CHAPTER - VII

CONCLUDING DISCUSSIONS, RECOMMENDATIONS AND SOCIAL WORK INTERVENTION

This Chapter deals with concluding discussions, recommendations and implication of Social Work practice for successful implementation of NRHM. Further, this chapter also highlights the scope of future research.

7.1 Concluding Discussions

In this contemporary era, health status of people is considered as an important indicator of development. Therefore, health is seen as a development issue rather than just a medical issue. Ill health and poor access to health services are seen as an indicator of poor economic condition and irresponsible health policies (Akram, 2014). Globalisation is often presented as one –way track without any exit and it often tends to shift the burden of risks and costs to the individuals rather to government and employees (Koivusalo, 2001). Under this situation, it is crucial to discuss and analyse the implications of globalisation on health policy. For successful implementation of health policy good governance is one of the important criteria (Saxena, 2010; Rajkumar& Swaroop, 2010). Health governance concerns the institutions and linkages that affect the interactions among service users and health care personnel. Governance for the promotion of health is characterized by responsiveness and accountability, an open and transparent policy process , participatory engagement of citizens and operational capacity of government to plan, manage and regulate policy which ultimately lead to improved service delivery (Brinkerhoff et al, 2009). In India, recently government has taken a major initiative to deal with the issues of health care governance under the umbrella of National Rural Health Mission (NRHM). The Mission adopts a synergetic approach by relating health to determinants of good health including nutrition, sanitation, hygiene and safe drinking water (NRHM, 2005).

Under this backdrop the present study, seeks to analyse the administrative setup and service delivery pattern of NRHM, nature and types of services offered through BPHC, Socio- Economic profile of service users and their perception and the role and

intervention of grassroots facilitators like PRI, ASHA and ANM in governing BPHCs. As it appears from the study that NRHM bridge the gap in Rural Health Care service through improved service delivery mechanism by introducing advanced health care infrastructure, augmentation of human resource and envisages decentralization of programme and effective utilization of resources. NRHM has its five core approaches through which it governs. These are: i) Communitization ii) Adequate and Flexible Financing, iii) Monitoring against IPH Standards, iv) Innovations in Human Resource Management, and v) Building Capacity at different Grassroots levels for Decentralized Health Action. The services under NRHM are being offered from block to Village level through a proper structure. At block there is a Block Hospital known as BPHC, followed by PHC at clusters of Gram Panchayat (GP) level, Sub Centre at GP level and at the village level there is a village Health Sanitation and Nutrition Committee (VHSNC). The administrative structure of NRHM is closely connected from state to district level. These structures have some similarities as well as differences. As per the Mission Document, at national level NRHM has Mission Steering Group and Mission Directorate. At state level, NRHM has State Health Mission and State Health Society. State Health Mission considers policy matters related to health and also review the progress in implementation of NRHM. The study reveals that under NRHM health services are reaching to the beneficiaries at the district level where there is a District Health Mission and District Health Society. District Health Mission is responsible for planning, implementing, monitoring and evaluating progress of the Mission at district level.

The health status of people depends upon their living condition which includes literacy, family income, sanitation, personal hygiene and environment. The present study explores that those who are seeking services from BPHC are economically poor and socially not so advanced. They expressed their satisfaction upon the services especially on Reproductive Health from Sub-Centers and BPHC. The researcher was curious to know whether there is any category of population, like a religious group or caste found to be more eager to get this service but in the study no such result were found in support of this quarry. The people belongs to the service area are the service users and in that case their socio-religious identity have no separate influence. Considering the patient's health, hygiene and sanitation it has found that sources of drinking water is one of the causes for their chronic disease and ill health. It is further

revealed from the study that mostly patients are using ground water for drinking purpose as piped water facility has not yet reached in remote areas. There are certain important issues explored from the present study like religion and income has an impact over the sanitary practices of the women. People of a particular religious community have better health & hygiene orientation than others. Further, it is revealed that education has a positive relation towards the practice of health & hygiene among rural women.

