

## Systemic Mechanisms for Maternal Health in India

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In spite of heavy budgetary investments, the maternal health indicators in the country have improved at a pace, which is below expectations. Health experts have also pointed out a severe lack of quality in the available healthcare services. One of the major reasons for this has been inadequate efficiency and monitoring of the existing systems. To address this situation, various systemic structures instituted by the Central Government for various purposes can be leveraged to ensure sustainable quality of care along with accountability, community participation and transparency. These mechanisms can help in effective monitoring of the services provided and can be used to guide and direct healthcare at the grassroots level. However, the potential of these structures needs to be fully realized and utilized by elected officials.

Some of the major monitoring mechanisms available to elected representatives are Rogi Kalyan Samiti, District Development Coordination and Monitoring Committee (Disha), Village Health Sanitation and Nutrition Committee and District Planning Committee. The guidelines of the aforementioned committees allow for considerable authority and space for its members to realize the benefits through effective functioning. Constructive review by elected officials through these committees can significantly contribute to the overall improvement in the quality of healthcare.

### Rogi Kalyan Samiti

Rogi Kalyan Samiti (RKS)/ Hospital Management Society (HMS), institutionalized under the National Health Mission (NHM), was established to ensure effective management of the health delivery system by providing functional autonomy to public health facilities. The NHM Framework for Implementation mandates all public hospitals to constitute a Rogi Kalyan Samiti. These committees are mandated to be constituted at public health facilities at all levels above Primary Health Centres (PHCs), including Community Health Centres (CHCs) and District Hospitals (DHs). The RKS is chaired by the District Magistrate (membership and chairmanship may vary according to states) and may consist of local district officials, community members, health officials, local body members, leading donors and Members of Legislative Assembly (MLAs) or Members of Parliament (MPs). The Samitis have the authority to raise their own funds through donations, loans and grants and by imposing user charges, based on local circumstances. Additionally, NHM provides for annual grants to RKS based on the level of the public facility.

In order to achieve the vision of the RKS, it is essential to identify facility-specific issues, formulate plans to make appropriate amends and expand the existing infrastructure and technology. MPs and MLAs form an integral part of the Governing Body of the RKS, which is responsible for the entire management and monitoring of the respective public health institutions. If the participating Parliamentarians exercise their authority and right to oversee the working of the RKS, they could contribute substantially towards the improvement of the healthcare delivery system in their area.



The parliamentarians through RKS can ensure the continuity of the review meetings that are scheduled in every quarter by the District Magistrate, aligned to the guidelines of the RKS Governing Body. The meetings should be supervised to warrant constructive discussion and review of the following:

- **Health Facility Management** - As per the guidelines of the Governing Body, the meetings are a setup to review protocol compliance by health facilities and OPD and IPD service performance by the hospital in each quarter.
- **Community Outreach** - The meetings also review the outreach work performed in the area to reach maximum households and oversee the efforts being made to mobilize resources from the community for effective management and service delivery.
- **Monitoring and Impact** - The meetings provide a mechanism to thoroughly screen and study reports submitted by the monitoring committee to ensure efficient working of the RKS. Moreover, a check on the management and utilization of funds is encouraged to avoid leakages and ensure appropriate reach. Grievance Redressal Mechanisms are also checked and appropriate investigation and action is encouraged under non-compliant situations.

The existing mechanisms and guidelines are theoretically structured to achieve efficient and effectively working healthcare systems. However, there is a need to accept and operationalize these structures, especially by Parliamentarians who are a part of these committees. Adept supervision and constructive evaluation of the aforementioned factors can contribute substantially to strengthen the working mechanism of the RKS.

### **District Development Coordination and Monitoring Committee (DDCMC)**

The DDCMC, also named Disha has been formulated for effective development coordination of 28 important central schemes across Ministries. The National Health Mission (NHM) and Integrated Child Development Scheme (ICDS) are included under the ambit of Disha. The committee would be responsible for the overall monitoring and coordination between Central, State and local Panchayat Governments for convergence of implementation. They will be chaired by the senior most Lok Sabha MP elected from the district, nominated by the Ministry of Rural Development. Along with the Chairperson, other Lok Sabha MPs from the district and a member of Rajya Sabha representing the state will be designated as the Co-chairperson. It also includes all members of the State Legislative Assembly from the district, Chairperson(s) of the Zila Parishad Municipalities, Mayor of the City, five elected heads of Gram Panchayat including two women and one representative each of SC, ST and Women, nominated by the Chairperson.

The DDCMC will be mandated to conduct quarterly meetings on Third Saturdays of April, July, October and February. The meeting notice has been advised to be sent to all members 15 days prior to the meeting and agenda note 10 days prior to the meeting. As Chairpersons of the DDCMCs, Parliamentarians are empowered to improve accountability and transparency in both rural and urban areas. Active involvement of the MPs is necessary in supervising the implementation of the health schemes and programs. They need to maintain a strict check on the release and utilization of funds and adherence to fiscal norms. Moreover, grievance redressal, check in to misappropriation of funds etc. can also be scrutinized under the role of the committee.

### **Village Health Sanitation and Nutrition Committee (VHSNC)**

The committee was constituted to spread awareness regarding health issues in villages and improving access of the village communities to good quality healthcare services. These committees address community-specific requirements related to health and serve as a village level monitoring and coordination structure. They are established in revenue villages with at least 15 participating members. The elected member of the Panchayat serves as the chairperson and other members working with health centres and community members from various sub-groups form a part of the committee. The committee is responsible for assessing the nutritional status of the villagers, modifying the Village Health Plan, aligning with the healthcare requirements of the village, overseeing the efficient working of the Anganwadi Centres and addressing grievances regarding health and nutrition. MPs can leverage their political networks on the ground to ensure regularity and effectiveness of the working of these committees.

### **District Planning Committee (DPC)**

DPCs were created under the Article 243ZD of the Constitution of India with a view to coordinate and amalgamate village and municipality level plans for efficient working of the district. The committee aims to encourage the decentralized process of planning in the country. It includes elected local body members from within the district, with their number dependent on the population of the district. In order to ensure the inclusion of all sections of the society, the ratio of representation of members is proportional to their ratio in the district population.

The DPC formulates a coordinated District Development Plan, using the individual plans received from other levels in the district, ranging across rural and urban areas and various sectors. These plans and the working of the committee, however, vary across different states. The State Governments have been given considerable autonomy to guide their individual DPCs. Since it covers all sectors, it can prove as an effective institutional mechanism for elected officials to guide and direct healthcare activities through the annual plans to address geographical inequities and qualitative imbalance in their districts.

### **Conclusion**

The mechanisms and structures set up by the Government of India can prove valuable to address the healthcare concerns in the country, if used effectively and sincerely. An amalgamation of enhanced interest, stringent review mechanisms backed by effective monitoring and implementation of corrective measures would help to bring about a considerable improvement in the management of health services.