

Catalysing the Role of Panchayati Raj Institutions in Health Care Delivery in Odisha

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Increasing people's participation is advocated as a suitable development strategy due to several reasons. The merits of this approach lie in enhancing ownership and responsibility of the community leading to better management of programmes, better prioritisation taking into account local needs and more focused programmes. In the case of health care delivery also, the same holds good. Community involvement in primary health care is expected to bring about following benefits: enhanced utilization of the existing health services, greater mobilisation of resources, improving health seeking behaviours and empowerment of the people due to the knowledge gain and being part of the processes¹. The public participation in health was highlighted in India at different points of time, as early as in 1946, the Bhoire Committee report and later in all the national health policies. In 1992, the 73rd and 74th constitutional amendment provided a blueprint for people's participation in the implementation of social sector programmes. In the health sector, it was with the introduction of National Rural Health Mission 2005 that the importance of community involvement was explicitly outlined. The NRHM, which is renamed as National Health Mission (NHM), envisages ensuring accountability in health services delivery through involvement of communities. The concept of community involvement in NHM is known as "Community monitoring" or "Communitisation",

whereby the community is empowered to take leadership in their own health matters².

Given the advantages of local decision making process in improving service delivery, the NHM clearly spells out decentralisation decision-making involving the Panchayatraj institutions at various levels of health care delivery. In this direction, it is recommended that all the health facility planning and monitoring committees involve elected representatives from the PRIs. The mechanism of involvement of PRI members in health is through Village Health Sanitation & Nutrition Committees (VHSNC) at village level; through planning and monitoring committees or hospital management committees at primary health centres (PHC), community health centres (CHC) and district hospitals (DH)(Fig.1). The planning and monitoring committees are also called "*Rogi Kalyan Samithi (RKS)*" which means patient welfare committee. The primary objective of RKS is to ensure quality health care with people's participation, accountability and transparency in utilisation of allocated funds.

The main purpose of these committees is to jointly plan, implement and monitor the health activities at various levels. It is a key inter-sectoral collaboration initiative taken up by Health Department in partnership with the Panchayat raj institutions. These committees are democratically constituted bodies that provide platform for

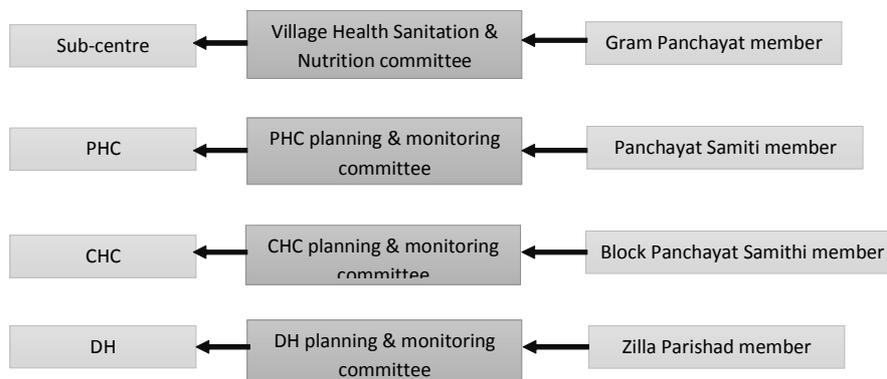


Fig. 1. PRI involvement in health services management

elected representatives and officials of PRIs/ municipalities and health officials to work jointly for the efficient functioning of public health institutions.

Experiences on PRI involvement in health

Several studies indicate the advantages of decentralisation in improving service delivery in the case of health care. The involvement of local self-governance institutions in Kerala scaled up the number of sub centres, primary health centres³ and improved service facilities at the PHCs, CHCs and district hospitals in the last 15 years⁴. The Kerala Development Report indicated that the decade between 1996 and 2006 witnessed a sharp decline in the incidence of diarrhoea-related diseases compared with earlier decades due to efforts made by the PRIs in providing safe drinking water and safe sanitation facilities at the household level. Another study in Karnataka showed improved attendance of doctors and paramedical staff under the constant monitoring of local leaders in many primary health centres and other hospitals⁵. In Madhya Pradesh, it was found that with proper orientation and training, PRI members are in a position to actively involve themselves in monitoring the functioning of health care institutions for the benefit of the poor⁶ Sekher, T.V. (2003), Sensitizing grassroots leadership on health issues: Experiences of a pilot TV project Economic and Political Weekly, 38(46), 4873–4879.

