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Cover Photo Banshilal Parmar

Governance Challenges of Mother and Child Health Workers in Rural Eastern India

Dr. Satyajeet Nanda

Problems of Health Workers in Remote and Rural Areas can work as bottlenecks for success or failure of maternal and child health service delivery and utilization. That is the reason why it is important to examine the governance and service delivery aspects of child health service system. With this objective an empirical study was conducted taking an Odisha district in Eastern India as a case. Information both quantitative and qualitative were collected from many service providers at different level right from ANM to doctors and Director of health services. The results have been eye-openers. It was found that in service delivery and governance aspects, the perception of grass root level service providers in planning, implementation and program level could make major difference.

Background of the study

In order to check the alarming rates of mortality and morbidity a good number of programmes have been devised in post-independence India. The situation being grave as regards the health of women and children, programmes like ICDS, CSSM, MCH and RCH have already been launched. Unfortunately, despite a plethora of such programmes and multiplicities of researches in this area, the progress on this front is far from satisfactory, particularly, when we compare our achievements with that of the developed world and many other developing countries. In fact, the recent draft of the Planning Commission of India has identified infant and maternal mortality & morbidity as some of the major concerns of 'human development'.

The maternal and child health conditions in Orissa have continued to be grave over the decades. The maternal and child mortality rates in Orissa have been at much higher magnitude than the national averages and infant mortality rate (IMR) is the highest among all the states of India (IMR was 83 in the year 2003). Studies have shown that many of the supply (financial constraint, geo-physical disadvantages) and demand (poor awareness level) factors can influence significantly the utilization of available health services.

In a report on Governance: Local Public Health Governance Performance Assessment (2006), the National Public Health Performance Standard Programme says any public health agency is responsible for fulfilling three core functions:

Assessment includes

1. monitoring the health status to identify community health problems, diagnose and investigate health problems
2. Inform, educate and empower people about health issues.
3. Policy Development includes developing policies and plans that support individual and health efforts.

Assurance includes

1. Enforcing laws and regulations that protect health and ensure safety
2. Link people to the needed personal health services
3. Assure a competent public health care staff
4. Evaluate effectiveness and accessibility
5. Research for new insights and innovations.

The findings of a report on Infant and Child Mortality in India by Pandey et.al. (1998) suggests that: Health intervention programmes should focus on illiterate mothers and on households that are poor, especially SCs & STs and that lack access to a flush or pit toilet. Among health-care interventions, immunization of pregnant women against tetanus has a substantial effect in reducing neonatal mortality.

Kennedy's adaptive behaviour model at conceptual level and Rossenstock's popular health belief model (HBM) present a classical understanding. While Kennedy visualize that within a workable environment, human beings may display different types of behaviour providing a workable adaptation to threat of a disease and other health related problems, Rossenstock is of the view that a person feels motivated to go for preventive practices to avoid disease only if he/she believes that he/she is susceptible to the disease and that the occurrence of the disease would have severe repercussions on him/her. It implies that availability of health services in the neighbourhood may act as one of the prime factors which influence

the individual families' approach towards seeking/utilizing RCH services. Thus there is the possibility of the existence of a linkage between the trinity of supply, demand and utility of RCH services due to the presence of certain intervening factors.

The high levels of infant mortality & morbidity, maternal mortality & morbidity, malnutrition etc. in Orissa lead one to apprehend a possible hidden gap between maternal and child health service delivery system as well as service utilization at the community level. Now it is high time to find out the problems from the viewpoints of the health service providers as well as from the perspectives of the communities where the maternal and child health situation continues to be appalling. There is, hence, a need for an Anthropological approach to study the social, economic and cultural factors associated with the problem. This will help to understand the plausible gaps between the supply, demand and utility factors of the maternal and child health services in Orissa.

Objectives

The current study aims to carry out investigation at the levels. Specifically,

- To study the health service system particularly the specific programmes and facilities with regard to maternal and child health.
- To study the problems faced by service providers at different levels of health care system and possible solutions as reported by them.
- To study the contribution and effectiveness of parallel health care systems in terms of maternal and child health service delivery and utilization.

