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Accountability Mechanism for Maternal Health Service: Case of Primary Health Care Centers of Nepal

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Abstract

The accountability mechanism is the process of delivering the service on commitments, dissemination of information, oversight mechanism, having the enforceability through the complaints handling and people hearing for service delivery. To analyze the maternal health service delivery and explore the effects of accountability mechanism for maternal health service at Primary Health Care Center level, multivariate regression analysis had been done having the dependent variable i.e. satisfaction of mothers that have taken the service during pregnancy and at the time of child birth and independent variable is accountability mechanism. Mainly, Primary Health Care Centers are being accountable through committed toward service delivery, through the review of conduct by Health facility operation committee, people hearing mechanism and complaints handling mechanism have significant relation with maternal health service. In contrast, the answerability mechanism for misbehavior, timely dissemination of information for service provision, financial activities and review of performance are insignificant relation with service delivery. The accountability mechanism deals with the effort of analysts and commentator to make the sense of accountable service. Likewise, it illustrates that where the gap is eroding the practice of account giving process. Accountability mechanism discusses how to deal with that cause through the responsive services and as cure through the reestablishment and rebuilding the moral on basis of community effective standards and norms. Moreover, to diversify the role of accountability mechanism, there should be enhancement of information sharing and oversight mechanism in Primary health care center.

Keywords: Accountability, Health Service delivery, oversight mechanism, people hearing and social audit

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CHAPTER: 1

INTRODUCTION

1.1 Introduction

Maternal health is a national health priority of government of Nepal. There are several maternal health services/interventions have been implemented under the national safe motherhood program. Such as free institutional delivery, Antenatal visits, Post natal care, Integrated Maternal Child Health etc. These initiatives have achieved significant impact on the maternal mortality rate and neonatal mortality rate. To overcome the issue of maternal death, government need to strengthened the health system, as it affects guidance, processes, consistent management, cohesive policies, accountability mechanisms and the right to decide on particular areas of responsibility. Salam (2014) mentions that systematic approach is most relevant way to ensure that the services are effective for delivering quality health service. The essential variables needed for district level inputs include training, supervision and monitoring of health workers in the peripheral health centers and managing health information systems for strategic planning and monitoring of the district health system, effective governance and accountability mechanism. From these inputs, district health system processes their policy and program as a service provider to give their better outputs. The accountability mechanism is that foster the accountable services that generate act of account giving to improve the service delivery. Introducing the accountability mechanism in health service, gives some efforts to stimulate beneficiary control alongside provision of information about staff performance, information about interventions that reduces stillbirths, in doing so patients or community lack the information about service resulted without measurable impact on the quality or uptake of medical care (George, 2003). There is concern that increasing accountability to patients can enhance assistance to improve health service delivery and health outcomes through taking account community participation, enhancing the quality of health information for receivers. Most importantly information, dialogue and negotiation creates platform and basis to enable accountability mechanisms to address problems and to foster better service provision, most significantly in the area of reproductive health services (Murthy & Klugman, 2004).

Particularly, accountability has definitely become a topic of concern throughout governance literature because it is entry point of good governance. Respectively, the question of

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accountability can be seen as one of the reasons that governance has become so debated in recent years (Pierre & Peters 2000: 67). Improving accountability is often resulted as constituent in improving health system performance and output. There is more conceptual and analytical clarity is required because it fosters the mechanism and serves as an organizing principle for health sectors reform. An accountability recognizes associations among health actors and patients particularly the relation between doctor patients for account giving and measures dimensions to demand and supply information for interventions. An accountability tools support to generate a system-wide perception on health reform and clear the connections for improvement of interventions. These can lead to collective outcomes, improve system performance, and contribute to sustainability (Brinkerhoff, 2003).

1.2 Statement of the Problem

Reducing high maternal mortality is a priority agenda of the national and international community, as demonstrated by the Millennium Development Goal (MDG) 5. Nevertheless, attaining Millennium Development Goal-5 remained a challenge in case of Nepal. However, there are different approaches to achieve healthcare governance as outcome for achievement of MDGs previously for universal access for health. There is different National health sector planning implementation phase I and II conducted to achieve "Health for all" (NHSP-ii, 2010). Nowadays, Department of Health Service of Nepal proposed the development agenda as SDGs for 2030 which is most concern agenda to achieve good health and wellbeing and their sustainability. It seems that it is less likely to be achieved MMR by 70 per 100 000 live births in case of Nepal by 2030 because the indictors shown in below table, the given target is very far from the existing situation i.e. 258 per 100 000 live births in 2014.

Table 1: Trends of Maternal Health Status in Nepal 1990 to 2015

Indicators of millennium development goal 5	NFHS * 1991	NFHS 1996	NDHS† 2001	NDHS 2006	NDHS 2011	DOHS annual 2014	MDGs Target 2015
ANC coverage at least one (%)	NA	NA	NA	43.7	58.3	54	NA
Delivery by SBAs (%)	7	9	11	10	36	55.6	60
Institutional delivery (%)	NA	NA	NA	17.7	35.3	57	NA

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MMR per 1,00,000 live Births	830	539	415	281	229	258@	134
Teenage pregnancy per thousand	NA	NA	84	106.3	81	NA	NA
Contraceptive prevalence rate (%)	24	28.8	39.3	48	47.7	43	67

Note; *Nepal Family Health Survey, † Nepal Demographic and Health Survey, @ CBS report, 2014

