

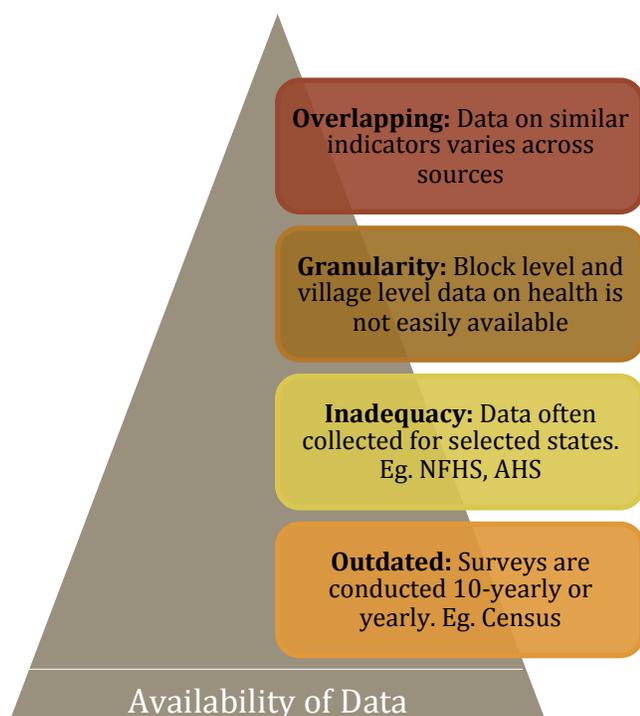
# Challenges Faced by Parliamentarians in Healthcare

## Introduction

Each year, India invests a hefty sum of nearly **Rs. 35,000 Crore** in the health sector. However, despite heavy investment in the sector, the emphasis and specificity is not reflected in the health indicators, which have consistently been underperforming. This situation can be attributed to the lack of efficient utilization of the available systemic mechanisms for monitoring healthcare activities, leading to inefficient operations, lack of accountability and hence, poor performance of public healthcare systems. Moreover, optimal utilization of the available tools is further compromised due to lack of proper information and understanding regarding individual roles for their usage. For instance, the Indian Constitution does not define the role of a Parliamentarian with respect to their work on the policy and development front. Consequently, Parliamentarians bring their own strength to office, reflecting in their varied outputs across sectors. On the policy front, Members of Parliament (MPs) are instrumental in setting Government priorities through their Parliamentary duties. On the development front, the MPs are involved in the direct execution of development programs through institutional mechanisms available to them. However, due to absence of a standardized role and asymmetry in information on these mechanisms, their potential remains largely under-utilized.

## Challenges and Recommendations

### 1. Availability of Data



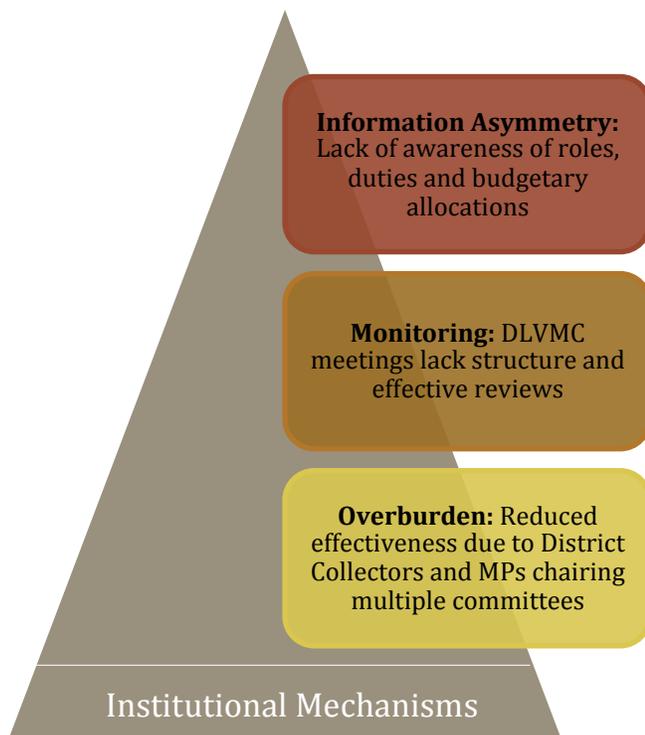
### Recommendations

- Electronic Medical Records (EMR) and Electronic Health Records (EHR) can be leveraged to improve delivery and extend the reach of health services in India, with the potential of covering over 1.2 billion citizens accessing the healthcare system through private and public providers.

