

## OPINION OF POLICY MAKERS ABOUT PRIMARY HEALTH CENTERS IN MYSORE DISTRICT: AN OVERVIEW

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### ABSTRACT

*Background of the study is that health is the primary concern of all the governments. Government hospitals are established to accomplish this task, but there are much location in the working of these hospitals primary health centers in the background the topic is selected for the study to evaluate the working of primary health centers in Karnataka particularly in Mysore district, to suggest remedies to the problems of primary health centers. The methodology adopted is descriptive analysis. Data collection is on the basis of primary data collected from government health department and compiled with reference to Mysore district. Result show that lack of support staff, non-availability of medicines, lack of infrastructure frequent turnover of medical officers poor community support for the PPP. The manpower deficiencies in the PHC managed by the government called are immediately addressed by PPP.*

**Keywords:** PHC, CHC, PHU, NICHE, PPP, DHO, ZP, Primary Data.

### Introduction

The study of primary health centers is a journey towards rural development in India. India cannot prosperous unless human resources are exploited by seriously addressing the problem of health issues both in rural and urban areas. In India, health service is being provided to rural population through the Primary Health Centers. Public health has become an important public issue with the growing world population. It is for this reason; the millennium development goals include health issues. Health sector occupies an important place in the global economy. It is concerned with disease prevention and control at the population level through the organized efforts and informed choices of society, organizations, public and private communities and individuals. However, the role of government is crucial in ensuring public health care services. The public health system once was thought of as comprising only official government public health agencies but now it is understood to include both public-sector agencies and private-sector organizations whose actions have significant consequences on public health.

### Opinion Analysis of Policy Maker

For the purpose of analysis of the working of primary health centers in Mysore district 100 PHCs were selected and policy makers were interviewed. From each PHC, one policy maker such as members of the health committee, members of finance committee, members from Zilla Panchayat, talus Panchayat, from Mandal panchayat who are in the health committee were interviewed. In Mysore city corporatism, deputy Mayors, Ex-Mayors who are the member of the health committee were interviewed and analyzed. They were also randomly selected and multiple choice questions, alternative answer questions and open ended questions were posed to them and the answers given by them was consolidated and presented below. It is as shown below. With regard to the government health programmers', when they were asked about the successful implementation of the programmes majority of the policy makers were of the opinion that they were successfully implemented. This is shown in Table 1:

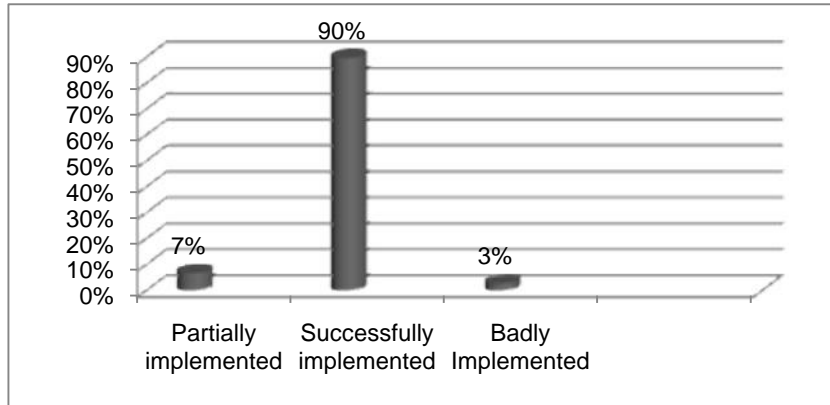
**Table 1: Implementation of Government programs**

| Sl. No.      | Implementation of Government Programmer | No. of Respondents | Percentage | Rank |
|--------------|---|--------------------|------------|------|
| 1            | Partially implemented                   | 07                 | 07 %       | 2    |
| 2            | Successfully implemented                | 90                 | 90 %       | 1    |
| 3            | Badly Implemented                       | 03                 | 03 %       | 3    |
| <b>Total</b> |   | 100                | 100        |      |

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As shown in the above table 90 % of the policy makers opine that Government health programmes are successfully implemented. 7 % of the policy makers say that the government programmers' are partially implemented and 3 % of the policy makers who are not satisfied with the style of functioning of medical officers are of the opinion that the programmer of the government are badly implemented. The opinion of policy makers about the implementation of the government programmes is represented in figure 1:

**Figure 1: Opinion about the Implementation of the Government Programmes**



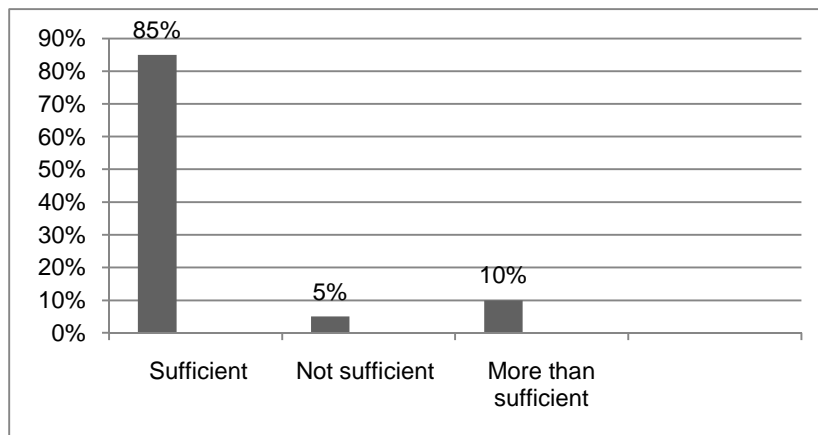
With regard to the budgetary allotment to the PHCs the respondents say that allotment of budget of the Government is sufficient but there is need for more Budgets to be allotted to better services to the poor people. Their opinion is shown Table 2:

**Table 2: Budget Allotments for PHCs**

| Sl. No.      | Budget allotment     | No. of Respondents | Percentage | Rank |
|--------------|----------------------|--------------------|------------|------|
| 1            | Sufficient           | 85                 | 85 %       | 1    |
| 2            | Not sufficient       | 05                 | 05 %       | 3    |
| 3            | More than sufficient | 10                 | 10 %       | 2    |
| <b>Total</b> |                      | <b>100</b>         | <b>100</b> |      |

As shown in the above table policy makers are satisfied with the funds allocated to the PHCs, 85 % of them say that it is sufficient, 10 % of them are of the opinion that it is more than sufficient, whereas only 5 % of them are not satisfied and say that it is not sufficient. The opinion of the policy makers about the budget allotment to PHCs is represented in Figure. 2:

**Figure2: Opinion about Budget Allotment**



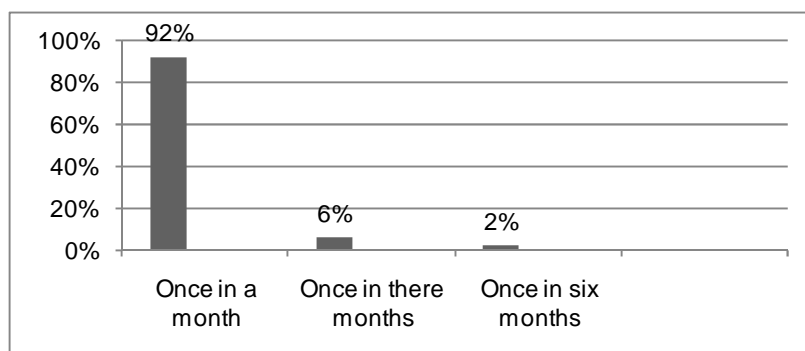
As far as the committee member's visit to the PHCs is concerned majority of them are visiting once in a month, some members are visiting once in six months, this is shown in table 3:

**Table 3: Policy Makers Visiting PHCs**

| Sl. No.      | Committee            | No. of Respondents | Percentage | Rank |
|--------------|----------------------|--------------------|------------|------|
| 1            | Once in a month      | 92                 | 92 %       | 1    |
| 2            | Once in three months | 06                 | 6 %        | 2    |
| 3            | Once in six months   | 02                 | 2 %        | 3    |
| <b>Total</b> |                      | 100                | 100        |      |

The above table indicates that 92 % of the policy makers visit the PHCs of their jurisdiction once in a month, 6 % of them visit once in three months, only 2 % of them visit the hospital once in six months. The local representatives are very much interested in the functioning of the PHCs hence most of them visit once in a month. The interval at which the policy makers visit the PHCs is represented in Figure 3:

**Figure 3: Policy Makers Visiting PHCs**



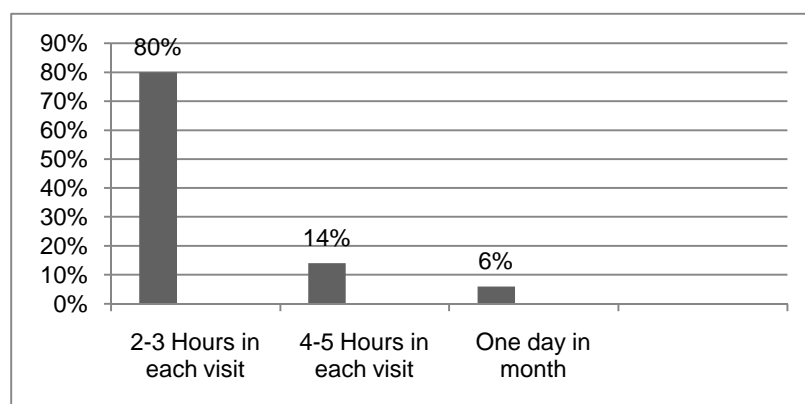
With regard to the devoting time towards the management of PHCs, most of the management are of the opinion that they are ready to spend 2 -3 hours in each visit, this is shown in Table 4:

**Table 4: Time devoted towards management of PHCs**

| Sl. No.      | Time Devoted in each Visit | No. of Respondents | Percentage | Rank |
|--------------|----------------------------|--------------------|------------|------|
| 1            | 2-3 Hours                  | 80                 | 80 %       | 1    |
| 2            | 4-5 Hours                  | 14                 | 14 %       | 2    |
| 3            | One day in month           | 06                 | 06 %       | 3    |
| <b>Total</b> |                            | 100                | 100        |      |

As shown in the above table 80 % of the policy makers are ready to spend 2-3 hours in each visit to look after the smooth functioning of the PHCs, 14 % of the respondents are of the opinion they want to go through the entire activities of the PHCs and spend 4-5 hours in PHCs, only 6 % of them say that they visit the whole day in the PHCs in each visit. Time devoted by the policy makers towards the management of PHCs is represented in Figure 4:

**Figure 4: Time Devoted by Policy Makers**



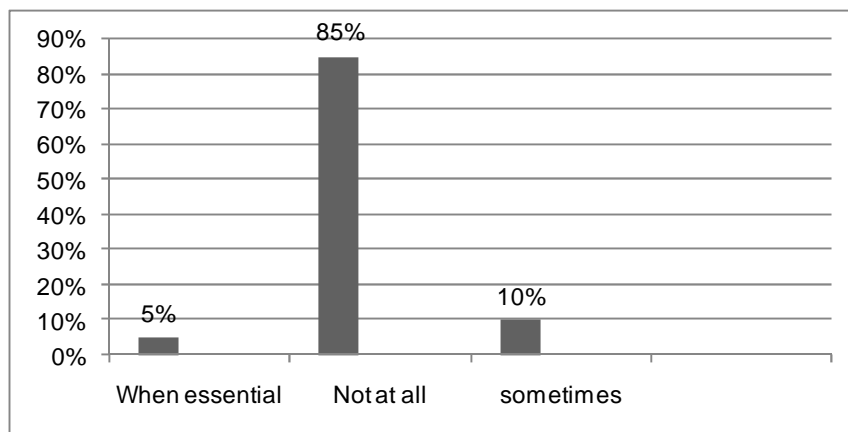
After advocating the multiple choice questions to the policy makers and obtain the response from them, they were asked to answer alternative answer questions. As far as the response of the management about the attempts to raise the local resources, majority of them are of the opinion that they are not raising any funds locally, because they believe that it is the responsibility of the government to fund such activity and their duty is only to supervise the proper utilization of funds. This is shown in table 5:

**Table 5: Attempts to Raise Local Resource for PHCs**

| Sl. No.      | Time Devoted in each Visit | No. of Respondents | Percentage | Rank |
|--------------|----------------------------|--------------------|------------|------|
| 1            | Not at all                 | 85                 | 85%        | 1    |
| 2            | sometimes                  | 10                 | 10%        | 2    |
| 3            | When essential             | 05                 | 05%        | 3    |
| <b>Total</b> |                            | 100                | 100        |      |

As shown in the above table 85 % of the policy makers say that they never raise funds locally, 10 % of them say that they raise funds locally, some times and 5 % of them say that they raise funds whenever it is essential. The attempt to raise local resources for PHCs is represented in figure 5:

**Figure 5: Attempts to Raise Local Resource for PHCs**



In order to obtain more details with regard to the working of the PHCs Policy makers were interviewed by asking alternative answer questions.

On the question whether they have personal interest to improve the conditions of PHCs and how far the personal interest shown by them improves working of PHCs, Majority of them say that personal interest in PHCs will have value added benefits. This is shown in Table 6:

**Table 6: Personal Interests to Improve the PHCs**

| Sl.No.       | Opinion | No. of Respondents | Percentage | Rank |
|--------------|---------|--------------------|------------|------|
| 1            | Yes     | 90                 | 90 %       | 1    |
| 2            | No      | 10                 | 10 %       | 2    |
| <b>Total</b> |         | 100                | 100        |      |

90 % of the respondents believe that personal interest by the policy makers will definitely improve the quality of services from PHCs, only 10% of them do not believe in this philosophy, they are of the opinion that the government should directly take interest in improving the PHCs.

