

HEALTH DECENTRALIZATIONS FUNCTIONING OF THE DIFFERENT HEALTH STANDING COMMITTEES IN PANCHYATI RAJ SYSTEM IN KARNATAKA

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Abstract

Expert's opined decentralization through Panchyati Raj level (PRI) can help to create greater accountability in the Indian health care system. This is because effectual and answerable governance and a better delivery of the public health services because of decentralization. In India a major step concerning policy decentralization took place in the year 1993, with the adoption of the 73rd and 74th amendments to the Constitution enacted as a reply to previous calls for improved answerability and accountability for the local self governments towards the quality health care devily. Various standing committees on health have been created under this act. This paper is based on the fieldwork done in the selected districts of Karnataka to reveal the perception of the members of these centers about the functions as a part of ICMR funded research project.

Keywords: PRI, PHI. Health rural

Introduction

In 1998, the World Health Assembly made new commitments to 'Health for All Policy' for the 21st century. The commitment included in part: "We commit ourselves to strengthening, adapting and reforming as appropriate our health systems including essential public health functions and services in order to ensure universal access to health services that are based on scientific evidence of good quality and within affordable limits, and that are sustainable for the future. We will continue to develop health systems to respond to the current and anticipated health conditions, socio-economic circumstances and the needs of people, communities and countries concerned to appropriately manage public and private actions, and investments in health" (WHO,1998).

In all human society irrespective of its simplicity and complexity and no matter how small or big, no matter how advanced or traditional there exists some sort of simple or complex health issues. The world health assembly in 1977 started a movement for health and wellbeing for all by the year 2000 A.D. India was also committed to achieving "Health for all to her citizen". The National health policy accepted by the honorable Indian parliament in 1983 states health care as the main device for achieving sustainable development of the community. It is a known factor that the development of any society depends on the healthy people only. Without the good health even we cannot think appropriately and act properly and expect the society to keep moving smoothly. It is a known fact that without proper health we cannot expect the proper social inclusion of any community in any way.

India at the present witness for Two dimensions that have the capacity to considerably improve the health of its citizens. First and foremost is the rising recognition that the structure of public delivery of health services in India is in deep crisis. And the second is India's brave efforts to reinforce the voice of the rural poor through decentralization to Panchayat Raj Institutions (PRI). It is argued that that these Two presumably separate trends can converge to generate real reforms in the health sector in India through the potential for increased accountability that local governments can provide. The argument is that decentralization brings governments closer to people thereby allowing them to respond more effectively to local health needs and preferences. In the health sector, decentralization has been explicitly conferred a crucial role in the chain of service delivery under the National Rural Health Mission (NRHM).

Thus efforts at rural decentralization (73rd amendment) have been undertaken within the context of strengthening accountability in governance structures. Moreover, closeness pushes enhanced supervision and enforcement. In the accurate outline of the health sector, a decentralized institutional apparatus that focus a bottom up, participatory system can positively assist to rectify some of the key failings in the sector such as absenteeism and corruption by strengthening accountability through NRHM programme focusing decision space, capacity, accountability, strategic and operational planning, budgets governance, monitoring evaluation etc. Through NRHM, decentralization has further moved in two directions: (1) further delegation of powers and capital to local bodies,

and (2) deconcentration of powers and resources to the districts and lower levels of health management system.

Against this backdrop, the immediate aim of the proposed research study was to find out capacities of Panchayat Raj Institutions and the Public health institutes to manage the grass root health system focusing health systems, strategic and operational planning, budgeting, human resources, service delivery, and monitoring and evaluation in Karnataka state and to find out does the degree of decentralization under the NRHM correlate strongly with perceived decision space of health officials and PRI members at the district level and below. Further, this study has been generated with recent geographically specific data to assist in identifying how PRIs institutional delivery can be mobilized for sustainable and speedy rural health management in the border spectrum of NRHM in Karnataka and other states.

Standing Committees O. Health in PRI

Standing Committees at the Grama panchayath level: There will be different types of Standing Committees at Panchyath level viz; 1.Village Health and Sanitation committee 2. Arogya Raksha Committee 3.Nutrition committee

A.Functions of Village Health and Sanitation Committee (VHSNC)

1. For any village level public health activity like cleanliness drive, sanitation drive, school health activities, child care activities, pregnant and lactating mothers care activities, family planning activities, promotion of girl child activities and HIV/AIDS awareness activities.
2. To create awareness in the gram panchayat about various state health schemes /particularly Janani Suraksha Yojna (JSY), Rashtriya Swasthya Bima Yojna (RSBY) etc.\
3. For organizing Village Health and Nutrition Days (VHND) in the gram panchayat every month.