A failure by health institution to effectively deliver appropriate maternal health services results in the failure of health system accountability. Simply, the maternal death of a young woman due to lack of adequate maternal health services is a violation of her right to health, right to life and her right to non-discriminatory treatment. It is the duty of government of Nepal to ensure women´s rights and give emergency obstetric services. Also, allocation to those services with the maximum extent of available resources for better intervening maternal health problems. The concern has been increasingly appreciated that having a well-established system with sufficient resources for health may not accomplish their expected results without giving proper attentions to the health governance and accountability issues. Few mechanisms of accountability are prevalent such as citizen charter, social audit are famous, which is not active without community participation in health planning and service delivery at local level. So that, attentions should be given toward downward accountability which is seems as problematic. Even the WHO governance indicator i.e. voice and accountability is 33.3 percent of public institutions of Nepal which made one of relevant issue to foster the central, sub-national and local governments able to hear the voice of common citizens, and make these institutions accountable to them (WHO Governance Indicator, 2015).

1.3 Rationale

It is important to note that accountability is major principal of healthcare governance. Accountability issues are concerns within various health institutions: for example, national, district, and local health councils; hospital boards; medical review boards and professional certification bodies; decentralization; and so on. Improving accountability can lead to an increased understanding of health system reform, better functioning of institution performance, as well as increased integration of fairness and delivery on commitment at health center. A systemic assessment of accountability mechanism acknowledges the

consistency and interdependencies among health actors that facilitates blameworthiness, remove negligence for account giving (Brinkerhoff, 2003). Health service utilization can be made more responsive by changing the behavior of healthcare providers towards their patients and by taking account of their expectations of patients. One of the best indeed methods for assessing and improving the behavior of providers towards patients is through the use of public accountability mechanisms (Mafuta et al., 2015). In doing so, the study of accountability will influence the service delivery and improve the performance of health provider holding accountable for maternal health care.

Particularly, most of the literature on health service has focused on different elements of governance that foster a degree of government effectiveness, degree of corruption prevention. Although significantly in doing so they can provide evidence of a relationship, this study focus on accountability mechanism for improvement performance of a health system as potential governance elements. It is the entry point of governance in health system for performance improvement because it acts as discrete element of governance as shown in given Table 2 (Mikkelsen-Lopez et al., 2011).

Table 2: Governance Elements addressed in the Health Literatures

Governance Elements	**References (Mikkelsen-Lopez et al., 2011)**			
	WHO 2007	Islam 2007	Siddiqi et al. 2009	Lewis & Pettersson 2009
√ Accountability	●	●	●	●
Effectiveness/efficiency			●	
Equity			●	
Ethics			●	
Existence of standards		○		●
Incentives	○			●
√ Information/Intelligence	●	●	●	●
Participation/collaboration	●	●	●	
Policy/System Design	●	●		
Regulation	●	●		
Responsiveness		●	●	
Rule of Law			●	
Transparency	○	○	●	○
Vision/Direction	○		●	
Key: ● indicates the discrete element of governance in health literature ○ indicates the elements of governance in the other context				

Health system that foster an evidence with increasing the access to and utilization of facility-based maternal care alone does not necessarily transform into better maternal outcomes, so

that it is necessary to study the accountability for maternal health care to fulfill the gap for better performance of health system and increase the effectiveness of safe motherhood program in Nepal (Austin et al., 2014). The overall aim of this study is to find out the influence of accountability in maternal health service to reduce maternal mortality rate at Primary Health Care Center.

1.4 Objective

- To analyze the maternal health service delivery at local level of Nepal
- To explain the role of accountability mechanism for maternal health service at Primary Health Care Center level

Research Question

How the accountability mechanism affects maternal health service to reduce maternal mortality rate at primary health care center?

CHAPTER: 2

LITERATURE REVIEW

2.1 Safe Delivery Service: Policy, Practice and Gap in Nepal

Delivery service is regarded as safe when it is conducted by safe birth attendee in primary health care centers or in birthing centers. Child birth practice differed according to place and ethnic group. There are different program and policy to strengthen the service delivery such as free health care service, trained SBA, expanded program on immunization and Ama Surksha Program, Safe Motherhood and Neonatal Health Long Term Plan, 2006–2017 etc. In spite of numerous program and efforts the utilization of safe delivery service seems very low on the basis of ecological region, area of residence and ethnic group so forth. This different

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indicates that their existing policy and practice are not enough to provide better maternal health service delivery throughout the Nepal (Bhandari et. al., 2013).

A national free delivery policy was initiated in January 2009 in Nepal. This is the priority program of Nepal for Maternal Health service to provide access and cost effectiveness for poor and marginalized group. This policy is supported by the UK Department for International Development (DFID) (Ensor et al. 2008). This was preserved by the interim Constitution of Nepal in 2007, which is the most appreciated time for health service as a basic human right where free service delivery was delivered by the all at health posts and PHCCs. Finally, in 2009, district hospitals were added to the facilities delivering the free service to all the people throughout the Nepal. Till the date, this policy is not evaluated however the monitoring studies revealed that the policy is functioning very well throughout the country but with continuing restrictions to staffing and drug availability at health facilities (CARE et al. 2009).

