

CHAPTER 4: CONVERGENCE

4 Convergence with other departments

Health is as much a function of availability of safe drinking water, female literacy, nutrition, early childhood development, sanitation, and women's empowerment as of hospitals and a reliable medical system. NRHM viewed health through the prism of a sector-wide approach, encompassing sanitation and hygiene, nutrition and convergence with related social sector departments such as Woman & Child Development, AYUSH, Panchayati Raj etc. and sought to adopt a co-ordinated approach for intervention under the umbrella of the district plan.

4.1 Planning and monitoring of convergent activities at central level

A committee for intersectoral convergence had been constituted under the chairmanship of the Mission Director for planning and monitoring of the NRHM strategy on convergence with related departments in policy and operations at both GOI and State levels. The committee was initially to meet at least once in every quarter. However, in the first meeting it was decided that the committee would meet once in every two months.

However, the committee met only four times i.e. twice during 2005 and twice during 2008. The recommendations of the committee were placed only twice before the Empowered Programme Committee (EPC) in July 2005 and August 2006.

The Ministry Stated in September 2008 that approximately 18 meetings i.e. 16 during 2005-07 and 2 during 2007-09 on convergence have been held on smaller scale with individual Ministries such as Panchayati Raj, Women and Child Development etc. Meetings of the committee could not be convened due to the post of Mission Director remaining vacant for a few months.

The Ministry had not prepared any detailed action plan outlining the specific targets and timelines for activities to be undertaken for intersectoral convergence by the different departments i.e. Panchayati Raj, Women and Child Development, Safe drinking water, Sanitation, AYUSH etc. acting together. The Ministry, in its meeting with the Ministry of PRI held in March 2006 decided to prepare a module on intersectoral convergence within a month and impart training to PRIs on convergence and financial management, preparation of health plans and monitoring of the health delivery system. However, the detailed strategy of training for orientation of PRIs was yet to be devised as of December 2008. Similarly, actions on decisions taken in the various convergence meetings such as joint training, Information, Education and Communication (IEC) activities and framing of operational strategies and the guidelines for integration of various committees and schemes under different departments with the VHSC and NRHM were still pending. The Ministry had issued instructions to States/UTs Mission to set up and promote the convergence mechanism between different departments at various levels. However, no follow up action to monitor the progress against the instructions issued had been taken.

The Ministry stated that the 2nd Common Review Mission, held in November-December 2008, had found increasing inter-sectoral convergence at grass-root levels and that convergence meetings, at a smaller level, with related departments has generated progress.

The reply of the Ministry did not address the specific issue of the absence of a super structure to plan strategy on convergence and monitor progress thereon. The reply has to be viewed against the background of the Ministry's own decision to constitute a committee under the Mission Director for inter-sectoral convergence on policy and operations at GoI and State levels.

4.1.1 Convergent approach in State PIPs and DHAPs

The District Health Action Plans (DHAPs) and State PIPs were expected to reflect integrated action in all areas that determine good health viz. drinking water, sanitation, women's empowerment, adolescent health, education, female literacy, early child development, nutrition, gender, social equality.

Most of the States/UTs did not include a detailed plan and strategy for encouraging convergence with the different associated departments, in their PIPs. Only 19 States/UTs²⁰ included the component of AYUSH in their PIPs and 21 States/UTs had come up with a plan on the School Health Programme. It was noted that State Health Mission in Delhi earmarked an amount of Rs. 1.40 crore, for School Health Scheme, but did not incur any expenditure for this activity during the year 2007-08.

DHAPs did not show any attempts at convergent action in the audited districts in Assam, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Lakshadweep, Manipur, Mizoram, Orissa, Puducherry, Punjab, West Bengal and Uttar Pradesh and in 14 out of 23 sample districts audited in Andhra Pradesh, Gujarat, Haryana, Karnataka and Sikkim. DHAPs had not even been prepared in Jammu & Kashmir, Himachal Pradesh, Jharkhand, Rajasthan, Tripura, Tamil Nadu Bihar and Daman & Diu. However, that this could be done with effort and commitment was evident in Arunachal Pradesh, Maharashtra, Madhya Pradesh, Kerala and Meghalaya, where DHAPs reflected convergent activities and participatory functioning. Non-convergent approaches in district and State health planning had resulted in disconnected efforts being made by the various departments and NGOs working towards the same goal of better health facilities.

The Ministry stated that almost all States have included chapters on inter-sectoral convergence in State PIP for 2009-10. With regard to non utilization of Rs. 1.40 crore by State Health Mission Delhi for School Health Scheme, the Ministry reiterated that the States prioritize the activities as per existing requirements for the current year.