In most of the cases there will be clashes between policy makers and the staff members of PHCs, but here is a case where there is very good cooperation between the local representatives and the staff members of the PHCs. The respondents have given positive opinion about the cooperation with the staff members. This is shown in Table 7:

**Table 7: Cooperation between Policy Makers and PHC Staff Members**

| Sl.No.       | Opinion | No. of Respondents | Percentage | Rank |
|--------------|---------|--------------------|------------|------|
| 1            | Yes     | 95                 | 95 %       | 1    |
| 2            | No      | 05                 | 05 %       | 2    |
| <b>Total</b> |         | 100                | 100        |      |

As shown in the above table 95 % of the local representatives say that absolutely there is no contradiction between them and staff members of the PHC. They say that there is very good cooperation between them. Only 5 % of the local representatives are not satisfied with the doctors and the Para medical staff in their PHC because of the indifferent attitude of the staff.

It is very interesting to note that whether policy makers just look after the administration or they make use of the services of the PHC. The opinion is represented in table 8:

**Table 8: Policy Makers Making Use of the Services of the PHCs**

| Sl.No.       | Opinion | No. of Respondents | Percentage | Rank |
|--------------|---------|--------------------|------------|------|
| 1            | Yes     | 10                 | 10 %       | 2    |
| 2            | No      | 90                 | 90 %       | 1    |
| <b>Total</b> |         | 100                | 100        |      |

As shown in the above table 90 % of the policy makers rarely make use of the services of the PHCs, i.e. they do not go as patients it is mainly because people with little higher income are very much health conscious and they get services from private hospitals and from private clinics. Only 10 % of the local representatives or policy makers go to the PHC to avail the services.

The health committee supervises the utilization of the funds in the PHCs, majority of the policy makers are happy with the utilization of funds in PHCs. This is shown in table 9:

**Table 9: Making Use of Available Funds by PHCs**

| Sl.No.       | Opinion | No. of Respondents | Percentage | Rank |
|--------------|---------|--------------------|------------|------|
| 1            | Yes     | 95                 | 95         | 1    |
| 2            | No      | 05                 | 05         | 2    |
| <b>Total</b> |         | 100                | 100        |      |

As shown in the above table, 95 % of the policy makers say that the PHCs fully make use of the government grants allotted to PHCs and the health committee members will actually have a say in the method of utilization of funds, only 5 % of them say that there are some instances of misappropriation of funds.

Local representatives represent the views of the people with regard to the question on whether they are satisfied with the services of the PHC, majority of them say that they are satisfied with the services. Their opinion is recorded below in the table 10.

**Table 10: Satisfied with the Services of the PHCs**

| Sl.No.       | Opinion | No. of Respondents | Percentage | Rank |
|--------------|---------|--------------------|------------|------|
| 1            | Yes     | 80                 | 80 %       | 1    |
| 2            | No      | 20                 | 20 %       | 2    |
| <b>Total</b> |         | 100                | 100        |      |

80% of the policymakers are satisfied with the services of PHCs. only 20% of them are not satisfied with the services of PHCs, because in many cases the doctors refer patients to district hospitals even though such cases can be traced at the local PHCs itself.

#### **Findings**

- Policymakers are the local representatives who are a part of PHC administration who represent Mandal panchayat, Taluk panchatyath or Corporation. Elected representatives are the members of the local health committees.
- Most of the policymakers visit the PHC once in a month to supervise the activities; most of them spend at least two to three hours in each visit. Policymakers are of the opinion that the PHC's are making use of the available funds and they are satisfied with the services of the PHC's.
- Policymakers are not aware of the NRHM programmes, they are not happy because many powers are not given to them to look after the PHC's. But in few places they are not satisfied because they are not duly represented and respected by the PHC's staff members.
- Policymakers and PHC staff members are having cordial relationship but unfortunately only small percentage policymakers make use of the PHC services personally. They avail the health services outside the PHC.
- Policymakers are of the opinion that in many respects public health services are better than the private health services from cost consideration and from inclusive policy.

- One of the unpleasant facts is that local representatives do not show much interest to raise local resources for PHC's because they think that the Government grants are more than enough.
- On the other hand the staff of PHC feels that the amount is insufficient. Many a times the data available in the district health office with regard to allotment of finance to the PHC's is the only data about salary grants given to the PHCs. Local representatives show personal interest in improving the PHC's.

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