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Milan Gurung
PhD Scholar of OPJS
University, Churu, Rajasthan,
India

Dr. Arvind Saraswat
Research Supervisor, OPJS
University, Churu, Rajasthan,
India

Differences in Between Before and After Great Earthquake of April 2015 in Quality of Child Care Services of Public Health Institutions of Nepal

Milan Gurung, Dr. Arvind Saraswat

Abstract

The study had measured the quality of child care services of public health institutions of Kavre and Ramechhap district of Nepal. Quality service determines the level of effectiveness of service, number of patient visits for the service and their level of satisfaction. Here, the study identified only basic child care service and difference in quality of service after great earthquake of April, 2015 in Nepal. These districts are located in the hilly areas and severely affected from earthquake also. The study had covered the 50% of public health institution from both district for the survey. The result shows that there was no significant difference in quality of child care service of public health institution after effect of earthquake.

Keywords: Child care service, Earthquake, Nepal, Public health, Quality

Introduction

Total Quality Management (TQM) has been considered as infrastructural methodology. It has turned out to be a standout amongst the most perceived models for operational magnificence other than Lean Operation, Supply Chain Management, what's more, Technology Management (Kim & Chang, 1995). The principle goals of Total Quality Management are to enhance the procedure, to keep the absconds, to gauge framework limit, and to watch conduct changes over some undefined time frame (Alamri, Alharthi, Khaled Alharthi, & Saleh, 2014). The quality management standards can be utilized by senior administration as a system to control their associations towards enhanced execution. There are numerous diverse methods for applying these quality administration standards. The idea of the association and the particular difficulties it countenances will decide how to execute them. A portion of the clashing outcomes revealed in the writing may need to do with various levels of examination of QM. A few examinations operationalized QM as a multi-dimensional develop (Anderson, Rungtusanatham, Schroeder, & Devaraj, 1995; Flynn, Schroeder, & Sakakibara, 1995; Powell, 1995; Adam, et al., 1997; Grandzol & Gershon, 1997; Ahire, Landeros, & Golhar, 1995; Forza & Flippini, 1998; Rungtusanatham, Forza, Flippini, & Anderson, 1998; Dow, Samson, & Ford, 1999; Samson & Terziovski, 1999) (Das, 1966; Wilson & Collier, 2000; Ho, et al., 2008) while others conceptualized it as a single construct (Henderson, Worth, Aggleton, & S., 2009; Easton & Jarrell, 1998; Douglas & Judge, 2001).

Nepal has its own particular arrangement of indigenous arrangement of solution which remained standard health framework till starting piece of present day Nepal. Absence of research, failure to embrace logical advancements in analysis and treatment and inaccessibility of formal instruction framework made it less effective framework that couldn't take care of the significant medical issues. This prompted inquiry of more productive health framework and cleared the street for western pharmaceutical or allopathic arrangement of medication. The historical backdrop of wellbeing and healing facility improvement goes back to the old Nepal or Lichchhavi period. In the rule of the Amshu Verma (605-620 AD) one of the recorded report found in 604 AD has specified about the Aarogyashala or healing

Correspondence:
Milan Gurung
PhD Scholar of OPJS
University, Churu, Rajasthan,
India

center (likely Ayurvedic), yet no intricate clarifications has been found.¹ Descriptions of Aarogyashala can be found in the rule of the Lichchhavi Kings Narendra Dev (643-679 AD) and Man Dev (464-505 AD) as well. Lichchhavi Kings likewise issued principles and orders to be trailed by the all-inclusive community on the protected parenthood hones. These orders were – detachment of mother and infant before last customs are performed if there should arise an occurrence of death of the pregnant ladies with child in utero, and recognizing spouse in charge of care of the pregnant and post-natal wife and cautioning discipline if there should be an occurrence of careless conduct or demise (Narendra Dev). Ultimately, cutting umbilical rope quickly after the infant is conceived and not to hold up till the placenta is removed (Marasini, 2003, p. 306). Nepal has submitted to enhancing the soundness of its kin, utilizing an approach that is established in essential medicinal services and focuses on those most minimized and excluded. The Government's approach is upheld in key national Health Sector Strategy and systems - including the Second Long Term Health Plan 1997-2017, Health Sector Strategy 2004,⁵ Nepal Health Division Program (NHSP), Implementation Plan 2004- 20096 what's more, NHSP-2.3 The Government's dedication is reflected in the change of maternal and tyke Health Sector Strategy (MNCH) pointers saw amid the last quite a few years, which incorporated the common clash from 1996 to 2006 (Government of Nepal, Ministry of Health and Population, 2010).

