Decentralized Planning of Health Services is becoming possible in Maharashtra!

Policy level decisions must be taken to make planning processes related to health services more accountable, transparent and people-centred.

Are the Rogi Kalyan Samiti (RKS) funds in Maharashtra really utilized for the 'benefit' of patients? How much NRHM funds are received by Government health center every year? What exactly happens to it? What role do elected representatives play in the spending of the Rogi Kalyan Samiti funds? Are people's expectations from the health services met through the Programme Implementation Plan (PIP)? Is it possible for people to participate in the planning process? Is decentralized planning of health services possible in Maharashtra?.....

Yes! Decentralized planning of health services is becoming **possible in Maharashtra.**

For the last six years, efforts are being made to find out how this can be done. In this context, the process of community based monitoring and planning (CbMP) of health services, has been going on since 2007 in 5 districts of Maharashtra with support from NRHM, and in three districts of Maharashtra namely Amravati, Nandurbar and Pune, with support from World Health Organization (WHO), special interventions have been taken to promote in the process of decentralized planning of health services. All this, points to the fact that until now the process of 'Decentralized planning of health services' had remained largely on paper and actual implementation on the ground was very limited. The current planning processes have a lot of scope for improvement. Hence we are presenting here the experiences and suggestions which have emerged from the capacity building interventions in 3 districts. These can certainly help in taking steps to make the planning of health

Since 2007 in 5 districts of Maharashtra under the NRHM, and in the three districts of Maharashtra namely Amravati, Nandurbar and Pune, under the World Health Organization (WHO), special interventions have been taken in the process of decentralized planning of health services.

services in entire Maharashtra much more people-centred.

- **Gaps in decentralized planning of health services in Maharashtra**

1. **People do not have sufficient information and understanding about planning of health services**
   People are given very limited information about how funds allocated to their village/area for health services are used. How much funds does my village/health facility receive and for what purpose? Who are the members of the Village Health and Sanitation Committee (VHNC) and the RKS? When and how is the annual PIP prepared? People and many times even committee members are given very little information about all this.

2. **Government officials intervene much more in the decision making process of planning as compared to other key stake holders**
   In reality, people's representatives have been given special authority within the process of planning of health services. But due to lack of information and appropriate training, their participation in the planning process is very limited. Also the current PIP framework is technically complex and many aspects about the structure of the PIP are already fixed. There is no efficient system to incorporate local level problems in the format available for preparing the PIP. **Besides this, there is no space for people to present their needs about health services and participate in the concerned decision making process.** As a result of all this, officers and workers implement the planning process as per their understanding. In some districts it has been observed that the orders for purchasing essential resources for the health facility are being issued at the district level instead of the local level. In many instances decisions are taken at the higher level, without consultation as to whether the health facility needs certain resources, and in such situations, the funds are wasted.

3. **The planned/earmarked funds are not being used as per people's needs, and there is little transparency in their usage**
   The RKS funds are meant for welfare of patients and hence any expense planned under these funds should be utilized for this purpose only. But many times, this does not happen. For example in the year 2009-2010, in some health facilities of Nandurbar, centralised orders were given at the district level to spend Rs. 40,000/- on ACs and Rs. 60,000/- on solar lighting. Akkalkuwa hospital in Nandurbar district and Khed hospital in Pune district spent Rs. 1,30,650/- and Rs. 1,68,751/- respectively from Indian Public Health Standard (IPHS) funds to purchase dental examination chairs. But as the post for dentist is lying vacant, the chairs were gathering dust and currently there is no mechanism in place to present an account of these expenses before the people. It is expected that the accounts for village level funds be presented before the Gram-Sabha and in meetings of the gram panchayat committee, but currently this is not being followed.

- **There are definite solutions to overcome these gaps.**

As mentioned above, special interventions have been undertaken in the three districts of Amravati, Nandurbar and Pune, for capacity building in the context of decentralized planning of health services.

a. The Rogi Kalyan Samiti funds can be utilized for the welfare of patients in the real sense.