Also, Department of Health service revised the program in 2013 and works as guideline to specify the incentives for given services to consider pay of performance. It includes the charges for compensation and the system for demanding the reporting on free deliveries each month. It has four elements (i) the Safe Delivery Incentive Program (SDIP), (ii) free institutional delivery care, (iii) incentive to health worker for home delivery and (iv) incentive to pregnant women for 4th ANC visits. The Aama program provisions are: A payment is given to the mother immediately after having institutional delivery: NRs. 1,500 in mountain, NRs. 1,000 in hill and NRs. 500 in Terai (Plane) districts. There is payment provision to the health staffs of free delivery care. For a normal delivery, health worker get NRs. 1,000 and for complicated NRs. 3,000; for C-Sections (surgery) NRs. 7,000. There is NRs. 400 for the completion of 4th ANC visits to the woman at the 4, 6, 8 and 9 months of pregnancy (DOHS, 2014).

Although, maternal health service delivery is doesn’t give significant changes in safe delivery by SBA and institutional delivery in spite of the availability of free delivery care and other maternal incentives (Bhandari et. al., 2013). The reason behind this persisted low proportion of skilled care at birth, unequally access of emergency obstetric care facilities, unfriendly provider’s attitude, poor service delivery systems and physical infrastructure, low perceived attitude towards safer pregnancy and delivery care, rural residence, traditional socio-cultural

practices and faiths towards delivery care etc. (Subedi et. al., 2009). Hence, to fill full this gap, this study tries to focus on accountability mechanism at primary health care center for maternal health service delivery in Nepal.

2.2 Literature Review

The impact of accountability mechanism on service delivery has always been an essential theme in the literature on service delivery. World Development Report (2004) identified failures in service delivery determines the failures of accountability relationships. For effective service delivery, central level of planning commission has must have a set of objectives, goals and programs in order to implementation by lower levels of government. The overall process required the well-defined chain of accountability at all level to obtain the desired level of performance. The lines of accountability directly influence the effectiveness of performance incentives, service providers, and local government that are assigned by ministries of health to be accountable to the defined service delivery or action. In doing so, the health care provider should be accountable for the entire stakeholder for being an accountable. It means, it has a long chain of accountability that results weak accountability so that its needs adequate resources and information and consultant to hold providers accountable together criticize the provider performance also (Lewis and Pettersson, 2009).

There is lack of clarity in causality links between accountability and their impact in the service delivery. For example, some studies look at the strengthening in the strategies, how to achieve accountability mechanism from improved responsiveness only, also they often look at the impact of a range of governance interventions. In doing so, strongest set of assumption in relation to service delivery, is that accountability mechanism initiatives expose corruption. Generating more formal accountability mechanisms such as audits and investigations find out corruption through emphasizing inconsistencies in public accounts. Even more, citizen complaint against the miss-conduct, those make more pressure to the public authorities to respond and being responsible. When there is no information disclosure that most of the officer seems as they are accountable that also increase the health seeking behavior of patients. The second, assumption is that accountability leads to increased improved access and quality of services and that leads to better performance outcomes. Accountability mechanism create the commitment toward the conducting service, ensure code of conduct that change he number of intermediate levels including, improved policy, practice, behavior

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and power relations. One more, assumption is that accountability initiatives lead to greater empowerment of poor people and patients because accountability mechanism includes complaints and public hearing mechanism that take care of their need and preferences, out of that leads to more satisfaction and empowerment. As we know, better information about rights and processes is circulated; awareness about privileges is likely to increase (Joshi, 2010).

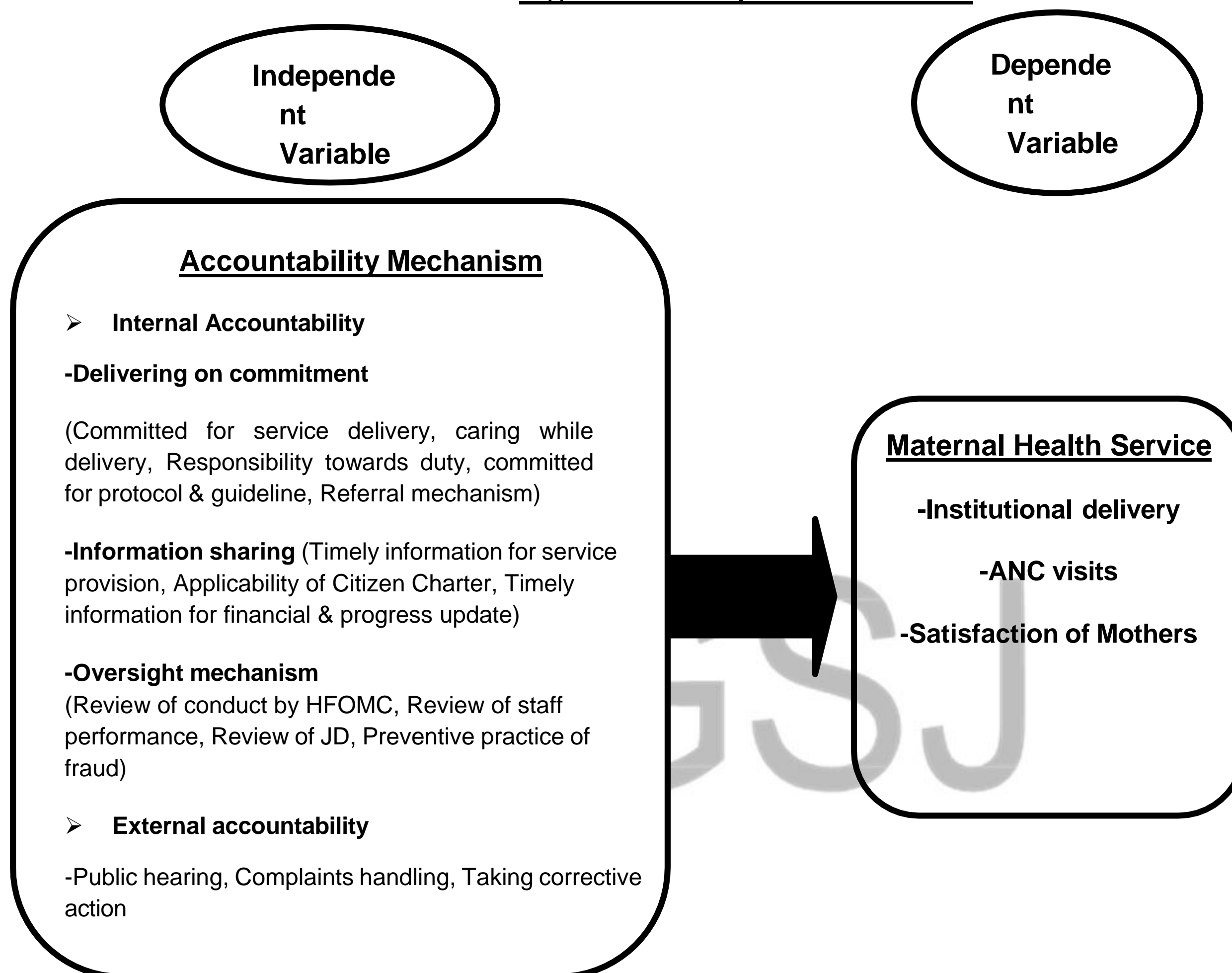
Accountability problems in Nepal's Primary Health Care (PHC) system is a prolong issue as intense and neglected. This concern has resulted in the requirement of engagement of citizens on health service delivery to extract accountability from health service providers. Overall, this study illustrates the contribution of social accountability mechanisms in enlarging citizens' voice, keep accountable service providers in the Dang District PHC system of Nepal. This study contributed new information by providing insight into the effectiveness of collective and individual accountability mechanisms in a community health care system, and by highlighting the potentials of voice mechanism to generate service providers accountable in a PHC system (Gurung, 2017).