Millions of children in the world, these day live in institutions where they lack individual care and a suitable environment. In Nepal also, people nowadays are much busier so they need child care centers. But in health institutions, child centers are needed in order to provide better health services to the children. At present, in Nepal, curative services are provided in different hospitals from districts to central, while primary health care and other services are delivered through health posts. In 1991, 816 health posts were managed by Districts Public Health Offices. Each health posts have a five staffs, though a minority have a staff of only three professionals. In addition of this, there are 18 health centers which have more staffs. Under the Health policy of 1991, it needed to

create new tier of sub-health posts each staffed by a female maternal and child health worker, worker, an auxiliary field worker and a village health worker (Acharya & Cleland, 2000). These institutions have different services such as child vaccination services, growing monitoring of child, and others services that are needed for the children. This case may be different after massive earthquake 2015 that hit Nepal. Due to it, there was huge disturbance among people and health sectors. So, the objective of this study is to identify the status of child care service in study area after effect of earthquake.

Materials & Methods

The study was based on the descriptive as well as exploratory research design because it had identified the previous and current status of child care services available in health facilities as well as it had also explored the differences in service before and after earthquake. The study will be carried out in Kavre and Sindhupalchowak district of Nepal. There are 89 health facilities in Kavre and 75 in Sindhupalchowak district as the report of Department of Health service (2015/2016). So, total 164 health facilities are running in two districts. This study is institutional based study so 50% institution was selected randomly from both districts. The study selected 45 health facilities from Kavre and 37 health facilities from Sindhupalchowak district for this study. Total 82 health institutions were selected for the study. The structured questionnaire survey was done and collected data were statistically analyzed and presented in tabular form. Similarly, some in-depth interview was also done to know the opinion and experience of concerned stakeholders.

Result & Discussion

In this section, we asked about different child care services that are presented in their institutions. It was also known how much this service was affected from earthquake. Table 1 shows those results before and after the earthquake 2015. It was seen that, there was maximum improvement in Curative care services for children under age 5, either at the facility or as outreach in both districts with increment up to 5% after earthquake.

Table 1: Child Care Services

		Before		Total	After		Total	T	df	Sig. (2-tailed)
		Kavre	Sindhupalchowk		Kavre	Sindhupalchowk				
Child vaccination services, either at the facility or as outreach	Yes	95.6%	75.7%	86.6%	95.6%	78.4%	87.8%	1.000	81	.320
Growth monitoring services, either at the facility or as outreach	Yes	100.0%	97.3%	98.8%	100.0%	100.0%	100.0%	1.000	81	.320
Curative care services for children under age 5, either at the facility or as outreach	Yes	93.3%	81.1%	87.8%	97.8%	86.5%	92.7%	1.650	81	.103

Source: Field Survey, 2019

Though there was constant service in child vaccination services before and after earthquake in Kavre district but it was not so in Sindhupalchowk which saw increment in this service by above 1%. This case was also ditto for the growth monitoring services either at the facility or as outreach. There was increment in curative care services for

children under age 5 from 93.3% and 81.1% to 97.8% and 92.7% in both Kavre and Sindhupalchowk districts respectively.

T-test also shows that for child vaccination services, either at the facility or as outreach and growth monitoring services has same p-value of 0.320. This value was greater

than standard p value of 0.05 significant level. This means that there was no significant difference in providing these services from the health institution after the earthquake. There was no change in service after earthquake. P-value of curative care services for children under age 5 was 0.103. This value shows that there was no significant difference in the service after earthquake. From table, it was observed that the service was increased by 5% after earthquake and this may have benefited patients too but statistically it was not significant change.

One of the 26-year female from Sindhupalchowk said, "I think curative care service was increased after earthquake. This facility was not available in every institution. When I took my second child for the treatment, I faced more complex situation. I was moving here and there previously. But now, when I came for my third child, this service was increased because they may have thought this district need more medical health attention after earthquake." Similarly, one HA of Ramechhap, said "the number of patients are increasing day by day after earthquake due to renovation of building and increasing in quality of health instruments."

The earthquake had destroyed the existing structure and made negative effect for sometimes in health service delivery but on the other hand, it also created opportunity to establish the new structure and new equipment in health institutions which ultimately affected in the quality service.

Conclusion

From the analysis of above data, it is come to the conclusion that the descriptive data shows the slight improvement in child health care services in selected hospital of Kavre and Ramechhap district after earthquake but the improvement was not statistically significant. Though situation was improved in positive manner. After effect of great earthquake of April 2015 in Nepal, many international organizations and countries had supported in rescue, relocation of earthquake victim and reconstruction of earthquake affected building and structure. The health and educational institutions were one priority areas of Nepal Government also. So, Government focused on the immediate maintains, renovation and reformation of existing damaged structure of building and health system considering the service quality also. The further researcher can study on the level of customers' satisfaction from the health service delivery from Public health institutions.

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