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CORRUPTION IN HEALTHSERVICES : A CASE STUDY OF PANCHKULA, HARYANA

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Abstract:

Importance

“Corruption and hypocrisy ought not to be inevitable products of democracy, as they undoubtedly are today” – Mahatma Gandhi

Health care is one of the most important aspect of integrated development of society and health status is one of the indicators of the quality of life. It is a source of man's happiness and also leads to their progress. Health is closely related to some concepts like socio-economic development and productivity. When health sector doesn't perform properly and efficiently due to biases and corruption then the overall development of the nation gets effected, hence decreasing the productivity levels and socio-economic development.

INTRODUCTION

A good health sector is one's real wealth. When all the people living in nation are healthy, they are always cheerful, active, willing workers and energetic. So, primary health care becomes an important tool and element for socio-economic development and needs proper coordinated efforts from other sectors like agriculture, education, housing, industry, etc. It requires people's participation, society, family and community's self-reliance for better working environment in health sector. Rural Health Services in India are provided through CHC, PHC, SC as well as voluntary workers like TBA. Primary: - Sub-Centre, Primary Health Centre and Community Health Centre are working on grass root level to improve the rural health of poor people and to provide health facilities to the rural people at their doorstep. They are inter-related and co-operate with each other to get maximum success in the improvement of rural health. This infrastructure is called Primary Health Care. Secondary :- The Health Care provided at district and sub divisional levels is called Secondary Health Care. Tertiary:- Teaching and research institutions comes under the Tertiary level e.g. Rohtak Medical College. As on March 2009 -2010, an extreme network of 4510(India) 107(Haryana) 2(Panchkula) community Health Centres, 23391(India) 441(Haryana) 9(Panchkula) Primary Health Centers and 145894(India) 2484(Haryana) 46(Panchkula) sub-centres had been set up to provide primary health care at grass root level. 9 Primary Health Centers were functioning in Panchkula district 7 in rural areas and 2 in urban areas. We have selected all the 8 centers situated at Kalka, Pinjore, Old Panchkula, Morni these are under Kalka Community Health Centre and Raipur Rani, Hangola, Barwala KOT under Raipur Community Health Centers.2

Table – 1: Comparative Study of Medical Staff in Haryana and Panchkula District

Medical Officer Class-I&II	Nurses	Mid-wives/ ANMS	Lab Tech.	Pharma-cists	Ministerial Staff	Dais	Class IV	Others	Total
1829	1459	2243	528	839	945	20	4368	1713	13943
108	92	67	32	48	25	0	158	69	599

Source: **Statistical Abstract of Haryana 2008-2009**

Health sector in Panchkula is being affected at both rural and urban level due to the bug of corruption leading to decrease in health care facilities in the district.

HEALTH SECTOR AND CORRUPTION: THE RELATIONSHIP

"Corruption in the health sector is a concern in all developing or developed countries, but it is more of a critical problem in developing and transitional economies where public resources are already scarce."³ Corruption reduces the resources that are available for health, lowers the quality, equity and effectiveness of health care services, decreases the volume and increases the cost of provided services. It discourages people to use and pay for health services and ultimately has a corrosive impact on the population's level of health. A study carried out by the International Monetary Fund (IMF) using data from 71 countries shows that countries with high indices of corruption systematically have higher rates of infant mortality.⁴ To increase resources available for health and to make more efficient use of existing resources and, ultimately, to improve the general health status of the population, it is important to prevent abuse and reducing corruption. Corruption can extend to the qualifications of health personnel. Bribes or political influence can be used by unqualified personnel to obtain educational degrees or to be appointed to health services. Poor management of resources and lack of decision-making, coupled with low budgets, irregular supplies and corruption have adversely impacted the public health system. (LokAdyuktha of Karnataka estimates corruption to account for the leakage of almost 25% of public funds.)⁵

Corruption in health sector leads to the following:

1. Corruption in health care services denies people of proper and efficient use of health care services and to poor health outcomes.
2. It leads to tilting of health spending priorities amongst individuals and the breach in health budgets of the country.
3. Poor people decide against life-saving treatment.
4. Affects the quality of medicines with far reaching consequences such as stimulating drug-resistant strains of killers such as malaria.
5. It violates human health rights as given by WHO.
6. Public health budgets become subverted by unethical officials for private use.