B.Functions of Village Nutrition Committee (VHSNC)

1. Create awareness about nutritional issues and significance of nutrition as an important determinant of health.
2. Carry out survey on nutritional status and nutritional deficiencies in the village especially among women and children.
3. Facilitate early detection of malnourished children in the community; tie up referral to the nearest

Nutritional Rehabilitation Centre (NRC) as well as follow up for sustained outcome.

4. Act as a grievances redressal forum on health and nutrition issues.(NRHM web based).

C. Functions of Arogya Raksha Samithi

The health and family welfare department has launched Arogya Raksha Samithi to combat corruption and to provide various facilities for the needy at the

Functions of Arogya Raksha Committee

1. To find out defects if any amenities and functioning of the health institution and devise ways of remedying them
2. To strive to maintain orderliness and cleanliness in the institution and its surroundings
3. To exercise proper control and keep up vigilance in preventing malpractice
4. To help organize the health education and mass medical campaigns
5. To run Canteens and medical-shops to provide supplies at fair prices.

Standing Committees at Talook and Zilla Panchayath

The Education and Health Committee at TP and ZP shall perform the following functions,-

- a. be in-charge of all educational activities of the Zilla Panchayat;
- b. undertake the planning of education in the district within the framework of the national policy and the national and State plans;
- c. survey and evaluate the educational activities of the Zilla Panchayat;
- d. perform such other duties pertaining to education, adult literacy and cultural activities as the Zilla Panchayat may assign to it;
- e. health services, hospitals, water supply, family welfare and other allied matters.(web sources)

Objective

To reveal Awareness, Perception and Practice of different standing committee members about National Rural Health Mission (NRHM)- Case of Karnataka and the effectiveness of administration of the institutional quality health care delivery system

Research Design and Methodology

Around 78 members form the different standing committees on health have been chosen by the purposive sampling technique from the selected districts in

Karnataka. Data has been collected using 1. 2. Interview and 2. Focus group study . Data has been analyzed using SPSS software.

Results and Discussions

One of the key elements of the National Rural Health Mission is to frame required standing committees on health. The committee has been formed to take collective actions on issues related to health and its social determinants at the village level. They are particularly envisaged as being central to 'local level community action' under NRHM, which would develop to support the process of Decentralized Health Planning. Thus few committees like 1. Village Health and Sanitation Committee 2. Nutritional Committee and 3. Arogya Raksha Sammithi (RKS) etc are envisaged to take leadership in providing a platform for improving health awareness and access of community for health services, address specific local needs and serve as a mechanism for community based planning and monitoring. The committees are formed at the revenue village level and it should act as a sub-committee of the Gram Panchayats. It should have a minimum of 15 members which should comprise of elected member of the Panchayat who shall lead the committee. All those who working for the health and health related services community members, NRHM beneficiaries and representations especially from the vulnerable sections may participate in the committees programmes. Next, CHC/PHC doctors, ANM, health workers etc will also participate in the committees meetings. ASHA residing in the village shall be the member secretary and convener of the committee (NRHM website).

Awareness about Powers and the Functions of the PRI Standing Committees (Health)

There are certain provisions to create different standing committees in the PRIs Act. These include Health and Sanitation Committee, Nutritional Committee, Hospital Management Committee, Health and education committee etc. Each of this committee has different responsibilities and functions in case of health matters. A detailed probe about awareness of powers, functions of standing committee was made here. Committee members opine the major functions of the committee is to create awareness about health services available with the panchayaths. They also says development of village health plan, maintain different registers, nutritional and sanitary activities and to approve the health plans proposed by the Gramasaba. Regarding powers of the panchayats majority committee members felt awareness regarding health, sanitation

activities efforts to improve the basic health infrastructures conducting meetings, health programmes through anganawadies etc. In case of the mandatory function of the committee members we found planning health care services, awareness generations, registration of birth and deaths, sharing health information, organizing meetings with different health providers etc. About awareness regarding duties of the panchayats under NRHM programme includes monitoring all NRHM programmes, providing primary health care, disease mapping, providing funds and supervision activities etc as expressed by the elected members. It shows all elected members have a decent level of awareness about normal and mandatory functions of the health standing committees which is a good sign.

Awareness about Mandatory Functions of the Specific Health Committees

Every panchayaths is expected to have different standing committees. Out of which the village health and sanitation committee is a vital one. We probed about functions of this committee. Respondents opine key issues relating to the village health issues includes preparing the health plan, health situation analysis, maintaining the different village health registers, monitoring the village health staff etc. This committee is really working well in many Panchayath as we found. Regarding functions of village nutritional committee we found creating awareness about nutritional issues, carrying out surveys on nutritional status of the village, observing village nutrition day, early detection of mal-nourished children are the key functions of this committee. Both of these committees are doing well in the developed districts of the state like Mysore and Bangalore rural. However in majority panchayaths these committees are not yet created by the authority. About the functions of Arogya suraksha samithi, Rogi Kalayan Samithi/HMS members opined acquiring equipment, furniture, ambulance (through purchase, donation, rental or any other means, including loans from banks) for the hospital(37%); maintenance of hospital building (including residential buildings), vehicles and equipment available with the hospital(31%) etc are the few major tasks. However they just know the functions of the committee but in actual only few panchayats have these committees and one few of them are working properly as per our field survey. It is also essential to evolve an appropriate structure within which the current staff and the local population along with administration can establish such a motivated performing assets through these committees.