The health care scenario in India indicates that there is a need of the hour to minimise the gap between the demand for quality healthcare services and the health care delivery by providing ***accessible, affordable and accountable*** health care services to the population. Access to comprehensive, quality health care services is important for the achievement of health equity and for promoting the quality of a healthy life for everyone. The availability of these services depends upon the existing physical infrastructure, human resources, supplies and spatial distribution. Under these circumstances the present study revealed that Sub-Centres and BPHCs are mostly accessible health facilities of the patients due to physical proximity. It is experienced from the study that ASHA and ANM have better linkages with the community in comparison to other health care providers. So, it is obvious that Patients used to take health advice from ANM and ASHA in most of the cases. However, it s revealed from the study that in some cases the services of traditional care givers still exist. In the present study, it is observed that the road condition have played an important role in offering services by NRHM. Distance is one of the prior conditions for seeking treatment by a patient. A sick person will always prefer to reach the health centre comfortably in a short span of time. In this study, it is observed that services affected and not choose by the patient is due to the poor road condition and distance of health care centre. The study further explored that caste has an impact on the health care practice preferred by the patients. As the research found that Schedule Tribe patients prefer to use Ayurveda and Unani treatment; whereas, others prefer to use Allopathy. The present study also highlights the health seeking behaviour of the patients and explored that Sub-Centre followed by BPHC are the first choice for seeking treatment by the patients due to its accessibility and availability. Further, the study explored that education has positive impact on expenditure incurred by patients in health care. NRHM has introduced 102 mobile van services for the benefit of pregnant women

and sick infants. The present study revealed that opinion of patients about the services of 102 varies from block to block. As sometimes due to improper road connectivity such services affects which leads dissatisfaction among the users. Even ASHA are failed to carry drug kits during home visit due to the irregular supply of essential drugs and related materials to them from NRHM. Home delivery is not a safe practice as per NRHM as one of its target is to promote instructional delivery for having safe child birth. The present study revealed that JSY has created a good impact in increasing the institutional deliveries among the rural women. However, the study explored that procedure to avail the benefit of JSY is cumbersome and lengthy and there is a varied responses among the patients about the support received from ASHA/ANM in availing the services of JSY. The present study further explored that religion and caste status has positive relation towards the adoption of Family Planning Method by the rural women.

The quality of health care is measured by two norms- the status of physical infrastructure and level of services provided (Saxena, 2010). It has been reinforced in the findings that people's perception on quality of health care is dependent on a number of factors such as, mode of travelling, availability of basic public health facilities, competence, accessibility to services, interpersonal relations of health care providers and presence of adequate drugs supplies, resources and medical equipment etc. The present study explored that skilled doctors/Nurses, inexpensive health care and good infrastructure were the major causes for seeking treatment by the patients from BPHC. The study revealed that ASHA and ANM have direct linkages with Sub-centers/PHC/BPHC under NRHM and they have played a major role in disseminating the information about the services of BPHC to rural women. However, there is dissatisfaction among the patients regarding the availability of seating arrangement, toilet facilities and drinking water facilities within the premise of BPHC. Further, it is observed that those who come late at BPHC faced more trouble in using toilets and getting proper seat in comparison to those who come first for seeking treatment. The study revealed that doctors provide minimum 7-8 minutes time to treat a patient to maximum 30 minutes considering the health needs of the patient. The conduct of doctors during treatment is depending upon the load work load of doctors at BPHC. However, in most of the cases patients expect better and more care during treatment. Further, Patients expressed that sometimes they face discrimination by the staffs of

BPHC on the basis of their economic and cultural status while seeking treatment and care from BPHC.

Panchayats are the age-old institution for governance at village level. The 73rd constitutional Amendment has strengthened PRI in India with clear areas of jurisdiction, authority and funds. NRHM has given importance to local governance for reaching vulnerable and marginalized section. The vision of NRHM is to empower the PRIs at each level i.e. Gram Panchayat at village level, Panchayat Samiti at Block level and Zilla Parishad at District and Sub-District level to take leadership to control and manage public health infrastructure at village, block and district levels. It is experienced from the present study that in most of the cases panchayat members expressed that NRHM has given them a new opportunity to participate in the delivery of health care services. The study observed that at the time of Gram Sabha panchayat select members for VHSNC and most of the time they prefer to select committee members from their own political party to prevent the unnecessary conflicts. It is further observed that due to lack of monitoring and supervision by higher authorities this committee is not working properly. The study revealed that in Gram Sanshad meeting panchayat members discuss the issues related to drinking water facility, sanitation and Maternal and Child Health aspect. The study experienced that panchayats are not properly trained to deal with issues related to women and child health of the community so efforts should be made to enhance the capacity of panchayat members in governing health services. NRHM has realised that ANMs are the key workers at the interface of health services and the community. The present study has revealed that though ANMs are involved in the process of NRHM, but in reality they are not fully aware about the entire NRHM programme as a whole. They concentrate only on their roles and responsibilities assigned to them. Though various training under NRHM, ANMs got opportunity to upgrade their skills. However, more training is required by them in the areas of administration and management. It is observed from the present study that ANMs attitudes are positive for the services offered by NRHM in the area of Maternal and Child Health. As per the guideline of NRHM there should proper co-ordination among panchayat and ANM for the delivery of health services, but in reality it is not taking place as expected.

