

## Problems faced by health care service providers in rural communities of Haryana and Rajasthan

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Accepted : February, 2009

### ABSTRACT

Three tier field based rural health care infrastructure has been created. However, notion exists that health care service providers at these centres face problems. A study was conducted with a sample of 40 officials (10 each from 2 districts of Haryana and 2 districts of Rajasthan) involved in providing health care services. Data were collected using a structured interview schedule. The problems faced by the respondents were taken on a three point scale and categorized as severe, moderately severe and least severe by calculating weighted mean scores. Administrative problems like excessive paper work and repetition of work by different agencies were observed as severe problems while coordination and manpower related problems were only moderately severe in both states. Under equipment, supplies, and furniture, problems of availability of family planning devices and tools were reported as moderately severe in both states. Space related problems like examination room, indoor beds, waiting space for outdoor patients and ventilation were reported in both states as moderately severe. Though financial problems emerged as least severe but problem of delay in allocation of funds in Haryana and purchase procedure in Rajasthan was found as moderately severe. Transport related problems like non-availability of ambulance and vehicle for field work were severe problems of respondents. Problem of sanitary conditions at health centers were reported as a severe problem in Rajasthan and moderately severe in Haryana. Sensitization, commitment and will at policy and field levels can help to a great extent in overcoming these problems.

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**Key words :** Problems, Officials, Health care services, Rural communities

The approach to community health care during the first and second five-year plans was mainly 'clinical' under which facilities for provision of services were created. However, on the basis of data brought out by 1961 census, 'clinical' approach adopted in first two Five Year Plans was replaced by 'Extension and Education Approach' which envisaged expansion of services, giving priority to women's education and launching of measures for improving maternal and child health services, supplementary feeding for children, and expectant and nursing mothers. In 1975, in spite of the emphasis on maternal and child health, health care services continued to be heavily biased in favour of sterilization, financial incentives and target achievement. An expanded programme on immunization (EPI) was launched in 1978. The shift in approach from 'welfare' to 'development' of women could take place only in the Sixth Plan (1980-85) which adopted a multi-disciplinary approach with thrust on three core sectors namely, health, education and employment. This focus continued in Seventh and Eighth Five Year Plans (1985-95), which promised to enable women to function as equal partners in the development process. During the Ninth Plan period (1997-2002), several new initiatives were taken. Reproductive and Child Health (RCH) Programme was implemented in 1997. In

order to make it broad based and client friendly, all the interventions of erstwhile programme of Child Survival and Safe Motherhood (CSSM) became a part of RCH. Reduction in fertility, mortality, and population growth continued to be the major objectives of Tenth Plan (2002-2007). The focus was on improving access to health care services and to meet the health care needs of women and children. In 2005, Government of India launched the National Rural Health Mission (2005-2012) for providing integrated comprehensive primary healthcare services especially to the poor, women and children residing in rural areas throughout the country.

In nutshell, the emphasis shifted from hospital based urban health care to field based rural health care, with time. A broad based three tier infrastructure viz. community health centers (CHCs), primary health centers (PHCs) and sub-centres (SCs) was created for taking primary health care services to the people nearer to their homes at a cost within their reach. The target of having a sub-centre (SC) over 5000 population, a primary health center (PHC) over 30,000 population and a community health center (CHC) over 50,000 population has been largely achieved for the people residing in the villages. Ratnaja (1995), Dasgupta (1996), Padmnabhan (1996), and Ramchandran (1997) observed that over the last eight

plans, the primary health care infrastructure has improved throughout the country. Mother and child health care services are now a vital part of primary health care. Rajeshwari (1996) reported that the availability of public health care facilities at the place of residence had a positive impact on women's health status when the comparison was made between PHC and non-PHC villages. However, in spite of the best efforts of the government, notions exist that the health care facilities at the community level are poorly equipped to deal with gynecology and obstetric morbidity since they have neither the diagnostic facilities nor the adequate supply of medicines to treat them. Service providers are also facing several other problems in satisfactory delivery of health care services. However, definite research is needed to verify this notion. With this background, the present study was undertaken with the following objective to identify the problems faced by health care service providers in rural communities

## METHODOLOGY

The present study was conducted in two purposively selected states *i.e.*, Haryana and Rajasthan. Two districts from each state *viz.*, Hisar and Karnal from Haryana and Bikaner and Nagaur from Rajasthan were further selected randomly. A cluster of villages was drawn randomly from each of the four districts to include CHCs, PHCs, and SCs. A sample of 40 officials who were involved in rendering health care services at various levels was selected (Fig.1). Data were collected by using a well structured interview schedule which had been duly pretested on non-sampled officials. The collected responses on the problems faced by officials were rated on a three point scale as 3, 2 and 1. The responses were then categorized according to the level of severity of problem by calculating weighted mean score (WMS), as follows:

Level of severity	WMS
Severe	: 2.34 – 3.00
Moderately severe	: 1.67 – 2.33
Least severe	: 1.00 – 1.66

## RESULTS AND DISCUSSION

Out of the 40 officials selected for the study, sixty per cent were of Class III category, having designation of Female Health Worker at sub-centres and ministerial staff at PHCs. This was followed by Class I and Class II officials (20.00% each) working as Officer In-charge (RCH programme) at district level, and In-charge, CHCs and PHCs at village level. The same trend was followed in both the states. It was found that maximum officials

were performing para-medical jobs (40.00%), followed by administrative duties along with checkup of patients (30.00%), ministerial duties (20.00%) and administrative work (10%). The problems faced by officials were identified under different heads *viz.*, administrative, coordination, manpower, equipment, furniture, supplies, space, financial, transport and sanitary conditions, as discussed below:

### **Administrative:**

Over all severity of administrative problems faced by respondents was 'moderate' without much difference between the states (WMS for Haryana - 2.16 and Rajasthan - 2.20. However, from among the various administrative problems, repetition of work done by different agencies (WMS - 2.57) and excessive paper work in implementation of programme (WMS - 2.40) were rated as 'severe' problems.

### **Coordination:**

It was observed that coordination related problems were only moderately severe with WMS of 1.70. Problems like lack of control over subordinates, lack of coordination among colleagues and lack of support from superiors were found to be 'least severe' (WMS-1.45, 1.62 and 1.55, respectively).

### **Manpower:**

Officials from the two states reported problems like inadequate staff or incompetent staff as 'moderately severe'. On the other hand, lack of refresher course and training' or 'unavailability of latest information' were found to be 'least severe'. On the whole, problems related to manpower were rated as 'moderately severe' with WMS of 1.80 for both states *i.e.*, Haryana and Rajasthan.

### **Equipment, supplies and furniture:**

Problems related to supply of family planning devices and tools were found to be 'moderately severe' (combined WMS for Haryana and Rajasthan - 2.02 and 1.90, respectively). On the other hand, the problems related to supply of supplements, equipment and furniture was found to be 'least severe'.

### **Space:**

Space related problems in Rajasthan were moderately severe (WMS - 1.80) while these were 'least severe' in Haryana (WMS - 1.63). Among the various aspects of space, beds for indoor patient and waiting space for outdoor patients were felt as 'severe' problems, followed by space for examination of patients which was

