A STUDY ON MEDICAL FACILITIES ACCESSIBILITIES

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ABSTRACT

Bridging the gap in utilization of public health facilities has always been a focus area of public health research especially in the post-National Rural Health Mission era, but do these programs and policies really reach to the grass root level population and whether the health care providers have agreement with policymakers is an important issue which needs a in-depth exploration. This study aims to examine the perception of community as well as health care providers regarding availability of public health facilities and barriers in accessing those in a rural setting of Uttar Pradesh. A small formative research has been designed to adhere providers as well as communitys perspective on public health facilities available in rural Uttar Pradesh. Qualitative exploration suggest that other than financial and physical accessibility, acceptability of maternal health services in community emerges as critical avenue for the utilization of both maternal and child health care services. Apart from provision of immunization and delivery care, few public health educators and regular supervisors need to be embedded in the public health care delivery system, which may directs the pathways of service delivery according to women and the local community needs.

KEYWORDS: access, barriers, public health facilities, behavior**.**

Background

In our country, most of the health programmes emphasis on quantitative aspects of service delivery which means in quest of chasing high targets; most of them neglect the accessibility of facilities, quality of care and health care outcome in long run. But now program managers and providers increasingly recognize that these factors determine the success in attracting clients and society. Recent reforms of National Rural Health Mission (2005-12) are also aimed to increase accessibility and increase the utilization of public health facilities but still clients perception regarding the facility determines whether to seek and continue to use a particular service. Thus this paper aims to understand the key perception of community regarding the public health care facilities available to them and providers point of view on government health infrastructure and their barriers.

A small formative study has been conducted in three randomly selected blocks of Lucknow district, Eleven In-depth Interviews (IDIs) have been done along with two Focus Group Discussions(FGDs) during May-June 2009. Content analyses of transcript of IDIs and FGDs have been done. FGDs were conducted with two groups of participants-Female staff at health facility (Nurse/Midwifes) and community based outreach workers, while the participants of other

FGD were local leaders and women living in villages close to block head quarter, volunteered themselves for group discussion. Each of the FGD consist nine and 12 participants respectively. We discuss the results in two sections, first we understand the physical infrastructure of the facility in rural areas of district which is based on secondary information collected from government health offices and walk-through and observations at the facilities visited. In the second section, finding from the IDIs and FGDs have been discussed.

Physical Infrastructure of the facilities at a glance

Lucknow district has eight blocks and nine Community Health Centres (CHCs), out of which one is non-block and others are block level CHCs. According to Chief Medical Officer, Lucknow, only three CHCs are located in the rural area of the blocks namely - Mal, Bakshi ka Talab and Mohanlalganj. Only four percent villages have any type of health facility in the village itself, while only three villages have facility at the distance of one Km, 32 percent villages have facility between one to five Kms and approximately 64 percent villages were distant from the facility by more than five kms.

Table 1. Sub-district (Tehsil) wise Public health facilities in Lucknow district, Uttar Pradesh

Sub-district(Tehsil)/District	Mal & Malihabad	Bakshi Ka Talab	Lucknow	Mohanlalganj
% of Rural Population[1]	95	87	16	92
No of Villages[1]	185	207	205	225
No. Of CHC in Rural Area[2]	2	1	NA	1
No. Of PHCs in Rural Area[2]	6	8	7	5
No. Of SCs in Rural Area[2]	75	49	119	85

Source: 1. Census of India, 2001, 2. Bulletin of Rural Health Statistics, India, 2008

Three CHCs -Mohanlalganj, Chinhat and Mal, had been visited during the study period. Among the three, Mohanlalganj and Chinhat CHCs have crossed the minimum norms of Indian Physical Health Standards (IPHS, 2006) except few facilities but CHC at Mal block lacks many infrastructural facilities like proper pathology, blood storage facility, transportation services etc. Chinhat CHC has been located in the urban centre of the block, thus least rural folks utilize it, even though most of the facilities (other than surgery) are available there. All the three CHC lacked ortheopeditician and Anesthetists for surgery. Rogi Kalyan Samitis (RKS) were mostly functional at CHC level only. Ultrasound facility was not available at any CHC. Many programs and plan of NRHM have been implemented at CHCs and at Primary Health Centres (PHCs) at second level but due complexities attached to the system, due to lack of proper information and availability of medicines many people do not turn up to use it.

