CHAPTER 6
SUMMARY, CONCLUSION AND SUGGESTIONS
FINDINGS FROM PATIENTS SURVEY

A survey of 500 patients attending PHC at Saurashtra Region showed that the overall patients’ satisfaction was relatively high. The overall satisfaction as reported by subjects was 60%, but when subjects were asked about satisfaction for each service item individually the mean overall satisfaction dropped. This is consistent with the study done by Williams SJ et al [19] which showed that general levels of consumer satisfaction are high, however questions of a more detailed and specific nature reveal greater levels of expressed dissatisfaction. Therefore health administrators and planners should not depend only on overall assessment of satisfaction. Each service needs to be assessed individually using the different service items and components involved. Findings narrated from patient’s survey are as follows:

1) Majority of respondents selected for study is from age group 20-30 was taken.

2) Most of the respondents were farmers.

3) Generally patients came in hospital during OPD hours.

4) 50% of respondents are moderately satisfied with the service provided by PHC in Saurashtra region and there is no significant relationship between age, gender, occupation, & districts with satisfaction with services of PHC.

5) Patients have to travel 0 to 2 km for getting services from PHC and said PHC is within their village and for severity of diseases nearest referral unit is CHC and distance from PHC to nearest referral unit is 5 to 10 km depends on village.

6) Most of the people in village visit PHC for treatment and if some people are not visiting PHC it is because of poor quality of services, absence of doctors when visited, poor infrastructure facility and non availability of medicines at PHC.

7) When patients visiting PHC they are receiving proper guidance for their diseases.

8) For the services provided by nurses majority of patients nearly 50% are moderately satisfied and from the statistical analysis we can say that variable age, occupations, gender, and districts is not having significant relation with the services provided by nurses at PHC.
9) Around 40% of patients viewed that waiting time before consultation is appropriate and for that no variable is having impact on view on waiting time.

10) 41.4% patients viewed that PHC is convenient place to reach for the services.

11) 42.4% patients rate fair for the doctors ask about symptoms to patients.

12) Patients having view that doctor listen carefully what the patients said to them and 45% of patients said that doctors explain their problem in proper way.

13) Around 40% of patients viewed that nurses listen them carefully.

14) 47% of patients viewed good about quality of care nurses provide but some patients (19%) rate poor for quality of care nurses provide. And 35.4% of patients view that nurses not explain their problems properly.

15) Overall about medical facilities provided by PHC 50% of patients are dissatisfied with services provided by PHC while 50% are satisfied with medical facilities provided by PHC in Saurashtra region.

16) As majority of patients viewed that PHC is within their village so from patients home to PHC location is not so far and accepted by the population of Saurashtra region but patient’s age is having impact on view about acceptability for location of PHC.

17) 48% of patients viewed that appropriate chairs are available in waiting area of PHC while 40% of patients from various districts of Saurashtra region viewed that chairs are not available properly.

18) At PHC and for the time spent in the waiting room 51% of patients viewed that time spent in waiting room is acceptable while 33% of patients disagree with that and variable districts is having significant relation with view on availability of appropriate chairs in waiting area of PHC.

19) 45% of patients said that operating hours of PHC are not suitable while 45% of patients having view that operating hours are suitable and variable age and view on operating
hours of PHC is having significant relation with each other and having impact on each other.

20) Majority of Patients (85.6%) viewed that physical separation of male and female area are not done appropriately in PHC and age is having significant relation for view on physical separation on male and female area at PHC in Saurashtra region.

21) 65.4% of patients viewed that they see the same doctors at each visit in PHC and variable age is having impact on view on seeing same doctor at each visit in PHC.

22) 76.2% patients viewed that PHC does not provide every vaccination which family need at Saurashtra region.

23) 50% of respondents viewed that PHC staff are good and never mistreat the patients and variable age is having significant relation for the view on staff never mistreat the patients at PHC.

24) 60% of patients said that Pharmacist explain them properly on how to take medicine.

25) 80% of patients viewed that PHC provides health education material that allow the patients to understand the diseases, their treatment and prevention.

26) 77.4% of patients viewed that medicine prescribed by the doctors available at local pharmacy in village.

27) 59.8% of patient viewed that clinic is clean and tidy while 35% viewed that PHC clinic is not always near and clean and variable is having impact on that view.

28) Majority 64% of patients viewed that safe drinking water facility are not available at PHC in Saurashtra region.