Over all, most of the international literature pointed out that accountability mechanism is potential for responsive and effective arrangement for service delivery. However, the concern is being taken on different literature is, how to achieve accountability mechanism from different strategies in case of Nepal such as Gurung, (2017), & Prasai, (2013). This study focused to fulfill the gap through showing the contribution of accountability mechanism for effective health service to reduce maternal mortality rate.

It can be assuming that the better commitment for service delivery, having fair information system increase the organizational performance so that the number of health delivery will increase as an outputs. Such as having the information about cost, time of services patients get more aware of it and then the health seeking behavior will increase with having 4th ANC visits. Moreover, the external accountability enhances effectiveness of service delivery through feedbacks and complaints mechanism also increased the satisfaction level of mother because having action on their complaints will increase their preferences. Assuming these three causality link, this study try to find out the contribution of accountability mechanism for maternal health status and focused to fulfill the gap through showing the contribution of

accountability mechanism for effective health service to reduce maternal mortality rate. The below figure represent the analytical framework

Figure 1: Conceptual Framework



CHAPTER: 3

METHODOLOGY

The design of this research was analytical cross-sectional and exploratory. This design facilitates to determine the relationship between accountability mechanism and maternal health service. This study took the position that accountability in any setting is context specific and that its processes influence and are in turn influenced by the everyday ideas, opinions, practices, and cultures of the population including issues of ethnic groups, level of living and different settlement and stakeholder positions. Hence, the design was taken into account through the variations in primary health care center of Terai region and Hills to show

different strata on the basis of ethnic group and performance Profile for maternal health Service delivery. This study is based on mainly quantitative questions with Likert scale followed by checklist for qualitative questions. To select the sample from the study area, population was selected from Gaurishankar Primary health care center and Armala Primary health care center catchment area. Where expected pregnant mother of Jarbire, ward 28 of Bagar municipality of Kaski district is 49 and Gaurishankar ward 14 of Ishworpur municipality of Sarlahi district is 54 i.e. 103 in total (Target population of DPHO, 2016/17). By using method of Sample size determination, Out of 103 expected pregnant mothers of study areas, 82 sample sizes were selected. Mothers were selected by using proportionate stratified sampling method. To select the sample from the study area, samples were selected in 80 percent proportionate at each Gaurishankar Primary health care center and Armala Primary health care center catchment area.

Table 3: Sample framing from both Strata

Sample size	**Armala PHC** (High Health performance Profile for maternal health Service)	**Gaurishankar PHC** (Low Health Performance Profile for Maternal health service)
Key Informants Interview with staffs and midwife	3	3
Semi structure questionnaire survey with mothers	39	43
Observation of PHC center	1	1

Data were analyzed by using statistical tools such multiple regression analysis in quantitative study comparison and triangulation was made for explanation and discussion from Key informant interview and also from observation. To validate this study, appropriate sampling mechanism is followed i.e. proportionate stratified sampling to minimize the design effect. Direct observation and key informant interviews were taken to support the quantitative analysis. Triangulation is made after data analysis with key informants and secondary source data. To make reliable, the findings of this study compare with different literatures. Semi structures questionnaire survey methods provided statistically representative data on the study population.

CHAPTER: 4

RESULT AND FIDINGS

4.1 Maternal Health Service

A significant increase in institutional delivery and ANC visits has been observed in the number of facilities providing delivery service after the launch of Aama Suraksha program. However, the number of maternal death still prevalent in case of Sarlahi district although there was increase in maternal health service. The health service delivery status comparing to Kaski and Sarlahi is seems as 2:1 in ratio in case of 4th ANC Visit and Institutional delivery in 2016/17 as shown in Table 4.

