Impact Evaluation of Tribal Health Care Delivery Strategy

For

Rajasthan Health Systems Development Project

By

State Institute of Health & Family Welfare, Jaipur

(An ISO 9001: 2008 certified Institution)

Executive Summary

State Health Systems Development Project with the support from World Bank initiated efforts to improve the tribal health in six districts of Rajasthan wherein the service delivery was expected to be strengthened in terms of infrastructure, logistics, equipments and drugs, apart from the capacity building of the staff, improving the access through RCH camps, extensive IEC/BCC, focusing on community mobilization through Village Contact Drives.

Further in agreement with the observations recorded in the aide memoirs by the Bank, the objectives were brought in tandem so that tangible and palpable achievements can be put on a performance scale.

Besides, the secondary data and desk review of available literature and reports; primary data from the field was gathered through the basic tools of structured questionnaire, house to house contacts, exit interviews and focus group discussions.

The focus areas were assessment of facilities, impact of Village Contact Drives and utilization of RCH camps, and IEC/BCC.

The State Institute of Health and Family Welfare took up the study in six districts covering 48 facilities (40 Project and 8 Non-Project) spread over 144 villages and addressing to BPL, SC, ST and general populace. Exit interviews with 441 beneficiaries and household interviews with 1951 respondents were held. The study was carried out between June to August of 2009.

The three reports “Social Assessment Report” by IIHMR and “Patient Satisfaction Report” by Hospihealth, and study by RVHA on VCD evaluation were reviewed and findings from the these reports were collated.

Against the many variables, looking into the time frame, the facilities were assessed on areas like availability and functionality of reception-inquiry/cash counter, signage, display of - user chargers, essential drug list, IEC material; basic amenities, manpower, OPD, injection room, dressing room, MOT, observation rooms, wards, labor rooms and laboratory.

Registration-cum-cash counters were available at 90% of project facilities whereas 77.5% of the facilities had signage properly displayed. Somehow, user charges and essential drug list display

was found displayed at 65% and 60% of the Project facilities respectively, and at rest of the places it was because of the construction in progress, that the IEC material was removed temporarily from display at the facility; and for the same reason display on categories of patients who are entitled for free treatment was observed only at 50.0% of the facilities though it was available at 77.5% of project facilities.

The drinking water facility was available at 87.5% of the project facilities, and 12.5% of facilities where safe drinking water supply was not available at present again could be attributed it to construction work. This refers to primary data collected from the field.

Referring to the IPHS standards, 65% of the project facilities had one or the other specialist. This is simply by taking into account the 7 specialist that IPHS recommends and comparing it with the available specialist at the time of study but was not matched with sanctioned posts as we feel that such matching does not serve the purpose. Even if sanctioned but not posted means same from the point of view of service delivery

The outpatient departments were relatively better placed in relation to the availability of basic equipments and privacy. In case of the inpatient department (wards) with a mandatory nursing station, 70% of the Project facilities had a nursing station. However at other places on account of ward size and staff strength, common nursing stations were functional

57.5% of the labor complexes had attached toilets at the study facilities. At some places it was under construction and at places it is under plan, the construction of which is expected to start shortly.

One reason to rejoice is the positive observation that majority of these service outlets had a reasonable respect for hospital waste and the color coded bags and bins were strategically placed.

Trainings, the other soft intervention for capacity building of service providers in view of the earlier TNAs is once again a feat that has been successfully accomplished and the number of 13178 is sufficient reason for amour propre for the Project.

The shortage of staff has led to adoption of an alternative approach wherein referrals are to be honored as a cost effective intervention. In acceptance to this the referral data from PHCs to

higher facilities have shown almost a 100% increase over the period of last five years which simply means that besides the money, logistics, infrastructure, IEC and trainings have been taken care of reasonably well under the Project. This observation is based on the data collected from CHC regarding the referrals that it received form PHCs in the catchment

However, a 100% increase in referrals from CHC to higher facilities beleaguers the sanguinity; the reasons for which are hard to be addressed as 70% of the CHCs with no concerned specialist and 65% with no blood storage facility prompt these referrals in defiance to the project objectives. This is in contradiction to the earlier statement (35% of the institutions did not have specialists) and has to be read carefully as the specialist may be present but his specialty may not match the sickness with which the patient presented.

