

The Positive Impact of Public Health Midwives for Nation's Wellbeing through Performance Management

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ABSTRACT

For the Sri Lankan health sector, the performance management definition is relatively recent. For almost two decades, Sri Lanka has been introducing health sector reforms. The reforms included implementing public sector results-oriented management and the decentralisation of health care workers' management from central to local governments. However, to propose strategies for improvement, this examination analysed the application of Public Health Midwives (PHM), performance management. The brief was a descriptive survey conducted in Sri Lanka and used quantitative review approach. Moreover, the review indicates that performance management is limited to the state health sector, while there have been deceptions in its application. In setting performance goals, there were inadequacies and performance management preparation were hardly performed. Although many Public Health Midwives (PHM) had job descriptions, both Public Health Midwives (PHM) and authorities were not identified and aware of the performance metrics and standards as per the WHO. Besides, the timetables for performance reviews have not always been followed. There were limited opportunities for career advancement, insufficient input on performance and inadequate mechanisms for compensation. Public Health Midwives (PHM) performance management is inadequately carried out in most of the district. A central component of efforts to enhance the results of the health sector is performance management. However, as Sri Lanka advances, the primary health system can provide vital health expertise in rural areas and maintain essential health workers at the grassroots level in remote parts of the country. The scheme has dramatically reduced the world's maternal and child mortality and helped fill the rural health vacuum. However, by allocating the appropriate amount of funds through state expansionary fiscal policy, it is possible to enhance the standard of training and number of a Public Health Midwife (PHM) to the nation's wellbeing.

KEYWORDS: Public health midwife (PHM), Performance management, Performance review, Performance measurement, Performance improvement, Expansionary fiscal policy

1. INTRODUCTION

Public Health Midwives (PHMs) have played an important role since the beginning of the 20th century in the primary health sector in Sri Lanka. These health workers have historically only been oriented at the various-scale due to challenging environment (Armstrong, 2009), but now PHMs have grown into a specialised setting, which has many other facets of preventive health than the primary role (Aguinis, 2009). In rural areas where health opportunities are limited, they are highly respected for their services in order to support pro-poor.

2. The Challenge

However, Sri Lanka is one of the lower-middle-income countries in South Asia with a USD 3852 per capita GDP in 2019, with 21.8 million population. However, the Sri Lankan economy has expanded by an average of 5.3% over the period 2010-2019 after 30 years of civil war that formally ended in 2009, where this was not sustained. Considering the effects of COVID-19 are expected to have significant

impacts on the health sector of the country as per the trends, today. Moreover, in comparison, poverty was calculated on the \$3.20 poverty line, estimated at PPP in the 2011 fiscal year, from an estimated 9.4% in 2018 to an estimated 8.9% in 2019, under the WHO expected health line. Therefore, the country is facing problems in delivering primary health care and preserving its health staff in rural area, especially related to the Public Health Midwives (WHO, 2020).

3. Policy Definition

At the beginning of the twentieth century, public health midwives (PHM) have been an essential (Lutwama, et al, 2013) part of Sri Lanka's health care system where the health professionals have always been centred more on pregnant mothers (de Silva, 2011), but now PHMs has developed into a professional system and play a role in preventive health that includes a wide variety of other facets. In remote communities where health opportunities are limited, their services are being tremendously appreciated.

How to cite this paper: Pathma Kumar Wickramasinghe "The Positive Impact of Public Health Midwives for Nation's Wellbeing through Performance Management"

Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-5 | Issue-2, February 2021, pp.289-290, URL: www.ijtsrd.com/papers/ijtsrd38389.pdf



IJTSRD38389

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The Sri Lankan government has initiated various strategies to enable health workers to work in rural areas. PHM recruiting in isolated rural areas is preferred, and higher PHMs in areas with low health metrics are distributed. More than 90 % of PHM trainees are posted in rural areas after their training course (de Silva, 2015), which has been completed. There is a minimum regional training centre in each district, where PHMs are qualified to provide quality health care to village mothers and children to ensure that they have sufficient professional skills (World Bank, 2020). They still once have access to continuous job openings, even though they are in significantly distant areas. PHM trainees shall complete the 5-year bond term after graduating and must be ready to work anywhere in their training province. However, this makes it easier to fill healthcare positions in, especially under-resourced communities. There are also financial resources to enable PHMs to continue with various advantages in remote areas, such as grant opportunities, pension systems, mobile communications, and own transport (MOH, 2020).

4. The Results

Government projects have indicated fewer capability and considerable shortages in rural regions, and that trained public health midwives (PHM) provide limited care in impoverished and remote areas. The effect on health indicators can be seen in the effective recruiting, training and posting systems in the rural sector, which is significant. In recent decades, in 2003, the mother mortality rate (MMR) fell from 265 in 1935 to 5.3 per 10,000, public health midwives (PHM) support births and in 2003 from 263 in 1935 to 11.2 per 1,000 live public health midwives (PHM) births. Since the beginning of the 20th century in Sri Lanka, the Public Health Midwife (PHM) offered maternally and child health care at the community level. The PHM is the frontline health provider in the neighbourhood who provides childbirth to children and is the conduit between the rural and state health institutions. However, the PHMs carry a 40-hour WHO / UNICEF breastfeeding therapy training curriculum that addresses all the required subjects and provides practical professional training. In a longitudinal survey in Sri Lanka, there was a high rise in the number of mothers breastfeeding their children for six months and the median period for exclusive breastfeeding—all of them at comparatively low prices. Today's Sri Lanka has one of the world's top breastfeeding outcomes, with 99% of infants breastfed and 82% breastfed exclusively for the first six

months, which is a wonder of Public Health Midwife (PHM), service.

5. Recommendation

However, the primary health system in Sri Lanka's progress is that it can provide critical health expertise in rural areas and maintain essential healthcare staff at a grassroots level in remote areas of the country. The scheme has helped significantly decrease maternal and infant mortality in the world and helped fill the void in rural health. However, it is required to enhance the quality of the training and number of Public Health Midwife (PHM) by allocating the required amount of funds through state expansionary fiscal policy.

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