Table 1: Problems faced by health care service providers in rural communities of Haryana and Rajasthan												
Problems	Haryana n=20				Rajasthan n=20				Total n=40			
	Severe 3	Moderately severe 2	Least severe 1	WMS	Severe 3	Moderately severe 2	Least severe 1	WMS	Severe 3	Moderately severe 2	Least severe 1	WMS
<b>Administrative</b>												
Centralized planning	9 (45.00)	3 (15.00)	8 (40.00)	2.05	7 (35.00)	10 (50.00)	3 (15.00)	2.20	16 (40.00)	13 (32.50)	11 (27.50)	2.12
Lack of clear policy directives	1 (5.00)	16 (80.00)	3 (15.00)	1.90	3 (15.00)	15 (75.00)	2 (10.00)	2.05	4 (10.00)	31 (77.00)	5 (12.50)	1.97
Excessive paper work	8 (40.00)	12 (60.00)	0	2.40	9 (45.00)	10 (50.00)	1 (5.00)	2.40	17 (42.50)	22 (55.00)	1 (2.50)	2.40
Public interference	9 (45.00)	9 (45.00)	2 (10.00)	2.35	7 (35.00)	8 (40.00)	5 (25.00)	2.10	16 (40.00)	17 (42.50)	7 (17.50)	2.22
Delegation of responsibilities	1 (5.00)	14 (10.00)	5 (25.00)	1.80	2 (10.00)	12 (60.00)	6 (30.00)	1.80	3 (7.50)	26 (65.00)	11 (24.50)	1.80
Repetition of work by different agencies	13 (65.00)	4 (20.00)	3 (15.00)	2.50	15 (75.00)	3 (15.00)	2 (10.00)	2.65	28 (70.00)	7 (17.50)	5 (12.50)	2.57
				2.16				2.20				2.18
<b>Coordination</b>												
Lack of control over subordinates	2 (10.00)	6 (30.00)	12 (60.00)	1.50	2 (10.00)	4 (20.00)	14 (70.00)	1.40	4 (10.00)	10 (25.00)	26 (65.00)	1.45
Lack of coordination among colleagues	4 (25.00)	6 (30.00)	10 (50.00)	1.70	3 (15.00)	5 (25.00)	12 (60.00)	1.55	7 (17.00)	11 (27.50)	22 (65.00)	1.62
Lack of support from superiors	2 (10.00)	3 (15.00)	15 (75.00)	1.35	6 (30.00)	3 (15.00)	11 (55.00)	1.75	8 (20.00)	6 (15.00)	26 (65.00)	1.55
Lack of control over personnel of other departments	9 (45.00)	6 (30.00)	5 (25.00)	2.20	10 (50.00)	4 (20.00)	6 (30.00)	2.20	19 (47.50)	10 (25.00)	11 (27.50)	2.20
				1.68				1.72				1.70
<b>Manpower</b>												
Inadequate staff	3 (15.00)	16 (30.00)	1 (5.00)	2.10	3 (15.00)	14 (70.00)	3 (15.00)	2.00	6 (45.00)	30 (75.00)	4 (10.00)	2.05
Incompetent staff	6 (30.00)	11 (55.00)	3 (15.00)	2.15	5 (25.00)	9 (45.00)	6 (30.00)	1.95	11 (27.50)	20 (50.00)	9 (22.50)	2.05
Lack of refresher course and training	1 (15.00)	6 (30.00)	13 (65.00)	1.40	2 (10.00)	2 (10.00)	16 (80.00)	1.30	3 (7.50)	8 (20.00)	19 (43.50)	1.35
Unavailability of latest information	--	11 (55.00)	9 (45.00)	1.55	3 (15.00)	6 (30.00)	11 (55.00)	1.60	3 (7.50)	17 (42.50)	20 (50.00)	1.56
				1.80				1.80				1.80
<b>Equipment supplies and furniture</b>												
Supplements	2 (10.00)	7 (35.00)	11 (55.00)	1.55	3 (15.00)	7 (35.00)	10 (50.00)	1.65	5 (12.50)	14 (35.00)	21 (52.50)	1.60
Family planning devices	5 (25.00)	10 (50.00)	5 (25.00)	2.00	4 (20.00)	13 (65.00)	3 (15.00)	2.05	9 (22.50)	23 (57.50)	8 (20.00)	2.02
Equipment	1 (5.00)	5 (25.00)	14 (70.00)	1.35	1 (5.00)	4 (20.00)	15 (75.00)	1.33	2 (5.00)	9 (22.50)	29 (72.00)	1.32
Furniture	0	3 (15.00)	17 (85.00)	1.15	2 (10.00)	1 (5.00)	17 (95.00)	1.25	2 (5.00)	4 (10.00)	34 (85.00)	1.20
Tools	4 (20.00)	11 (55.00)	5 (25.00)	1.95	5 (25.00)	7 (35.00)	8 (40.00)	1.85	9 (22.50)	18 (45.00)	13 (32.50)	1.90
				1.60				1.62				1.61
<b>Space</b>												
Office	3 (15.00)	3 (15.00)	14 (70.00)	1.45	2 (10.00)	4 (25.00)	14 (70.00)	1.40	5 (12.50)	7 (17.50)	28 (70.00)	1.43
Laboratory	3 (15.00)	7 (35.00)	10 (50.00)	1.65	4 (25.00)	7 (35.00)	9 (45.00)	1.75	7 (17.50)	14 (35.00)	19 (47.50)	1.70
Labor room	7 (35.00)	4 (25.00)	9 (45.00)	1.90	2 (10.00)	5 (25.00)	13 (65.00)	1.45	9 (22.50)	9 (22.50)	22 (55.00)	1.65

Table 1 Contd.....

