Chapter 4 Community participation

4.1 Village Health and Sanitation Committees (VHSC)

As per NRHM framework, VHSC is to be constituted in every village within the overall purview of the Gaon Panchayat, to be responsible for village level planning and monitoring. However, VHSCs were not formed as of March 2008, in respect of any of the 26,247 villages, although Rs.26.24 crore were received by the SHS from the GOI for 13,124 and 13,123 villages for 2006-07 and 2007-08 respectively. The amount was not utilized for the purpose for which it was approved and Rs.40 lakh was diverted for expenditure under other activities (Health Day). The State Government did not initiate any action to form the VHSCs due to local bodies' elections in December 2007-January 2008. Non-formation of these committees resulted in non-participation of the village community in planning and monitoring in key areas such as nutrition, sanitation, IEC and other public health measures at the grass root level.

The Department stated that the requisite activities of VHSCs were undertaken by the SHS itself.

4.2 Rogi Kalyan Samitis (RKS)

NRHM guidelines stipulated formation of RKS for health centres up to the PHC level and Hospital Management Committees (HMCs) for District and Sub-Divisional Hospitals for effective monitoring and management of health care delivery. These were to be constituted under the Societies Registration Act, 1860 with PRI and community representation.

Out of 21 District Hospitals[1] (DHs), 3 Sub-Divisional Hospitals, 108 CHCs and 912 PHCs in the State, HMC/RKS were formed at all the DHs (registration expired for two hospitals) and Sub-Divisional Hospitals, 99 CHCs, and 844 PHCs by the end of 2007-08. In the five sampled districts, RKS was not set up at 29 out of 229 PHCs. Thus, community representation for management of health care delivery was only partial since these bodies were to regularly review the functioning of healthcare facilities, fix user charges and decide on the use of funds (State grants, user charges or donations) and make appropriate recommendations to the DHS.

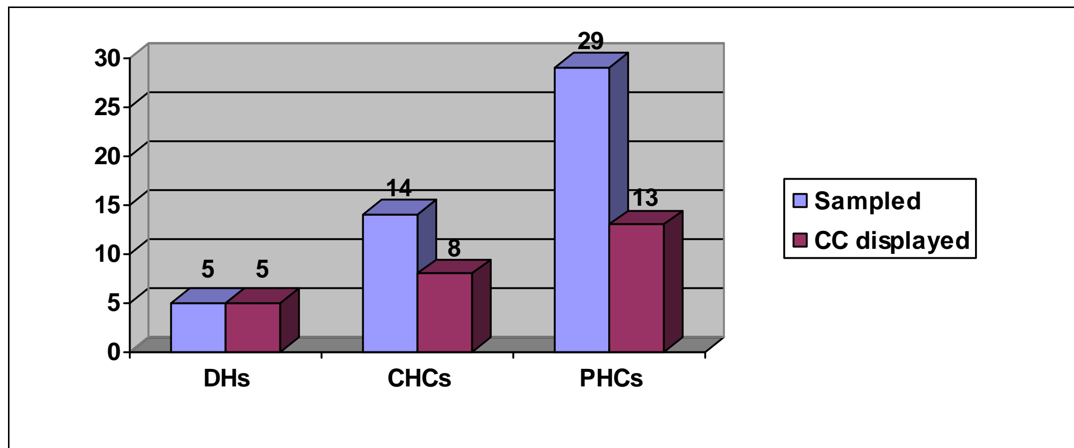
[1]District Hospitals are not available in Kamrup and Dibrugarh districts.

4.3 Citizen Charter

Citizen charter at Manja PHC

One of the objectives of RKS is to develop a Citizen Charter for every level of health facility and ensure that it is appropriately displayed to make healthcare applicants aware of their health rights and facilities available there. The Charter is also to give a specific and definitive commitment in writing to the citizens for delivering standardised services within a specified time frame. Compliance to Citizen's Charter was to be ensured through operationalization of a Grievance Redressal Mechanism. Scrutiny revealed that while the Citizen Charter was displayed in all 5 HMCs, it was displayed only in a few CHCs and PHCs test checked in the five sampled districts as can be seen from the following chart.

