CHAPTER - 6

CONCLUSION
CHAPTER 6

CONCLUSION

OBJECTIVE 1

Evidences from low and middle income countries across the globe indicate that decentralised governance in health, cutting across geographic boundaries, could result in a number of positive and negative experiences. Further, concepts of efficiency, accountability, responsiveness, quality of care are difficult to measure in real life settings. There is dearth of studies and evidences in India about the nature of functioning of RKS as an institution of local self-governance, the perception and experiences of RKS members in governing health units, and the opportunities and barriers to the effective functioning of health units.

A central aim of any scientific scrutiny into the effects of decentralisation in health should be to identify, relate and assess the role and functions of local decision-making institutions and the results of such decisions at systems, institutions and patient/community level. The vastness of the subject matter of decentralisation, diversity of socio-political arrangements, and complex interaction of building blocks of the health system need to be thoroughly acknowledged and properly understood while designing data collection tools for conducting such research studies.

Despite the contextual difficulties and methodological challenges, performance measurement at local level from the point of view of decentralisation as a health sector reform measure need to examine the health facility-driven processes, community behaviors and providers’ characteristics. Policymakers might want to seriously consider the need for investing in capacity building of administrators, local decision makers and service providers on the principles and processes of local self-governance for efficient and effective delivery of healthcare services.

OBJECTIVE 2

The process and nature of local self-governance in health units is characterized by several distinctive success stories and challenges. There is an urgent need to sensitise health workers (some of whom are RKS members) about the principles and ingredients of ‘shared governance’. The process of local decision making could have long-lasting implications on the health service delivery
mechanism and health outcomes of the larger population. However, the nature of decision making would determine the quantum and quality of decisions and how well those decisions address local health problems, management and governance problems of the health units. Key participants felt the need to regulate membership of RKS, incentivise members to ensure regularity of meetings, and train/orient the members about their roles vis a vis functions of RKS. The involvement of PRI members and elected representatives were time and again questioned by the study participants. However, despite several operational challenges to govern the health units, there doesn’t seem to exist a better and effective alternative to deal with diverse public health challenges and organisational problems in Odisha context. This institution of RKS needs urgent attention of the government to play the role of an effective platform of local self-governance.

OBJECTIVE 3
As epitome of shared governance, the RKS undertakes multiple responsibilities and executes a variety of functions aimed at reduction of mortalities & morbidities through better governance, improved accountability and enhanced quality of care. Using a large scale, cross-sectional, institution-level dataset, the study of RKS members’ perception about local self-governance in health units contributes to better realisation of some of the supply-side factors. It assessed the situation in terms of knowledge, perception, practices and functioning of RKS as an institution of local decision making in public health sector. It also identified individual and organizational factors contributing to RKS functioning, and examined the factors affecting involvement of RKS members in local self-governance. The study also raises concerns on prioritization of resource allocation to meet the training needs of stakeholders. However, whether or not more empowerment of local RKS bodies would result in improved utilization of health services, and how well to address some of the inter-personal barriers to effective functioning of these institutions, would need further research. As other studies have pointed out, an important aspect of further investigation is the issue of formal and informal coordination mechanisms being followed at various levels that control the rules of the game. A pilot implementation research may provide answers. Further, the effects of decentralised governance may be studied from the perspective of patients, service providers and the community at large.
In the process of taking steps to improve quality of services, local health units under the guidance of the district administration need to consider all critical determinants of patient satisfaction with special emphasis on having functional and clean toilets within the premises of health centres, courteous and passionate behavior of service providers, and availability of waiting space at health centres. Many of the interventions to address system-centric factors (physical access, non-clinical provisions, waiting time) need a stronger inter-sectoral coordination mechanism, while most of provider-centric factors (behavior, time spent with the clients, dignity and privacy of clients) could be addressed through appropriate medical education reforms; finally, the patient-centric factors (out of pocket expenses, knowledge and satisfaction) need sensitization of the public and involvement of community health workers. There is scope for rigorously controlled implementation research to answer some of the emerging questions in the discourse of decentralisation and functioning of the health units.