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Dressing	3 (15.00)	6 (30.00)	11 (55.00)	1.60	4 (25.00)	11 (55.00)	5 (25.00)	1.95	7 (17.50)	17 (42.50)	16 (40.00)	1.77
Examination	6 (30.00)	7 (35.00)	7 (35.00)	1.95	5 (25.00)	5 (25.00)	10 (50.00)	1.75	11 (27.50)	12 (30.00)	17 (42.50)	1.85
Beds for indoor patients	9 (45.00)	6 (30.00)	5 (25.00)	2.20	10 (50.00)	3 (15.00)	7 (35.00)	2.15	19 (47.50)	9 (22.50)	12 (30.00)	2.18
Waiting space for out door patients	9 (45.00)	4 (20.00)	7 (35.00)	2.10	11 (55.00)	4 (20.00)	5 (25.00)	2.30	20 (50.00)	8 (20.00)	12 (30.00)	2.20
Ventilation	1 (5.00)	13 (65.00)	6 (30.00)	1.75	4 (20.00)	7 (35.00)	9 (45.00)	1.75	5 (12.50)	20 (50.00)	15 (37.50)	1.75
Lighting	4 (25.00)	5 (25.00)	11 (55.00)	1.65	3 (15.00)	4 (20.00)	13 (65.00)	1.70	7 (17.50)	9 (22.50)	24 (60.00)	1.65
<b>Financial</b>				1.63				1.80				1.71
Lack of funds	2 (10.00)	6 (30.00)	12 (60.00)	1.50	2 (10.00)	8 (40.00)	10 (50.00)	1.60	4 (10.00)	14 (35.00)	22 (55.00)	1.55
Delay in allocation of funds	6 (30.00)	3 (15.00)	11 (55.00)	1.75	4 (20.00)	3 (15.00)	13 (65.00)	1.55	10 (25.00)	7 (17.50)	23 (57.50)	1.67
Purchase procedure	2 (10.00)	3 (15.00)	15 (75.00)	1.35	4 (20.00)	6 (30.00)	10 (50.00)	1.70	6 (15.00)	9 (22.50)	25 (62.50)	1.52
<b>Transport</b>				1.53				1.61				1.56
Ambulance	14 (70.00)	3 (15.00)	3 (15.00)	2.55	16 (80.00)	3 (15.00)	1 (5.00)	2.75	30 (75.00)	6 (15.00)	4 (10.00)	2.65
Vehicle for field work	12 (60.00)	6 (30.00)	2 (10.00)	2.50	14 (70.00)	4 (20.00)	2 (10.00)	2.60	26 (65.00)	10 (25.00)	4 (10.00)	2.55
<b>Sanitary conditions</b>				2.52				2.67				2.60
Over all cleanliness of centre	3 (15.00)	7 (35.00)	10 (50.00)	2.10	11 (55.00)	5 (25.00)	4 (20.00)	2.35	14 (35.00)	12 (30.00)	14 (35.00)	2.22
Safe Drinking Water	11 (55.00)	6 (30.00)	3 (15.00)	2.40	14 (70.00)	4 (20.00)	2 (10.00)	2.60	25 (62.50)	10 (25.00)	5 (12.50)	2.50
Toilets and bathrooms	9 (45.00)	6 (30.00)	5 (25.00)	2.20	12 (60.00)	6 (30.00)	2 (10.00)	2.50	21 (50.50)	12 (30.00)	7 (17.00)	2.35
				2.23				2.48				2.35

Figures in parentheses are percentages.

Levels of problem: Least severe = 1.00 – 1.66; Moderately severe = 1.67 - 2.33; Severe = 2.34 – 3.00

‘moderately’ severe in both states.

#### **Financial:**

It was encouraging to note that on the whole, financial problems were faced as ‘least severe’ by the officials of Haryana (WMS-1.53) and Rajasthan (WMS-1.61). However, the problem of delay in allocation of funds was reported as ‘moderately’ severe in Haryana (WMS - 1.75) while problem of purchase procedure was observed as ‘moderately’ severe in Rajasthan (WMS - 1.70).

#### **Transport:**

All the officials of Haryana (WMS 2.52) and Rajasthan (WMS 2.67) reported non-availability of ambulance or a vehicle for field work or meeting emergency as ‘severe’ problems. The findings are in consonance with that of Lal (1993) who also reported

lack of help in emergency at village level health centres.

#### **Sanitary conditions:**

Problems related to sanitary conditions at health centres were reported as ‘severe’ by the respondents of Rajasthan (WMS-2.48) where as these were felt as ‘moderately’ severe by the respondents of Haryana (WMS-2.23). More specifically, problem of safe drinking water was most ‘severe’ at health centres of both states (WMS for Haryana - 2.40 and for Rajasthan -2.60), followed by the problem of toilets and bath, which was ‘moderately’ severe in Haryana (WMS - 2.20) but ‘severe’ in Rajasthan (WMS - 2.50). Similarly, the problem of overall cleanliness was found to be ‘moderately’ severe in Haryana (WMS-2.10) but ‘severe’ in Rajasthan (WMS - 2.35).

Conclusively, a panoramic view reveals that though

the infrastructure has been created but staff working at the centers continues to face problems related to all aspects like administrative, manpower, financial or sanitary conditions. Though the severity level for most of these problems varies from 'least severe' to 'moderately severe', the existence of problems affects the quality of delivery of health care services to the patients who usually suffer because of lack of space, ambulance or vehicle in case of emergency, or even sanitary conditions. Non-availability of transport for attending emergency and for field work is an area which requires immediate intervention. With total commitment and will of the policy makers, programme implementers and field staff, and their combined efforts can help significantly in overcoming these problems and ensure satisfactory delivery of health care services to the rural communities.

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