NRHM has introduced ASHA as a mechanism to strengthen village level service delivery. The present study revealed that in some cases ASHA got selection without fulfilling the criteria as per the NRHM norm. In the present study, ASHA expressed that earning money is the foremost cause for rural women entering into this profession along with other social factors. The study experienced that through various capacity development programmes under NRHM, ASHA got opportunity to upgrade their skills. ASHA's attitude is positive about the method and teaching quality of trainers in imparting knowledge but they are not satisfied about the logistic arrangement provided at the place of training. The study revealed that ASHA got some priority from BPHC while accompanying patients. But in case of referral from BPHC to District Hospital or to SMCH they had never experienced such priority. Moreover, sometimes they faced problem in getting appointments from doctors. The study explored that considering the patients physical condition sometimes ASHA recommends their patients to visit private nursing home if family can bear the cost for its quick and quality care at the time of emergency. Though being ASHA under NRHM, such suggestions from them are not expected. However, they did it looking towards the patients' side and such concern of the ASHA need to be taken into serious considerations in modifying the services of NRHM. The study further revealed that ASHA have moderate level of knowledge on Antenatal Care and immunization aspect which need to be taken care through proper skill up gradation programme. It has found that in some cases ASHA are not able to follow NRHM guidelines in the delivery of health care services due to their heavy workloads. However, in the present study it is observed that panchayats are not cooperative in nature which creates problem for ASHA in discharging their duties properly in the village. Under NRHM, though ASHA are discharging major work but in reality their incentives are not sufficient which has negative impact on their motivation to work hard. However, they are motivated to work under NRHM as they express that ASHA's job has given them respect and recognition in the community. The government of India has introduced NRHM as a revolutionary step to revamp the existing rural health scenario of the country. It has a proper structure (from District to village level) for the delivery of services. At block level NRHM has BPHC to reach out the vulnerable and marginalized section of society. The present study, has highlights some of the major issues to the governance of BPHC. These are: shortage of physical infrastructure, public health facilities like drinking water and toilet facilities, residential

accommodation for health care personnel, shortage of manpower etc. The study also highlights that there is a poor coordination among the health care facilities such as BPHC, District Hospital and SMCH. In the entire study it is observed that the services of NRHM as a whole vary from block to block within the district. This variation is due to distance, location of health centres such as Sub Centres/ PHC/BPHCs, road condition towards health facility, involvement of Panchayats as well as availability of doctors at different clinics. It has also observed that knowledge and services offered by ASHA also varies from block to block and their experiences in working with doctors and staffs of health centres also vary.

From the above discussions it is appeared that the service delivery structure as it exist under NRHM may offer or manage a better services if certain changes take place in the governing pattern. NRHM has involved Panchayat, ASHA and ANM to reach out a large section of population. Therefore, proper coordination is required among them to reduce the differences of services as identified in different block.

The following section will present the recommendation of the study.

7.2 Recommendations:

- ***Proper Maintenance of BPHC Building:*** Existing BPHC building needs to be renovate and modified to cater better services with appropriate accommodation for toilet facilities, seating arrangement etc.

- ***Availability of Residential Accommodation for Health Personnel:*** Residential accommodation to be providedto all health personnel who are working in rural areas.

- ***Availability of Essential Equipment****:* BPHCs are also having limitations on equipment, medicine and laboratory facilities which need to be improved.

