ABSTRACT

INTRODUCTION
One of the principal goals of any health care system is to improve health through the provision of clinical and public health services. Decentralisation (or local self-governance) as a reform measure aims to improve inputs, management processes and health outcomes, and has political, administrative and financial connotations. It is argued that the robustness of a health system in achieving desirable outcomes is contingent upon the width and depth of ‘decision space’ at the local level. Studies have used different approaches to examine one or more facets of decentralisation and its effect on health system functioning; however, lack of consensus on an acceptable framework is a critical gap in determining the quantum and quality of local decision making in public health sector.

Local decision making is linked to several service quality improvement parameters. Rogi Kalyan Samitis (RKS) as composite bodies at peripheral decision making health units (DMHU) are mandated to ensure accountability and transparency in governance, improve quality of services, and facilitate local responsiveness. Health systems in low and middle income countries are struggling to improve efficiency in the functioning of health units of which workforce is one of the most critical building blocks. In India, (RKS) was established in all health unit as institutions of local decision making in order to improve productive efficiency and quality. However, measuring efficiency of health units is a complex task. Quality is a multi-faceted and ‘all pervasive’ concept. There is lack of consensus on how best to measure it in different contexts. Perceived quality of care by the end-users is often used to measure quality of health care services in public and private health care delivery system.

Theorists have resorted to concepts of ‘trust’, ‘convenience’ and ‘mutual benefits’ to explain, define and measure components of governance in health. In the emerging ‘continuum of health services’ model, the challenge lies in identifying variables of performance (fiscal allocation, autonomy at local level, perception of key stakeholders, service delivery outputs, etc) through the prism of decentralisation in the first place, and in establishing directed relationships among them. The RKS has multiple responsibilities aimed at improving the overall functions of the health units. However, there is scant literature on the nature of functioning of RKS in Odisha.
This study specifically aimed to review the dimensions, difficulties and derivatives of local self-governance in public health sector in India; understand the process and nature of local decision making under RKS at peripheral DMHUs; assess the perception of RKS members about their roles, involvement and practices with respect to local decision making and management of DMHUs; assess the perception (opinion and satisfaction) of health workers about influence of RKS on improving efficiency of DMHUs; assess the perceived satisfaction of patients/carers in DMHUs; and identify predictors of governance, and of satisfaction.

The following were the specific study objectives:

**OBJECTIVES**

1. To undertake a focused review of local self-governance and health system performance, and to suggest a framework for future assessment.
2. To study the process and nature of local decision making under Rogi Kalyan Samitis in public health units in Odisha.
3. To assess the perceptions and perspectives of key stakeholders about the functioning of health units (RKS members, health workers, and patients/carers), and the role and influence of Rogi Kalyan Samitis in local self-governance of public health units in Odisha.

A sub-objective of main objective III was to examine the perceptual and functional differences between priority district (PD) and non-priority district (NPD) set-ups, and identify predictors of involvement of RKS members in local governance of health units, and of satisfaction of health workers and patients.

**METHODS**

A mixed methods approach was used for data collection and analysis: focused review, focus group discussions (FGD), in-depth interviews (IDI), non-participant observation (NPO), and interview of key stakeholders. The focused review exercise conducted extensive web-based literature search, using PubMed and Google Scholar search engines. The ‘key word’ search strategy was adopted, using *apriori* criteria for inclusion and exclusion. One hundred and four full articles (3 working papers and 101 published papers) were reviewed in totality.

For selection of health units, a multi-stage stratified random sampling technique was used. Three top ranking districts with highest infant mortality rate (IMR) and three with lowest IMR, one each, from 3 zones of Odisha were selected on the basis of IMR estimates of 2011. The former
constituted priority districts (PD) and the later, non-priority districts (NPD). One notified area
council (NAC) block containing the district headquarter hospital (DHH) and one non-NAC block,
selected at random, constituted the basis for selection of health units from all six sample districts.
The DHH _de facto_ was included in the study. Two community health centres (CHC) and two
primary health centres (PHC) were randomly selected from each sample Block. Thus, total of 6
DHHs, 12 CHCs and 12 PHCs spread across 3 worst- and 3 best- IMR districts were included in
this study.

