CHAPTER VI

MAJOR FINDINGS

This chapter presents the study in a summarized form. It summaries the findings of the study that include service delivery and administrative setup of NRHM, socio-economic profile of respondents/patients, nature and types services offered by BPHC, perception of patient's towards the services, role and intervention of grass root actors and challenges faced by BPHC in governing its services under NRHM.

6.1. Service Delivery and Administrative Setup under NRHM:

Service Delivery is a process through which the services are offered to its beneficiaries as per the objectives of the scheme or programme. NRHM as a Mission has its own service delivery mechanism for carrying out the services to the end users. At block level health care services are rendered through Block Primary Health Centre (BPHC) located at Block head quarter. At clusters of GP level, health care services are rendered through Primary Health Centre (PHC). As per standards, PHC covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas with 4-6 indoor/observation beds. Sub Centre is the most peripheral and first contact point between the primary health care system and the community and it operates at Gram Panchayat level. Community participation is recognised as a core strategy of NRHM. According to the Mission Document, every village has Female Accredited Social Health Activists (ASHA), to act as an interface between community and public health system. Under NRHM, one Village Health and Nutrition Day (VHND) will be organised in each Gram Sabha level per month in coordination with Village Health Sanitation and Nutrition Committee (VHSNC), Anganwadi worker, ANM and ASHA worker. So it can be said that from block to village, there are various kinds of services offered through different health setup. A patient can visit either of the centre as per their need and services offered there and there are provisions of referral from the Sub-Centre to Primary Health Centre and from Primary Health Centre to Block Primary Health Centre.

NRHM has its own administrative set up for managing the services it is offering. At national level, NRHM has a **Mission Steering Group (MSG)** headed by the Union

Minister of Health and Family Welfare and an **Empowered Programme Committee (EPC)** headed by the Union Secretary for Health and Family Welfare. At state, NRHM functions under the overall guidance of **State Health Mission (SHM)**, headed by the Chief Minister and Co-Chaired by Minister of Health and Family Welfare (MoHFW), State government. The main function of SHM is carried out through the **State Health Society (SHS),** which is formed by integrating all the society setup for the implementation of various disease control programmes. Under NRHM district becomes the core unit of planning, budgeting and implementation of the programme. Under NRHM every district has an integrated **District Health Society (DHS)** to support the DHM. All vertical Health and Family Welfare programmes at district level have already been merged into one common District Health Mission headed by the District Collector as the Co-Chair and Chief Medical Officer as the Mission Director. The DHS is responsible for planning and managing all health and family welfare programmes in the district. So it can be said that the administrative structure of NRHM is closely connected from central to district level. These structures have some similarities as well as differences.

6.2 Socio- Economic Profile:

The finding of the present study reveals that the average age of the respondents was found to be 29 years. A significant portion of the respondents i.e. 49 percent got married before the age of eighteen years. In terms of education a considerable number the respondents (49%) have education up to high school and above level. Hindu respondents were in majority i.e. 65 percent out of total respondents, 25.5 percent were found to be Muslim and rest 10 percent were Christian. A substantial number of respondent's i.e. 33 percent are from General category, 28.5 percent belong to OBC, 23 percent are from SC and the remaining 15.5 percent belong to ST category. Most of the respondents i.e. 59.5 percent are from nuclear family. The average family income of the respondent is found to be approximately Rs 7,458. The finding of the study shows that a small number of respondents i.e. 15.5 percent are economically self-sustained. The average earning member in respondent's family is one. It is reinforced from the study that Majority of respondents i.e. 52.5 percent are engaged in agriculture and fishing activities. The finding of the study shows that housing status of the respondents is almost same. As 33 percent respondents have 'Katcha' houses; 31.5

percent have pucca houses and 35.5 percent have 'Semi-pucca' houses. A high number of the respondents i.e. 48 percent use LPG for cooking; whereas, 39.5 percent use firewood. Majority of respondents i.e. 67.5 percent use ground water sources for drinking purpose. Majority of respondents i.e. 62 percent expressed that 10-20 minutes time is required to fetch water from its source. A considerable number of the respondents 43.5 percent adopt boiling as a method for purifying water before drinking. Majority of respondents i.e. 51.5 percent use sanitary latrines, an equal portion of respondents i.e. 21 percent use semi-sanitary and katcha latrines respectively and 6.5 percent still practice Open Defecation. A significant proportion of respondents i.e. 54.5 percent use open bins outside the compound for disposing waste; Most of the respondents i.e. 87.5 percent always use shop to wash hands after toilets.