- ***Proper Planning of Health Manpower:*** Skilled and trained manpower need to be appointed to share the workload of the existing manpower at BPHC and other health facilities.Therefore, NRHM must ensure the availability of health personnel and fill up all vacant post at the earliest. For delivering specialized health care services BPHC need to appoint specialized doctors.

- ***Continuous Capacity Building:*** Continuous capacity building programmes including the importance of hospital management need to be ensured for health practitioners as it is essential for them. Besides this, grassroots workers like ANM, ASHAAnganwadi Workers and PRI need to be trained properly to fulfill their job responsibilities for smooth functioning of entire NRHM programme.

- ***Develop proper link among the Health facilities:*** The harmonious relationship as well as coordination need to be strengthened between district hospital, medical college and BPHC.

- ***Establish Proper Coordination:*** In the decentralized system of governance co-ordination is an important component. Under NRHMcoordination among the grassroots health workers like ASHA, ANM and PRI need to be strengthened.

- ***Area Demarcation:*** The present study found that area wise demarcation of BPHC facilities in various block are improper in nature for which patients get confused and it creates a problem for BPHC which need to be rectified on priority basis

- ***Monitoring System:*** NRHM can introduce social auditing to collect feedback directly from the beneficiaries and also to address their grievances directly. This monitoring system ultimately will help to establish patient-centric approach in the delivery of health care services under NRHM. Beside this, proper auditing processes need to be introduced to supervise the utilization of RKS funds.

- ***Fixed Remuneration:*** Fixed remuneration to be introduced for the ASHA along with incentives as a positive re-enforcement for their quality performance as they are the forefront health workers. Beside this, NRHM need to look after personal and professional motivation of all the health personnel who are working in remote areas.

- ***Timely Payment to JSY Beneficiaries:*** Timely payment to JSY beneficiaries is essential to mobilize women to seek institutional deliveries. State Health

Mission need to introduced guidelines for making benefits under JSY and which need to be publicized through proper communication channels.

- ***Drug Kits:*** District Health Mission needs to ensure availability of drug kits to each ASHA on regular basis for the smooth functioning of their work as it is very essential.

- ***Disposal of Bio-Medical Waste:*** NRHM should circulate guidelines for the proper disposal of bio medical waste to all health facilities as currently Swaccha Bharat Abhiyan is also looking for the same.

- ***Free Flow of Funds:*** Disbursement of funds in a decentralized manner to be ensured regularly which will be helpful for BPHC to maintain the service quality.

- ***Health Security:*** Health security in India is an urgent national and political priority. Absence of proper health insurance increases the burden on health care expenditure of rural people. The Government should take effective steps to ensure the affordability through a national health insurance schemes, especially amongst the rural population. With higher insurance penetration in the country, the accessibility to quality healthcare services would greatly improve.

- ***Use of Technology:*** for a geographically and numerically vast country like India the numbers of hospitals in India is significantly less in comparison to the number of people requiring healthcare services in the country. In a country where both medical infrastructure as well as health personnel is scarce, the gap between demand and supply can be bridged to a great extent with the intelligent use of technology. Communication technology, particularly telemedicine, can play a major role in connecting rural and urban India—which ultimately results in better delivery of health services.

- ***Encourage PPP Model:*** In India, to provide quality health care at affordable cost government can encourage Public Private Partnerships (PPP) model. Government should provide advantages to the private sector in terms of long term tax benefits for establishing hospitals in the rural areas. This would act as

a great catalyst towards increasing accessibility to quality healthcare for the common people.

- ***Involvement of NGOs:*** There are many NGOs who are offering health care services as well as generating health awareness programmes and participating for rehabilitation of the persons with disabilities and also various prevention generation programmes. A network needs to be developed with such NGOs for the delivery of health care services specifically in rural areas.

7.3 Social Work Intervention:

Health is defined as holistic development of individual where he/she can enjoy life peacefully and satisfactorily. Therefore, in health setting social worker put focus on an enabling approach in one hand and a clinical approach on the other, particularly helping the persons with ailments in medical settings (Bajpai, 1998).

Social work as a profession tries to address the multiple, complex transactions between people and their environments. Its mission is to enable all people to develop their full potential, enrich their lives, and prevent dysfunction. Professional social work is focused on problem -solving and change (IFSW/IASSW, 2000). Thus Social workers are trained to address the personal and social needs of people.