One of the major obstacles in the proper functioning of the RKS is lack of information among members of the committee. To tackle this gap, orientation workshops were conducted for members of the Rogi Kalyan Samitis and Monitoring and Planning committee members at the PHC and RH levels in the three districts of Amravati, Nandurbar and Pune. In these workshops, information was provided about the purpose of the RKS, the responsibilities of the members and their authorities/ rights. **These sessions did not merely impart information but as a part of the orientation, the committee members actually visited government health facilities. In these visits, they were given the actual exposure whereby they could identify the requirements and the changes that can be made in government hospitals from patients' perspective, using the RKS funds.** As a result, not only did the committee members get information, their self

Improvements in Nasrapur PHC in Bhor block, District Pune, due to the initiative of the Rogi Kalyan Samiti

Issues identified and addressed during Dec. 2011 to March 2012 through decentralised health planning in RKS following capacity building and orientation:

- To provide drinking water to patients, a water storage tank with inbuilt water filter has been purchased. In the meeting it was decided that old leaking water tank would be used for storing scrap material of PHC.
- In order to make laboratory more functional, a tank for water storage has been purchased and new pipe line for laboratory has been constructed.
- There was no board showing the name of the PHC and it used to be difficult for any new patient to find it. Now an appropriate board has been arranged through RKS funds.
- Post of sanitation worker is vacant in Nasarapur PHC and hence it is very difficult to maintain cleanliness. So to tackle un-cleanliness RKS committee has decided to appoint a worker on contract basis.
- Earlier the system was to spend money without considering patient's welfare and taking due permission of the committee, members objected to this system.
- A meeting was conducted under the leadership of the Zilla Parishad members and the accounts for the past year were presented and discussed.

confidence also increased. Based on this experience the Rogi Kalyan Samitis in some of the blocks became active.

The following table indicates that due to the pro-activeness of Rogi Kalyan Samitis in health facilities of certain blocks of Pune, the total expenditure from the funds increased in 2011-12 as compared to 2009-10. Also most of the spending (21-59%) was based on people's suggestions (eg. Drinking water, cleanliness, sitting arrangement for patients, referral, medicines)

Elected representatives have an important role to play in the decentralized planning process. Hence efforts were made to make elected representatives more active in this process. They were especially involved as a panelist in the Jan-Sunwais conducted in CbMP process. This enabled the people's representatives to actually understand the problems people faced with health services, and they then made attempts to resolve these through the medium of Rogi Kalyan Samiti and PIP. Following examples exemplify the positive changes in the utilization of RKS funds-

No.	Name of Health centre	2009-10 expenditure in Rs.	2011-12 expenditure in Rs.	Percentage of expenditure based on people's suggestions. (2011-12)
1	**Pasli, Primary Health Center** (PHC), Velhe block	2,13,053	3,42,697	25%
2	**Velhe, Primary Health Center** (PHC) , Velhe block	61,742	2,50,294	26%
3	**Velhe, Community Health Center** (CHC)	77,523	3,71,223	59%
4	**Bhongowli Primary Health Center** (PHC), Bhor block	2,98,929	3,34,585	37%
5	**Nasrapur Primary Health Center** (PHC), Bhor block	1,60,848	1,55,031	35%
6	**Bhor, Sub District Hospital** (SDH)	9,80,226	10,41,345	21%

Activists got the opportunity to function as a permanent invitee on Rogi Kalyan Samitis as part of the community monitoring process. Hence the activists managed to present in the RKS meeting, issues related to health services, which emerged from CbMP process. This also had an additional impact- the meetings began to be conducted regularly.

With the recognition of their responsibility, NRHM funds disbursed at the village level were spent taking local needs into consideration. An Anganwadi sevika working in Degaon, in Bhor block of Pune district, shares one such experience-

Shobhatai says, “Once in the past, on the recommendation of an ICDS official, we purchased a powder named “Naturamore”, for malnourished children. One tin cost Rs.500/-. All other anganwadi sevikas took the powder, so even I did. But it showed only temporary benefit for malnourished children. Once the powder was finished, the children again lost weight. The expense incurred on the powder

Some of the Examples of inclusion of issues which were based on people's Health needs in the district level PIP of Pune for the period 2013-14.

- Repair and construction of Kelad and Margasani sub-centres, Block- Velha - **Rs. 5 lakhs / institution were proposed. Repair work in Rule and Wangani sub-centres - Rs. 1 lakh/ institution were proposed.**
- Karanjawane - PHC, Block- Velha – Rs. 50 lakhs allocated for **construction of new staff quarters.**
- Nasrapur, Bhor Block - Construction of new building for PHC - **Rs. 120 lakhs have been allocated**
- Harnas and Karandi sub-centre, Block-Bhor - **Rs. 1 lakh/ institution allocated for repairs.**
- Jogawadi and Ambavade PHC, Block-Bhor – Rs. 4 lakhs and Rs. 5 lakhs respectively were allocated for building staff quarters.
- Bhongavali, Nasrapur, Harnas, Nere, Karandi, Jogwade PHCs in Bhor block – Rs. 1 lakh per institution allocated to make arrangements for drinking water
- Parinche and Ambale, Purandar block (Proposed PHC) – Rs. 100 lakhs and Rs. 25 lakhs allocated respectively for construction of new building.