6. 3 Nature and Types of Services:

The findings of the study revealed that Sub-Centres are mostly available within 15 KM. surroundings in almost all areas as 97.5 percent respondents have expressed this; closely followed by BPHC as 93 percent respondents have expressed this. Further, the findings show that a significant portion of respondents i.e. 83 percent have accessibility of privately managed clinics and hospitals in their surroundings. In case of availability of service providers, ASHA provides support to the patients in most of the cases i.e. 90 percent. The findings of the study shows 50.5 percent respondents have accessibility of health facility by good road condition; while 49.5 percent don't have accessibility to health facilities due to poor road condition. Regarding the system of medicine, majority of respondents i.e. 77.5 percent prefer Allopathy. Most of the respondents i.e. 98.5 percent have expressed that they prefer to visit Sub-Centre first for their treatment; BPHC is preferred by a substantial number of respondents i.e. 66 percent and 35 percent respondents prefer to visit private hospital. Majority of respondents spend 'low level' of expenditure on health care i.e. 64.5 percent. The findings of the study show that only 13 percent respondents are aware about the term 104. In addition, out of the aware respondents 50 percent have reported that they heard the term 104 first times from ASHA and 23 percent have sought help from 104 for seeking counseling service. Most of the respondents i.e. 96 percent have awareness on 102 mobile van services. In addition, out of the aware respondents 66.1

percent have received the information on the services of 102 from ASHA. Majority of respondents i.e. 57.3 percent expressed that they had never received the services of 102 due to poor communication facility. Out of the service receivers of 102, 41 percent perceived that the services are fully satisfactory; 20 percent perceived that services are moderately satisfactory and 38.8 percent perceived that 102 services are not satisfactory. All the respondents are aware about ASHA. However, frequency of advice given by ASHA in case of family planning, JSY and ANC is low in comparison to the advice given on sanitation and hygiene aspect. In addition, 50 percent respondents are aware about the drug kits carrying by ASHA during home visit. The findings of the study show that 20 percent respondents have done full ANC. Out of the respondents who have done at least one ANC, 26.3 percent expressed that they have done regular checkups in last trimester. Majority of respondents i.e. 60 percent have consumed IFA at the time of pregnancy. The study revealed that a considerable number of respondents (46%) are not aware about the term VHSNC. However, there is a variation of responses regarding the functioning of VHSNC at different blocks. In addition, a significant portion of respondents (45%) are not aware about fixed Village Health and Nutrition Day (VHND) to their concerned village. Most of the respondents i.e. 97 percent have awareness on JSY. In addition, a significant number of respondents i.e. 82 percent have expressed that they have received information on JSY from ASHA. Regarding the Cash incentives under JSY, it is revealed that half (50%) of the respondents have expressed that they have received the cash incentives under JSY; while half of them have expressed that they have not yet received the cash incentives under JSY. The findings of the study revealed that 21 percent deliveries have been conducted at home; whereas, most of the deliveries i.e. 79 percent have been conducted at the institutional level that includes district hospital, BPHC, Pvt. Hospital and SMCH. The study reveals that JSY has created a good impact in increasing the institutional deliveries among the rural women as most of the respondents i.e. 75.5 percent have expressed that money under JSY is one of the reasons to have institutional delivery; Out of the respondents who have opted home delivery, 66 percent have expressed that home delivery is convenient. Most of the respondents i.e. 86 percent are aware about the usefulness of Tetanus immunization for pregnant mother. The findings of the study shows that a high majority of respondents i.e. 86 percent have awareness on one or more methods of contraception.