29) 35% of patients said that facility provided by PHC is proper while 55% of patients said that the facility provided by PHC is improper in Saurashtra region.
FINDINGS FROM SURVEY ON PRIMARY HEALTH CENTERS IN SAURASHTRA REGION

One of the key determinants of human development is the ability to live long and healthy life. It is the availability of Health Care Services at an accessible distance, with effective and complete utilization of the Health Care Services which plays a significant role as the prominent determinant in achieving the nation’s health. India lives in its almost 6.5 lakh villages. If basic health care does not reach the rural areas, no matter how much progress is achieved in the urban and semi-urban areas, the overall growth as a nation will be retarded. India has made significant progress in improving healthcare. But improving access to basic healthcare services to the rural population is perhaps one of the most pressing, from a straightforward human development perspective.

This study was undertaken in order to explore the primary health care in rural areas of Saurashtra region, its infrastructure, manpower availability and the acceptance and utilization of such facilities and services by the rural community and efforts of government in promoting the health through health programmes. This study is a meaningful exercise in understanding the rural community’s requirement with respect to the primary health care need, especially maternal and child health care need. The findings of the study are summarized as listed under.

1) Total No. of PHC in Saurashtra region is 261 from that 150 PHC taken for the study in the proportionate manner.
2) Majority (30%) of doctors are from age group 30-40 and having experience of 5 to 10 years.
3) Out of total 150 respondents 45% are M.B.B.S, 38% are B.A.M.S and 16% are Ayush doctors.
4) 47% of doctors are working in same PHC last 4 to 6 years.
5) In some of the PHCs visited it was noticed that medical officers are working on deputation.
6) The recent initiative of the state to post AYUSH doctor at non–staffed PHCs is a welcome step. And in a PHC visited the Ayush doctor was effective and popular. This should be further extended. As Ayush treatment may be desired by many people and there is a huge shortage of medical officers willing to work in rural area.

7) In case of nurses around 40 to 60% are in position in various districts of Saurashtra region, in Case of FHW & MHW 60 to 80% are in position while in case of lab.tech & pharmacist 50 to 80% are available at each district of Saurashtra region while computer operation are available but in most of PHC 40% clerks position are vacant that is the same driver while in case of driver 50 to 60% are available and in case of B.I.E.C.O. every district they are available.

8) Lack of specialists – physicians, anesthetists, and pediatrician and Ob-gye professionals - has constrained the institutional capacity to deliver high level of skilled services (RCH services/ Institutional Neo natal care/essential Neo natal care/trauma care).

9) 95% of PHC are working in government building and condition of building is good and appropriate ventilation facility is available in each and every room.

10) As per respondents the cleanliness in PHC is average and 98% of respondent’s view that regular power supply is available at PHC and 67% said that generator is also available at PHC.

11) 100% respondents said that PHC equip with telephone facility.

12) 50% of respondents agree that quarter is available for them but only 37% are residing in it because of poor condition of it, spouse staying at other place, location of PHC quarter and education of children.

13) 77% respondents agree that PHC is having labor room while 79% of respondents said that O.T. is not available at PHC in Saurashtra region.

14) Generally PHC cater 4 to 6 sub centers and 87% of respondents agree that they are serving 30,000 to 40,000 Populations which is as per IPHS standard and distance between PHC and CHC is 10 to 20 km.

15) 28% of respondents are nutral and 34.7% slightly disagree on giving answer on PHC operationalised on 24*7 bases as planned staff commensurately.

16) Majority (33.3%) respondents are aware about existing health facilities.
17) 24% of respondents are slightly disagree and 7.3% are slightly agree that PHC does not provide qualitative health services.
18) 31.3% respondents agree that after the introduction of NRHM there is increase in number of outdoor patients and also NRHM works properly in PHC of Saurashtra region.
19) 38% respondents are agree that every new born child is provided post natal care and routine immunization done appropriately in village.
20) 34.7% slightly agree that after the launch of NRHM there is significant decrease in neonatal and infant death and also it helps to increase immunization coverage and improve nutrition status of children.
21) Total No. of PHC in Saurashtra region is 261 from that 150 PHC taken for the study in the proportionate manner.
22) Majority (30%) of doctors are from age group 30-40 and having experience of 5 to 10 years.
23) Out of total 150 respondents 45% are M.B.B.S, 38% are B.A.M.S and 16% are Ayush doctors.
24) 47% of doctors are working in same PHC last 4 to 6 years.
25) In some of the PHCs visited it was noticed that medical officers are working on deputation.
26) The recent initiative of the state to post AYUSH doctor at non-staffed PHCs is a welcome step. And in a PHC visited the Ayush doctor was effective and popular. This should be further extended. As Ayush treatment may be desired by many people and there is a huge shortage of medical officers willing to work in rural area.
27) Lack of specialists – physicians, anesthetists, and pediatrician and Ob-gyne professionals - has constrained the institutional capacity to deliver high level of skilled services (RCH services/ Institutional Neonatal care/essential Neonatal care/trauma care).
28) 95% of PHC are working in government building and condition of building is good and appropriate ventilation facility is available in each and every room.
29) As per respondents the cleanliness in PHC is average and 98% of respondent’s view that regular power supply is available at PHC and 67% said that generator is also available at PHC.
30) 100% respondents said that PHC equip with telephone facility.
31) 50% of respondents agree that quarter is available for them but only 37% are residing in it because of poor condition of it, spouse staying at other place, location of PHC quarter and education of children.

