

Report on State Level Consultation on Health Sector Budget in Orissa

**Organized by
CEHAT, BGVS-JSA, Orissa Budget Solidarity, NSA & PRAYOG**

Date: 7th February, 2011

Venue: Redcross Bhawan, Bhubaneswar

Introduction:

Orissa, having the highest concentration of poverty among all the major states of India, is limited to its health care system. Though the Govt.'s revenue is increasing time to time, but the health care facilities are limited at the household level. Provision of healthcare services is the primary responsibility of the state govt. and it is also unavoidable. Therefore state commitment for public health spending is a manifest. But the total health expenditure of the govt. of Orissa as a percentage of GSDP is seen to have been much below than the targeted percentage throughout. Also it has been observed that even the low level of allocation on health and family welfare is not realized. There are huge gaps between budgeted allocations and actual expenditure, keeping this in mind nearly 80 participants from different Civil Society Organizations (CSOs) gathered at Redcross Bhawan on 7th February, 2011 to raise their voice in the forthcoming budget section in Orissa.

Objectives:

The main objectives of this consultation were;

- To speak about the fiscal governance, its poor management, and express their apprehension about and opaqueness in the way the economic governance in Orissa,
- To bring transparency and accountability in the budget making process, and
- Also to engage the civil society members in this budget making process to make it successful and fruitful.

Chaired Members:

The programme was coordinated by Mr. Gouranga Mohapatra from Jan Swasthya Abhiyan, Odisha chapter. Consultation was inaugurated by Mr. K.K. Pattnaik. The respective chaired members were Mr. Karunakara Pattnaik, Former Director, Panchayati Raj Deptt, Prof. (Dr.) Bhagaban Prakash, Dr. Amrita Patel, S.J. Suresh Panigrahi, and Journalist like Mr. Dillip Ku. Satapathy, Business Standard, Social activist Mr. Pravat Sahoo, women activist Mrs. Sasiprava Bindhani, Health expert Mr. Prashant Raymus, CEHAT from Mumbai.

Presentation on Health scenario in Orissa:

Mr. Pravas Mishra and Mr. Ratneswar Sahu has presented the analysis report of health budget and prospect of future budget which showed that the share of health has gone down from around 5 percent in 1995-96 to around 3 percent (annual average) during the last five years. Also the State needs around 1500 more hospitals over and above the existing 181 hospitals in the state, 595 health sub-centers and 61 CHC are needed where as the present ruling party had promised in its election manifesto 2009 that efforts shall be made to provide one full fledged hospital for 5000 families. Currently, there are only 14 Mobile Health Units (MHU) in the State. The civil society demands that the number of mobile health units be raised to 314 over next few years in order to maintain one MHU in each block. There are need of 846 Multipurpose worker (Female)/ANM at Sub Centers & 5143 numbers of PHCs Health Worker (Male) MPW(M) are in need at Sub Centers. Also there is shortfall of 391 Health Assistant (Female)/LHV at PHCs and 1238 numbers of Health

Assistant (Male) at PHCs, Doctor at PHCs required is 413, 221 numbers of Radiographers, 1322 Laboratory Technicians and 2254 numbers of Nurse/Midwife's post are still vacant. Also Out of 1279 PHCs 157 are running without any doctor. The present health system is equivalent to the previous budgetary system, and the GSDP still remain the same as it was in the year of 2000-2001. According to Mr. Pravash the election Manifesto are non-monitorable and non-measurable and also the commitment and budget are going in a parallel way. The budget for the PHC staff's salary is increasing where as the commitment for the new building of PHC has not yet fulfilled. He also emphasized on availability of blood bank in each district and block is highly essential. Also the money allocated for NRHM, has a huge imbalance in its expenditure.

Response from the Participants

Group raise the concern on process of emerging contradictions of capitalist development, wherein, the common people of Orissa have seen unprecedented oppression on their dignity, livelihood and existence by a unholy nexus of profiteering conglomeration of industrialists, big business and the governance system. Stating the fact about priority of the state towards the public health, the expenditure on health and family welfare in Orissa was less than 1% of GSDP and 3.92 percent of the total state expenditure. It declined to 0.67 percent of GSDP in 2007-08. In 2009-10(BE), there is no significant increment in the share of health expenditure as it constitutes 1.18 of GSDP.

According to Mr. Prashant Raymus, the state witness the huge regional disparity, in the coastal areas the problem of public health services largely lies with under utilization. But in the western part of the state the problem is largely with non allocation and continual apathy. And such a regional disparity and apathy towards people living in different parts of the State is a gross undermining of the democratic ethos promoted by our Constitution. He also emphasized that some allocation of budget should be fixed for the social sectors also.

Mrs. Sashi Prava said that priority should also be given to those people who are living in conflict areas. Also the health facility at SWADHAAR, sus-stay home and jail is highly disturbing. She also said that JSY needs to be strengthened.