6.4 Perception of Patients towards the Services:

Majority of respondents i.e. 51.4 percent visit BPHC for its inexpensive health care treatment. The study shows that majority of respondents i.e. 54.5 percent have received information about the services of BPHC from ASHA. A significant portion of respondents i.e. 50.5 percent depend on auto rickshaw plying on road to reach BPHC; while, 32.5 percent have expressed that they prefer other modes including ambulance, private taxi e.t.c. to reach BPHC. A considerable number of respondents i.e. 47 percent expressed that 30 minutes time is require to reach BPHC from their home. A significant portion of respondents (56.5%) have perceived that seating arrangement is inadequate at BPHC. However, it varies from block to block. A high majority of respondent's i.e. 64.5 percent perceived that cleanliness is not properly maintained at BPHC. Further, a significant number of respondents i.e. 61.5 percent have perceived that toilet facilities are available but these are not maintained properly at BPHC. A majority of respondents i.e. 74 percent expressed that there is an availability of drinking water at BPHC and 26 percent have expressed that there is no regular supply of drinking water at BPHC. The findings of the study revealed that most of the respondents i.e. 79.5 percent expressed that they wait up to 30 minutes at BPHC to consult a doctor. The study shows that 26.5 percent respondents perceived that at BPHC doctors are always attentive as they listen carefully to the problems faced by patients at the time of treatment. Most of the respondents i.e. 61.5 percent have expressed that doctors provide 10 minutes time to attend the patient at BPHC. The study revealed that most of the respondents 59 percent perceived that the conduct of the doctors is good during treatment hour at BPHC. A high majority of respondents i.e. 63 percent have reported that there is an availability of medicine at BPHC. A substantial portion of respondents 44.5 percent have expressed that BPHC's have referral arrangement; whereas, majority of respondents 55.5 percent have expressed that referral arrangement of BPHC is not satisfactory. A considerable number of respondents i.e. 59 percent have expressed that AYUSH facilities are available at BPHC. The study explored that out of total respondents 63 percent expressed that they faced some sort of discrimination while seeking treatment from BPHC. The findings show that irrespective of Block most of the respondents i.e. 73.5 percent perceived distance as the main problem faced by them in seeking the services of BPHC;

6.5 Role and Intervention of Grass root Actors:

ASHA, ANM and Panchayat members are the three pillars of NRHM. They are the grass root actors working for the better implementation of NRHM as a whole.

6.5.1 Role of PRI

The study revealed that most of the PRI members i.e. 75 percent have admitted that NRHM has given a new opportunity for them to take an active part in improving the health and sanitation aspect of village. Regarding the existence of Village Health Nutrition and Sanitation Committee (VHNSC) all the GP members have pointed out that VHSNC is active in their village and it is beneficial to the villagers. However, 25% GP members have pointed out that they generally prefer the committee members from their own political party to prevent the unnecessary conflicts. Majority of panchayat members (75%) have opined that they discuss the health issues in Gram Sanshad meetings. Contradiction exists among the panchayat members regarding the works of ASHA. It is explored that 50 percent respondents have reported that ASHA working actively in the community, while rest 50 percent have reported that ASHA adopt unscrupulous means in utilizing the untied funds and most of the time they are non-cooperative. Most of the panchayat members 62.5 percent are aware about the benefits extended to women who were registered under JSY scheme. In connection with the difficulties faced by the panchayat members in implementing program under NRHM, 25 percent expressed dissatisfaction on non-availability of funds in time and 37.5 percent have cited that due to the inadequate capacity building program most of the time they fail to understand different schemes launched under NRHM. A majority of Panchayat members' i.e. 62.5 percent expressed that more funds are required on a regular basis for the maintenance and effective functioning of activities under NRHM.

