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Assessing Community Perceptions of Primary Health Center Governance in Haryana

Name: Dr. BHUPENDER
Department: - Public Administration
Designation:Working in Kalpana Chawla Govt Medical College , Karnal .
EMAIL:- bhupendersingh.aug@gmail.com
Address:-House No. 2754, Urban Estate , Jind , Haryana.

Abstract

Introduction: Effective primary healthcare is a cornerstone of equitable and accessible healthcare systems. In India, Primary Health Centers (PHCs) are crucial in delivering essential services to rural and underserved communities. However, the quality and effectiveness of PHCs are often hampered by governance challenges, including a lack of transparency, accountability, and community involvement. This research aims to assess community perceptions of PHC governance in Haryana, India, with a focus on understanding their experiences, concerns, and suggestions for improvement.

Methods: A hospital-based, cross-sectional, descriptive study was conducted; using exit interviews, among new OPD attendees at Data was collected from Kurushetra and Karnal from January to December 2022. The data thus collected was analyzed using SPSS 17.0.

Results: Out of 200 study subjects, Haryana Primary Health Centers. The data shows 51.5% male and 48.5% female participants out of 200. This column shows that these percentages are based on valid responses. Most are Scheduled Caste (43.5%), followed by General Caste (29.5%). Most respondents are Backward Caste (A) (16.0%) or B (11.0%).Out of 100 employees, 25% were doctors, 44% paramedical, and 31% other. Only 34% of respondents were satisfied with the equipment, while 66% were not.

Conclusions: Employee perceptions show overall satisfaction with working conditions but raise concerns about wages, workload, and attendant efficiency. Manpower issues, drug and equipment shortages, infrastructure improvements, and salary increases are suggested improvements. Policymakers and healthcare administrators seeking to improve workforce management, working conditions, and regional healthcare delivery can benefit from these insights.

KEYWORDS: assessing community perceptions, primary health center, Haryana, governance.

Assessing Community Perceptions of Primary Health Center Governance in Haryana

1. Introduction: Primary healthcare serves as the foundation for a robust healthcare system, particularly in developing countries like India. PHCs provide essential services such as maternal and child care, immunizations, preventive healthcare, and management of chronic diseases. However, the effectiveness of PHCs can be significantly impacted by the quality of their governance. This includes factors like transparency in decision-making, accountability of staff and authorities, and active community involvement.

Haryana, a state in northern India, faces unique challenges in delivering effective primary healthcare. Despite significant investments in health infrastructure, disparities in access and quality persist, particularly in rural areas. Concerns regarding inefficient resource allocation, lack of transparency in decision-making and limited community engagement have been raised. This research seeks to address these concerns by investigating community perceptions of PHC governance in Haryana.

1. Recent Reports and Studies:

- Annual Reports of the Ministry of Health and Family Welfare (MoHFW) : These reports provide an overview of healthcare initiatives and challenges across India, including some insights into primary healthcare. The latest report for 2021-22 mentions concerns regarding human resources for health, particularly the shortage of doctors and specialists in rural areas.
- State-Level Reports: The Haryana State Health Department may publish annual reports or periodic updates specifically addressing healthcare in Haryana. These reports might offer more focused information on primary health administration and personnel.
- Research Articles: Several recent research articles explore aspects of primary healthcare in India, including challenges faced by healthcare professionals and community perceptions of PHCs. These articles, though not necessarily focused solely on Haryana, can offer valuable insights and data points.

2. Data Initiatives and Resources:

- National Health Mission (NHM) Data Portal: The NHM maintains a data portal with various reports and dashboards related to healthcare indicators. While the portal might not provide specific data on healthcare professionals' perceptions, it can offer insights into staffing levels, resource allocation, and service utilization in PHCs.
- Open Government Data (OGD) platforms: State-level OGD platforms like the Haryana Open Data Initiative (HODI) might offer relevant datasets on health infrastructure, staffing, and service delivery in PHCs. Though not directly addressing perceptions, these datasets can provide a factual context for understanding potential challenges.
- Surveys: Conducting surveys with healthcare professionals in Haryana online or offline can provide real-time data on their current experiences and concerns. This can be a time-consuming and resource-intensive, but it offers direct insights from the target population.
- Focus Group Discussions: Holding focus group discussions with healthcare professionals in different regions of Haryana can provide deeper qualitative understanding of their perceptions and challenges. This can be a valuable approach for exploring specific issues in detail.

2. Methodology: This study employs a mixed-methods approach, combining quantitative and qualitative data collection methods to comprehensively understand community perceptions.

Quantitative Data Collection:

- Household surveys: A representative sample of households across diverse communities in Haryana will be surveyed using structured questionnaires. The survey will gather data on service utilization, satisfaction with PHC services, and perceptions of governance practices (transparency, accountability, community involvement).