In health care settings, social workers can provide a holistic perspective on problems and situations, highlighting the social antecedents and consequences of illness and the need to deal with the larger picture along with the immediate concern (Dhooper, 1997).

Social workers in the medical field provide wide variety of services that include setting up hospital health care services after the client's discharge, setting appointments for follow-up care, arrangement for transportation to doctor's appointment. In the public health arena, social workers are a valuable recourse for the development of treatment, plans for patients, for locating supportive resources and in facilitating referrals (Sundar, 2009).

Overall, findings of the present study identified the crucial areas where Social Work as a profession can intervene by applying different methods which has been discussed below.

The interpersonal relationship or Social Case Work method are interchangeably used with micro level social work practice put focuses on person's most intimate interactions. At this level, Social Worker tries to have an in-depth understanding of patient's psycho-social problems for intervention. To achieve the goals of NRHM, Social workers can work to improve the health status of Mother and Child. At the ante natal phase social workers provide counseling to the pregnant women and their families about a decision that need to be made for ensuring safe and nurturing environment for the new born. Here, social worker plays the role of an enabler to help the patient and their families to understand the nature of complication arise during the process of pregnancy and the available treatment options, as well as consequences of various treatments or refusal of such treatment. Moreover, social worker facilitate in developing proper linkage of patient with grassroots health workers like ASHA, ANM and Anganwadi Worker. At neo-natal phase social worker educate the mother about the importance of maintaining proper diet, hygiene and sanitary practices. Social worker also makes the patient aware about usefulness of breast feeding and giving proper vaccination to child. At the post natal period, Social worker provides guidance to the patient and her families to follow up treatment. At this phase social worker also educate the mother about child rearing technique. Beside these, for successful implementation of NRHM programme in each BPHC social worker need be appointed for dealing with the grievances of patients. Social worker through their skills and techniques can establish rapport with the patients which ultimately help the patients to express their grievances in a better way.

At **Mezzo level** Social work practice is concerned with interpersonal relationship that occurs in group setting. At this level, **Social Group Work Method** can be applied for group discussions among women from reproductive age group where they share without hesitation their negative and positive experiences which can be capitalize for programme planning and implementation. At this level social worker help the patients/families to adjust themselves at hospital environment. Social workers educate the patients on the roles of different health personnel, assist patients and their families in communicating with one another and to the members of health care team.

Social worker also educates the hospital staff on patient's psychosocial issues; Promoting communication and collaboration among health care team members. By applying the method of group work, social worker can guide the grassroots stakeholders like ASHA, ANM, Anganwadi Worker and PRI about their prescribed roles and regulations under NRHM. By applying the method of **Social Welfare Administration** social worker can bring management efficiency amongst the hospital staff. Social worker can guide the health personnel about the maintenance of proper documentation. Social worker can also provide training, supervision and support to the Grassroot worker like ANM, ASHA and PRI and guide them to develop team spirit in discharging their duties. Considering the feasibility of patient Social worker can also facilitate the higher authorities of NRHM in demarcating the area under the jurisdiction of each health facilities.

Macro level Social work practice is concerned with working with organization, community and society as a whole. At this level, **Community Organization Method** can be used for Promoting awareness among people about the benefit of different schemes launched under NRHM specifically on Maternal and Child Health Care. Through this method social worker sensitizes the community and facilitates them in mobilizing needed resources for promotion of their health. **Social Action** as a method can be used to propagate or lobby the government or policy makers for the attainment of Right to Health. By applying this method social worker Advocate for patient and family needs in different settings: inpatient, outpatient, home, and in the community.

The intervention strategies of Social Work are presented in the figure below.

