

Performance of primary healthcare centres in Bengaluru urban district

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Valorisation

Valorisation

The research conducted in the course of this Ph.D. has produced knowledge for health system strengthening, particularly for PHC performance assessment. Review of empirical literature helped identifying the topics a comprehensive assessment of PHC should consist of, and which can be achieved by integrating personnel performance with that of centre performance. Both sides of services delivery, namely providers and centre managers as well as patients' perspectives, were identified as critical for arriving at a comprehensive assessment plan. The proposed measures for the assessment of Primary Healthcare Centre (PHC) performance in low- and middle- income countries (LMIC) represent the perspectives of key stakeholders. A new measure, the 'Questionnaire for Patient's Perspective on Performance of Primary Healthcare Centres' (Q4PHC) was developed based on the patient perspective and validated. Further, this study contributed to shedding more light on the cultural context of performance assessment for PHCs in India.

Societal Relevance

The design and delivery of the public health services would be able to achieve its goals when the society and the community not only willingly utilize the services but are also satisfied with the services, and are able to be healthy and enjoy feelings of well-being. This research provides very useful insights from the patient's perspective, on which PHCs should focus while delivering their services. Expectations and benchmarking of community experience would be enhanced if focused on the nine critical areas for PHC performance that emerged from this research. They are: (1) availability of rich and diverse services; (2) presence of effective diagnostic services; (3) cost and availability of medicines; (4) quality of the infrastructure; (5) cost of care; (6) behaviour; (7) communications skills; (8) punctuality of staff; and (9) the effectiveness and organization of care.

Public Healthcare Personnel Well Being

The research outcomes showcased the providers' perspective as the 'missing link' between what providers are required to meet to fulfil the patients' needs while enhancing the delivery of care and thus improving the health of the population. As other research shows, the providers' quality of life and their work engagement both have a direct impact on PHC performance.¹ Factors such as work-life balance, stress management, support from the health system are very critical to maintain the workforce well-being and motivation.^{2,3} In the much-stressed public health system in India with limited resources, vacancies and lack of recognition of the personnel, the research output identifies specific areas for improvement. The PHC performance assessment framework should include factors such as provider's personal aspects of comfort/safety, resource availability and its interactions with

the work environment.⁴ Often productivity of the PHCs is measured in terms of increased service delivery or utilization and achieving of the targets set by the health department, and the research in this thesis showed that this is not sufficient. If providers' quality of life, satisfaction, work-life balance and motivation are negatively affected while working in the system, its negative implication on quality of services, continuity and in turn patient satisfaction is obvious.¹

Health System Strengthening in India

There are three important ways this research can help assist the Health System Strengthening in India, especially at PHC level. Nearly 70 percent of Indian population live in the rural areas and their first line of healthcare services is through the PHCs. With the National Health Mission's focus on urban health, PHCs again are the focus of the health system considering that a large population of migrant labour and urban poor would need preventive, promotive and basic curative care at the urban PHCs.⁵ Thus the target for implementing the results of this research is the health system in India, which would benefit in the following ways contributing towards system strengthening.

First, the insights gained by research comprehensively showed that the mid-level managers in the system rightly identified the PHC targets set by the department along with good PHC environment, rapport with the patients, doctors' leadership, support from the health system and local politics, socio-political coordination and the supporting supervision role of managers are critical measures of PHC performance. The managers conveyed that for them, PHC performance was synonymous with good leadership by the doctors at the PHCs, plus the doctors' ability to balance between the health system and local politics. While placing the responsibility for PHC performance on doctors, the managers identified their own contribution as supportive supervisors and as change agents. Training of doctors and managers in leadership, soft skills, community engagement, negotiating and creating win-win situation with local leaders and local administration in order to create a more cooperative and friendly environment to achieve results are implicated.

Second, the newly developed tool 'Questionnaire for Patient's Perspective on Performance of Primary Healthcare Centres' (Q4PHC) that can be used to measure patient perspective of PHC performance in an Indian context is quite promising. The seven scales not only provide an opportunity to assess but also to improve PHC service delivery. The PHC performance assessment from multiple perspectives offers a realistic view of the centre encompassing the local context, which is valid even though agreement on the various perspectives could not be obtained.

Third, the health system strengthening could consider balancing the providers' quality of life and engagement with those of patient's perceptions as well as the targets set. In this study, a trade-off

between quality of care as experienced by the patients and wellbeing of the providers and productivity measured at the centre level (Chapter 6) was noted. These measures from multiple stakeholder perspectives which could be considered as innovation in the concept of PHC performance evaluation should be adopted for performance assessment of PHCs and hence policy changes are implicated to assess the centres. This uptake would be possible with the orientation of the policy makers on the utility of multiple stakeholder evaluation of the PHC depicting the complete assessment. However, further research should also be on costs involved in the adoption of this multiple stakeholder evaluation and its outcome on the quality of service and provider wellbeing along with the sustainable care at the PHC, which is beyond the scope this thesis.

Knowledge dissemination taken place

Knowledge dissemination of the research findings to various groups of public health professionals was undertaken:

- First, the main findings of the Chapter 6 were presented in 28th International Conference on Research in Life-Sciences and Healthcare held in Kuala Lumpur, Malaysia on 30th and 31st of December 2019, which was attended by an international research community from mostly South Asia, South East Asia, and Africa.
- Second, the main findings of Chapter 7 (general discussion) consisting of all the main findings of the study was presented in 3rd Global Public Health Conference conducted at Bangalore, India, on 13th and 14th February 2020. The conference was attended by professionals from science and health system, consultancy firms, NGOs, researchers and practice organizations from all over the world.

Way forward

It is envisaged that the this thesis will be presented to the following Health authorities in Karnataka: Additional Chief Secretary of Health and Family Welfare, Government of Karnataka; Commissioner of Health and Family Welfare Services, Government of Karnataka; Mission Director, National Health Mission, Government of India; Regional Director, Ministry of Health and Family Welfare, Government of India; State level authorities (Director and Joint Directors). This is one way forward for encouraging the Indian policy makers to initiate more research on standardizing of comprehensive performance measures for PHCs assessment and further policy changes in this direction.

Way forward beyond India

The conclusions of this PhD-thesis are also valuable for other LMICs. The multi-stakeholder PHC evaluation addressing the nine critical areas of PHC performance should be considered with locally applicable measures, to enable holistic evaluation of PHC performance. Incorporating these perspectives in the framework of the Primary Healthcare Performance Initiative⁶ is also recommended.

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