4.2 Involvement and regulation of NGOs in the Mission

The participation of non-governmental organisations at all levels of the health delivery system was identified as critical for the success of the NRHM. NGOs' services were being utilized under various programmes subsumed in the Mission.

4.2.1 Mother NGO scheme

The scheme of Mother NGO (MNGO) was introduced in the Ninth Five Year Plan to strengthen NGOs participation in the RCH programme. Under the scheme, the

²⁰ Jharkhand, Rajasthan, Uttarakhand, Jammu and Kashmir, Orissa, Chandigarh, Delhi, Puducherry, Maharashtra, Haryana, Gujarat, Andhra Pradesh, Kerala, Assam, Nagaland, Manipur, Sikkim, Mizoram and Tripura

Ministry sanctioned grants to selected NGOs called Mother NGOs in allocated districts through the SHS. These MNGOs, in turn issued grants to the smaller NGOs, called Field NGOs (FNGOs). However, the scheme was not effectively implemented in the States/UTs as discussed below:

(a) Institutional mechanisms

The MNGO scheme includes multiple institutions and partners at the national, State and district levels. At the central level, the Apex Resource Centre (ARC) was set up to coordinate the activities of the Regional Resource Centres (RRCs), manage budgets and facilitate RRC coordination and interaction with State governments. At present, there are only 11 RRCs throughout the country providing technical support to the State Societies. The ARC was non-functional since September 2007. NGOs committees at the State and District levels were either not formed or non functional in most of the States which resulted in lack of institutional support to the MNGO scheme.

Further, local government bodies/PRI were not involved in the institutional frame work of MNGO scheme. In the absence of defined role/networking of PRIs in MNGO scheme, the actual delivery and problem areas remained unevaluated by the representatives of the beneficiaries.

The Ministry stated that the ARC was earlier being funded by United Nations Population Fund (UNFPA) which has since withdrawn the support. Therefore, ARC had stopped functioning.

However, the Ministry did not make alternate funding arrangements for ARC and may need to devise an alternative mechanism to coordinate the activities of the RRCs.

(b) Coverage

Out of 609 districts, only 178 districts were covered by 125 functional Mother NGOs across the country as on 31 March 2008. Thus, 71 *per cent* of districts remained out of the coverage of the MNGO scheme. The number of Field NGOs functional under the MNGOs was not available with the Ministry.

The Ministry in July 2003, revised the MNGO scheme and introduced the Service NGO (SNGO) scheme. SNGOs differed from MNGOs in term of their scope and coverage of work. SNGOs were expected to provide a range of clinical and non-clinical services (such as adolescent education, gender sensitisation etc.) under the integrated RCH package directly to the community, while the MNGOs provided only clinical services through the FNGOs, in particular service delivery areas. However, no funds had yet been released by the State RCH Societies to the small number of selected SNGOs. Thus due to non implementation of the scheme, the aim of increasing access and coverage of health services in partnership with NGOs, was not served.

(c) Pattern of funds release under the scheme

Rs. 44.76 crore, Rs. 11 lakh and Rs. 15.74 crore was released to 24, 2 and 8 State Health Societies for further release to MNGOs during 2005-06, 2006-07 and 2007-08 respectively. The pattern of funds release showed that the scheme was not functional in other States. Further, out of the funds of Rs. 44.87 crore released by the Ministry during the period 2005-07, utilisation certificates of Rs. 27.48 crore (61 *per cent*) were awaited from 16 State Societies as on March 2008.

Besides, grants-in-aid of Rs. 3.46 crore and Rs. 5.40 crore were released to the State RCH Societies, Uttar Pradesh and Madhya Pradesh during 2004-07 and 2005-06 respectively, out of which Rs. 2.40 crore and Rs. 3.06 crore was refunded to the Ministry in January 2008 and December 2006 respectively. Funds of Rs. 7.41 crore released to the SHS of Bihar, Tamil Nadu and Meghalaya lay unutilised with these societies.

The pattern of funds release in the year 2006-07 was also erratic, as the total funds released to the States were a mere Rs. 11 lakh, whereas the funds released to the RRCs, which provide technical support to the States was Rs. 1.55 crore (93 per cent of the total release for the year).

The Ministry stated that they constantly advised the States to take timely measures to select SNGOs and release funds to them. It added that States had been advised to send SOEs and UCs for the period in question. Some States were not taking active interest in the implementation of the scheme. The Ministry also stated that since the States had sufficient unspent balances, no grants were released to them, under the scheme, during that period. However, RRCs were released funds because they had to maintain a regular administrative infrastructure.