India and Corruption in Health Care Services

Doctors and other health professionals have an ethical responsibility to highlight the contribution of corruption to the health status of their patients, and to become politically active to control such a significant cause of death. But there is a need to fight against corruption as it exists much amongst health professionals themselves. INDIA is ranked 87th of 178 countries in Transparency International's 2010 Corruption Perceptions Index.⁶ This clearly shows how much corruption is there in India and there is a moral imperative on the medical profession, and other health professionals in India (and in most other countries) to put their own house in order and to publicly declare action against corruption within community.

A study by World Bank shows that in India, there was a major corruption in 5 health projects

funded by WB. Among them 4 were completed (1997-2003) which include \$193.7 million for National HIV/AIDS Control Project, \$128 million for Tuberculosis Control project, \$ 114 million for Malaria Control Project, \$ 82.1 million for Orissa Health Systems Development project, and the 5th one that is \$ 54 million Food and Drug Capacity Building project is yet to go.⁷

The implementation of the Orissa Health Systems Development Project initiated by WB to assist Govt. of Orissa, exhibited significant indicators of fraud in civil works and equipment components. For civil works, the DIR, aided by a civil engineer, visited 55 project hospitals; at 93 percent of them, observed problems like uninitiated or incomplete work, severely leaking roofs, crumbling ceilings, molding walls, and non-functional water, sewage, and/or electrical systems. Four hospitals were locked shut and entirely unused. Yet the construction management consultants (CMCs) who supervised the work certified 38 of these hospitals to be complete to project specifications, and in February 2006 the Orissa Department of Health and Family Welfare (DOHFW) reported that work at 45 of them was complete.⁸

The DIR reviewed the project documents for 21 hospitals and found 10 cases in which the DIR's field observations directly contradicted the CMC's completion certifications⁹.

In the US\$54 million Food and Drug Capacity Building Project, the corrupt practices uncovered were related to procurement and included bid-rigging, bid manipulation, and bribery, for example, "questionable procurement practices" were uncovered in contracts representing 87% of the project's office and laboratory equipment. The review also found evidence of corruption related to project implementation. In the US\$194 million Second National AIDS Control Project, for example, the Bank found HIV/AIDS test kits of poor quality which resulted in the further spread of disease".¹⁰

NCT Delhi has been appointing medical officers since 1996 on contractual basis with the clause "till UPSC appointments are available". This is an easy way to make appointments on personal basis and to promote corruption/favoritism/biasness as many doctors employed this way agree to have paid money to secure this job. After working for few months the entire lot puts an application in consumer court for making it permanent /regularization. This is despite the fact that many doctors selected by UPSC for UTs/State services wish to come to delhi on deputation but their applications are not accepted or are further referred to UPSC for delay & final rejection. Even the latest vacancy circular dated 4/8/11 which shows 341 vacant posts on contract but no clause for deputation.¹¹

STUDY OF CORRUPTION IN HEALTH SECTOR

This paper intends to study the analysis of corruption in PHCs in Haryana, to diagnose the problem which impedes the effective functioning of such institutions. Let us now discuss the susceptibility, findings and suggestions for improvement.

HIGH CORRUPTION SUSCEPTIBILITY IN THE HEALTH SECTOR

In Haryana, the health sector appears to be particularly susceptible to corruption. This is the result of many processes with high risks of bribery.