Methodology:

Data Base:

Before working out the detailed methodology (sampling, data base, tools and techniques), a comprehensive desk analysis was undertaken making use of the available secondary data on Orissa at state (NFHS and Census) and district (RCH survey of IIPS, Mumbai) level. This provides an idea about the comparative maternal and child health situation in the districts of Orissa. This exercise however, could not provide any information on the quality of delivery, utility and the demand regarding maternal and child health services at sub-district level. Moreover, not many such micro level and village/community based studies are available for reference. All these problems prompted to go straight to the field (health system and villages) rather than relying on insufficient secondary data sources and study the ground situation before making final framework of the research project. With an unbiased and open-ended guideline a short-term pilot study was conducted in Orissa. Visits were made to the Orissa state capital Bhubaneswar, other cities, selected district & block headquarters and few villages. The inputs obtained from the pilot study helped to conceptualize the framework for carrying out a micro level study on the supply, demand and utility factors of maternal and child health services in Orissa. A detailed methodology has been worked out based on secondary data analysis and pilot study.

In view of the set objectives and inputs from secondary data analysis and pilot study, basically following exercises were undertaken.

1. A primary study of the subject-specific health facilities and programmes available in the health system in Orissa.
2. Data (quantitative and qualitative) collection from health service providers at various levels to study their attitudes towards and experiences in service delivery system (technical facilities, skill, problems and solutions).
3. Study of the parallel health care systems regarding service delivery and utilization.

Sampling Design, Tools and Techniques of Data Collection:

For the interview of health staffs, some sub-centers, PHC, CHC, DH (Dist. Hospital) and non-government/private hospital/clinic/center were selected from the district. From each such health center, around 10 percent (with minimum one) of all staffs at doctor, pharmacist/nursing and clerical/attendant level were interviewed. Necessary information was also collected from some Angan wadi workers (AWW) and WCD (Women and Child Development) office staffs in the district. Mostly qualitative methods (observation, informal and in-depth interview and photography) were used to collect necessary information. The information on available health facilities and programmes designed for maternal and child health care services were gathered from health centers by following standard checklists.

Some qualitative information on parallel health systems such as untrained birth attendants, village informal doctors and unqualified practitioners were collected through photography, observation and informal interview techniques. Subsequent formal discussions were conducted with some senior level

officials from health departments as well as WCD dept. associated with policy making.

The interviewers were given extensive training about different aspects of health and service system. By and large completed schedules were almost immediately checked to ensure that high quality is maintained.

Analysis and Discussion

The term governance deals with the processes and systems by which an organization or society operate. Frequently a government is established to administer these processes and systems. The word derives from Latin origins that suggest the notion of 'steering'. This sense of 'steering' a society can be contrasted with the traditional 'top-down' approach of governments 'driving' society or the distinction between 'power to' in contrast to governments 'power over'.

The World Bank defines governance as

"The exercise of political authority and the use of institutional resources to manage society's problems and affairs".

An alternate definition suggests that governance is

"The use of institutions, structures of authority and even collaboration to allocate resources and coordinate or control activity in society or the economy".

As part of understanding the plausible gaps between the supply, demand and utility factors of the maternal and child health services in Orissa, it was felt necessary to examine the health delivery system or in other word the 'health governance' prevailing in the area. Unlike the study of service utilization at community level, this kind of studies on service providers has practical and inherent problems depending on the nature of bureaucratic environment, access to and availability of primary as well as secondary information. In addition the methodological shortcomings can be associated with the availability of time and space. However, an exploratory attempt has been taken in this research work to obtain some information mainly using some qualitative research tools and techniques such as informal interviews, observations, photography and unstructured and open ended interview guidelines. It has also been endeavoured to correlate some of the information obtained from the community sample survey.

Health service providers' work environment:

To understand the work environment of health service providers, it is important to know their background. In this connection to start with, qualitative information were collected about the root of the inspiration for which they entered into health service system. Then and there it was explored about their actual experience in terms of material supply, coping up strategy, and finally about the problems they face and their suggestion for better service delivery.

Table 1: Inspiration to work as health service provider

Variable	Responses
What inspired for being health staff	encouraged by some body
	social service
	just for career

The table 1 presents the information on the point of inspiration for the health service providers to work, in which majority reported that they were encouraged by any some body. It was mainly by family members and friends. Some of course came in for social service.

Table 2: Supply of health equipments and material

Variable	Percent
get sufficient supply	58.8
meet requirement when less supply	53.8

Table 2 gives an account of whether they get adequate supply of health equipments and material. It was observed that quite a large proportion of all service providers do not get adequate supply material. This can definitely hamper the quantity and quality of service to people. Regarding meeting the inadequate supply, still a higher proportion of them are not able to meet the shortage. This shows the poor picture of the infrastructure. Even the service providers who meet the want, face lot of problem (table 3). Most of them get the need from other health centers or purchase as a stop gap arrangement as credit from some medicine stores. And many times quantity and quality is compromised.