Chart No.3



In all five DHs, 14 CHCs and 29 PHCs sampled, there was no mechanism in place for redressal of complaints/grievances of the community regarding their need, coverage, access, quality, denial of care etc. Thus, healthcare campaign through the Citizen Charters was only partial and the grievances of the community regarding delivery of healthcare remained largely unaddressed.

4.4 Constitution of Monitoring Committee by RKS

Guidelines of RKS provided for a Monitoring Committee to be constituted by each RKS to visit hospital wards, collect patient feedback and send monthly monitoring reports to the District Collector and Chairman, Zilla Parishad. Scrutiny of functioning of RKS at 5 DHs, 14 CHCs and 29 PHCs revealed that no Monitoring Committee was constituted. The RKS also did not maintain records of patients feedback and action taken thereon. Thus, the monitoring mechanism for redressal of patients' complaints was rendered ineffective.

4.5 Funding of RKS

In terms of NRHM norms, specific funds are to be released to RKS in a timely manner to enable them to carry out the functions devolved on them. The position relating to funds received by the RKS from SHS in the audited districts and the expenditure incurred is shown below:

Table: 1

(Rupees in lakh)

District	Year	No. of RKS	Opening balance	Funds received during the year	Expenditure incurred during the year	Closing balance
Nagaon	2005-06	Nil	Nil	Nil	Nil	-
	2006-07	69	Nil	61.25	11.85	49.40
	2007-08	69	49.40	99.50	69.36	79.54
Nalbari	2005-06	Nil	Nil	Nil	Nil	-
	2006-07	45	Nil	50.00	Nil	50.00
	2007-08	45	50.00	111.50	48.60	112.90
Sivasagar	2005-06	Nil	Nil	Nil	Nil	Nil
	2006-07	37	NA	30.50	58.33	-
	2007-08	37	NA	57.50		29.67
Lakhimpur	2005-06	Nil	Nil	Nil	Nil	Nil
	2006-07	30	Nil	31.75	29.75	2.00
	2007-08	31	2.00	50.00	48.25	3.75
Karbi-Anglong	2005-06	Nil	Nil	Nil	Nil	Nil
	2006-07	50	Nil	43.50	38.75	4.75
	2007-08	50	4.75	76.25	74.75	6.25

Source: - Annual Accounts of the SHS.

In all the above cases, the books of accounts and subsidiary records like cash book, vouchers were not maintained properly and records like ledger etc. were not maintained by the RKS. It would be evident from the above that 52-100 *per cent* of funds received in three districts (Nagaon, Nalbari and Sivasagar) during 2006-08 remained unutilized as of March 2008. Thus, funds were released without assessing the capacity of the RKS to utilize them during the year, which affected the viability of the long-term goal of community ownership of the health centres through RKS.

While accepting the above facts during exit conference, the Department stated that the process of registration of RKSs under Societies Registration Act 1860 would be taken up, and that non-utilization of funds was mainly due to their belated release.

Conclusion

The HMCs and RKS, which were designed to ensure community ownership of the health centres, were not functioning in the prescribed manner since many of them were either not set up at all or not registered as required. The monitoring structure and grievance redressal mechanism was also absent in the RKS since no monitoring committees were set up. Citizens Charter had not been displayed in many centres. Further, funds were provided to many RKS without proper assessment and justification and also to doubtful centres as pointed out in Para 5.1.4. Thus, the goal of provision of health care in an accountable manner through community participation remained largely unachieved within the current set up of functioning of the RKS.

Recommendations

- ***The VHSC should be formed expeditiously with the prescribed representation to ensure community participation in planning, implementation as well as monitoring of the Mission activities.***
- ***All the RKSs should be registered under the Societies Registration Act, 1860 before any fund is released to them.***
- ***The State Health Society should define the composition of HMC / RKS at different levels, providing a permanent body to carry out its day to day functions and define their roles, responsibilities and accountability structure unambiguously.***