According to Mr. Dillip Satapathy the institutional arrangement is not transparent at all, and the budget should be regional based, proper allocation of resources and its management is highly essential which can only make the budget appropriate. As per him 55% of budget should go for primary health sector and policy should be made for preventive care instead of curative care.

Mr. Karunakar Pattanaik emphasized on community participation and to add rural water and sanitation need to include in the process and also availability of crèches is essential for the women in the work place. Also an ombudsman for the monitoring needs to be selected in the health sector.

Consultation ended with the formation of Citizen's Charter of Demand for the forthcoming budget 2011-12. Based on the outcome of the discourse, organisation such as NSA, CEHAT, JSA, BGVS and PRAYOG under the banner of Odisha Budget Solidarity agreed to submit to the legislators.

Charter of Demands:

- Public expenditure on health as percentage of total budget should be doubled in 2011-12 budget and subsequent years.
- The civil society demands that the concerned authorities should be vigilant enough to check under utilization/ miss utilization of public resources.
- Civil society urges upon the government planning authority to take serious action for removing regional imbalance and for maintaining inter-district equity while making provisions for health services.

- The civil society demands that all vacancies in the health sector (doctors, specialists and all paramedical workers at all levels of health care system) should be filled up without delay. Create leave vacancy system for clinical facilities. Re-examine staffing norms for health organizations at all levels. Make medical and nursing education more community oriented and practical.
- The civil society urges upon the present government to fulfill its own promise of providing one hospital for 5000 families at the earliest.
- The civil society demands that the primary focus of the government health provisioning should be on rural areas in the state.
- The civil society urges upon the government of Orissa to take appropriate steps to bargain with the government of India for more autonomy and abolition of the concept of matching grants in the CSS which is discriminatory against the poorer states like Orissa.
- Privatization of Public Health Services and charging of user fees in public hospitals and health centres should be stopped.
- Civil Society demands that the government should work beyond making such provisions like insurance and improve the Public health care system itself.
- There should be a Primary Health Centre for each Gram Panchayat with adequate facilities to provide health services to people at door step. Government should ensure that a doctor is available in the hospital campus throughout the day and night.
- The Civil Society demands that the SHGs be mobilized towards creating health awareness and health support at the level they are operating.
- The civil society demands that on an urgent basis, at least 139 new MHUs should be provided to the specific districts with immediate effect and the rest can subsequently be provided during the five year rule of the present government.
- A cadre of rural doctors may be trained and developed to provide health services in many common diseases.
- More government colleges are built in the state for providing medical education in the state.
- The civil society makes a case for taking strong action against the spread of fake medicines in the state. The medical education system in the state should be reformed in a manner that money does not remain as a criterion for admission, even in private medical colleges. The system of management seats for admission should be abolished.
- All the students enrolled in medical colleges including private medical colleges should be selected through common entrance system (with all respect to the constitutional provisions for reservations) and the cost of imparting medical education in private institutions should be provided by the government through subsidy instead of being collected from the students in the form of fees.
- Specific budgetary allocation should be made to build awareness and sensitization of the health workers on dealing with HIV+ people.
- The civil society urges upon the state government that the policy making in general and health related planning in particular should be made more gender sensitive by ensuring representative participation of the concerned entities, such as gender rights groups, women's studies centres and the section of civil society that works consistently on issues related to women.
- Civil society demands that a special cell should be formed in the department of health and family welfare with qualified doctors, representatives of teachers and legal experts to initiate a mass campaign against sex-determination.
- Adequate provisions should be made for capacity building, awareness creation, engagement with civil society and women's organizations etc. Specific allocations should be made for the enforcement of Pc & PNDT Act.
- Strengthen the public health system to ensure accessibility, availability of medical staff including women doctors, medicines and full range of services for women.