Qualitative Data Collection:

- Focus group discussions: Focus groups will be conducted in selected communities to delve deeper into community experiences and perspectives on PHC

governance. Discussions will explore aspects like accessibility of services, quality of care, interactions with PHC staff, and perceived influence on decision-making processes.

- In-depth interviews: Semi-structured interviews will be conducted with key stakeholders, including PHC staff, community leaders, and local authorities, to understand their perspectives on governance challenges and potential solutions. Data was collected from Kurukshetra and Karnal from January to December 2022.

Data Analysis: Quantitative data will be analyzed using statistical software to identify patterns and trends in service utilization, satisfaction levels, and perceptions of governance. Qualitative data will be analyzed using thematic analysis to identify key themes, experiences, and narratives emerging from focus group discussions and interviews. SPSS 17.0 was used to analyze the data collected.

3. Result and Discussion:

Table:1. SOCIO-ECONOMIC PROFILE OF PATIENTS

Gender of the respondent				
Gender	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Male	103	51.5	51.5	51.5
Female	97	48.5	48.5	100.0
Total	200	100.0	100.0	

Table: 1. Presents the distribution of respondents based on gender in a study analyzing the administration of Primary Health Centers in Haryana. The data reveals that out of 200 participants, 51.5% are male, while 48.5% are female. The valid percent column confirms that these percentages are based on valid responses. The cumulative percent indicates the proportion of participants reached at each point in the data collection, with 51.5% of respondents being male and 100% encompassing both genders. This gender-wise breakdown provides insight into the composition of the study sample and lays the foundation for further analyses related to the administration of Primary Health Centers in Haryana.

Panda, Bet ,(2016) . Study found that male and female respondents were evenly matched in PD and NPD, with a mean age of 43.4 years. There was no significant difference in mean age between PD and NPD, but a higher proportion of health workers in PD were under 35 years old.
According to Goyal , 46.2% of the 145 respondents were male and 53.8% were female. 60.0% of

individuals were under 40 years old. In the study, 77.2% of respondents were literate and 59.3% were employed.

Table: 2.PERCEPTION OF DOCTOR/ PARAMEDICAL STAFF/OTHER STAFF

Type of employee				
Classification	Frequency	Percent	Valid Percent	Cumulative Percent
Doctor	25	25.0	25.0	25.0
Paramedical Staff	44	44.0	44.0	69.0
Other Staff	31	31.0	31.0	100.0
Total	100	100.0	100.0	

The research on primary health services in Haryana involved an examination of the types of employees within the health service sector, with a focus on their classification. The data presented in the table provides a breakdown of employees into three main categories: doctors, paramedical staff, and other staff. Out of the total sample of 100 employees, 25% were classified as doctors, 44% as paramedical staff, and 31% as other staff. This categorization allows for a nuanced understanding of the distribution of workforce within primary health services in Haryana. The table's cumulative percent column indicates that doctors constitute a quarter of the workforce, while paramedical staff and other staff together make up the remaining 75%. This information is crucial for policymakers, healthcare administrators, and researchers aiming to optimize staffing and resource allocation in the primary health sector to enhance overall healthcare delivery in the region.

Sharma ,(2023) studied In total, the state has 56 district and sub-district hospitals, 110 CHCs, 356 PHCs, and 2630 Health Sub-Centers, CHCs, SDHs, and DHs provide primary and secondary care, while SCs and PHCs only provide primary. The state had 14.6 health-care workers per 10,000 people, 30% of whom were public sector employees. There are 1.7 doctors (including 0.8 dentists) and 12.9 nurses and midwives in the public and private sectors. The mean age of interviewed doctors was 34, while nurses averaged 32 .The mean age of clinical and support staff was similar. Doctors, support staff, and administrators were mostly male (64%, 78%, and 77%).

Table:3 Gender of the employee

Gender of the employee				
Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	40	40.0	40.0	40.0
Female	60	60.0	60.0	100.0
Total	100	100.0	100.0	

Table 3. presents insightful data on the gender distribution of employees, offering a comprehensive overview of the workforce composition. The frequency column indicates the raw count of individuals, revealing that 40 employees, or 40% of the total sample, are male, while 60 employees, constituting 60% of the total, are female. This presentation facilitates a clear understanding of the gender distribution and allows for a nuanced analysis of the workforce composition in terms of male and female employees.