32) 77% respondents agree that PHC is having labor room while 79% of respondents said that O.T. is not available at PHC in Saurashtra region.

33) Generally PHC cater 4 to 6 sub centers and 87% of respondents agree that they are serving 30,000 to 40,000 Populations which is as per IPHS standard and distance between PHC and CHC is 10 to 20 km.

34) 28% of respondents are neutral and 34.7% slightly disagree on giving answer on PHC operationalised on 24*7 bases as planned staff commensurately.

35) Majority (33.3%) respondents are aware about existing health facilities.

36) 24% of respondents are slightly disagree and 7.3% are slightly agree that PHC does not provide qualitative health services.

37) 31.3% respondents agree that after the introduction of NRHM there is increase in number of outdoor patients and also NRHM works properly in PHC of Saurashtra region.

38) 38% respondents are agree that every new born child is provided post natal care and routine immunization done appropriately in village.

39) 34.7% slightly agree that after the launch of NRHM there is significant decrease in neonatal and infant death and also it helps to increase immunization coverage and improve nutrition status of children.
6.2 Suggestions to improve the rural health care services

Health policies, several Committees and Commission recommendations have spelt out several measures to improve the quality and quantity of rural primary healthcare system and its services. Their strategy is to generate demand for public Health Facilities, provide options to population and increase participation by NGOs and private sector in the healthcare provision. Simultaneously, it rightly does not treat the problem as exclusive to the public health department. An integrated approach involving different departments like sanitation, construction, water supply, education, power, roads, etc. is well recognized. NRHM is a comprehensive effort in this direction. Appointment of ASHA and AYUSH practitioners and full involvement of Panchayati Raj Institutions (PRIs) in monitoring and delivering healthcare services to local population are important ingredients of the strategy.

Given this context, the various districts Bhavanagar, Amreli, Junagadh, Jamnagar, Rajkot, Surendranagar and Porbandar are fairly doing better in terms of quantity of infrastructure and availability services. Although there is clear shortage of the qualified health professionals, their absenteeism at village level is considerably less. Now it is the time to focus on the quality of the health care services to ensure the better health care services for the weaker section of the community.

1. Introduce the accreditation system for Health Facilities for their infrastructure, human resources, drugs and medical supplies based on the annual visits and can be graded based on the compliances of the norms.

2. Introduce the system of awards for the best performing health facilities in various categories. Similarly identify the best performer in each health facility under different categories based on the performance and commitment. The selection of such performers can be based on the feedback and ranking of the beneficiaries. The categories can be the sections which bring in quality in the work and work place like campus cleanliness, patient satisfaction, attending the patient early, less waiting time for patients, patient engagement during waiting, and health education to patients.
3. Creating the better and hygienic living condition for the BPL families with basic necessities like toilets, bathing, drainage and good drinking water. Such living condition in the villages reduces the burden of morbidity.

4. Create special incentive schemes for the rural doctors and nurses to attract them for the service for stabilized stay of the health professionals in the villages.

5. Reduce the administrative burden of the health professionals especially nurses, doctors so as to enhance their focus on the health care quality. To build the good database and MIS, provision should be made to appoint one computer system generalist, who looks into data entry, software and hardware.

6. Now every citizen of the nation is having an identity of existence through the mega project of Unique Identification Scheme, which largely provides a base for the reach of the intended benefit to the beneficiary with the perfect identification. With UID as the base, identify the BPL families and entitle the family with some specified amount per annum for hospitalization, treatment, medicine etc. Any other persons/ families using the facility need to pay a small amount for the service. The revenue so generated can be used for the improvising the facility in terms of quality.

7. Currently ASHA under NRHM are a volunteer health activist, who receives honorarium for her services. In the long run this system may collapse as this honorarium is too little to retain their interest in doing the job effectively After 2 years of service, an effective ASHA can be put under intense training and can be appointed as Health educator at PHCs. (IPHS norms prescribe 1 health educator per PHC and currently there are no Heath Educators in any PHCs). If ASHA does not wish to move out of the village, appropriate training can be given and can be taken as an additional ANM on contract basis with regular salary and incentive for the performance.

