good it is expected that the immune system of the child becomes strong and he/she is less likely to get infected.

Under NRHM program the funds for the healthcare comes from the central government and the women are encouraged to use the government health facilities to give birth to the child. Similarly under the RSBY free hospital treatment is provide for the patients of BPL level. The insurance scheme has expanded rapidly over the time span and now covers an estimated 33 million households (Ministry of Labour and Employment).

It is proposed that India will achieve universal coverage by 2020 by the Planning commission of India 2011. The PHC is central to the public health services in India because it delivers the primary healthcare service to the patients in the rural areas. It is well recognised that the process of care, clinical outcomes, patient safety and patient satisfaction are also important elements of quality (Institute of Medicine 2001). Presently there are 28,863 PHCs in India which are delivering primary healthcare services in the rural areas. [5]

The third National Health Policy of India (NHP) 2017 assures that there will be progressive universal health coverage (UHC) with general taxation as one of the main elements towards finance care in the rural areas. It assures that free comprehensive primary care will be provided through "Health and Wellness Centres". Reorientation of the public sector hospitals will be ensured with free drugs and diagnostics with an overall emphasis on a larger role for the private sector in provisioning. NHP 2017 also recognises the need for retaining the doctors in remote areas, disease surveillance and integrating health system information. There is need to expand the service basket in the rural areas within the primary healthcare centres.

The reform in the public health services raises concern in three level of care. First, beyond free universal coverage of the primary healthcare the conception of the hospitals is based upon planning and purchasing. Second, the referral in the primary healthcare between the public and private hospitals will become more complex. Third, the purchasing of the healthcare services from the private providers has increased over the years. This is taking place through contracting of the clinical services, empanelment of the private hospitals and nursing homes in the RSBY, and under the state funded health insurance in the secondary and tertiary sector. [6]

Apart from the health policies made at the national level different types of policies are launched by several state governments to improve the quality of the healthcare services in the states. For example the states of Bihar and Uttar Pradesh are collaborating with external donors and researchers to ensure the implementation of the strategies such as nurse mentoring and direct observation of deliveries where trained observers are appointed to watch and document the level of services provided in health centres during delivery. [3]

5. NFHS 4 REPORT

In India a total of four rounds of NFHS (1992–93, 1998–99, 2005–06 and 2015–16) have been conducted under the aegis of MHFW along with additional financial support from international organisations. As in the case of the earlier rounds, NFHS-4 is conducted by the International Institute for Population Sciences (IIPS), Mumbai with technical support from the ICF International (US), and the National AIDS Research Institute (NARI), Pune, for the human immunodeficiency virus (HIV) component.

NFHS 4 shows improvement in antenatal care and institutional delivery compared to the NFHS 3. The women having received four antenatal care visits have increased to 14 percentage points at the national level between 2005-06 and 2015-16. Institutional births have increased to 40 percentage points from 2005-06. The contraceptive prevalence rate has decreased by 2 percentage points and is this decline is noticed in 20 states of India. The total fertility rate at the national level has decreased from 2.7 children per woman to 2.2 children per woman since 2005-06. At the national level the percentage of fully immunised children has increased from 44% to 60%. The Infant mortality in India has declined from 57 per 1000 to 41 per 1000. [4]

6. THE QUALITY OF HEALTHCARE PROVIDED IN PHC HARLAKHI

Harlakhi is a block in Madhubani district of Bihar. The total population of this block as per census 2011 is approx. 246,068. There are 17 Panchayats in the block. The Primary Health Centre is located in block headquarter of Harlakhi nearer to Nepal border. There are totally five doctors in the PHC including 3 MBBS and 2 AYUSH doctor. 24x7 delivery facility and emergency services is in the PHC. There are total 6 in the hospital beds in the hospital and two labour tables in the labour room. Colour coated beams are available in the Labour room for BMW segregation. 24x7 portable running water is available in the PHC. Total 20 ANMs are there in the block. There are 2 Lab technicians one HIV counsellor and other administrative.

There are some infrastructure problems in the hospital. There is no boundary wall in the hospital; power fluctuation is the major problem. Clinical practices of the ANMs are not up to mark; hence vital recording and record keeping is not up to mark. There is no proper system for patient referral practices.

Ambulance facility in the case of emergency is not available 24x7. Sterilized delivery sets are not available as per delivery rules.

Very limited budgets are available and the flow of funds is not available on the time. There is need of fund for infrastructural upgradation; for purchasing advance instruments and technology; to maintain the salaries of hospital staffs. The availability of the funds on time helps to encourage the quality service delivery attitude among hospitals staffs. The lack of funds also obstructs the payment to the beneficiaries under JSY program and apart from that to the frontline workers also. The doctors are not getting their payment on time and due to this they are not able to give their best of the service in the PHC.

There is problem with the flow of medicines in the PHC. Common medicines like Paracetamol tablets, Cough syrups, Zinc, ORS, Iron Folic Acid tablets, Iron syrups etc. are not available in the hospital. The lack of medicines results into the problem in providing quality services to the patients. Because, when the patients come to the public hospital it is their expectation that they are going to get proper treatment and free medicines also. Due to this there is problem dealing with the patients and providing them free medicines. Lack of clinical staffs and problem of skill set among the staffs act as obstacle in providing quality service to the patients. Patient satisfaction rate is very low due to lack of medicines, inadequacy in the terms of service delivery, lack of clinical skills among the staffs etc.

There are some of the changes in the hospitals which have taken place due to the implementation of NRHM. Power backup is provided in the PHC under the guideline of NRHM. With the help of ASHA workers the gap between the community and the health centre is getting narrow day by day. ASHA workers promote the community members to utilize the public health services. After the implementation of NRHM the percentage of institutional delivery, child immunization, Antenatal care visits have improved significantly.

The frontline workers are overburdened as there is lack of frontline workers when compared to the population of the block. There is problem of the incentives in the PHC. Citizen Charter is not there in the PHC. For infection control BMW PIT is not available. Shift wise mopping of labour is not done. Functional OT is also not available as per the guidelines of the NRHM.

7. CONCLUSION

There are efforts from the government to improve the quality of healthcare services in the public hospitals. Many policies and programs are formulated and implemented to improve the quality of the health services in the public sector. But there is need for proper management of the funds and also to ensure that the hospital staffs are also satisfied with their jobs. Lack of satisfaction among the staff leads to deterioration in service

delivery. The patients are also responsible when we talk about the quality of the health care services in the rural areas. Patients should know that they have to visit health centres when they face any health problem rather than believing on superstitious things.

Lack of medical staffs, lack of medicines, and lack of infrastructure are the main causes which lead to problem in quality service in the health sector. There are many goals set by the government that are to be achieved to ensure a good and quality healthcare service. But the goals are far from the reality which exists in the rural areas of the country. UHC by 2020 is to be achieved through primary healthcare units but, these primary healthcare units are not equipped with proper facilities which will help them to reach the goal. Goals are there to be achieved, but it needs effort for one to achieve the goal. The government has to do efforts to achieve the goals and especially when the conditions are worse it needs more efforts to be done to do it on time.

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