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STATEMENT OF RESEARCH PROBLEMS AND QUESTIONS

The research scholar as a whole considered research problem as firewood that force the methodical process, and used to be the institution of any research method and experimental design, from true experiment to the case study. However in this case also the research problem was the first step as a research usually started with a problem and ended with a solution. In addition, it was also said that a research problem could be the situation that causes the researcher to feel apprehensive, confused, and ill at ease (Derrick 2009).

It was quite usual in India that if a person thinks of doing a PhD then he searches a research topic or most often suggested by guide or supervisor. Some institutions in India and other part of world used to already have some well structured PhD programs and any student opting for any particular program had to go through the research process as methods and techniques were also prescribed. However in this case research scholar opting for a PhD had selected a topic accordingly to his study and work experience therefore research questions were set accordingly to the problems what described hereafter.

There could be many problem situations that might give rise to the current research. Public health reflected in certain terms and research scholar wanted to present the meaning and relevance of those terms that what did they mean? With the reports both internal and external spilling had termed National Rural Health Mission successful and research scholar was quite interested in measuring the outcome and to investigate that how such change affected a common person and how they important for them? Were such achievements sustainable? What was the weakness and what were the positives in the health sector? How poised was the rural health sector and how it was capable in meeting the requirements of a common man in a sustainable manner? It was also reported that National Rural Health Mission achieved more success at initial stages and later it became stagnant. Such issues kept coming repeatedly in consciousness of research scholar as he was unable to find any authentic answer and all those collectively caused a research problem.

Research scholar wanted to acknowledge that three sources usually contributed to the problem. His own experience of working with the implementation of National Rural Health Mission was one of the basic
sources of problem supply. Perhaps it would require a mention here that research scholar was working with Jharkhand government during 2004-05 to 2008-09 in capacity of a Divisional Program Manager and was charged with implementation of National Rural Health Mission in three districts of Palamau Division of Jharkhand namely Palamau, Garhwa and Latehar. Being posted at Palamau research scholar had to coordinate between the state headquarters on one side and district and sub district level functionaries on the other side. Jharkhand state was included in EAG state or high focused state under National Rural Health Mission. Research scholar had got the job of execution of National Rural Health Mission at the earliest stages. Institutional arrangements such as constitution of District Health Societies, Rogi Kalyan Samities and Village Health and Sanitation Committees were first on agenda in all the three districts and 30 blocks or Primary health centres allocated to him. Being supported by Deputy Commissioners and Civil Surgeons of the three districts and all MOICs, Block Development Officers, Child Development Program Officers or CDPOs and Program Management Unit Staff the first job for the research scholar was the preparation of bylaws and memorandum of all those societies. For this purpose several meetings were organized with all those functionaries and ultimately the task was finished and Palamau became the first division in Jharkhand to set up all those institutions at the earliest. The laudable performance of the research scholar as the Divisional Program Manager continued as he went on with the program of upgradation of primary health centres and first referral units for which rigorous facility surveys was completed and a detailed plan with budget provided by him and based upon that the upgradation of health facilities could be completed. Such jobs accomplished by the research scholar with so precision that the then State health Secretary of Jharkhand Dr. Shivendu had applauded his contribution. Definitely path breaking performances of the research scholar were followed by other Program Managers of Jharkhand.

In addition research scholar had to convene and participate in monthly review meetings at all the three districts and present them at the state level monthly meeting at Ranchi which was quite a job. Research scholar was expected to submit monthly Primary health centre and district level review reports for which he had to monitor vigorously the generation and dissemination of various reports from each health facility of the territory assigned to him. There could be no doubt that those job requirements had made research scholar to contemplate and ultimately developing ideas about public health development. When his ideas confronted with real occurrences then problems originated and acquired a dimension which aggravated to an extent to construct theories.
The second source of problem supply could be the research scholar’s persistent interests in the field of public health. Public health management was an integral part of social welfare administration. Therefore any people in place of research scholar would have natural keenness towards *National Rural Health Mission*. Research scholar used to come across available literatures related to *National Rural Health Mission* even after he relived from his assignment in the year 2009. Since research scholar went on to develop his own ideas about developing the public health sector of the country and how programs required managed and how policies required framed at state and central level. The research scholar was willing to put forward the out of sight aspects of *National Rural Health Mission*.