Table 4. Designation of The Employee

Designation of the employee				
Name of the post	Frequency	Percent	Valid Percent	Cumulative Percent
Doctor	23	23.0	23.0	23.0
Staff Nurses	25	25.0	25.0	48.0
Pharmacist	11	11.0	11.0	59.0
Multi-Purpose Health Worker	12	12.0	12.0	71.0
Radiologist	1	1.0	1.0	72.0
Lab Technician	8	8.0	8.0	80.0
Technical Officers	1	1.0	1.0	81.0
Asha Worker	16	16.0	16.0	97.0
Other	3	3.0	3.0	100.0
Total	100	100.0	100.0	

Table 4 . Provides a comprehensive overview of the distribution of employees across various designations in the study. The data reveals that the majority of employees are Staff Nurses,

constituting 25% of the total, followed closely by doctors at 23%. Asha Workers and Multi-Purpose Health Workers contribute significantly, comprising 16% and 12%, respectively. The table also highlights the diversity of roles, including Pharmacists, Lab Technicians, Technical Officers, and Radiologists, each representing a smaller percentage of the total. The cumulative percent column demonstrates that the listed designations cumulatively cover 97% of the total employee distribution in the study, with the remaining 3% classified as "Other." This breakdown offers valuable insights into the composition of the workforce, emphasizing the prominence of nursing and medical roles in the studied context.

Table 5: Satisfied From Equipment

satisfied from equipment				
Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	34	34.0	34.0	34.0
No	66	66.0	66.0	100.0
Total	100	100.0	100.0	

Table :5. Presents data on the perception of healthcare workers regarding their satisfaction with the equipment used in Primary Health Centers (PHC), Community Health Centers (CHC), and sub-centers. Out of the total respondents, 34% expressed satisfaction with the equipment, while the remaining 66% reported dissatisfaction. This indicates a significant portion of healthcare workers are not content with the tools and resources at their disposal for providing medical services. The table serves as a valuable insight into the opinions of healthcare professionals, shedding light on the potential need for improvements in the availability and quality of equipment in these healthcare facilities. Efforts to address these concerns could contribute to enhanced efficiency and effectiveness in healthcare service delivery.

Table: 6. Regular ward visit

Regular ward visit				
Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	58	58.0	58.0	58.0
No	3	3.0	3.0	61.0
Not Applicable	39	39.0	39.0	100.0
Total	100	100.0	100.0	

The data presented in Table.6: reflects individuals' perceptions regarding their adherence to the hospital schedule for ward visits. Of the total respondents, 58% indicated that they visit the ward according to the hospital schedule, while only 3% admitted to not following the schedule. Interestingly, a significant portion, constituting 39%, found the question inapplicable, possibly suggesting variations in work roles or responsibilities that don't align with a strict schedule. The cumulative percent column helps understand the overall distribution of responses, with 61% acknowledging some form of adherence to the schedule and the remaining 39% indicating challenges or differences in their work that make the schedule not applicable to them.

Kumar . Observed that the results indicated a low level of patient satisfaction with regard to the utilization of reception services, registration services, the attitude of physicians, the behavior of nursing staff, the availability of medicines, and diagnostic services. Individuals, on the other hand, are content with the promptness of their hospital admission.

Table 7. Administrative efficiency of health center in Haryana

Administrative efficiency of health center in Haryana				
Response	Frequency	Percent	Valid Percent	Cumulative Percent
Excellent	8	8.0	8.0	8.0
Good	17	17.0	17.0	25.0
Average	58	58.0	58.0	83.0
Poor	17	17.0	17.0	100.0
Total	100	100.0	100.0	

The data presented in Table 7 reflects respondents' perceptions regarding the overall administrative efficiency of Sub Health Center/PHC/CHC in Haryana. Most respondents (58%) rated the administrative efficiency as average, followed by 17% who considered it good and another 17% who deemed it poor. A smaller percentage (8%) rated the administrative efficiency as excellent. This distribution provides insights into the diverse opinions regarding the effectiveness of the health centers' administration in Haryana, with a significant portion perceiving it as average.

Hooda., (2016) observed that 187 participants, primarily from morning and afternoon OPD, found that the majority (72%) rated the overall OPD service as "good" or "very good" (44.4%). The mean score for all parameters was 3.8, with most rated "very good" (44.9%) and "good"

(33.7%). Nearly half of the participants reported that public facilities in the waiting area were "very good" (47.6%). Availability of diagnostic facilities and medicines was also rated "good" by most participants. Qadri . (2012) found that 89.1% of patients were satisfied with MMIMSR services, with 90%, 78.6%, and 74.6% satisfied with provider relationship, medical care, and information support.

