1) Why do you think the attendance of medical staff is so low in rural health clinics in India, and how do you think the problem could be resolved?

I think the low attendance of medical staff in public rural health clinics in India stems from their lack of incentives and motivation caused by both the supply and patient demand side of the health industry.

Significant breaches in the public supply of health care service in India hinder the motivation for employees in rural health clinics. Firstly, the salary for public health staff is not dependent on their attendance; they are guaranteed a wage regardless of if they attend work or not. Many systems that have been implemented to monitor attendance have not been enforced. For example, it has proven difficult to maintain technological infrastructures that attendance-based wage systems depend on (especially when the technology encounters employee vandalism). Furthermore, there is a lack of qualified staff for rural health clinics since many that have received a medical education tend to migrate to, or remain, in urban cities. This can decrease the motivation of the remaining rural staff members to work if they feel uncertain about their skills to assist patients without expert guidance. The supply of adequate medical equipment in rural health clinics further aggravates a lack of motivation. There must be an immense sense of hopelessness and frustration if you are unable to provide patients with proper care due to a lack of equipment.

Additionally, the feeble demand of patients for public health care must curb medical staffs’ enthusiasm for attending work. Patients generally have little trust in medical professionals, especially those that work for the government, and they often have a preconceived notion of what type of treatment is needed. Many believe inherently that injections are most effective in treating their illnesses. Since public health care workers have to follow guidelines and regulations imposed by the government (as opposed to a lack of regulation enforcement in the private sector), they cannot give the patient what they demand.

A range of solutions needs to work in tandem to address the issue of absenteeism to improve health care quality in India. It is crucial to build trust for the public sector. By implementing a universal (and easily recognizable) standard for the quality of medical professionals and widely enforcing this standard, even at the level of public health clinics, patients may be less wary to attend clinics. In addition to exploring new methods to implement a working attendance-based wage system, the public sector should consider other types of incentives, such as free lunches (similar to the method of providing lentils with immunization to increase demand). Lastly, it may be effective to implement a requirement for medical students (presumably studying in urban settings) to work a certain number of months in rural health clinics as a part of their education. This can raise the morale for those working permanently in clinics, as they become aware of new medical advances and are able to work with young, enthusiastic professionals. In return, the new generation of medical staff may be more inclined to revisit and help improve the standards for health clinics around the nation.

*I assumed this referred specifically to public health clinics and therefore based my essay on this.