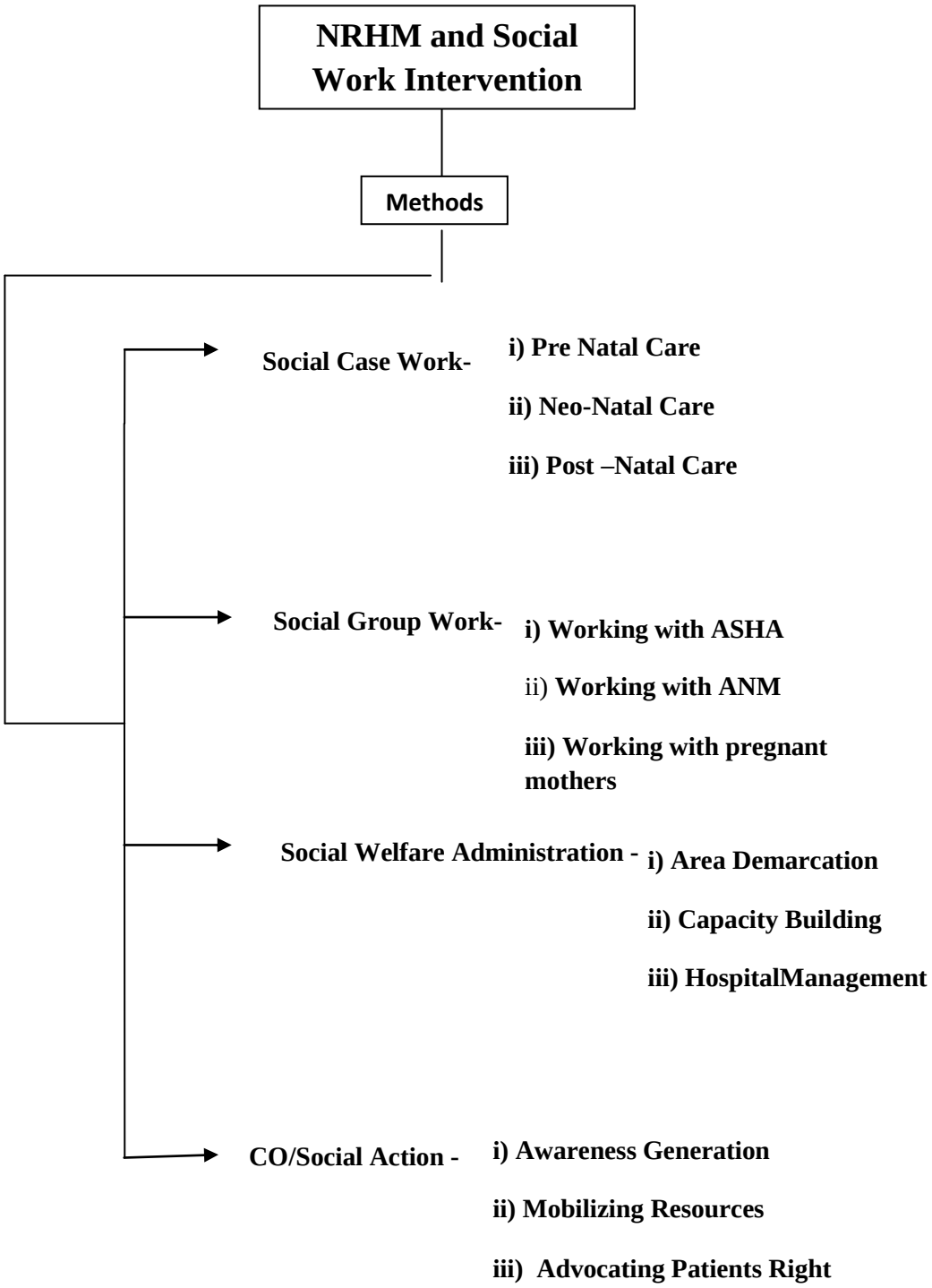

Figure 7.1 NRHM and Social Work Intervention

7.4 Developing Hypothesis:

As the study was conducted on the basis of exploratory method, the outcome helps the researcher to develop the following hypothesis, which can be studied further.

1. Co-ordination among different administrative bodies like BPHC, Panchayat, District Hospital will improve the better governance
2. Social audit under NRHM will enhance its service delivery.
3. Health insurances to be more regularized to enhance health status of poor.
4. Continuous capacity building of grass root workers will enhance their knowledge and skills for better implementation of services.
5. Fixed remuneration for ASHA is essential for improving the services.
6. Use of technology for communication with major hospitals will enhance treatment pattern
7. Public-Private Partnership (PPP) needs to be strengthened for effective implementation of health services.
8. Involvement of NGOs will improve the governance of NRHM.