Despite all problems, an attempt has been made to draw some conclusion from the available statistics regarding service utilization for key interventions like antenatal care, immunization, sterilization, contraceptive measures, and treatment for Diarrhea/ARI/TB and Institutional deliveries.

The encouraging findings are that there is a constant increase in number of ANC cases at FRUs and CHCs of all the six districts. By and large the ANC registrations have gone up by 241% in District Hospitals and 56% in FRUs and CHCs of these tribal districts, except for Baran. It was only District Hospital **Baran, which slipped by 27.44% in ANC services in last 4 years** though the FRUs and CHCs of the District here registered a 20% growth in ANC registrations. The reasons for District Hospital showing poor performance are hard to authentically explain but poor referral receiving, Tribal population with faith in traditional system, overall poor purchasing power could be some.

The vaccination component of RCH registered a moderate increase from NFHS I (17.3%) to NFHS II (26.5%). The DLHS III reported it as 48.8% for tribal districts whereas the state average hovers around 91.8%. The three cannot be triangulated as the approach, sample size and the geographical area covered are not common.

The project facilities have shown an 88% increase in immunization from 2004-05 to 2008-09.

An increase in institutional deliveries credited to JSY apart from the project inputs (RCH camps, VCDs, IEC/BCC, civil works (labor rooms), drugs & equipments); stays substantiated from the

secondary data available in the districts. At District Hospitals as well as FRUs and CHCs under Project the ID has shown more than 200% increase between 2004-05 to 2008-09.

Besides ID, immunization and ANC coverage, diarrhea, RTI/STI cases treated have shown a considerable improvement. Just as an example the diarrhea cases treated at project facilities show a 77% increase at DH and 141% increase at FRUs and CHC under project (2004-2009) and sterilization had gone up by 28%, which could largely be attributed to RHSDP initiatives.

Under the time tested assumption that the best of the opinion can be had from the clients when they are walking out and there is nothing at stake. The exit interviews are designed around this understanding only.

A total of 441 (IPD-109, OPD-235, Attendants-97; Male-235, Female-206; 57.4% APL & 42.6% BPL; 16% SC, 30.8% ST, 33.1% OBC & 20% General) subjects were randomly interviewed from all the facilities under study.

Fever was the most common condition for which the respondents visited a health facility whereas pregnancy (16.8%) was the next. 89% chose the facility for its easy accessibility; investigation facility prompted another 79.5%.

The wait period (less than 30mins) was reasonably acceptable to 82.5% though the expectations expressed were to have it further reduced to 15mins. Close to 85% of the respondents were satisfied with sitting arrangements, drinking water and toilet facilities. Overall 60% of the respondents during exit interview rated the facility as “good” with reference to promptness, behavior, patient listening and explaining. These findings are analogous to the observations made in “Patient Satisfaction Report”.

The staff attitude in relation to care, concern and compassion, by and large was rated “good” by 65.3% of respondents in relation to promptness in attending. Equally important is the behavior of nursing staff in the health care and they too scored “good” from 69.6% of the respondents. Another 56.5% of them justified the presence of patient counselors when it came to guiding the patients to appropriate facility/doctor.

For 82.5% of the respondents the wait period was less than 30mins which is in agreement with the findings of "Patient Satisfaction Report" (85%). However, close to 57% feel that this should be reduced to 15mins.

For their non medical needs (drinking water, sitting arrangements and toilets) the efforts by RHSDP match the expectation levels of 85%.
Segregated for project and non project facilities, observation from exit interviews, hardly show any difference.
Only 23.4% of the BPL could not get free medicines from the facility probably because the prescribed medicines were not part of EDL and therefore, not stored at the facility.

Somehow, of the 23.4% of BPL patients who did not get the free medicines, 38.7% still bought it from the market. The positive interpretation could be that people have started valuing health which can be used for institutionalizing user charges provided the same are ploughed back into the system to address the quality.

The diagnostic facilities across all the districts were found to be reasonably good as 66.4% of the clients got all their tests done at the facility itself.

The aesthetic appeal of the hospitals with special reference to cleanliness and the patient satisfaction are directly proportional apart from the clinical services. 91% of the clients felt that the hospitals have become clean enough and 84.6% felt that the clinical management matched their expectations.

The personal experiences with regard to the care and fulfillment non medical needs are strong determinants of patient satisfaction which in turn establishes the credibility of the facility. It appears that the Project inputs have started paying dividends which cannot be left to any guess work as 92% feel that they would return to the facility in future too for all their health care needs.