For studying the process and nature of local decision making, 15 focus group discussions were
conducted with the RKS members; 5 in-depth interviews were conducted with key decision
makers; and 5 RKS meetings were observed by the researcher using non-participant observation
(NPO) technique. In order to assess the perception and perspectives of key stakeholders, 112 RKS
members, 130 health workers and 600 patients were interviewed.

For assessment of perception and perspectives of key stakeholders, RKS members, health workers
and patients constituted the universe. As members of RKS, health service providers, officials in
administrative/managerial role, elected representatives, and officials from other departments
(including independent members) constituted our study sample. A total of 112 respondents were
interviewed across 6 districts. A semi-structured interview schedule was used that comprised
mainly of close-ended and some open-ended questions. The tool comprised mainly of close-ended
and some open-ended questions. Descriptive and inferential statistics were used to compare the 3
PDs with 3 NPDs. Participants’ current level of involvement and training status was examined.
Governance, human resource management, financial management and quality improvement
functions were studied in detail. Opinion about various individual and organizational factors in
local self-governance and predictors of involvement were identified.

Further, 130 health workers from the sample health units were interviewed. A semi-structured
questionnaire was administered to assess perception and opinion of health workers about influence
of RKS on efficiency of decision making at local level, motivation and performance of staff,
availability of funds, improvement of quality of services, and coordination among co-workers; and
participation of community in local decision making. Composite scores were developed and
compared between PD and NPD. Adjusted linear regression model was used to identify predictors
of satisfaction at work.
Six hundred (600) patients/carers from the sample health units were interviewed using a structured questionnaire that contained mostly close-ended and two open-ended questions. Patients/carers at each sample health unit were selected from the outdoor (OPD) and indoor (IPD) segments using systematic sampling technique for conducting interviews. Linear regression models were used to identify predictors of patient satisfaction.

Qualitative data analysis was done through systematic text condensation and thematic analysis. From the focused review findings, key concepts and essential variables were explained, and a framework was proposed for future scientific scrutiny. Emerging themes were presented in three separate segments of dimensions, difficulties and derivatives. FGDs and IDIs were audio-recorded, transcribed and translated into English for analysis. One NPO was audio-recorded, transcribed and translated, other four were captured through field diary notes. From analysis of FGDs, IDIs and NPOs, results were presented thematically. Quantitative data analysis was carried out using SPSS 20.0 and R 3.2.1. Permission and ethical approval of the study was obtained from the health and family welfare department, government of Odisha, and the institutional ethical committee of Indian Institute of Public Health, Bhubaneswar, respectively. Anonymity of responses was maintained throughout the study through coding. Informed written consent was obtained from all subjects before conducting interview/administering the questionnaire.

RESULTS

Evaluation of local decision making and its effect on health system performance (HSP) has been studied in a compartmentalised manner. There is sparse evidence about innovations attributable to decentralisation. It was observed that in India, there is very scant evaluative study on the subject. I didn’t come across a single study examining the perception and experiences of local decision makers about the opportunities and challenges they faced. The existing body of evidences may be inadequate to feed into sound policy making. The principles of management hinge on measurement of inputs, processes and outputs. In the conceptual framework I have proposed three levels of functions (health systems functions, management functions and measurement functions) being intricately related to inputs, processes and outputs. Each level of function encompasses essential elements derived from the synthesis of information gathered through literature review and non-participant observation. It was observed that it was difficult to quantify characteristics of governance at institutional, system and individual levels except through proxy means.
RKS meetings were not held on regular basis; vested interests of members and chronic absenteeism were frequently reported as the main bottlenecks in success of RKS. Lack of knowledge and motivation and insufficient financial support were causing delayed response from the RKS in solving local problems. The composition of RKS was skewed against women. There was no special emphasis on women’ participation. Appropriate composition, motivated and disciplined members, accountability in governance within RKS and an enabling environment were found to be critical factors for success of local decision making in public health sector.