Table 4: Maternal Health Status of Kaski and Sarlahi

Maternal Health Status		Kaski	Sarlahi	National (NDHS,2016)
ANC 4th Visit in percent	2014/15	109	35.8	-
	2015/16	105	35.3	-
	2016/17	91	45.6	84
Institutional Delivery in percent	2014/15	102	35.52	-
	2015/16	95	42.76	-
	2016/17	97	48.26	57
Maternal Death in Number	2014/15	11	3	-
	2015/16	6	4	-
	2016/17	2	4	259 for every 100,000 live births

Source: Annual Report of DPHO of Kaski and Sarlahi

In case of satisfaction, there is 92.3 percent of total satisfied mother from Armala PHC's health service. However, 16.3 percent mothers are only satisfied from Gaurishankar PHC's health service. The mothers were taking less ANC visit from Gaurishankar i.e. 30.4 percent but 87.2 percent of mothers were taking 4th ANC visit from Armala PHC as shown in Table 5.

Table 5: Cross-tabulation of According to place and Times of ANC visit and Satisfaction of Mothers

	Satisfaction of Mother for given health services for safe delivery			
Name of Place	Satisfied	Neutral	Unsatisfied	Total
Gaurishankar PHCC	7 (16.3)	3(6.9)	33(76.8)	43(100)
Armala PHCC	36(92.3)	2(5.2)	1(2.5)	39(100)

Total in percent	43(52.4)		5(6.1)	34(41.5)	82(100)
	Times of ANC visit				
	1st Visit	2nd Visit	3rd Visit	4th Visit	Total
Gaurishankar PHCC	4(9.3)	7(16.3)	19(44)	13(30.4)	43(100)
Armala PHCC	0	0	5(12.8)	34(87.2)	39(100)
Total in percent	4(4.9)	7(8.5)	24(29.3)	47(57.3)	82(100)

Note; Figure in parenthesis shows percentage
Source: Survey of 2017

4.2 Accountability Mechanism for Maternal Health Service

The roles of accountability mechanism for maternal health service are more precise for health service delivery point of view because it affects all the indicators of maternal health services. The dependent variable is satisfaction of mothers that have taken the service during pregnancy and at the time of safe delivery. Institutional delivery is constant in this study because data is collected at both primary health care centers. An ANC visit has been taken before delivery only so that in case of dependent variable mother satisfaction had been taken as a maternal health service. The independent variable is accountability mechanism i.e. determined by delivery on commitment, information sharing, oversight mechanism, people hearing and complaints handling.

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A. Internal Accountability Mechanism

Internal accountability mechanism includes service delivery on commitment, information sharing, oversight mechanism etc.

4.2.1 Delivery on Commitment

The findings from study shows that one variable i.e. commitment for referring the complex cases is constant because all cases of the corresponding primary health center refer them. The function like Service Delivery on Commitment, Caring while providing child delivery service, Service Delivery on, Commitment with professional point of view have significant relation between the mother satisfactions for maternal health service. However, the functions like Service delivery on responsible manner, Service Delivery on Commitment to follow well established protocols and guidelines for safe delivery of baby haven't significant relation with mother satisfactions for maternal health service. The respondent stated that there is no proper following of the protocol and guidelines of safe delivery while providing the services.

In local level PHCC, they just check simply time of delivery and the opening of cervix. No any mother have experienced the proper guideline for safe delivery because most of the time they referred the cases (Mother).

The function of Answerability for Misbehavior is found as negative because the health provider didn't provide any answers to the health service seeker at primary health care center.

The staffs of Primary Health care center pretend that we don't have commodity and infrastructure for providing better service. Even, the birthing place doesn't have the minimum quality benchmarks such as lack of SBA and autoclaves, medicine etc. Also, there is no proper checking at the time of ANC visit rather than Blood Pressure and Weight (Mother).

It is found that District Public health Office is less accountable of supply of medicine iron, and others essential drugs and also in managing the staffs. Since, Primary Health Care Center faced lack of commodity many times so that health worker refers the cases to Janakpur and Birgunj. The situation of these referring cases, Sarlahi is resulted as most Caesarian Section conducted district in Nepal by private hospital of Janakpur and Birgunj (KII report).

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One of the staff reported that

"In any complex cases, "our first response is referring". We don't take risk for the child and mother both because Primary Health Care Center (PHCC) doesn't have blood storage, technology and instrument to assist the complex cases. The scenario represented by Sarlahi district data is 3 delays, which shows that Primary Health Care Center is not providing service as commitment. However, we are trying our best with ANM and HA staff to minimize the maternal deaths" (Staff of PHCC).

The value of R-square of this model fits in this study because it revealed 61.1 percent of the variance in the dependent variable. The value of F shows that 19.62 which is also greater than 10 therefore the model of delivery on commitment fits as shown in Table 6.