The health care seeking behavior and practices are prescript of attributes like education, awareness, purchasing power parity, access, availability, faith in system, past experiences and the priority that the individuals attach to health. To have a firsthand feel, 951 households (55% APL & 45% BPL) were interacted with. On an average, 51.8% of these subjects felt that they had to travel less than 5kms to reach a health facility.

As one of the premier interventions planned under the Project for increasing the access and reach of health services the efforts of RHSDP were dovetailed with the already ongoing RCH camps through NRHM/RCH, bringing in the desired convergence.

51% of the households knew about these camps and of those who knew (1005) 43% did avail the services. Of the total 388 women who came to RCH camps, 57.98% came for ANC check up and another 56.8% for vaccination. Close to 66% opined that the services at these camps were "good". The promising responses from BPL (69%), rating the camp services as "good", talks volumes about the Project's endeavor.

Public private partnership suddenly has become the buzz word and a magic solution, and that is probably why PPP was tutored for VCDs. The objectives were to cascade down the messages regarding services and schemes to the last man in the remotest area. Though the RVHA Evaluation of VCD attests that 70% of the households knew about VCD; recall memory, sample size and the period lapse are some of the factors for which the present finds may not be valid as VCD was done 3 years back and the FGD group cohort may not be the same. Easy access and approach besides the past experience with the facility were the deciding forces for people using public facilities.

As against all the presumptions 44% of the households in tribal areas preferred to contact an ANM followed by another 42.5% who thought private doctors are a better choice. Only a minority (22.1%) opined that traditional healers gain over others.

Considerable inputs, perseverance and bolstered efforts by RHSDP have made a palpable dent on the cultural inheritance and traditional norms, with discernible faith reposed by tribal population in modern system of medicine.

The presence of traditional healers cannot be out rightly discounted. Though only a minority (22.1%) preferred the traditional healers, 75% of them attributed it to "faith" and 50% of this minority feels that a little orientation of these healers can make them a little more effective particularly for "timely referral". This calls for effective integration after orientation of the tribal healers into the organized health care delivery system.

Often the public system is said to be expensive and indifferent. The "Social Assessment Survey" further endorses this opinion of tribal communities. However, the responses on "reasons for

utilizing the public facility" do not give us any lucid reason to support the observations of "Social Assessment Survey" by IIHMR which had reported relatively low percentage.

The present study observed that 84% of the household respondents got the treatment absolutely free and 60% rated the facility as "good", 42.8% were comfortable with the user fee charges, 83.6% rated staff behavior as "good", close to 70% had their investigations done at the facility free of cost, 62% had experienced zero window period for getting their investigation reports, 60% witnessed the presence of ambulance at the facility (10% of these even used the ambulance facility and paid for it). **By and large, 80.14% felt satisfied.**

Further, during the 38 FGDs held in the six tribal districts with 10 to 15 participants within the age group of 20-55 years. The heterogeneous group (APL/BPL, SC/ST/OBC/General, students/PRI members/ANM/ASHA/AWW) was asked a question as to why people come to the government facility. Amazing responses had been that pregnancy, labor, vaccination and contraception did not figure out, probably because the question hinted only at diseases and people had the fair understanding that these do not qualify as diseases.

Whom do they prefer for seeking health care was the question which was returned with varied answers reflecting that the choice of service provider would depend on the nature of illness, severity, emergency, distance and cost.

However, it was made clear by the FGD group that they preferred to visit the nearest facility irrespective of the cost. For snake/scorpion bites they preferred to go to traditional healers and the tribal group in the FGD cohort exclusively supported traditional healers.

The awareness about government schemes (JSY & MMJRK) was there but needs a little more reinforcement during subsequent IEC/BCC/VCD activities with concerted efforts on part of the department.

The cohort was animated regarding the way the referrals are received by the higher facilities. They were extremely critical and annoyed with the system's approach

The presence of "108" was appreciated along with the improvements in infrastructure, services, drugs and diagnostics, behavior and cleanliness.

Problems will keep haunting the system as tangibles and at times feigned, like non availability of lady doctors, beds, transportation, costly medicines, staff absenteeism but a positive outlook will help in inferring that increase in expectations and demand are direct reflections of the increased concern for health and awareness amongst masses and that is why such outraged reactions crop up. Majority of these are genuine and can easily be resolved with minimum cost to be exchequer.