8. The delivery of the health care in rural India is almost entirely curative in nature. But good health is possible only when there is a transformation with respect to the hygienic practices and utilization of the health services at the right time. Government should have Public Private Partnership at the health facilities in bringing the good health.
9. It is widely observed that the public health facility and private health facilities are working as two isolated units in the same industry. The policies and programmes should be made such that services, information and expertise can be combined and put to service for the benefit of the community’s health.
Suggestions

The study brings out the fact that the PHCs have not been able to deliver the intended health care and medical services to the people in the rural areas. The following suggestions are made for improving their performance.

1. To ensure the availability, adequacy and functionality of health infrastructural facilities including the medical and Para-medical staff in PHCs, there is an urgent need to emphasize the systemic mechanism of supervision, monitoring and review of the functioning of primary health care institutions. This will not only help improve the quality of health delivery system, but also ensure optimum use of public resources.

2. A holistic approach to primary health care system needs to be adopted which should strive to integrate the allopathic system of medicine with Indian systems of medicine. The Indian systems of medicine have advantage over the western system of medicine on many counts. For instance, the allopathic treatment and medicines are becoming increasingly unaffordable and the study has clearly brought home the point that non-availability of medicines in PHCs is one of the main constraints being faced by the people in general and the poorest of the poor in particular.

3. If the adequate numbers of lady doctors are not available for posting in the rural areas, the Para-medical staff especially the Nurses should be provided training on obstetric/gynecology so as to enable them to popularize and facilitate the institutional deliveries.

4. The existing PHCs should be made equipped with essential infrastructure and diagnostic facilities which will help increase the utilization rate. Besides, medicines should be made available in PHCs especially for those who are living below the poverty line.

5. To overcome the hardships being faced by the people in the rural areas due to non-availability/absenteeism of doctors, it is suggested that the local village level health workers as paramedics should be trained on basic medicine, health care, hygiene and nutrition for posting in PHCs and their functioning should be monitored and supervised by PRI’s.
6.3 Conclusion

Rural Health Care Delivery system based on the Primary Health Care Approach was started way back in 1977 in India. Alma Ata declaration of “Health for All” in 1978 was a big challenge to achieve till India launched its ambitious programme of National Rural Health Mission, (NRHM 2005 – 12) to improve the health status of its rural community, especially the women and children of the weaker section of the society. NRHM focused on building up the infrastructure, improving the manpower at all levels of health care delivery centers like Primary Health Centers, Sub Centers as its core strategy. It emphasized the need of a Health Activist for each of the villages, thus introducing Accredited Social Health Activist (ASHA) in every village for every 1000 population. Also, it emphasized the need for community participation and partnership with the private health care providers and NGOs in creating awareness about the health care issues especially maternal and child health care through health education and different health care programmes.

This study of 150 villages of Saurashtra districts reveals that the availability and accessibility of health care is considerably improved. But when it comes to availability of trained manpower, there is shortage of doctors and para medical staff in different health care facilities. The awareness level of the community is very good with respect to the available health care services. But, further efforts are needed to bring in behavioral changes in utilizing the available health care facilities and reap the benefits. Health care programmes are to be made more effective to increase the ratio of the beneficiaries.

Patient satisfaction is an increasingly important issue, both in evaluation and the shaping of health care. In addition, patient evaluations can help to educate medical staff about their achievements as well as their failure, assisting them to be more responsive to their patients’ needs. Therefore, patient satisfaction surveys should be carried out routinely in all aspect of health care to improve the quality of services. Survey results can guide policy makers in introducing changes as competition between health care providers increase. The results of our study showed that although the overall satisfaction was high, some aspect of the services showed
some degree of dissatisfaction. Also, some physicians' service items need suggestions and corrective intervention. Female and young patients appear to need more attention.

6.4 Further research in the area

Strengthening the health facilities only in terms of physical infrastructure and placing the required manpower on the job does not assure a good health to the community. It requires treatment in compliance with the set standards for both tangible and in tangible deliverables. The social marketing is a strong tool that can bring in behavioral transformation, which is key in public health promotion. Even though it is need of the times the research in this area is very limited. The research in measuring the impact and effectiveness is a prominent dimension to that can add to knowledge of the understanding social marketing further better. Keeping this in view, the following are the suggested research, which contributes to the existing knowledge in achieving the desired health in the community, nation at large.

1. Concept of “Quality” in health care and the various dimensions of quality health care.
   The governance, monitoring and controlling systems to ensure quality health care.

2. Effective awareness on health programmes brings the behavioral changes to promote health.