We found that functioning style of the RKS committee has revealed that this can become a feasible and operationally model by enhancing its' capacities. RKS team need more focus on reporting, documentation, transparency, accountability and partnerships etc. It should not be a one more bureaucratic led non-participatory approach. This will lead community partnerships for augmenting local specific innovations and sustainable RKS strategies on useful and meaningful health services to the local people.

Performance on Indicators of Village Health and Sanitation and Committees (VHSNC)

Table 1

Particulars	Yes	No	No idea
VHSC undertook health related activity in last six months	63.2%	33.4%	3.3%
VHSCs held regular quarterly meeting to discuss village health problems	63.3%	35.7%	1.0%
VHSC prepared village health plan reflecting village health situation	18.4%	74.4%	8.2%
VHSCs ensured that every maternal and infant death is registered in the village Panchayat and discussed during the meeting	74.1%	16.1%	10.0%
VHSCs maintained village health register, health information board and calendar	50.1%	30.7%	19.4%
VHSCs analyzed problems relating to the health and nutrition program activities and provided feedback to relevant functionaries and officials	71.3%	18.4%	10.5%
VHSCs managed village health fund as per the government guidelines	45.3%	53.2%	2.0%
VHSCs monitored ANMs and MPWs visit to villages on fixed days and contributed to health and nutrition related activities at the village level	65.3%	30.0%	5.0%

Performance on Indicators of Village Nutrition Committee (VNC)

Table 2

Activities	Yes	No
Create awareness about nutritional issues	75.3	25.7%
Carry out survey on nutritional status	64.2	36.8%
Inclusion of nutritional needs in the village health plan	84.2	16.8%
Monitoring and supervision of village health and nutrition day every month	83.2	15.8%
Facilitate early detection of malnourished children	84.2	16.1%
Supervise the functioning of Anganwadi Centre (AWC)	74.1	26.9%

Awareness' about Functional Details (General) of the Standing Committees

Apart from the specific functions, the standing committees needs to involve in other general works. Health related standing committees are involved in un-organizing monthly meetings with the PHCs, providing training programmes for the members, preparing the village health plan etc. In addition to that, these committees involved in monitoring and supervision activities various under the NRHM programmes like disease control programmes, IEC work, health planning, etc. Also they involved in the constructions of community toilets, aid for pregnant women, supply of drinking water, free drug supply, conducting the health campus etc. These committees also needs to work with the PHCs /SCs including the monitoring supervision of the health centers, monitoring the supply of medicines, staff management, hospital management issues and the sensitization programme for the health staff. These committees also focusing on the family welfare including the birth control awareness programme, facilitate early detection of malnourished members in a family(20%), awareness about reproductive health care, supervision of anganwadi centers etc. The Village health sanitation committee also involve in the health planning related issues, including advance larva survey about *chickengunya*, *dengue*, survey about *malaria*, etc. Also they maintaining village health registers, birth and death register public dialogue register and united grant register etc.

Details about Meetings and its Agenda in the Standing Committees

These standing committees on the health should conduct meetings at least once in a month. Normally in the meeting committee will discuss about framing health plans, issues about the health staffs, programme execution and budget plants etc. The outcome of the meetings are not clearly known. Under NRHM, government has introduced different health programmes out of which study shows highest number of discussions on Janani suraksha yojana (64%), Kishori shakti yojana and TB control programmes. We also came to know that the committee some time discusses about considering the various social determinants in the health care planning (50%), problems in the local health institutions, reasons for failing, controlling of the emerging health problems, absence of the quality health care service, absence of the skilled manpower at the PRIs delay in getting government grants etc. In the meeting. Also the committee discussing about

providing drinking water supply, public water tanks, keeping village surroundings clean, garbage cleaning, using disinfectants, chlorination, epidemic outbreak, cleaning of community toilets etc..

Conclusion

Role of PRIs in improving the efficiency of NRHM system is a vital issue. It shows how PRIs health standing committee members perceived about their role in managing the NRHM scheme. Member's feels good ground level health plans are very crucial in improving the efficiency of NRHM system they also said providing more funds to the PRI and monitoring the implementation work needs to be focused. Notable percentage of them said regular communication/feedback with the higher authorities also a vital component here. Few members' shows a lot of interest in improving the efficiency of THE NRHM system. Also they felt they are not so skillful and not having enough power to do this special jobs. Providing more funds to the PRI is vital issue needs to be urgently focused.

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