Changes in CHC Velhe

- 33% of the expenditure linked to CbMP has been made on providing **sustainable water supply** in bathrooms and toilets of the CHC in Velhe. 24% of the expenditure linked to Community based planning has been done on **ambulance and related repairs and maintenance.**
- 4 % has been spent on **cleannliness.** In an interview, one of the civil society member told that a lot of changes have also taken place in relation to cleanliness. Cleanliness of Labour Room, Toilets, post mortem room was a big problem in RH Velhe. Besides the window glass was not proper and the funds of the committee were used for this purpose.
- Arrangement to store medicines and purchase of two water filters for drinking water for patients, was done through the RKS funds.

from the untied funds of the VHNC, was wasted. But once the community monitoring process began in the village, we started getting new and different information. In these meetings, we perceived the issue of Anemia among women as being crucial. So we purchased iron utensils with the untied funds and distributed them in some houses. Besides we also organized an exposure visit for the VHN Committee members to get idea about how VHNC funds can be utilized innovatively.

b. The PIP can be prepared through people's participation and taking their needs into consideration.

At the level of the Government the process of preparing PIP is relatively new, so detailed analysis was done on how PIP prparation process is currently being implemented. This analysis revealed that the process of preparing the PIP is very limited, complicated, technical and is completed in less time, hence people are not much aware about it. Hence awareness programmes like rallies, health yatra, etc were conducted in the CBM villages. In these, the need and importance of planning, along with the right to monitoring was stressed and information about the PIP was given to people. Meetings were conducted with the community, in which community people presented the problems related to health services they faced. Several issues related to health services came to the forefront through information collected by the monitoring system and issues raised through Jan-Sunwais. **All these issues directly related to people's health needs.** They ranged from complaints that the local health providers do not provide services, to demands for a new health centre in the village. All these issues have been categorized and analyzed as follows:-

- **Issues which could be solved through local dialogue and discussion were raised and discussed in Monitoring and planning committee meetings and Jan-Sunwais and were subsequently resolved.** For example the problem of ANM not visiting the village regularly, were resolved discussed with the ANM herself.
- **Some issues would require small**

scale funds, these were identified. For example**,** need for drinking water filter, shed for living arrangements for patients' relatives, lack of sitting chairs for patients, no gate for government hospital, etc. these issues did not require large funds, so they were discussed in the RKS and were resolved at that level.

- **Issues which would require funds on a large scale, were incorporated into PIP proposals.** Eg- provision to build new government health centre, large scale repairs of health centers, facility for residential quarters etc. Attempts were made to incorporate these proposals in the PIP being prepared at the Government level.

Since last several years, people had been regularly presenting their demands regarding health services but due to lack of people's participation in health planning these demands remained unmet so far. This shortfall was partly met through the PIP. An example of this is the proposals prepared for the three blocks- Bhor, Velha and Purandar of Pune district. These proposals were presented at the district level to be incorporated in the PIP. Through these proposals, fund provision was made in the district PIP for 2013-14, as follows -

- Repair and construction of Kelad and Margasani sub-centres, Block- Velha - **Rs. 5 lakhs / institution were proposed. Repair work in Rule and Wangani sub-centres - Rs. 1 lakh/ institution were proposed.**
- Karanjawane - PHC, Block- Velha - Rs. 50 lakhs allocated for **construction of new staff quarters.**
- Nasrapur, Bhor Block- Construction of new building for PHC - **Rs. 120 lakhs have been allocated**
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Example of people's needs being met through the PIP-

The incidence of illnesses like high Blood Pressure and Diabetes has increased in rural areas too in recent times. But the examination of these diseases and treatment, are not available at the PHC level.

A workshop was conducted at Malshiras PHC as part of the decentralised health planning process. Among the participants were Radhabai and Sushilabai. With very low earnings and with no family support, they were not in position to afford cost of diabetic medicines, even the small cost of Rs. 20 for every 10 days. Neither could they afford to spend on travel to go to nearest government Cottage hospital for the same. Based on suggestions given by the CBMP committee members, the Medical Officer took the lead, investigated patients, and with the help of a specialist started a Medical Camp once a month in that PHC for Diabetes and Hypertension patients.