Theories could be the third and important source, which contributed to the supply of research problem. In fact research scholar had already developed several theories and discarded several existing theories and this research could be a method to put forwards those theories. Research scholar had noticed that *National Rural Health Mission* was so focused towards population stabilization and it preferred not to embark so well upon several health issues. Though *National Rural Health Mission* considered as a major public health intervention however research scholar had found it more a developmental program and less a health program. This was due to the fact that population stabilization and public health measures could not be mixed however it had happened under *National Rural Health Mission*.

Research scholar was convinced that focusing population stabilization programs could not do so better to public health however betterment of public health could do equally better to the objectives of population stabilization. Public health though a part of Social Welfare however there was difference between health initiatives and welfare initiatives and those not required mixed up as both could overlap and harm each other despite all the noble motives and notions. Research scholar had observed that such mix up had also happened under *National Rural Health Mission*. It was beyond any doubt that accomplishing other activities than delivery of health services had put the peripheral health work force under tremendous stress. ANMs were asked to take care of nutrition, sanitation, drinking water, awareness and maintaining IEC. Likewise a doctor could easily found involved though not expected to indulge in some clerical kind of jobs as they required delivering health services only. Certainly those jobs were also important however for that other departments and competent work force could be easily available. ANMs and Doctors were precious and they most required implementing health services.
The research scholar was apprehensive that if public health facilities continued to be a no performer then they might consider privatized. However research scholar had found those Additional Primary Health Centres or other facilities also not improved which were handed over to NGOs or private firms. Also there was no surety either that services which outsourced had gone or would go well. Thus considering privatization and outsourcing as remedies could be truly a case of non application of mind. There was already a prospered private health sector in the country and any public health program could no way create situations to further promote private sector at the cost of public health sector. This was unthinkable for the research scholar. Although research scholar was not against public private partnerships however they required well articulated as public private partnerships were highly pressed those days at various levels even in the field of public health. Public private partnerships could be considered in selected areas such as medical education, training, technical know how however it could not require paving a way for full privatization of the health facilities slowly and steadily. Research scholar would also like to discuss this issue later in this treatise.

Likewise it was not so easy to measure the achievements of National Rural Health Mission. The research scholar became so problematic mainly due to the fact that how achievements of National Rural Health Mission could be measured? Research scholar was having his own ideas which were in confrontation with the existing practices. Research scholar was feeling problematic with the fact that how progress against certain health indicators especially infant mortality rate, maternal mortality rate, immunization coverage, sex ratio could be termed as achievements of National Rural Health Mission; however they must be achievements as a whole for the country. In fact all those positive changes could not said to be due to National Rural Health Mission after all still almost 80 percent stake was of the private health sector in India and in this situation it was quite illogical to term those changes in health indicators happening only due to National Rural Health Mission. Certainly research scholar felt that National Rural Health Mission could not be credited for all those changes in the health indicators. The same could be also true for the pulse polio or polio eradication programs. Research scholar was also aware that no any attempt was made in this country to identify respective contributions of the public and private health sector appropriately. Thus research scholar was never agreeing to term those positive changes to declare as achievements of the National Rural Health Mission exclusively. According to research scholar achievements of National Rural Health Mission could be declared in terms of its performance until and unless any methodical investigation could be done to identify the respective contributions of public and private sector respectively.
Another major area of problem what research scholar came across was related to the public health data. It was observed by the research scholar that public health data in the country was neither adequate nor reflected the actual situations however they more reflected only factual situations. The public health data in the country was not based upon realistic occurrences such as mandatory or vital registration of birth, death, cause of death and illness rather they were largely based upon sample surveys conducted by respective organization therefore they could not be largely acceptable despite declaration of high rate of confidence level by the respective organizations. The data of Sample Registration System, District Level Household Survey, Multi indicator survey by UNICEF, and National Family Health Survey could easily fall in this category. There was no doubt that those data were widely used as references however no way they could be termed actual presentations. Public health data in such a vast country was required presentation based upon mandatory registration of each and every case of birth, death, illness and causes of deaths and illnesses. Even it was required to include private doctors, hospitals, and nursing homes in this endeavour which did not happen in India despite more than 65 years of independence. Population based action programs were also not found logical because in some states almost 30-40 percent rural population were not living in their respective villages and migrated else where in search of employment or due to other reasons. Therefore population based targeting, supply of logistics and action plan could not be so effective rather surplus logistics medicines were usually supplied and authorities being unable to consume them most often destroyed them and submitted false reports about the work done. Therefore it was definitely required ensuring demand based supply where as demand could not be based upon any presumed but must be based upon some actual data.