- Repeal of 2-child norm in all forms. No discrimination for the 3rd and higher pregnancies (presently part of two child norm policy)
- Adequate allocations should be made for programmes related to child survival and safe motherhood. There is a need for increasing the number and quality of local dhais/TBAs through a massive training programme in the state. Adequate funding should be provided for the purpose.
- The civil society demands that at least 30 percent of all expenditure under the ministry of health and family welfare be earmarked for women beneficiaries and for improving the health situation of the women. Monitorable indicators of progress should be evolved for the purpose.
- Corruption in the programme delivery level be checked by strengthening the institutions of Gan Kalyan Samiti. Adequate provisions should be made for the purpose.
- Proper evaluation and monitoring of ICDS program, including regular growth monitoring of the children.
- Monitoring of ICDS by village women groups (SHG). Parents have a right to monitor and suggest about the menu as well as about the quality of the food.
- Malnutrition children to be considered significant as first step of deterioration of health. Annual Social audit of this programme.
- Availability of Pediatric formulations at all levels.
- Many specific diseases like sickle cell, malaria etc, which are more prevalent in tribal areas, should be given adequate attention.
- If patients have to purchase medicines from outside because of non-availability in health centre then the cost incurred by the patients should be reimbursed.
- Anti-rabies vaccine free of charge to all cases of suspected rabid dog bite
- Display boards informing about health services provided at various levels should be installed at Grampanchayat office in each village; such lists along with Charters of Citizens Health Rights to be displayed and in all PHCs and Rural Hospitals.
- The widely participatory process of forming such committees should be expanded, with adequate publicity and ensure functional the committees. Provision in the mission to organize public hearings regularly at various levels as a part of social supervision must be implemented.
- This should not become a mechanism to get social sanction for instituting user fees everywhere. Public audit of these Rogi Kalyan Samiti should be done every year by independent organizations or civil society organisation.
- The provision in the mission that 'standards' would be maintained in government hospitals as per 'Indian Public Health Standards' should be implemented at the earliest.
- In the decentralized district planning process NGO and other social organizations should be involved. An annual NRHM Review meeting should be called to review work done report under the mission and CSO should be involved in this meeting.
- Aftercare facilities for the homeless children including reservation of beds in hospitals, provision of free medicines and expensive medical tests. Health care services for children in special needs eg- children in institutions, labor situations, abuse. Health rights for the street children in urban areas- free medicines, tests, food etc.
- Finalise the rules document and effectively implement the Private medial Act
- Include minimum physical standards for old establishments in rules. The draft rules put up on the Directorate of Health Services Website have no physical standards for old establishments.
- Widely publicize GRs and Supreme Court and High Court judgments relevant for patient's rights, concessions to patients' vis-à-vis the private sector.
- A comprehensive national and state level mental health policy is required.

- Greater inter-sectoral linkages across government departments so that mental health is not assumed to be the prerogative of the mentally ill alone but also mental health can be accessed by all. Adequate mental health training should be incorporated in training of all health care professionals so that appropriate care and support can be provided at all levels of the health system.
- Greater budgetary provisions for mental health at the state, municipal and Zilla Parishad level, increase in the number of officials and staff working on mental health within the State Health Department.
- Community based mental health care should be developed, in preference to over-institutionalized mental health care.
- Policies, laws and programmes that promote people's mental health in a human rights framework. Violence free and consent based management of patients in critical care must be provided for
- Various judicial pronouncements from the Supreme Court and the state High Court (e.g. Mahajan Committee Recommendations) should be strictly followed. The recommendations of the NHRC in the 'Quality Assurance Report' should be implemented especially with regard to use of excess land, sanitation, inadequate staffing, ongoing staff education, infrastructure, drug supply, IEC material for awareness.
- Government should introduce the HIV/AIDS Bill in the Parliament.
- Government hospitals should have local health committees.
- Special Social security benefits for PLHAs.
- Need for approach document on adivasi health, to be included in State Health Policy. Ensuring no discrimination against adivasis accessing the health system.
- Effectively Implementation of the Persons with Disability Act. The Health Sector must become disabled friendly, based on trained and sensitised health professionals.
- All Health Centres should be accessible to the disabled, by installing ramps, and railings and disabled friendly elevators for multi-strayed establishments.
- Provision for good quality and tested food, boiled drinking water and special diet for women prisoners, children and sick and infirm inmates.
- In the prison there should be doctors for 24 hours (Lady Doctor should be there for women prisoners) and trained psychologist. Proper medication with prescriptions.
- Proper Hygienic conditions. There should be regular water supply, cleaning of toilets and the mattresses should also be disinfected and washed from time to time.
- Properly equipped with well trained doctors a Mobile clinics should be made available at the work site for construction workers and other migrant workers.
- Provision of medical support and compensation in case of mishap for all unorganised sector workers including farm labourers (responsibility to be taken by direct employer or government).
- Registration of Birth and Death act/rules
- National policy on alcohol and tobacco control to be developed and effective implementation of existing regulations should be ensured. Put effective and complete ban on surrogate advertisement for tobacco and alcohol.
- Migrant health policy should be developed and implemented to ensure health coverage to the migrants within the country.
- Separate social and health services for disabled and elderly to be established with adequate funding
- Place the citizen charter at all the levels (from Anganwadi to sub-centres to medical college hospitals and AIIMS) about the rights of patients and services available to each citizen.
- Develop people oriented rational drug policy to ensure access to essential drugs to all.

- Total Sanitation Campaign. Ensure 100% availability of safe water in each village and habitation and 100% use of sanitary toilets by all people including at all public places. Activate Village, block, district and state level GKS Committees with more powers and resources.
- Private health sector regulation act should be frame
- Convergence of W& CD Deptt, H & FW Deptt and Labor & Panchayati Raj Deptt.

Conclusion:

Finally it was decided that different Standing Committee Members & other line Departments will carry forward the debate among the larger public domain on prioritizing the needs of the poor with regard to resource allocation and spending of the State. Lastly, Mrs Usha Rani Behera gave vote of thanks.

Photo Gallery:



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