After positive responses from community and in order to sustain this activity, a proposal was prepared and submitted by MASUM- the District CBMP civil society organization and Medical officer, it was included in the district PIP. However this demand was not included in state PIP. In spite of this, the issue was again strongly raised in the District Monitoring and Planning meeting as well as in the meeting with Chief Executive Officer. After regular and continuous dialogue with the Chairperson of District Health Committee, he took initiative at district level and with the help of District Health Officer; he has allocated funds from the Zila Parishad (District elected council) to arrange these medicines. Now due to this initiative, medicines to treat Hypertension and Diabetes are being made available in all Primary Health Centres of Pune district.

In this manner attempts have been made to undertake decentralized planning of health services. Specifically efforts were taken to increase participation of people's representatives and to make them proactive. It also became evident that people can definitely be a part of the health planning process. However several obstacles were faced while doing all this...

The following obstacles were encountered while implementing the process of decentralized planning of health services-

- **The present health planning process does not have much space for involving civil society organizations (CSOs)-**
  At every stage the civil society organizations were supposed to be involved. For example, the RKS has a provision to include as a member, a civil society representative from an organization working in that area. But this was not given much importance at the level of the Government. The mentality of the health system was- why should funds related information be shared with CSOs? In this situation, the representatives of organizations involved in the CbMP process, had to struggle for membership in the RKS. Order had to be issued at the state level for that purpose. Due to this order, the CSO representatives got the opportunity to function as permanent invited members on the RKS. However, despite this certain obstacles are still being faced, like CSO representatives not being invited for meetings, or being invited at the very last moment, no action being taken on issues raised by activists etc.

- **Obstacles faced while working in context of PIP development-**
  - The government's process of preparing the PIP is completed in very short time. Besides there are very few spaces in this PIP for community to present their health needs and for them to be incorporated in the PIP.
  - The current PIP framework is complicated and highly structured and it needs to be modified.
  - The local Health officers and providers do not have clarity about the importance of preparing the PIP with participatory inputs.

- **Obstacles faced while working in the context of the Rogi Kalyan Samiti.**
  - The meetings of the RKS are not conducted regularly and punctually.
  - Representatives of CSOs are invited for meetings at the last minute.
  - Whether it is RKS or PIP process, the priority given to elected representatives is less and CSOs do not have much space in it.
  - A lot of follow-up is required to access any information about the expenses of RKS funds or PIP sanction. A lot of secrecy is maintained at the level of the authorities in this matter.
  - As elected representatives change after regular intervals, they need to be freshly trained frequently.

Recommendations to further strengthen the process of decentralized planning of health services in Maharashtra.

Following are certain recommendations to overcome these obstacles and further strengthen the decentralized planning process in Maharashtra

- Enabling conditions need to be created before Decentralized Health Planning can become a reality. Changes need to be institutionalized in both Planning **structures** as well as **processes**.
- To enable community needs and priorities to be included in the Planning spaces, NGO/Civil Society Members need to be part of the Planning Committees.
- Sufficient time has to be allowed for the consultative bottom up process which would allow communities to identify and translate their needs into concrete proposals.
- Formats and Account Heads need to be changed to help incorporation of community priorities - the requirements for Innovative Proposals, we were told almost demand a research proposal, which is difficult for community representatives to produce.
- Investment is required in training and capacity building of all stakeholders – this is urgent and critical. Training curricula in Decentralized Health Planning have to be created for Health Systems representatives as well as PRIs, to equip them with practical planning skills – this will help in avoiding unnecessary expenditures.
- The District is very large with very diverse contexts – perhaps the primary unit of decentralized Health Planning needs to be a Block rather than a District.
- Health Planning at the village level should be made a part of the Village Planning exercise. The focus should not be on the Rs. 10,000 Untied Fund but all the village funds should be considered holistically and determinants of health as well as health services needs should be planned for holistically. Thus, Health Planning should be an agenda in the November Gram Sabha which is meant for considering the annual village budget.
- A module on Village Health Planning should be developed for the VHSNC and this should become an institutional requirement.

People-oriented Improvement in health services is possible if CSOs are given adequate space within the process of decentralized planning of health services!

All these experiences made one thing clear- if CSOs get adequate space in the planning process, then improvements in health services are possible. With the initiative of civil society organizations, training and meetings of the Rogi Kalyan Samitis, Monitoring and Planning Committees, Jan-Sunwais etc. were organized. As representatives of CSOs got opportunity to function as permanent invitee on the RKS, they managed to convey people's health services related needs to the Government machinery and the people's representatives.

Let us now strengthen community based planning, along with community based monitoring!

Our health services should be planned in our village, and block, not only in the national and state capitals!

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