

'AROGYA BANDHU' SCHEME FOR INVOLVING PRIVATE MEDICAL COLLEGES AND OTHER AGENCIES IN THE MANAGEMENT OF PHGS AN EVALUATION STUDY

IHMR-B

Site No-319, Hulimangala, Electronics City,
Hulimangala Post, Bangalore-560 105
Phone: 080-30533800
www.ihmr.org



EXECUTIVE SUMMARY

The Government of Karnataka is committed to provide quality health care services to the people. In the recent past Government has implemented various beneficiary oriented programmes in Health department under NRHM. Karnataka is a pioneer of innovative schemes in many spheres including health; one such scheme is "Arogya Bandhu", a scheme involving private medical colleges and other agencies in the management of PHCs under partnership agreement. Currently, a total of 51 PHCs in the State is being managed by various organizations under public private partnership. Out of these PHCs, 14 are managed by 8 medical colleges and 37 by 13 NGOs.

This study aimed at evaluating the physical and financial performances of PHCs under Arogya Bandhu Scheme across the state, and also to see whether the scheme benefits the community at large. The study also aims at finding out the Strengths, Weaknesses, Opportunities and Threats (SWOT) of the scheme by highlighting the opinion of the community about the health services provided by the PHCs. The study was conducted in 52 PHCs spread across 26 districts (one Arogya bandhu PHC and one government run PHC as counterfactual from each district) of the state of Karnataka. The tools used were, Checklist for Record analysis (MIS/ available records for the last one year 2012-13); Interview schedules for concerned staff at PHCs to evaluate operational efficiency and financial feasibility and interview schedules for evaluating beneficiaries (SWOT analysis).

It was noted that all the studied PHCs functioning under Arogya Bandhu scheme were fully managed by their respective management organisations. Out of the studied 26 ABS PHCs, six were being managed by medical colleges and 20 by different NGOs.

Status of PHCs: Both the Arogya Bandhu and Government run PHCs are functioning in government buildings. As far as the functional status of beds is concerned, ABS PHCs were found to have a lead of mean difference of 0.458 in functional status as compared to Govt. run PHCs. Although the coverage area of the ABS PHCs (21.8 + 13.7 km) was more compared to Govt. PHCs (17.4 + 6.9 km), the population served was high among the Govt. PHCs (MD = 3773.68).

Human Resources: There was shortage of manpower in both ABS and Govt. PHCs. However, the average number of currently working staff exceeded in ABS PHCs when compared to Govt. PHCs. All the functioning Medical Officer In-Charges (MOIC) in Govt. PHCs was MBBS graduates where as 17.4% of MOICs in ABS PHCs were AYUSH graduates. The average salaries of the higher cadre staff of Govt. PHCs were higher than their colleagues from ABS PHCs. It was found that six MOICs at ABS PHCs were appointed after superannuation.

Infrastructure: The physical condition and quality of infrastructure in terms of Injection / dressing rooms, Residential facilities for staff nurse / ANM, Separate public utilities for men and women and availability of four wheeler for implementation of health programmes was found **significantly** ($p < 0.05$) good in ABS PHCs than their counterpart.

Drugs and equipments: No significant difference was observed in the availability of the drugs, vaccines, kits in both ABS and Govt. PHCs except the availability of OCPs and DDKs which were significantly high in ABS PHCs. The number of available and functional equipments showed inadequacy in both ABS and Govt. PHCs.

Healthcare Services: There were 18 PHCs under govt. and 12 under ABS designated as 24*7 PHCs. All the services were equally available in both ABS and Govt PHCs except availability of services for Diarrhoea management and Blood sugar testing which were significantly better in ABS PHCs. Regarding deliveries being conducted in the PHCs, staff nurses played the key role before and after 4 P. M. both in ABS and Govt. PHCs.

Quality Control: There was no significant difference in the implementation of studied quality control measures in both ABS and Govt. PHCs except patient complaint register which was significantly more available in ABS PHCs.