6.5.2 Role of ANM

The study shows that that almost all the interviewed ANMs have education up to HS or higher level along with the nursing degree. However, Most of the ANM i.e. 75 percent are not aware about the targets of NRHM. A majority of ANMs i.e. 62.5 percent have reported that introduction of NRHM has increased the level of awareness on health and hygiene among the marginalized section of society. From the study it is revealed that majority of ANM i.e. 62.5 percent perceive that ASHA have reduced

their work load and they are mobilizing the community to avail health services. It is observed from the study that 50 percent ANMs are fully aware about their roles and responsibilities. Most of the ANMs i.e. 75 percent of them reported that Rogi kalyan Samiti (RKS) helps them in releasing of funds for beneficiaries and maintenance works. However, a significant number of ANMs are not staying at ANM quarters due to the shortage of proper residential accommodation. The study shows that most of the ANM (87.5%) have expressed that JSY has increased the demand for institutional delivery after its implementation. It is further revealed from the study that 62.5 percent ANM have expressed that they need more training and support for the delivery of effective services under NRHM.

6.5.3 Role of ASHA

The findings of the study show that a significant number of ASHAs i.e. 59.4 percent are from the experienced age group. Regarding the educational qualification a considerable number of ASHA (37%) have education upto upper primary level. Most of the ASHA i.e. 71.9 percent have more than 5 years of job experience. Earning money is the foremost reason behind the women entering into the profession of ASHA as 65.5 percent have expressed this. Most of the ASHA i.e. 60 percent got selection through the recommendation of ANM. According to ASHA's prioritization it is found that 90.6 percent ASHA have reported that they help in immunization programme; followed by accompanying delivery cases have been reported by 87.5 percent ASHA. The findings of the study show that most of the ASHA (87.5%) have expressed that they maintain network with ASHA supervisor and 50 percent have expressed that they maintain network with ANM. The present study revealed that ASHA have a moderate level of knowledge on ANC, which need to be taken care to improve their knowledge during training programme as these are very essential. Most of the ASHA i.e. 43.8 percent have reported that on recognition of any danger sign by pregnant mother ASHA prefer to take her to BPHC and 21.9 percent have reported that they prefer to take them to Sub-Centre. All the ASHA have perceived JSY as a means for the promotion of institutional delivery. However, a significant portion of ASHA (56.25%) has expressed dissatisfaction with JSY as they perceived that the JSY procedure is too cumbersome and lengthy. A high majority of ASHA i.e. 71.9 percent have expressed dissatisfaction with their jobs due to less incentive. The findings of the study show that a high majority of ASHAs i.e. 43.8 percent have

reported that Panchayats are not co-operative which create problem for ASHAs in discharging their duties properly in the village. Majority of ASHA i.e. 75 percent have expressed that they should be paid a fixed remuneration for discharging their duties.

6.6 The Challenges Faced by BPHCs in Governing its Services:

The present study shows that all the BPHCs in Cachar district are functioning in government buildings. However, 62.5 percent BPM have reported that BPHC building is insufficient to cater to the needs of the people. Most of the BPM i.e. 87.5 percent have mentioned that BPHC's have public health facilities, like toilet arrangement, piped water supply and electricity. Lack of availability of residential accommodation in remote rural areas is creating problem for BPHC's staffs to stay and work in such areas. Most of the SDMHO have opined that approximately per day they are treating more than 80 patients including patients from both Out Patient Department (OPD) and Indoor Patient Department (IPD). All the BPM and SDMHO have reported that there is a poor linkage of BPHC with other health care facilities like, District hospital and Silchar Medical College & Hospital (SMCH). A significant number of BPM i.e. 62.5 percent have pointed out that local elected representatives are not actively participating in RKS meeting. All the SDMHO have said that though JSY act as a revolutionary step to increase institutional delivery in rural areas but in reality the JSY procedure is too cumbersome so that most of the time rural women are deprived to avail the benefit under JSY. Beside these, almost all the BPM have expressed that there are complexities in area demarcation for BPHC under NRHM for which patients as well as health care providers of BPHC face difficulties in governing BPHC.