At the third level of Public health care, Health Sub Centres (HSCs) catering ideally 3000-5000 Population. While visiting nearest SC of the Mal-CHCs, it has been found that at any village-SC did not seems to be working at first impression but regular observation suggests that Auxiliary

Nurse Midwifes (ANMs) along with local female health worker “Accredited Social Health Activist” (ASHA) used to visit the village-HSCs mostly on Wednesday as it has been allocated as the day of Immunization by government.

Summary of In-depth Interviews and Focus Group Discussions

Available ANMs and ASHAs were contacted and a focus group discussion has been conducted with the permission of superintendent of CHC in Mal block –CHC. While the other FGD with women and few influential persons of the village, was conducted with the help of ASHA and Anganwadi worker at Anganwadi centre of the village. IDIs were conducted with two CHC-Superintendents, three ANMs at CHC and six recently delivered women either at their home or at HSC of the village. This section is a compilation of comments made and issues raised by several participants of FGD and problems raised by women in In-depth interviews. Triangulation of information from provider as well as potential users has been done in order to understand the root cause of low use of public health facilities. For the purpose of simplicity and understanding of magnitude in this paper, "some" represents three to five informants; "many" represents six to eight informants, "most" represents nine to eleven informants. No attempt is made to prioritize the issues, although relative significance of the issues is reflected in the narratives.

Perception about the most important issues facing local (Government) health care services

Most of the respondents believe appointing and retaining the doctors at the government facility in rural areas is a major challenge. Providers at facilities and doctors pointed out that due to various schemes and government plans they had to do a lot of official and paper work which sometimes drive away from their regular duties. Some respondent told us that coverage area of most government facilities is more than their prescribed norms and due to lack of doctors it has become difficult to serve and thus client prefer private doctors working in the area.

"We serve approximately 250-300 patients on the average in a daily OPD but due to lack of doctors the present staff is over-burdened and patients have to wait for hours. Sometimes our ANMs work for double shifts."

- Public health program manager at a Community Health Centre

Many ANMs expressed their concern about local residents going to big hospitals and medical colleges which are generally far away from their villages (approximately 10-12 Kms). They perceive that it is mainly due to instability and lack of medical staff at local health facility. Apart from these, many respondents observed that local people perceive that government facilities do not offer them choices in terms of timing, quality and capabilities desired by them. Many IDIs mentioned that people ignore the facility available in their locality like PHCs/SCs and directly go for higher level of care. Reasons for this type of behaviour are not very specific but they cause crowding at one place while the lower level facility remains under-utilized.

I used to come here (CHC) for my child's immunization (although HSC was available in her village) because the medicines we get from here are better (in reality same doses are being distributed at both places).I never went to the village centre (Health Sub Centre) it is always better to come here and see the doctor.

-A women at a Community Health Centre

Perception about government health facilities (CHCs/PHCs/HSCs) in terms of quality of care

A contrasting opinion on this issue has been observed. Some respondents (those working in government facilities) replied that the quality of care provided is excellent but later they qualified their statement by saying that „for primary care needs or „within the limitation of provided

infrastructure. They believe that large segment of the population has a wrong impression of the quality of care provided at government facilities.

"In government CHCs or PHCs we have qualified doctors, whose diagnoses of the disease is always correct, accordingly they give medicine which should be taken for some time as it has a course but usually people don't believe and go for local jholachap (untrained) doctors who gave them strong medicines like steroids and injections which may show effect immediately and people don't understand the side- effect hidden behind it and later on they came back to us with a worse situation".

-Superintendent of Community Health Centre

On the other hand local leaders, doctors and local NGOs claims that unavailability of medical staff and poor quality of care in terms of pathological services, privacy and unreliable medicines prevent many of the user from government facilities.

"For common disease like cough-cold, fever and for immunization people use to go to government hospitals but in case of long duration disease or any specialist care they prefer private hospitals and doctors as at government hospitals these cares are generally available to those who had some approach there ".

– Sarphanch (A village head)

Government health facilities in terms of type of services provided

Most of the respondents agree that type of services provided at government health facilities are not adequate. Some of the providers pointed out that due to lack of ultra-sound facilities it has become very difficult to chase population for ANC care.