Supervision: Visit to PHCs by the respective DHOs / THOs and DPMOs ranged from once in a week to no single visit. Most of the ABS PHCs responded that DHOs' / THOs' visits to their PHCs had been once in three months followed by once in six months while this frequency was once in two months or once in three months in case of govt. run PHCs. Most of the Govt. PHCs were visited by programme officers every month, while this frequency of visit to ABS PHCs was either every month, once in 2 months or once in three months.

THREATS: Management of PHCs by external agencies could not have significant influence on the frequency of visits to the nearby PHCs by the community. The overall satisfaction level of the community with the quantity and quality of healthcare services provided at ABS PHCs was very low. Very less preference of community to seek health care services at SCs indicates poor management of those SCs by ABS PHCs. Even after changing norms of converting all PHCs for 24*7 basis by NRHM, only few ABS PHCs were functional on 24*7 basis. Due to limited hours of functioning of PHCs and only outpatient services being available, the community served by ABS PHCs had high preference to seek health services at private hospitals or private practitioners. As per the community perception, the quality of services had significantly improved with time in govt. run PHCs rather than ABS PHCs. Among the studied ABS PHCs, 13.2% of beneficiaries perceived deterioration and 37.2% did not observe any changes in overall service delivery by the PHCs after implementation of Arogya Bandhu Scheme.

By analyzing the secondary data it was found that, the number of beneficiaries who availed health services in the last one year on outpatient basis was same irrespective of the management of the PHCs. More than half of the ABS PHCs were found to be better performing with respect to initiation of immunization programme but sustenance of the programme in terms of less drop-out rates was better in govt. run PHCs. No significant difference was found in performance between ABS and Govt. PHCs in terms of different parameters of ANC / PNC coverage and institutional deliveries. ABS PHCs were better performing with respect to temporary methods of family planning viz. distributing OC pills, condoms and IUD insertions, while Govt. PHCs were better performing in implementing permanent methods of family planning. No significant difference in performance was found between ABS and Govt. PHCs in terms of different indicators on National Health programmes except indicators of Anaemia control programme which were better in ABS PHCs and Diarrhoea control programme in Govt. PHCs.

Based on the findings, it can be concluded that 'Arogya Bandhu' Scheme did not bring significant positive changes in terms of improvement in standard of infrastructure, manpower, equipments, drugs etc., as well as in the perception of community regarding quality of services. Hence, the scheme which aims mainly to provide healthcare services in remote and inaccessible areas may be extended with caution to rectify and improve the gaps found in the study.

Fund Utilisation: Fund allotted for Arogya Raksha samithi were utilized mainly for maintenance of the equipments (89.6%), for purchase of emergency and essential drugs (85.4%), for maintenance of generator or other power backup (41.7%) and for hiring transport to shift the critically ill patients to higher facilities (27.1%) in both categories of PHCs.

Strengths, Weaknesses, Opportunities and Threats (SWOT) of the scheme were assessed by highlighting the opinion of the community about the health services provided by the PHCs.

STRENGTHS: The majority of ABS PHCs had been able to provide the services the respondents went for. Community was satisfied with the cleanliness and other services like school health programme, immunization programme, health education activities and especially eye screening and cataract camps. Due to proper maintenance of residential facilities in ABS PHCs, doctors' availability on 24*7 basis to handle the emergencies and providing other healthcare services was found satisfactory to the community. 43.7% of all the studied beneficiaries perceived improvements in the overall service delivery by the PHCs after implementation of Arogya Bandhu Scheme.

WEAKNESSES: Community was not satisfied with the time given as well as attention paid by doctors and other healthcare staff in ABS PHCs. As per the community perception, ABS PHCs were not implementing the National Health programmes properly. Community served by ABS PHCs was not properly aware about the management of the nearby PHC, Arogya bandhu scheme and Arogya Raksha samithi (ARS) which indicates the lack of IEC activities and community involvement. Although doctors were available in ABS PHCs on 24*7 basis because of proper maintenance of residential facilities, yet ABS PHCs were very poor in providing 24 hours delivery services. Besides that, contribution of doctors in conducting deliveries even before 4 P.M. was not significant enough and staff nurses are playing key role in this aspect. ABS PHCs were found poor in providing all the ANC services to pregnant women.