(d) Integration of the MNGO scheme with other interventions under NRHM

With NRHM, all existing disease control programmes and RCH programme were merged under NRHM. The Ministry continued to fund MNGO scheme under the RCH and NGOs under NDCPs separately resulting in disintegrated functioning and weak monitoring of the NGOs. Had all activities linked to the participation of the NGOs under NRHM been integrated, the technical support of the RRCs could have been utilised for all rather than limiting their expertise to RCH activities. Moreover, the possibility also exists of multiple projects being awarded to the same NGO without coordination and common information sharing as to its capabilities.

The MNGO scheme did not have the desired impact as the involvement of NGOs in building capacity towards health delivery systems was in the primary stage and due to delay/non selection of SNGOs in the targeted districts, the Mission's objectives of building capacity at all levels of the health delivery system and delivering health care services under RCH to the underserved/unserved areas remained unfulfilled.

The Ministry stated that guidelines on the MNGO scheme were being revised.

4.2.2 Release and utilisation of funds to NGOs

NGOs were to be involved in building capacity at all levels, monitoring and evaluation of the health sector, delivery of health services, developing innovative approaches to health care delivery for marginalized sections or in underserved areas. To ensure their full participation, grant-in-aid systems for NGOs was envisaged to be established at District, State and National level. Five per cent of total NRHM funds were to be released as grants-in-aid to NGOs at District, State and National levels.

The system of grants-in-aid was not in place as the grants-in-aid committee had not been established in Andhra Pradesh, Bihar, Jammu & Kashmir, Haryana, Himachal Pradesh, Madhya Pradesh, Manipur, Puducherry, Punjab, Sikkim, Uttarakhand and West Bengal (12 States/UT).

The consolidated position of funds released to NGOs under the NRHM as a whole was not made available by the Ministry. However, at State level, five percent of the

total NRHM funds, though prescribed, were not released as grants-in-aid to NGOs in Assam, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Haryana, Jharkhand, Jammu & Kashmir, Kerala, Lakshadweep, Maharashtra, Orissa, Puducherry, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh, Uttarakhand and West Bengal (18 States/UTs).

Further, out of the total grants-in aid of Rs. 81.50 crore released to the NGOs by the SHS in 24 States during the period 2005-08, Rs. 31.22 crore were utilised and expenditure against remaining Rs. 50.29 crore (61 per cent) could not be verified due to non submission of UCs as of March 2008 (**Annex 4.1**).

Only 20, out of the 97 NGOs, to whom grants were released during the period 2005-08, had submitted audited accounts. No audited accounts had been submitted by 77 NGOs in Assam, Jammu & Kashmir, Kerala, Manipur, Orissa, Rajasthan, Sikkim and Uttar Pradesh (8 States).

Further, grant of Rs. 45 lakh and Rs. 47 lakh against the maximum admissible amount of Rs. 30 lakh per MNGO had been released to two MNGOs in Assam in 2008. In Chandigarh and Kerala, the State Health Mission was not monitoring the activities of NGOs.

The Ministry stated that in Assam higher amount was released to MNGOs as they catered to two districts.

However, as per NGO guidelines as well as sanction orders issued by the Ministry ceiling for grant-in-aid to MNGO was Rs. 15 lakh per district.

Besides in seven States/UTs, viz. A & N Islands, Bihar, Dadra & Nagar Haveli, Daman & Diu, Meghalaya, Lakshadweep and Tamil Nadu, no grants-in-aid had been released to NGOs indicating non-involvement of NGOs in the implementation of the Mission.

The Ministry stated that the MNGOs/FNGOs submit their Statements of Expenditure (SOE) and Utilisation Certificates (UC) to respective State governments and a consolidated SOE and UC were to be sent by each State government to the centre. Despite repeated reminders and personal visits by the Desk Officers, some States had not furnished SOEs and UCs. The Ministry added, in the proposed revised guidelines; monitoring and evaluation has been specified in more clear terms.

System of grants-in-aid to NGOs was not established at various levels and State Health Societies released the funds to NGOs without signing MOUs and formulating detailed guidelines for the participatory role of the NGOs towards their functioning, cooperation, monitoring and supervision under the framework of the NRHM. In the absence of any defined accountability structure and monitoring mechanism, activities of NGOs remained unchecked, their funds utilisation not fully verified and their contribution towards capacity building and delivery of health services to marginalized sections in underserved and un-served areas could not be realised in full.

Recommendations

- *The SHSs should ensure that the State and District Health plans clearly reflect convergent functions of various government departments. A mechanism for effective pooling and utilisation of resources also needs to be established at various levels.*

- *Health services outreach can be more wide ranging if involvement of NGOs is encouraged. However, their participatory role in the health sector needs to be defined, facilitated and monitored.*
- *Given the high risks involved in non submission of accounts and UCs by NGOs, there is a need for strong financial controls and a system of accountability to monitor the activities of NGOs. Standards to evaluate NGOs' performance should also be developed so as to ensure effective utilisation of Government grants.*