Research scholar was further confronted with several other problems, which required an answer. National Rural Health Mission had came as a central government intervention for a limited period and it was expected to enhance the financial capacity of the states to fund their public health infrastructure, but had it happened? Also National Rural Health Mission appointed work force on contractual basis for a limited period whereas state health employees were employed on a permanent basis. How it could term proper that two sets of employee i.e. one contractual and other permanent expected to work efficiently under same system being involved with different terms of services and other discrepancies in salary, allowances. Was it proper for the central government to do like this? National Rural Health Mission adopted Indian public health standards and made it mandatory but most shocking aspect was that due to acute shortage of work force Indian public health standards was not
implementable adequately. In fact government had already diluted the provisions of *Indian bureau of standards* finding it costly to implement.

Similarly almost 0.9 million *accredited social health activists* appointed in the country mostly on a voluntary basis and though voluntarism required but how a public health system could develop on the basis of such huge institutionalized voluntarism. However research scholar had found ASHA program as a great burden on the health system in order to regulate them. All the seven module of training could not be provided to ASHAs. ASHAs going on roads demanding permanent salary and other benefits were definitely not so pleasing.

Towards conclusion, there were several problems related to various aspects of *National Rural Health Mission*, which individually or collectively formed problem, part of the problem or larger problem.

### 4.1 Research questions

*Research questions* had largely narrowed the aforesaid research problems. *Research questions* and *hypothesis* must be 'sourced' or 'founded' in appropriate background (Marais 1990). A hypothesis could be a possible answer to a question and used to predict about the possible outcomes of the research. At the time of the start of this research there, were some questions, which had further given birth to another set of questions? There were some broader questions and some subordinate questions associated with main questions. Such questions kept emerging over the time repeatedly in the concepts of the research scholar. Once one question was solved, new question arose and thus a chain reaction started but how answer of every question could find through such a research was beyond imagination as the resources being limited. Thus research scholar had to formulize questions accordingly.

Research scholar had definitely developed some working hypothesis as a tentative assumption made in order to draw out and test its logical or empirical consequences however it was not found proper to mention those working hypothesis mainly due to high degree of vulnerability and tentativeness involved with those hypothesis. Though those working hypothesis definitely helped the research scholar by means of delimiting the area of research and by keeping him on the right track. Hypothesis also helped the research scholar in indicating the type of data and methods of data analysis required. Working hypothesis in this research rose due to prior thinking about the subject, examination of the data and material including related reports. Discussion with stakeholders of *National Rural Health Mission*, Supervisors and methodological experts was required in making the hypothesis which was done by the research scholar throughout the entire course of research. Selection of data and data sources thus made relevant.
A search of similar kind of research was also done however there not any related study found mostly because *National Rural Health Mission* was a new and contemporary subject.

Therefore, under the premises of previously mentioned particulars and problems, fundamental questions taken under this research were-

A. What are the perceptible transformations in rural health sector due to NRHM?

B. How the NRHM executed and what is its feat?

C. How achievements are crucial for upholding rural households and livelihood?

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