GRAAM

Grassroots Research And Advocacy Movement

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Evaluation study of Out Of Pocket Expenditure Incurred for Maternal Health Care by BPL Women in Karnataka in Public Health facilities

EVALUATION

Commissioned by the Karnataka Evaluation Authority (KEA), the study was conducted by GRAAM in 05 districts of Karnataka to understand how gaps in maternal health infrastructure impact out of pocket expenditures

SUMMARY & CAUSE OF CONCERN

An effective public health system can meet a nation's health requirements with the alignment of policy and practice of government health agencies at various levels. Public health infrastructure provides communities and the states the capacity to prevent disease, promote health, and prepare for and respond to both acute and chronic challenges to health. Public health system must be backed by policy makers with political and financial support to respond to crises as well as prevent-control and monitoring other health challenges.

Karnataka follows a 3-tier health system. Sub Centres and Primary Health Centres (PHCs) are at primary level, Community Health Centres(CHC) at secondary and the tertiary level covers the District Hospital (DH), medical colleges and super-speciality hospitals.

TYPE OF CENTRE	NO. OF CENTRES	POPULATION COVERED/ CENTRE
SUB CENTRE	9,443	6,474
PRIMARY HEALTH CENTRES	2,359	25,914
COMMUNITY HEALTH CENTRES	206	2,96,751
SUB-DISTRICT HOSPITAL	146	4,18,703
DISTRICT HOSPITAL	15	40,75,380

There are regional disparities and southern districts of the state such as **Mysuru and Hassan** have **81 PHCs in excess** of the recommended Indian Public Health Standards (IPHS). On the other hand, the average population coverage of a **PHC in Raichur is 41,842 as against 30,000 prescribed by IPHS**, whereas in **Tumkur it is 18,224**.

Subcentres and PHCs are adequate to the proportion of the rural population whereas **CHCs are inadequate.** There is a **shortfall of 37 per cent CHCs across the state**, reports RHS-2018.

Still, a few PHCs (16%) have not yet reached the next level of 24x7 PHCs.

Skilled-Birth Attendant (SBA) conducts deliveries here and these PHCs are referred to as Level – 1 PHCs.

These PHCs have recorded **very low rates of delivery** from a minimum of five to six deliveries to a maximum of ten deliveries in a year.

As much as **55.55 per cent** of 24X7 functioning PHCs witnessed **only 35 normal deliveries**.

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OBSERVATIONS

Status of Basic infrastructure at public facilities. During the survey officers revealed:

lack of human resource at PHC level and need to fill it up for efficient functioning of health systems

an unequal distribution of human resource across the district like high density pockets with low human resource and overburden on staff in some centres were observed

shortage of specialists in sub district level and challenges running the First Referral Units (FRU) 24X7

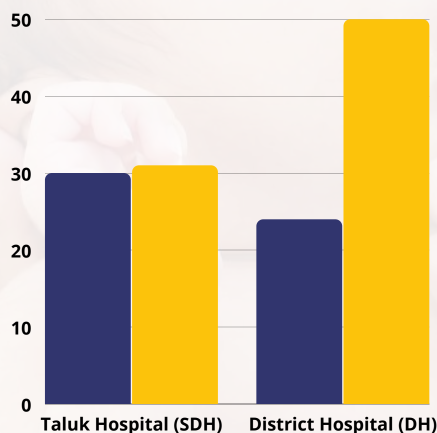
budgetary constraints to increase the number of PHCs to function 24X7

GRAAM REPORTS

First Referral Units (FRU) are established to provide management of labor/ delivery in high-risk women

17.4%

Among 230 FRUs only 40 (17.39%) are functional at CHC Level

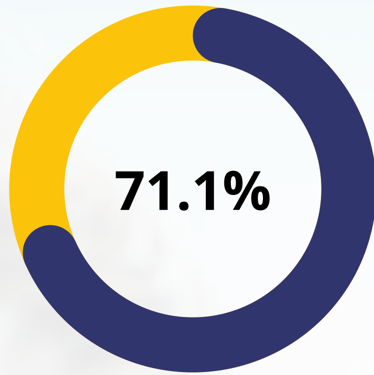


- Taluka Hospitals (SDH) accounted for 30 of deliveries and 31 of cesarean
- District hospitals (DH) accounted for 24 of deliveries and 50 of cesarean sections
- Improving performance of CHC will reduce the load on Taluka Hospital and District Hospital and Tertiary care Institutes

There is also a shortage of paramedical staff by: **29 at DH and 32 at SDH**

There are **36 shortfalls in doctors' appointments at DH and 31 shortfalls at SDH**

ADDITIONAL DETAILS



Total **71.13 percent** of beneficiaries who utilised public facilities received scanning services from **private facilities**

There is a severe shortage of radiologists in the public facilities and radiologists, if present, cannot handle the case load. A long queue in public hospitals for scanning may take a day or more than one day to get the scanning done

GRAAM RECOMMENDS

UPGRADE

Upgrade the PHCs into 24X7 based on the need and feasibility

CONVERT

Convert CHCs into First Referral Units to handle emergency obstetric care and complicated deliveries

APPOINT

Appoint/ hire radiologists for ensuring the services at sub district level

FACILITIES

Introduce mobile ultra-sonographic vehicles at CHC level and schedule weekly visits to provide scanning service