Table 6: Delivery on Commitment as an Internal Accountability Mechanism for Mother Satisfaction for Health Service

Delivery on Commitment	B	T	P value
Constant	.270	.482	.631
Service Delivery on Commitment	.529	2.183	.032*
Answerability for Misbehavior	.000	-.001	.999
Service delivery on responsible manner	.257	1.182	.241
Caring while providing child delivery service	.414	2.613	.011*
Service Delivery on Commitment with professional point of view	.545	2.034	.045*
Service Delivery on Commitment to follow well established protocols and guidelines for safe delivery of baby	.082	.491	.625
R Square	0.611		
F	19.62		
Durbin Watson	1.703		

*** Level of significance at 1 percent, * Level of significance at 5 percent,*
Source: Survey of 2017, n=82, N=103

The role of accountability plays in the effort of analysts and commentator for to make the sense of accountable service. It involves the mechanism that can illustrate where the gap is eroding the practice of account giving process. Accountability mechanism discusses how to deal with that cause through the responsive services through the reestablishment and rebuilding the protocols and effective standards and norms. Being accountable for service delivery, means subjective to that work that generate integrity, trustworthiness, blameworthiness as setting. Furthermore, interpretation focused on the internal control as being responsible for active roles and responsibility so that make sense of well establishment of administrative culture. In another dimension of accountability as means protect the misuse of the standard, resources, strategies to improve the performance and actions that can generate the account giving process. It involves the external control mechanism from instrumentally that are focus to improve the outputs and outcomes. For example, ANC visiting card can improve the performance of service delivery to control the risk related pregnancy.

From this study, it is clear that delivery on commitment has relatively more variance 61.1 percent in satisfaction of mother for satisfaction for safe delivery, suggesting that, with more caring and commitment enhanced service provider responsiveness and satisfaction.

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Accountability mechanism can be a useful platform for enhancing performance and user engagement in health facilities. Because committed for better service delivery for 24 hour makes more institutional delivery also as referring the complex cases to make assure about the providing the better services (KII report). Similar findings had been shown by Dubnick M. and O'Brien Justine (2011) describing the discursive roles of accountability. Accountability mechanism works as cause and cure to ensure the performance of primary health care center as tabulated below

Table 7: The Roles of Accountability mechanism for maternal health service

Perspective	Focus on	
	Cause	**Cure**
Accountability Mechanism as delivery on commitment	Bound to refer the case in the absence of instruments for Resuscitation and Caesarian section	Reform, replace, repair the instrument
	Absence or ruining of the protocol for commitment service delivery	Re-establishing, rebuilding moral i.e. community based on effective norms/standards/protocol

Accountability mechanism always needs 100 percent efforts for the work to be done with respect to the commitment because accountability achieved being committed toward duties and roles not only through the transformation of responsibility. Health provider can transfer the responsibility; they can blame the central level organization for not having the resources and instrument. However, accountability also considers the repair or replaces the instrument to deliver the service as per the committed roles. If there is no any well-established protocol to deliver the service than it's their commitment to provide or rebuild the norms or protocol that can enhance the overall performance of primary health care center. In this way, accountability mechanism works as cause and cure for better maternal health service.

4.2.2 Information Sharing

The finding from this study shows that none of the functions are at significant level. The function like timely information sharing for service provision found to be negative because there is gap between the information sharing about service seeking and delivery. Primary health care center doesn't show the information about financial activities and progress update to the mothers group; they only provide the progress update and all financial activities

information to the District Health Office only. However, the best method of being accountable is information sharing and transparency also.

Information sharing is the one of the best approach to be accountable in the primary health care centers because it makes transparent services. Yes, they provide timely information sharing regarding the ANC checkup and incentive given by primary health centers. Every mother got NRs 400 for ANC visit and NRs 1000 for delivering the baby here with ANC visiting card. One doctor stayed here for 24 hour for emergency service. However, they did not provide the better counseling for Post natal care and service of lab test and video x-ray, they should provide these service also at Primary Health Care Center (Mother of Armala PHCC).

One of the primary health care center staff stated that;

"Without commodity there will be no service, without giving the service, it doesn't suits us to say about accountability. In this society, there is lack of awareness about taking institutional delivery. Mainly, due to lack of 4th ANC visit, most of the cases have home delivery. This is the gap that we can't provide our effort to make them aware about risk of pregnancy and sign and symptoms of normal delivery. Actually, pregnant mother suffered with long labor pain in that case we can't provide better service except referring, in this way we seems unaccountable" (Staff of PHCC).

There is no any information sharing regarding financial activities is done by the PHCC and also for progress report (Mother).

I don't know about citizen charter, they provide only paracetamol and medicine for gastric most of the time they pretend there is no iron tablet. It was finished. They charge 5 rupees for service each time (Mother).

Findings from observation shows that there is no any citizen charter board and pamphlet of maternal danger sign & neonatal danger sign used to aware and provide the service as committed according to citizen charter at primary health care center. Also, during ANC visit, only blood pressure and weight have been checked up. There is no any lab test or video x-ray is available to make sure of existing risks for safe delivery. This consequence into the scenario of "half of the mother only takes 4th ANC visit who have taken 1st ANC visit at Gaurishankar Primary health care center". Since, the practice of being unaccountable

degraded the quality of maternal health service. In case of Kaski district, mothers are more educated, they have more access on specialized health service in Pokhara Valley. They consult only for simple checkup for maternal health service. They don't care whether they share on information on service provision, financial activities or progress report or not (KII report).

Statistically, the findings show that the value of R-square is 56.7 percent which show more variation in the dependent variable. Even, the test value of Durbin Watson testified that the positive autocorrelation between information sharing and satisfaction of mothers for maternal health service. Hence, the given function of this model fits as shown in Table 8.

Table 8: Information Sharing as an Internal Accountability Mechanism for Mother Satisfaction for Health Service.