- 1.Services in health sector are highly decentralized and individualized making it difficult to regulate and monitor service procurement.
- 2.Limited regulatory capacity adds to the problem persisting in health services.
- 3.Also, health sector is majorly marked by a high degree of imbalances of information and an inelasticity demand for services.
- 4.The high degree of discretion given to providers in choosing services for patients puts patients in a vulnerable position.
- 5.In rural areas, health professionals have assumed a cultural role as trusted healers who are above suspicion. It is even more difficult to believe that providers could have conflicts of interest that affect their judgment, but in fact this can be the case of vulnerability.
- 6.Systems with direct public provision are prone to low productivity when insulated from competition or external accountability
- 7.Less monitoring by Citizen's Charter in health sector have increased vulnerability

OBJECTIVE

The objective of the study was to attempt an overall assessment of the functioning of Primary Health Centres in the Haryana State with special reference to their level of corruption in various areas or processes in health sector.

Survey Schedules

Schedule was used for assessing corruption at various processes in health services in PHCs by public opinion.

Coverage: The all 9 Primary Health Centers were selected for the study. (already mentioned)

FINDINGS OF THE STUDY

1. Disposal of Staffing of Emergency Services

There is no proper staff for the promotion of health programmes in the area, effective delivery of health, family welfare services in emergency to provide necessary guidance and direction. There are no proper plans ensuring effective deployment of staff in emergency. There is no cooperation and co-ordination with other institution providing medical care services in his area (emergency services). 90% respondents said that only 10 percent of staff or workers are available there whereas 10% of respondents said they did not face that problem of unavailability of staff. Medical practitioners are usually found at their private clinics and also they ask patients to visit their private clinics for better treatments and facilities. Also, the respondents said that the 90% of the other staff like technicians, midwives, nurses, etc charge extra payments or ask them for 'Bakshish' for providing extraordinary treatments.

2. Availability of Public Health Facilities and transportation facilities

The PHCs are supposed to provide health education to the people. And also, provide the people with the basic amenities to health services including transport. 35% respondents remarked the transport facilities meant for public use is usually used or utilized by medical officers and other staff for their personal use. It was found that 35% percent health centers did not possess basic health facilities and where services have been provided they are not being maintained properly and the maintenance fund is used for their own personal purposes. 30% of respondents said that there is no intimation or informational bulletins from medical officers to educate people for various seasonal diseases which usually lead to epidemics.

Due to corrupt practices by health officials and other staff, there is lack of inadequate health facilities, people remain out in the open, resulting in great risk of infection in these areas.

3. Availability of medicines and drugs

45% of the respondents said that the medicines referred to them by doctors are unavailable in PHC, they are referred those medicines for which doctor gets commission and usually they are very costly. 55% of the respondents remarked that doctors and other staff sell the medicines meant for PHCs in open markets. The medicine may be standardized and used to provide cheaper services. The supply of medicines may be made in time to keep the morale of the workers high and win confidence of the people.

4. Utilization of resources in health service delivery

80% of the respondents said that the health resources are not optimally utilized. Various health resources are used by the doctors at their private clinics, deviation (for private sector resale) of drugs/supplies at storage and distribution points which leads to inappropriate treatment to patients and disruption of treatment or incomplete treatment. 20% respondents remarked that the resources that are provided to patients in PHCs are utilized properly.

5. Bribery of health Professionals

60% of the respondents said that they think that at PHCs and various health centers, they have to pay fees to health professionals and 40% respondents remarked that they have to bribe them for getting treated properly and at priority.

In India, many of the people payment to staff to gain admission to hospital is the commonest corrupt practice in health care. Such payments are higher in southern India. According to a survey, "The key actors leading to corruption in this sector across zones are allegedly doctors (77%) followed closely by hospital staff (67%)¹²

6. Equipment in Working Condition

70% of the respondents remarked that even the Basic equipment's (like blood pressure instrument, X-Ray machine, blood smear examination microscopy, urine microscopy, and other blood tests machines, etc.) are not available and if available are not functioning properly. 30% respondents remarked that patients are asked to get their tests done from private labs from which the medical officers get their commissions.