"We provide counseling, TT injection and IFA tablets, but we cannot assess if there is some internal complicacy, patient do not come generally for the next time, some of them do not even seek the above care at all but due to introduction ASHA some of them turn-up for delivery care just because they knew that they will get 1400 Rs if they deliver here".

-A General Physician at Community Health Centre

Transportation facilities have been rarely citied anywhere as they were not found even at CHC level. Some of the respondents believe that only those who are BPL card holder are supposed to get this facility so they rarely ask for it. Some of the government facilities which were identified as centre for National Health Program like DOT Centre, Leprosy control etc, do have some specific facilities but other regular care are not adequate. The most developed CHC of the district do not have Anesthetist and thus they are not able to perform surgeries. The situation is same at other CHCs; they refer their cases to district level hospitals.

Government health facilities in terms of the hospital and medical staff

Many described the hospital staff as very caring and attentive to the patients needs specially

ANMs and ASHAs who bring some of local residents from their area but when we go lower level facilities like PHCs and SCs the local residents are not satisfied with the activities of field worker or even to the physician.

"ASHA Didi used to come only on Wednesday and at sub-centre nobody sits for the whole week, in case of emergency it is the local private doctor who gives us treatment because in government hospitals (PHC) doctors do not sit regularly"

- A young woman at village

Option for those people who bypass the community for health care
(Where are they going?)

Most of the respondents believed that hospitals in urban area are of good quality and they can get better treatment and better care, so even if they have to leave their local residence they do not hesitate. Some of the respondents qualified their opinion by saying that at local health facility all the facilities are not available at one place so people prefer to go there where they can get all of them without any complex procedure of filling so many forms and doing lot many formalities for concession (in case of below poverty line card holders), even on the stake of their work loss and high fee charges.

On the question of public or private facility, it has been found that many respondents believe the common people avoids government facility for secondary or tertiary care as they perceive that only those people get proper attention who had some acquaintance there or those who get referral from some doctor. While other than private hospitals and clinics, many charitable and non- profit hospitals caters a large section of rural population.

"Only those people are properly treated and served in Queen Marry Hospital (A District Hospital for Women) who had any link there and those who had patience to tackle the complexity of system, roaming here and there for a particular facility".

– Doctor at a Private Clinic

Health care services <u>not</u> currently provided efficiently in the community

This question has been put up to the staff, physician and worker at government facilities visited. Most of the respondents believe that if the facility of blood testing or other tests will be available at PHC level than it will bring more people towards government facility. A few respondents (basically villagers and other users) demand for evening Out Patient Department (OPD).

A clear consensus among doctors and physicians at health facilities, called out for improvement in maternal and delivery care services at villages and nearby PHCs. They perceived that just providing monetary benefit to those who go for institutional delivery will not improve situation of maternal morbidity or morality as the prior process of ANC care has left out in this program which is as important as delivery care but recent finding do not indicate positive results of these plans. These informants also believed there is a related need to encourage local field workers to perform their services regularly and not just for getting the motivational packages.

Barriers in accessing government health care facilities

Women were asked to state what they felt were obstacles that stood in the way of accessing available government facilities and its utilization .Their responses were categorized into the following barriers, listed in order of descending frequency:

(a) Lack of Doctors
(b) Waiting time at facility
(c) Timing of the facility (opening hours)
(d) Distance to facility
(e) Private practioner and local healers
(f) Lack of medicine
(g) Lack of knowledge
(h) Lack of personal approach in the facility for secondary and tertiary level care
(i) Lack of transport facility
(j) Lack of Infrastructure facilities
(k) Poor quality of services

Conclusion

The above exploration suggests that there is clear need to address the issue of responsiveness of health system in the hierarchical way. Apart from reproductive and child care there are several other diseases mentioned which should be embedded in the public health care delivery system according to the local area needs. Already available facilities at government hospitals and health sub centres need to improved in order to attract rural population and where as cash incentives need to be channelized in such a manner that it ensures utilization of all the components of maternal and child health care.

Retention of general physician and lack of lady doctors in Primary Health Centres are major barriers for community and impede them in getting care form public institution. Barriers mentioned according to providers perception are also numerous like doctors availability, waiting time, timing of facility and other supply side issues which should be complemented by client perspective also. Role of field workers like ANMs and ASHAs needs more rigorous assessment to know whether they are efficient and trained; and also able to fulfill their role and responsibility for which they introduced in the existing public health system.

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