

## **Investment in Maternal, Newborn and Child Healthcare (MNCH): Addressing the Gaps in Budgetary Priorities and Processes to Improve Quality of Care**

### **A Consultation**

#### ***Concept Note***

Healthcare is an important constituent of development and requires special attention. In India, given that a large section of population is below poverty line and the Out of Pocket (OOP) expenditures stand at nearly 58 percent of the total expenditure on healthcare services, there is a felt need for universalising public provisioning of healthcare. According to the World Bank Universal Healthcare Index, India ranks 157 among 190 countries on per capita government spending on health, with public expenditure on health (by both Centre and States combined) remaining at a low level of around 1 percent of GDP over the last two decades.

Maternal and child healthcare indicators are crucial determinants for assessing the status of overall healthcare in a country. In India, Maternal Mortality Ratio (MMR) stands at 167 per 1,00,000 live births and the Infant Mortality Rate (IMR) at 37 per 1,000 live births. With about 45,000 maternal deaths annually, India accounts for 15 percent of all maternal deaths worldwide. A recent analysis reveals that nearly 51 percent of households in India are incurring catastrophic maternity expenditure (CME) (Goli et al., 2016).

One of the flagship programmes of Government of India in the health sector has been the National Rural Health Mission (NRHM), now a sub-component of the National Health Mission (NHM), was started in 2005-06. One of the important components under NHM is the Reproductive and Child Health (RCH) component. Within RCH specific interventions focusing on Maternal, New-born and Child Health (MNCH), include the *Janani Suraksha Yojana* (JSY), *Janani Shishu Suraksha Karyakram* (JSSK) under the Ministry of Health and Family Welfare (MoHFW). There are other initiatives like *Indira Gandhi Matritva Sahyog Yojana* (IGMSY), a conditional maternity benefit scheme. This was introduced by the Ministry of Women and Child Development (MoWCD) in 2010 on a pilot basis and remains operational in the initial 53 districts.

With greater focus on maternal and child health, the development indicators in MNCH do show some improvements over the years. However, the improvements fall short of the set targets and a number of gaps continue to exist. The 93<sup>rd</sup> Report of the Department-related Parliamentary Standing Committee on Health and Family Welfare (2016) has demanded that the Department should “identify and address the fundamental weaknesses in RCH programme and take credible action towards reducing IMR and MMR to the targeted levels”.

Policy analysts recognize that while the coverage of MNCH interventions has improved, there has not been a commensurate improvement in quality of care. Globally, it is increasingly being argued that access to and availability of healthcare do not guarantee increased utilisation of services and that these are necessary but not sufficient factors to improve maternal and newborn health. Poor quality of care is regarded as the most plausible explanation for the gaps existing in this domain (Austin et al., 2014). For instance, with regard to delivering quality services, supportive supervision (regular and dependable interaction between a healthcare provider and a more experienced professional) has been identified as a critical bottleneck

(MoHFW, 2013). Although it has been difficult to arrive at a universally applicable definition of quality of care, there have been a number of attempts at defining it according to different perspectives, which include those based on – assessing quality from the users’ perspective, users’ experience of care, patients’ rights and providers’ needs, appropriate interventions during delivery to overcome critical delays, and input-output-outcome models. The WHO identifies six dimensions for quality of care, namely, effectiveness, efficiency, accessibility, acceptability and patient-centeredness, equitability and safety, and has specified 19 core indicators for assessing the quality of healthcare for mothers, newborns and children (WHO, 2014). In this scenario, there is a need to deliberate upon the specific parameters that can be taken to assess the quality of care in MNCH interventions in India and identify the gaps therein.

Apart from the developments in the health sector in India and the discourse on the framework of quality of care in MNCH, we also need to take into account some of the significant changes in the policy environment in the country in the recent past, which would have a direct impact on various factors that are important to bring about improvement in quality of care in the health sector in general and MNCH interventions in particular. One of these has been the change in the fiscal architecture of the country. Based on the recommendations of the Fourteenth Finance Commission, the share of States in the divisible pool of central taxes has been raised from 32 percent to 42 percent every year since 2015-16. However, the increase in the magnitude of untied resources transferred to States has been accompanied by reductions in Union Government’s financial assistance to States for their plan spending and allocation for various schemes in some of the important social sectors.

Moreover, based on the report of the Sub-Group of Chief Ministers on Restructuring of the Centrally Sponsored Schemes, the fund sharing pattern in some of the key social sector schemes has changed, with the States having to bear a larger responsibility for funding these schemes. For the health sector, the sharing pattern between the Union and the States has changed to 60:40 from the earlier 75:25. The responsibility of public spending for MNCH, like that for health and family welfare, is shared between the Union Government and States. Further, in the health sector in particular, there have been changes in the mode of transfer of funds since 2014-15. While the Union Government’s funds sent directly to the State Health Societies earlier, they are now being transferred first to the State treasury. These systemic changes in the fiscal architecture of the country have implications for the adequacy of budgets and timely transfer of funds for a number of sectors, of which health is one of the most important ones.

Given the criticality of MNCH concerns in India, there is a need to ensure that budgetary policies in the new fiscal architecture accord adequate priority to investment in MNCH. At the same time, it is crucial for budget outlays to translate effectively into better quality of care on the ground, so as to lead to better MNCH outcomes. Hence, it is imperative to identify the institutional and procedural bottlenecks in fund allocation and utilisation for MNCH programmes and address them.

In this context, The White Ribbon Alliance, India (WRAI) and Centre for Budget and Governance Accountability (CBGA) are organising a National Consultation with the objectives to:

- Initiate a discussion among key stakeholders on the new fiscal developments and their impact on MNCH interventions both at the Union level and at the level of States;

- Discuss the important issues (in terms of constraints and challenges) pertaining to public resources for MNCH interventions, focusing on budgets for quality of care in those;
- Facilitate sharing of perspectives and experiences on national and State level policies and practices relating to fund allocation and utilization for MNCH interventions;
- Develop an understanding of the bottlenecks in fund utilisation in MNCH interventions based on evidence from select States in the context of the changed scenario of Union-State sharing of resources; and
- Identify advocacy opportunities and challenges and develop key policy asks for enhancing quality of care

The consultation will bring together representatives of civil society coalitions, grassroots level organisations, national and international development organisations, academics, and policymakers who are engaging with MNCH policy and interventions. The consultation would be held on August 31, 2016 (Wednesday) at India International Centre (IIC) – Annexe (Lecture Room 1), Lodhi Road, New Delhi.

Through the discussions during the day, we aim to arrive at a set of policy asks on improving MNCH interventions in the country relating specifically to:

- role of Union Government in financing these interventions,
- role of State Governments in providing these in their budgets, and
- measures needed for addressing the bottlenecks in planning and budgetary processes that constrain effective utilization of funds.

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