Information sharing	B	T	P value
(Constant)	2.309	4.621	.000 **
Timely information sharing for service provision	-.082	-.463	.645
Timely information sharing for financial activities	.060	.551	.583
Timely information sharing for evaluations and progress report	.367	.893	.375
Responsible according to citizen charter for safe delivery	.660	1.524	.132
R Square	0.567		
F	25.16		
Durbin Watson	1.75		

*** Level of significance at 1 percent, * Level of significance at 5 percent,*
Source: Survey of 2017, n=82, N=103

However, contrast findings showed by the other studies such as must of the issue of health facilities can be minimized by disseminating comprehensive financial information that would lead to satisfy client expectations, since majority of respondents expected this to be the practice, and were disappointed that the facilities did not provide information on how they spent the money they have collected. Even, they didn't show any progress report that what is going through in case of service delivery (Opwora A et al., 2009). Displaying such information and providing the service as per the citizen charter provide the sense of transparency of primary health care centers and as information sharing point of view makes aware about ANC checkup and makes assure to prevent from danger sign of maternal death. Opwora et al. (2009) have revealed that health facilities were alert about displaying financial information openly because it may result into potential risk. Hence, primary health care

center provide all the information about programs, activities, service delivered and financial settlement in district health office for the transparency.

The applicability of citizen charter considers the accountable service because it served as means for accountability mechanism. There were various ways to hold accountability mechanism by citizen charter such as it provides the ability to speak to restrict the overcharging. Secondly, it provides useful information about the service provision offered and their costs by primary health care center. Finally, it helps users to plan their medical expenses before coming to the facility for service. However, several challenges experienced by the mothers that most of them did not perceive the citizen charters as being useful for them. Because there is citizen charter but no any health provider follows that one, there is no record of expenditure and collection of charged money, lack of time to read and understand charter provisions mainly due to uneducated mothers. Similar challenges explained in the study of Atela, et. al. (2015), which leads to the lack of confidence in the citizen charters as an accountability mechanism for being transparent health service delivery.

4.2.3 Oversight Mechanism

To provide oversight mechanism for accountability mechanism of Primary Health Care Center, there are four monitoring bodies such as Regional Health Directorate, DPHO, Metro-political bodies and Health Facility Operation Management Commette for regular check. The findings show that the function of review of conduct by health management commette has highly significant relation with satisfaction of mother for maternal health service. However, the functions like review of job description and review of performance through outputs, learning, experience and behavior show the negative relation between the satisfactions of mother for maternal health service because the mothers are totally unaware of this oversight mechanism as shown Table 9.

Health Facility Operation Management Commette is only in the register, if Health in charge needs any work than they went in chairperson home for signature. All the members are inactive. No one knows that there is shortage of iron tablet or they sell it (Mother).
We don't know about the job description of health worker. Whatever medicine gives us we take. We never heard about District Health Office comes for monitoring and evaluation (Mother).

There is no any preventive mechanism for corruption and fraud. We don't know about any financial expenditure. I can't say about it (Mother).

In case of the function of the preventing practices for fraud and corruption it is found that insignificant at 5 percent because all the monitoring bodies of Armala PHCC are present there as per the schedule since it is in Kaski district where all are present. Also, HFOMC is more active here to check all the staff's punctuality and performance. Here by, all the staff maintain timetable, performance and deliver the service sincerely in case of Armala PHCC. No one knows about the performance review of staffs of PHCC of Sarlahi. In case of Gaurishankar PHCC, the oversight mechanism is weak because DPHO is itself unaccountable to provide commodity and staffs so that they come once or twice a year to visit. HFOMC are mainly involved in the financial activities only so that preventing practices of fraud and corruption is weak (KII report).

Table 9: Oversight Mechanism as an Internal Accountability Mechanism for Mother Satisfaction for Health Service.

Oversight Mechanism	B	T	P value
Constant	2.639	3.461	.001 **
Review of conduct by Health Facility Operation Management Commette (HFOMC)	.815	3.718	.000 **
Review of job description	-.111	-1.500	.138
Review of performance through outputs, learning, experience and behavior	-.172	-1.825	.072 #
Preventing practices for fraud and corruption	.461	1.700	.093 #
R Square	.503		
F	19.48		
Durbin Watson	1.67		

*** Level of significance at 1 percent, * Level of significance at 5 percent, # Level of significance at 10 percent*
Source: Survey of 2017, n=82, N=103

The findings show that the value of R-square have 50.3 percent variance for the satisfaction level that means this model fits. However, oversight mechanism is strong point for normative setting to hold accountable service delivery. In this study, there were two sites selected where both have Maternal Perinatal Death Response program but the implementation is weak that shows that due to lack of oversight mechanism degraded the quality of maternal health service.

Maternal Perinatal Death Response Program (MPDR)

MPDSR is the process for the quality improvement to connect community to central level in the information system. This program deals with the information, notification, counts of death of mother and neonatal death for the immediate response to control it. MDRP program is more related to death of mother only which is directly related with community.