Table 3: How do they meet inadequate supply

Variable	Responses
how to overcome short supply	get from other health centers/purchase
	sample given poor people
	service quality becomes poor

technical problems face	inadequate supply
	no proper training to use
	poor quality equipments
	higher burden
	road problem
	less payment
	target pressure
	family/personal problem

Majority reported that 'inadequate supply', 'less payment', poor quality equipments' and 'higher burden' were the most common problems they face. These observation need to be taken care of by programme managers particularly the manpower and supply. Some information were collected regarding the prevalence of parallel service providers through indirect techniques. When asked 'Why people go to private doctors/healers', many government health service providers answered 'because of traditional belief' and 'availability in nearby urban area which means private clinics.

Table 4: Perception of govt. service providers about pvt./informal service providers

Variable	Responses
Why people go to pvt. Doctors/healers	people go to nearby urban areas
	belief on traditional system
	availability of other services in their locality

Convergence and Implementation

After getting information from 2-tiers, that is service providers (at district level) and policy makers, an endeavour was made to check whether somewhere their perceptions converge. If yes, can they be implemented into practice? This may solve many of the technical level conflicts due to 'psychic distance (a management concept)'.

Perception (Problems and suggestions) of service providers:

In order to understand the health governance, service delivery and utilisation it is not important only to study the community perceptions, but it is also equally necessary to examine the perception of health service providers at different functional level. This is because of the fact that both community (service acceptor) and service providers are both 'the sides of a single coin'. Hence this section presents the finding of the analysis of information collected from health service providers selected in this study (table 4).

Table 5: Suggestion for improvement in service delivery

Variable	Responses
suggestion for improving service delivery	refresher course
	drug should be given in SC
	promotion as per qualification/class
	sensitization to health staffs on responsibility
	accommodation facility for staff
	increase staff number
	strengthening govt. system than present condition
	awareness/information to people

The table 5 presents the suggestion given by service providers at different level about improving in service delivery. A verity of suggestions could be obtained from this study. They cover both supply and demand side of health service, right from accommodation, staff strength to awareness programmes. However majority of the service providers suggested that increasing the number of staff, promotion etc. can be better governance measures and awareness to people about services and problems of staff would be a good community measure for better service delivery as well as utilisation.

Table 6: Suggestion of senior level health staffs about improvement in service delivery

Variable	Responses
suggestion for improving service delivery	Refresher course
	Burden should not be provided
	More IEC
	Stability of job
	Dai training should be given
	ASHA training will bring down gap between service delivery and utilization
	Specific programmes to specific group of people (tribal etc.) through IEC activities rather than common programmes to all
	There should be involvement of health staffs with villagers
	Local bodies should monitor local health service
	mobile clinics and medicine can be provided at villages

Finally, after encountering with the community and service providers, the perceptions were presented before senior level officials at policy level and their suggestion were taken. The table 6 presents them in detail. It was observed that the senior policy and programme level staffs converge at both service acceptor as well as providers' suggestions and perceive that Involvement of health staffs with, monitoring of programmes by and reaching at community can be the best model or framework for a better service delivery and utilization of mother and child health care. In these context new developments like ASHA training, specific programmes for specific groups are reported to be innovations.

Summary and implications of the study

In the health governance front, it was observed that health staffs report inadequate supply; many do not meet them and if at all, have to face much difficulty. In addition, poor quality of service materials, higher work burden and less payment are reported to be the stumbling blocks for better service delivery. Regarding community's perception about service quality, utilisation and governance, Majority of people expressed their dissatisfaction with the available service. Specifically 'negligence of the doctors', 'poor quality of services', 'no doctors in time', and 'no fixed time for health centers and doctors' were reported to be main reasons. People (community) suggested that 'government should supply free medicines and consultancy' and also 'doctor/ nurse in their or nearby village'. In health service providers' perception, Health staffs suggested that increasing the number of staff, promotion etc. can be better governance measures and awareness to people about services and problems of staff would be a good community measure for better service delivery as well as utilisation.

Finally, the policy and programme level staffs converge at both service acceptor as well as providers' suggestions and perceive that Involvement of health staffs with, monitoring o programmes by and reaching at community can be the best model or framework for a better service delivery and utilization of mother and child health care. In these context new developments like ASHA training, specific programmes for specific groups are reported to be innovations. This reminds us the very concept of Democracy as".....of the people, by the people and for the people.....".

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