### Case Study: Tamil Nadu Health Systems Project

Tamil Nadu Health Systems Project, funded through a reimbursement loan from the World Bank, deployed a **hospital Management Information System** in over **1771 PHCs** and **267 secondary care hospitals**. An IT infrastructure was provided for Govt. hospitals with centralized servers and Tamil Nadu State Wide Area Network (TNSWAN) Connectivity for a web based application. It includes all routine healthcare functions like patient registration, out-patient consultation, in-patient admission and diagnostic investigations. The system provides a **Unique Patient Identification number (PIN)**, thus freeing patients from the hassle of a registration queue and offering complete portability of records throughout the state. The system maps the final diagnosis to ICD10 standard classifications. The system currently cycles ten thousand users and 1lakh patients daily.

## 2. Institutional Mechanisms



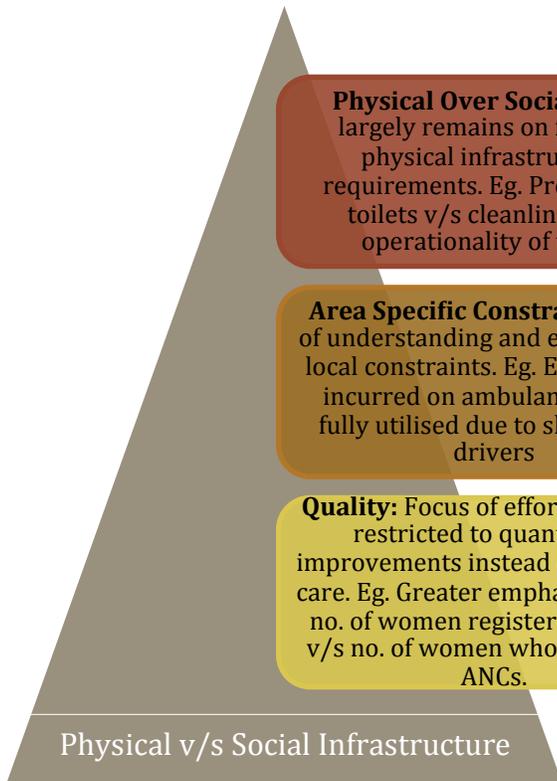
### Recommendations

- **Third-party involvement:** External organisations can be engaged to improve effectiveness of meetings.
- **Structured Meetings:** DISHA and RKS meetings should be standardised and structured in order to ensure a guided discussion and smooth running.

### Case Study: Madhya Pradesh Rogi Kalyan Samiti

The concept of Rogi Kalyan Samitis (RKS) was first introduced in Madhya Pradesh to encourage management of public hospitals through community participation and was later institutionalized under **National Health Mission (NHM)**. RKS resulted in considerable improvement of hospital infrastructure, efficiency of doctors and the footfall of patients in Government-run health facilities. Moreover, it helped to further emphasize health service delivery as an important issue and led to an increase in the funds marked under MPLADS for health. A total amount of **Rs. 35-40 crore** was collected through donations and user charges through RKS. The success of RKS in Madhya Pradesh also led to the conversion of medical colleges to autonomous bodies with management under the Samitis.

### 3. Physical v/s Social Infrastructure



**Physical Over Social:** Focus largely remains on fulfilling physical infrastructural requirements. Eg. Provision of toilets v/s cleanliness and operability of toilets

**Area Specific Constraints:** Lack of understanding and emphasis on local constraints. Eg. Expenditure incurred on ambulances is not fully utilised due to shortage of drivers

**Quality:** Focus of efforts is largely restricted to quantifiable improvements instead of quality of care. Eg. Greater emphasis given to no. of women registered for ANC v/s no. of women who received 3 ANCs.



### Recommendations

- There is a growing need for a joint effort to simultaneously strengthen the physical and social infrastructure in healthcare systems in India. A gradual behavioural change with greater inclination towards sanitation, improved quality of care and enhanced awareness accompanied with fulfillment of all basic infrastructural requirements can help to ensure substantial advancement in health service delivery.

#### Case Study: Mobile Medical Units in Assam

The Government of Assam in 2007, launched **Mobile Medical Units (MMUs)** program to improve access to healthcare in remote areas in 10 districts. Each MMU consists of a car for the staff and two buses with latest medical equipment and medicines. The District Health Society prepares monthly camp plans at the beginning of each month, ascribing higher priority to **hilly and remote** areas. The objective of the plan is to organize 20-25 camps per month, visiting the same location once every 3 months. The village health committees and local NGOs help to create awareness amongst the villagers about the medical camps. The MMUs provide curative services, reproductive and child health services, family planning counseling and diagnostic facilities. The program is funded under **National Health Mission (NHM)**. At present, it is functional in all 27 districts and 23 sub-divisions of Assam. From 183 camps being held in 2007-08 covering **40,304** patients, 4,866 camps in 2010-11 covering **6,80,064** patients, to 9,058 camps covering **10,63,166** patients in 2012-13, the MMU initiative has seen a positive growth trajectory. A mobile and flexible intervention in the physical infrastructure can serve as a tool for information dissemination in the health sector, simultaneously engaging and educating people about healthier practices. Further, it can serve as a tool to create awareness of existing Government schemes.