Table 10: Maternal and Neonatal Deaths in 2015/16 BY MPDR

Indicators	Sarlahi		Kaski		Major causes of deaths
	Facility death	Community Death	Facility death	Community Death	
Total maternal deaths	4	0	3	3	(PPH: 3 delay), delay in decision making & coming in hospital
Total neonatal death	4	10	0	0	Infection, low birth weight, asphyxia
Total still birth	Fresh-51 Macerated- 23	0	0	0	Not aware of ANC visit, malnutrition
Number of maternal death reviewed MPDR	0	0	3	3	3 cases were maternal death with pregnancy cause PPH, 2 were committed suicide, 1 was on the way to come hospital.
Number of neonatal death reviewed MPDR(in hospital)	0	0	0	0	

Source: KII report of 2017 & Annual Health Report of Sarlahi

This finding suggests that oversight mechanism is necessary for delivering the better health service. Health facility operation management commette check the punctuality, absenteeism of staffs and monitor the performance of the staffs as being accountable for their roles. The weak monitoring system generates the practice of fraud and corruption. HFOMC should take involvement in all the activities not only in financial to be benefitted that degraded the accountability mechanism that leads to loose in controllability of service delivery at primary health care center. The monitoring system is just finding which types of limitation are practicing in the service delivery at the primary health care center level rather it should be the assessment of which types of mechanism will control this situation. In overall monitoring mechanism is not giving the responsive mechanism for health service delivery. The MPDR program at community level finds the reason and cause but the response is given in only few primary health care centers which shows that less responsive oversight mechanism couldn't output the accountable health service from Primary health care center (PHCC). However, Improving the guidelines and protocol of health service delivery at primary health care center

with regard to the delivery of the services as per commitment, with disseminating information sharing and having oversight mechanism are critical for accountability and community satisfaction with service delivery. Attention therefore needs to be equally focused on mechanisms to improve oversight mechanism for official guidelines, addressing capacity gaps in personnel and resources at the facilities for better controllability for maternal health service delivery.

B. External Accountability Mechanism

4.2.4 People Hearing Mechanism

People hearing mechanism is mostly practiced mechanism to be accountable for service delivery point of view. The findings show that the function of people hearing mechanism have highly significant related with satisfaction of mothers for maternal health service at 1 percent P-value as shown in Table 11.

Social Audit

The concept of people hearing mechanism and social audit are the conjointly understood in the mother's groups. So that targeted outcome of both mechanisms seems couldn't achieve at the primary health center. Social audit is the process of the assessing the effectiveness, transparent, regularities, well resource mobilization according to established policy and guidelines of organization by third parties through different stakeholders. The main objective of social audit is to being accountable and sensitive for service delivery. This program is initiated by Primary Health Center Revitalization Department. The whole process is carried out as legalized with given guideline of social audit act 2015 at every health facility. This program is initiated in 2014 and continues as recommended program. The government target is that social audit should be conducted by 500 health facilities of 70 districts by 2017. The whole process is carried out with third parties such as NGO to ensure biasness. There 28 health facilities conducted social audit in Kaski district. Similarly, 15 health facilities conducted social audit in Sarlahi district. There is no social audit has been carried out by Gaurishankar PHCC. However, Armala PHCC conducted Social audit last year. Most of the mothers remembered as last year review meeting, however it was social audit.

The Last review meeting shows that the health management commette is no so active so that they formed new member to check and balance for the service delivery (Mother of Jarbire).

They showed the overall performance indicators which is conducted by NGO and local people of Jarbire. There were fighting for each other for some issues that shown by the report. Even, though they justify it and made action plan for improvement in front of mothers group for giving better services. They just promised, no one is following that action plan. They appoint one staff for night duty (Mother of Jarbire).

4.2.5 Complaints Handling

The findings show that the functions of complaint system for corrective action and taking action for the given feedbacks have significant relation with the satisfaction of mothers for the maternal health service in Table 11.

People hearing mechanism is done informally with health management commette. I have complaint to them for Ambulance service at primary health center. However they didn't bought but they arranged one private ambulance to transport the patients at Gandaki Hospital as a contact basis (Mother)

The practice of complaints handling is no more in Gaurishankar PHCC of being accountable at primary health care center because the complaint box is modified as suggestion box. Hence, nobodies were taking sensitive action about complaints and feedback mechanism in Primary health care centers (KII report).

They never listen to our complaints. We complaints for every time that; when will you give iron tablet?. They just replied "we will provide if we have". District health office didn't give us at the right time (Mother of Gaurishankar).

Table 11: External Accountability Mechanism for Mother Satisfaction for Health Service.

External Accountability	B	T	P value
Constant	1.417	2.215	.030 *
Complaint system for corrective action	.907	2.446	.017 *
People hearing mechanism	.561	6.717	.000 **
Taking action for the given feedbacks	.192	2.377	.020 *
R Square	0.522		
F	28.34		

Durbin Watson	1.72		

*** Level of significance at 1 percent, * Level of significance at 5 percent,*
Source: Survey of 2017, n=82, N=103

The findings show that the value of R-square stated that there is 52.2 percent variation in the dependent variable. Even, the test value of Durbin Watson testified that the positive autocorrelation which is less than 2 i.e. 1.72 between information sharing and satisfaction of mothers for maternal health service. Hence, the given function of this model fits. In sum, external accountability is even most essential mechanism for the responsive service as resulted above. This external aspect of accountability mechanism ensure enforceability for the health service delivery such as people hearing mechanism aware and strengthen the system of externally accountable to their work. Even, complaints handling and taking corrective action made culture of account giving and responsive service and improve maternal health status.

CHAPTER: 5

CONCLUSION

This study has examined the mothers experience and perceptions of primary health care center service for safe delivery and satisfaction for it. Maternal health service delivery is inconstantly is delivered throughout the region level and Primary Health Care Center level also. It is necessary to ensure accountability mechanism because it works as cause and cure for better service delivery for antenatal care, post natal care and child birth to save the lives of child and mothers. However, to diversify the role of accountability mechanism, there should be enhancement of information sharing and oversight mechanisms which are the most important mechanism, further study is most necessary to full fill this gap for satisfactory maternal health service. Most importantly, the reviews of MPDR program and Social audit program should be conducted because it has more responsive and satisfactory mechanism for maternal health service delivery.

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