Similarly, in FDCBP laboratory and office equipment contracts procured by the PSA through ICB and NCB procedures. The DIR found questionable procurement practices, some of which indicate fraud and corruption, in contracts representing 87 percent of the number of pieces and 88 percent of the total value of equipment procured. However, the DIR noted that none of its findings suggest the existence of cartels or collusive behavior between bidders.¹³

7. Compliance of guidelines in service delivery

90% of the respondents said that there is no compliance of the delivery of services with the guidelines and policies of government. The defined capacity at PHC to conduct various maintenance functions for PHCs like color coding for dust bins, cleanliness of toilets, waste disposal facilities, etc, lack due to negligence of ground level staff (sweeper, chowkidar, waterman, etc) who don't work as per the instructions and get the salaries for doing nothing in PHCs. 10% respondent remarked that ground level staff is insufficient to perform the maintenance work.

SUGGESTIONS

1. Inculcation of Discipline in Health Care Staff:- The strict administrative steps must be taken to correct the misbehavior of the employees. Periodically there should be checking of their work in relation to the performance of his job. Corrective actions should be initiated to prevent inefficiency and in competency among employees. To curb indiscipline among personnel at Primary Health Centers i.e. lack of punctuality, absence without leave, lack of nature of work, Recognition of good work and responsibilities etc; the health department must invoke disciplinary action against such employees and to ensure that it does not spread to other employees.
2. Need of Adequate Basic Public Health facilities: It is essential to provide adequate basic public health amenities, like piped water, sewerage, flush latrines electricity, telephone and computerization in each center to provide full facilities to the patients. This would also create better image of the PHCs.
3. Need of monitoring of drug supply: there should be a proper monitoring mechanism to monitor drug supply, to check where the free samples are being used, to check that medicines are given to patients only and are not issued anywhere else like private selling, or private use by medical practitioners, etc.
4. Need to specify code of conduct for medical practitioners: there is a need to introduce and promote codes of conduct through continued training of medical staff. These codes should make explicit reference to preventing corruption and conflicts of interest. Also, pharmaceutical, biotech and medical device companies should adopt the Business Principles for Countering Bribery. There should be clause in Jan Lokpal bill to counter corruption in health sector.
5. Need of availability of equipment, equipment in working condition and proper equipment management: Most of the equipment required at CHC, PHC, SC level is not available, causing hardships to patients, who have to make use of private services, which are costly and time consuming. It is suggested that these be provided as early as possible for better health services. Working conditions of equipment's are very poor. Even ordinary blood pressure measuring instruments are out of order. X-ray machines mostly remain out of order. This is a matter of great concern, as the technical personnel engaged remain idle and inconvenience for the poor people who have to pay heavily to private agencies. These may be got repaired and kept functional, else condemned and replaced with new equipment. There is lack of proper equipment management; there is no proper handling and upkeep of equipment, resulting in low performance. Most of the persons handling these equipment's are not fully trained and need to be trained. Preventive, systematic maintenance procedure and effective maintenance wherein the condition of the equipment is constantly watched through a systematic inspection programme and preventive action taken to reduce the breakdown of essential equipment is needed.
6. Need of People's Participation i.e. Code of conduct: There is need of proper community and health personnel participation for providing better services at grass root level. In spite of accepted general principle of Primary Health Care i.e. Community participations, the traditional bureaucratic machinery often stands in the way of their translation into concrete actions. There is unwillingness to decentralize that

is why the community is involved only to the level of curiosity and enthusiasm. Sustained efforts are required to be made to ensure community participation through creation of appropriate forums

CONCLUSION

“In the poorest countries, corruption levels can mean the difference between life and death, when money for hospitals or clean water is in play. The continuing high levels of corruption and poverty plaguing many of the world's societies amount to an ongoing humanitarian disaster and cannot be tolerated. But even in more privileged countries, with enforcement disturbingly uneven, a tougher approach to tackling corruption is needed.” – by the Transparent international chief Hugette Labelle. The extent of corruption in public sectors and who pays how much of it remain important questions for policy makers in rich and poor countries. However, due to the inherent difficulty of measuring illegal activities such as corruption, the most evidences on the incidence and magnitude of corruption rely heavily on perception based indices, which are subjective by their nature and have obvious limitations. Absent factual measurements of incidence and magnitude, there could be little consensus on how to reduce corruption and where to allocate efforts for corruption reduction.

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