Further, in Kerala it was observed that devolving authority and resources to panchayats has really resulted in creation of structures of participatory governance. Gram Sabhas or Ward Sabhas and Task Force actually influenced budgetary outcomes⁷. Comparing the functioning of decentralisation processes in Gujarat and Odisha, one study concluded that the level of awareness and involvement of PRIs is better in Gujarat compared to Odisha⁸. This study points out that empowering the local governance in decentralized planning and programme implementation has got a healthy initiation and boost under the NHM. High level expert group on Universal Health Coverage commissioned by planning commission of India summarising various research studies indicated that PRI participatory governance and oversight initiatives of PRI have also led to increased awareness of health system functions in the community and improvement in the performance of and support for peripheral health staff⁹. Though limited, the available evidence from various states of India suggests that the role of PRIs is critical and has helped improve health services delivery.

Initiatives in Odisha

Odisha, one of the low performing states in health, has initiated some concrete efforts to involve PRIs in health care delivery after introduction of NRHM in 2005. In India,

involvement of PRIs in public health was first piloted in 36 districts of 9 selected states. Odisha is one of these 9 states where PRI was involved in health services management. This initiative was initially piloted in 4 districts of Odisha and later it was expanded to all the 30 districts based on the lessons learnt.

According to the 7th Common review mission report (an external evaluation of NHM), there are about 45407 Village Health Sanitation & Nutrition Committees (VHSNC) formed at revenue village level, comprising of ward member as president, anganwadi worker (AWW) as convener, and accredited social health activist (ASHA) worker as facilitator¹⁰. At village level, the VHSNC is functioning as a link between the Gram Panchayat and the community. This VHSNC is renamed as Gaon Kalyan Samiti (GKS) in Odisha to broaden its scope and to include all welfare and development programmes of government at the village level.

In Odisha, 1605 Rogi Kalyan Samiti (RKS) are formed in which the PRI members are playing an active role. These RKS committees are independent entities registered under societies registration act with separate bank accounts to manage the allotted funds. One of the key responsibilities of these committees is to develop the health plans for their coverage areas. The health plans of sub divisional and district hospital are being prepared by the respective RKS. The RKS committees were also instrumental in displaying the citizen charter and members profile at strategic locations in hospital to make people aware about their health rights and responsibilities of health facilities¹¹.

Discussion

Though the Odisha government has taken some initiatives to involve PRIs in health care, there is limited evidence regarding their role influencing the health services. Most of the government reports discuss on the number of

different committees formed, meetings conducted and funds allocated or utilised without critically analysing their participation in the decentralised decision making process and whether their participation has contributed to qualitative changes in the health services delivery.

Some studies conducted on evaluation of different NHM schemes or programmes found that there is lack of coordination between health and other related government departments. For instance, one study conducted in Odisha concluded that there is lack of adequate inter-sectoral coordination with PRI members, women's groups and NGOs which is affecting the environment and proper mobilisation of JSY for the scheme¹². For effective coordination between any departments, role clarity of different stakeholders involved is very important. This is one of the key challenges faced by health staff at various levels involving PRI members. It was indicated by a study that the involvement of PRI is posing difficulties in proper utilisation of GKS funds¹³. This may be due to either lack of role clarity or absence of clear financial guidelines.

A rapid assessment study¹⁴ conducted on community involvement found that the NHM, Odisha has taken up some sporadic training initiatives but no structured capacity building programmes conducted to strengthen these committees. That too the trainings were targeted to the health staff present in these committees and not the representing members from PRI. The study also pointed out that there were no patient charters displayed in any of the hospitals under study.

Conclusion

Given several advantages associated with involvement of PRIs in health care delivery as indicated by studies from Kerala, Karnataka and Madhya Pradesh, Odisha needs to strengthen institutional mechanism to actively involve PRIs in improving the health status of the rural poor.

The limited evidences regarding the role of PRIs in health care in Odisha suggest that inter-sectoral coordination, capacity, role clarity among the PRIs and health staff create difficulty in effective participation of PRIs in the management of health care services. Keeping in view the long term objective of PRIs participation where they own, control, manage public health services, the health department should put concerted efforts in capacity enhancement, clearly defining the roles and responsibilities of PRI members, provision of adequate programmatic and financial support. At the same time, the PRIs should also take up a proactive role in health care matters, mobilize communities and other local resources for the effective implementation of public health initiatives.

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