The socio-demographic profile and composition of RKS members were comparable between PD and NPD. Majority of respondents were ‘satisfied’ with their current roles in the governance of local health institutions. About one-fourth opined that the amount of funds allocated to RKS under National Health Mission (NHM) was ‘grossly insufficient’. Fifty percent of respondents said they requested for additional funds, last year, and 38.8 per cent informed that they requested additional funds for purchase of drugs. About 87 per cent respondents were satisfied with their role in the local governance of the health units (PD=94.3 per cent vs. NPD=80.7 per cent). Almost all (PD=98 per cent vs. NPD=80.7 per cent) opined that local decision making helped in improving the performance of health units. For most of the open-ended questions the responses were non-specific.

Staggering differences were found between PD and NPD with respect to their involvement in district plan preparation (NPD=78.9 per cent vs. PD=58.5 per cent), training in plan preparation (NPD=47.4 per cent vs. PD=27.5 per cent), participation of officials from other departments (PD=96.9 per cent vs. NPD=45.5 per cent), and inclusion of activities of other sectors (PD=70.8 per cent vs. NPD=41.8 per cent). Whereas, no significant PD-NPD difference was found about their perceived ‘involvement’ in undertaking the 12 designated responsibilities. Composite scores on various individual and organizational factors were compared and found to be varying significantly. Work experience, qualification and non-monetary incentives as strong determinants of current level of involvement of RKS members in governance and management of health units.

With regard to the opinion of health workforce, a majority of respondents felt that RKS was efficient in decision making that resulted in improvement of all critical parameters of health service delivery, including quality; this was significantly higher in PD. Further, higher proportion of respondents from PD was highly satisfied with the current set of provisions and manners of
functioning of the sample health units. Active community engagement, participation of elected representatives, selection of a pro-active Chairman, and training to RKS members were suggested as the immediate priority action points for the state government. Mean scores differed significantly between PD and NPD with regard to: influence of RKS on individual-centric, organizational-centric and patient-centric performance, and the responsibilities to be entrusted with RKS. Absenteeism was strongly associated with satisfaction and local self-governance. Work-related factors, systemic factors, local accountability and patients’ involvement were found to be the key predictors of satisfaction of health workforce.

About 40 per cent interviewed patients/carers said they didn’t have ‘all-weather’ roads from residence to the designated health centre. Significantly higher proportion of respondents from the PDs hired vehicles for transportation; and higher proportion from the PDs was aware of OPD services. About 65 per cent respondents waited for < one hour for constituting a doctor/service provider. Very limited respondents were either aware about role of RKS in local governance of health centres or had received any benefits from the RKS. District category, family income (adjusted for family members), waiting time, and history of visiting private health units were found to be the key determinants of patient satisfaction.

CONCLUSION
The future direction of scientific enquiry to the subject of local self-governance in health should focus on context-specific evidence of its effect on the entire spectrum of health system, with special emphasis on efficiency, community participation, human resource management and quality of services. There is an urgent need to sensitisise governments and academia about how best more objective evaluation of ‘shared governance’ can be undertaken to benefit policy making.

Fixing criteria for selection of RKS members, incentives for regular conduction of RKS meetings, regular training and orientation to RKS members, exclusion of elected representatives and higher allocation of earmarked funds were suggested as the means to improve the process of local decision making.

Poor knowledge / expectation of RKS members was diluting the decision making process at DMHUs. There is an urgent need to improve their knowledge, understanding and expertise in areas of governance and management practices. A locally-monitored and time-bound capacity
building plan could achieve this. Yearly resource allocation for drug procurement needs revision. Specific eligibility criteria based on work experience and qualification may be fixed for RKS membership. Further research may focus on identifying the underlying individual and systemic factors behind such large PD-NPD differences.

The understanding on quality improvement strategies was found to be very poor among the health workers. Tailor-made capacity building measures at district and sub-district levels could be critical to equip the peripheral health units to achieve the universal health coverage goals. Work environment, systemic factors and accountability need to be addressed on priority for retention of health workforce. One possible mechanism to improve physical access to health units could be through establishment of district and state level steering committees under the leadership of the district Collector and departmental secretaries at district and state levels, respectively to initiate and monitor road connectivity.

Future studies may focus on identifying the individual and systemic factors behind such large PD-NPD differences on various parameters. The hypothesized link between efficient local decision making, perception of health workers about efficiency of health units and the health status of population needs further investigation. It may be pertinent to undertake implementation research to examine the impact of specific interventions on quality of local decision making and quality of health care services.