OPPORTUNITIES: As far as the frequency to PHC visits are concerned, majority (97.4%) of the respondents had visited PHCs in last 12 months and showed highest preference to seek health services from the near-by PHC which indicates that PHCs are playing a major role in delivering healthcare services to the community and needs improvements to make those services satisfactorily to the community. As per the respondents, system of pay for healthcare services by the community was significantly less prevalent in ABS PHCs.

Chapter 5: CONCLUSIONS, REFLECTIONS AND DISCUSSIONS

This study has evaluated the physical and financial performance along with SWOT analysis of PHCs under Arogya Bandhu Scheme across the State. All the studied PHCs functioning under Arogya Bandhu Scheme were found to be fully managed by their respective management organizations. Out of the studied 26 ABS PHCs, six were being managed by medical colleges and 20 by different NGOs.

Although there was shortage of manpower in both categories of PHCs, yet the average manpower available at PHCs was more in ABS PHCs. Further data analysis indicates that this higher average number of manpower at ABS PHCs was due to compromise in qualification, salary and other recruitment norms of higher cadre staff.

In few parameters of infrastructure like availability of injection / dressing rooms, residential facilities for staff, separate public utilities for men and women and four wheeler for implementation of health programmes, ABS PHCs were found better compared to their counterpart. No significant difference was observed in terms of availability of drugs / equipments / services at PHC and quality control measures between ABS and Govt. PHCs except few areas (availability of OCP, DDK, patient complaint register and diarrhea management and blood sugar testing services) where ABS PHCs were functioning better. The funds allotted by Arogya Raksha Samiti for the activities of the PHCs were utilized mainly for maintenance of the equipments, purchase of drugs, maintenance of generator or other power back up and hiring transport to shift critically ill patients to higher facilities.

As per the community perception (SWOT analysis), ABS PHCs were better in terms of providing the required services, cleanliness, residential facilities for staff that in turn lead to availability of doctors in the PHC on 24*7 basis and less system of pay-for-healthcare services. But beneficiaries' satisfaction level with the services of doctors and other health care staff, quantity and quality* of services available at PHCs, round the clock delivery services and functional status of PHCs, contribution of doctors in conducting deliveries, ANC examinations, conducting immunization programs and improvement in overall quality of services with time were main weaknesses and threats for Arogya Bandhu Scheme. Besides that, management of

PHCs by external agencies (PPP Model) could not have significant influence on the frequency of the visits to the nearby PHCs by the community. Even though, majority of the respondents had visited nearby PHCs in last 12 months and also showed highest preference to seek health services from the nearby PHC, which is an opportunity to improve the services and fill the gaps in a short span of time.

By analyzing the secondary data it was found that there was no significant difference in performance between ABS and Govt. PHCs in terms of various national health programme indicators (UIP, RCH, etc.)

ABS did not bring significant positive changes in terms of improvement in standard of infrastructure, manpower, equipments, drugs etc., as well as in the perception of community regarding quality of services.

Based on the findings, it can be concluded that 'Arogya Bandhu' Scheme did not show greater impact in terms of improvement in standard of infrastructure, facility maintenance, manpower, equipments, drugs etc., as well as in the perception of community regarding quality of services.

Hence, this scheme which aims mainly to provide healthcare services in remote and inaccessible areas may be extended with caution to rectify and improve the gaps found in the study.

Chapter 6: RECOMMENDATIONS

ABS PHCs must adhere to the IPHS standards and government recruitment policies in terms of strength and eligibility of the healthcare staff.

There is a need of adequate and regular supervisory visit to ABS PHCs from the state government officials to improve the functioning and quality of services at the PHCs.

ABS PHCs need to strengthen the quality of services satisfactorily to the community by regular motivation trainings and Behavior Change Communication of health care staff.

The Medical officer and the concerned Agency should make an attempt to strictly implement and take care of the National Health Programmes at ABS PHCs.

There is scope for improvement in 24*7 services in the ABS PHCs.

The scheme aims to provide healthcare services in remote and inaccessible areas. Hence, the Arogya Bandhu scheme may be extended with caution to rectify and improve the gaps found in the study.