Table 8. Observations and suggestion of employee for improve the Hospital service

Observations and suggestions of employees for improving the Hospital service				
Classification	Frequency	Percent	Valid Percent	Cumulative Percent
Lack of Manpower/Workload	42	42.0	42.0	42.0
Shortage of Drugs/ Medicines	10	10.0	10.0	52.0
Requirements of Updated Equipment	15	15.0	15.0	67.0
Improve the Infrastructure	14	14.0	14.0	81.0
Need of Computer	1	1.0	1.0	82.0
doctor patient ratio is high	4	4.0	4.0	86.0
Nursing Station	3	3.0	3.0	89.0
Increase Wages/Salary	9	9.0	9.0	98.0
Training programs should be organized to improve skills	2	2.0	2.0	100.0
Total	100	100.0	100.0	

The data presented in Table 8. illustrates the perceptions and suggestions of employees regarding overall improvements in the hospital services. The table includes various categories of feedback, each associated with its frequency, percentage, valid percentage, and cumulative percentage. The most common observation or suggestion, highlighted by 42% of respondents, is the "Lack of Manpower/Workload." This indicates a concern among employees about the staffing levels and their work burden. Other significant suggestions include addressing the "Shortage of Drugs/Medicines" (10%), the "Requirement of Updated Equipment" (15%), and the need to "Improve the Infrastructure" (14%). The data also reflects specific concerns such as the high "doctor-patient ratio" (4%) and the importance of "Increasing Wages/Salary" (9%). The

cumulative percentages provide a comprehensive view of the distribution of suggestions, emphasizing the widespread call for improvements in various aspects of the hospital's functioning, ranging from manpower to infrastructure and beyond. The P. Mohanraj (2015) study found that all items in primary health centers had ratings ranging from 1 to 5, with the highest rating being 24 hours medical care service. Most items had mean ratings between 3 and 4, with most respondents falling between "neither satisfied nor dissatisfied" and "satisfied." A chi-square test was used to determine the relationship between socio-economic factors and client satisfaction among services and facilities provided by primary health centers.

Goyal . found Out of 145 subjects in the study, 88.9% (129) rated hospital services as good, while 11.1% (16) rated them as poor. The hospital OPD services were rated as satisfactory by 80.68% (117) participants and dissatisfied by 19.31% (28). No significant correlation was found between. The study examined the perceived quality and socio-demographic factors such as age, sex, literacy status, and occupation of study subjects. Patients reported dissatisfaction due to limited medicine availability (46.15%), poor doctor behaviour (38.46%), long OPD queues (26.92%), and poor staff behavior (26.92%). Patients recommended improving pharmaceutical supply (31%), doctor behaviour (17%), and patient registration counters (17%) to address unhappiness.

4. Challenges in Haryana PHC infrastructure and equipment development faces several obstacles:

Insufficient Funding: Budget constraints often prevent renovations and equipment purchases.

Poor Resource Management: Underutilized or neglected resources might cause more problems.

Insufficient Infrastructure: Poor buildings, cleanliness, and space affect service delivery and patient comfort.

Outdated Equipment: Limited access to contemporary diagnostic and medical equipment limits services.

Lack of Trained Personnel: Equipment maintenance and operation can fail due to a lack of trained personnel.

To overcome these hurdles and produce persistent improvement, a multi-pronged approach is needed:

Increased Funding: PHC infrastructure and equipment development needs dedicated budgetary

resources. This could involve government support, public-private partnerships, and creative finance.

Improved Resource Management: Strong inventory management systems, frequent maintenance, and equipment handling training help maximise resource use.
Infrastructure Upgrade: Renovating existing PHCs, building new ones in underserved areas, and providing clean water and sanitation.
Technology: Digital health infrastructure, telemedicine, and sophisticated medical equipment can improve service delivery and patient outreach.
HR Development: Training and recruiting technicians, maintenance workers, and medical experts who operate advanced technology is crucial.
Civic Participation:
Communities should be involved in planning and decision-making to ensure local needs are met and healthcare facilities are owned. Community resource mobilization and maintenance can improve sustainability and cost-effectiveness.

5. Conclusion

The tables' comprehensive analysis sheds light on various aspects of primary health services in Haryana. The workforce composition reveals a balanced distribution among doctors, paramedical staff, and other employees, with a notable gender diversity favoring female representation. Designation-wise, staff nurses and doctors dominate, emphasizing their crucial roles in healthcare delivery. The workforce also exhibits a broad age spectrum, and the educational qualifications highlight a multidisciplinary team. Experience distribution suggests a mix of seasoned professionals and those early in their careers. Employee perceptions indicate overall satisfaction with working conditions but highlight concerns about wages, workload, and the impact of attendants on work efficiency. Suggestions for improvement encompass addressing manpower issues, shortages of drugs and equipment, infrastructure enhancement, and salary increments. These insights are invaluable for policymakers and healthcare administrators aiming to optimize workforce management, improve working conditions, and enhance overall healthcare delivery in the region.

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