Community Action for Health

Bringing Public into Public Health

December 2015

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MESSAGES

Message from the National Health Mission

The National Health Mission (NHM) lays particular emphasis on the communitisation process. An important component of this process is Community Action for Health which began as Community Based Monitoring and Planning. Community action is a key pillar of NHM's accountability framework. The process enables communities to actively participate and regularly monitor the progress of the NHM interventions in their areas and ensure that health services are delivered with quality, equity and prescribed standards.

Community Action for Health focuses on regular community feedback to health service providers and participatory local planning in developing health plans and promoting collective action to improve the delivery of public health services. The Advisory Group on Community Action (AGCA) constituted by the Ministry of Health & Family Welfare (MoHFW) in 2005 and comprising civil society experts, advises the NHM on Community action.

Beginning with a pilot implemented between 2007-2009 which was implemented in 9 states, Community Action for Health is now being implemented in 20 states and Union Territories, with handholding support from AGCA members and other NGOs and funded through NHM. The impetus now should be to strengthen implementation of community action process through existing structures. In order to ensure sustainability and scale, it is critical that states should now take ownership of this process, by utilising the human resources under NHM and build capacity of Village Health Sanitation & Nutrition Committees (VHSNCs) at the community level and Rogi Kalyan Samitis (RKSs) at the facility level so that community action for health is embedded in community structures created under the NHM.

To enable sharing of best practices, lessons learnt and replicable initiatives across the country, the Ministry is glad to launch the first edition of the bi-annual newsletter developed by AGCA the on Community Action for Health. I seek your cooperation in widely disseminating the newsletter and applying the lessons to strengthen implementation of community action for health.

C K Mishra
Additional Secretary & Mission Director

Message from the Advisory Group on Community Action

Community action for health ensures that people's health rights are met through a process of active engagement by the community in assessing the quality and availability of entitled services. The AGCA successfully led a pilot in 36 districts across nine states during 2007-2009, which demonstrated positive outcomes of the community action process towards improving health services under the National Rural Health Mission (NRHM).

An external review of the pilot phase showed that strengthening of the Village Health, Sanitation and Nutrition Committees (VHSNCs) provided a voice to the community, especially the excluded and marginalised groups. The process resulted in an active engagement between the community and the health department, leading to an increased knowledge on health entitlements among the community and improved service delivery. The process also helped frontline health workers to overcome service delivery constraints through local planning and community support.[1]

The AGCA, with support from the MoHFW, is providing technical assistance to the states to strengthen and scale-up the implementation of community action for health. A team housed in Population Foundation of India as the AGCA Secretariat, supports the states in facilitating state-level visioning and planning exercises to develop multi-year implementation plans. The team facilitates capacity building of state nodal officers and implementing organizations. It also provides support for adaptation of manuals, tools and communication materials, and undertakes periodic implementation reviews.

We hope the newsletter will be useful for State Health Secretaries, NHM Mission Directors, State Nodal Officers, training institutions and officials from civil society organisations to take forward and strengthen the community action process.

We invite you to share your experiences and suggestions with us.

Poonam Muttreja

Poonam Muttreja
Advisory Group on Community Action

Activities under Community Action for Health - Village Health Mapping, a wall painting on health entitlements and developing a village health report card.

[1] *Reviving Hopes Realising Rights- A Report on the First Phase of Community Monitoring under the NRHM http://www.nrhmcommunityaction.org/mediaupload/eva87287A_report_on_the_First_phase_of_Community_Monitoring.pdf.*

What is Community Action for Health?

Community Action for Health is a key strategy of the National Health Mission (NHM) which ensures that the health needs and rights of the community are being fulfilled. It allows the people to actively and regularly monitor the progress of the NHM interventions in their areas. Community Action provides a mechanism to improve accountability and enable better delivery of services.

The Six Steps

Step 1. Creating Community Awareness - on health entitlements, health rights, roles and responsibilities of service providers.

Step 2. Strengthening Village Health, Sanitation and Nutrition Committees – Capacities of VHSNCs are developed through structured trainings and mentoring.

Step 3. Formation and Strengthening of Planning and Monitoring Committees (PMCs) – These committees are formed at the Primary Health Centre (PHC), block, district and state levels to discuss and take appropriate action on issues emerging from community level enquiries and facility surveys.

Step 4. Community Enquiries and Facility Surveys - Health services are monitored and evidence or data collected through community level enquiry and facility surveys at sub-health centres and PHCs.

Step 5. Sharing of Report Cards and Developing of Health Plans Report cards are developed for each health facility and village, and services are categorised into Good, Average and Poor. Thereafter, discussions with service providers are organised to identify steps to improve the services.

Step 6 – Organising the Jan Samwad (Public Dialogue) – The cumulative village and facility report cards and instances of denial and poor quality of services are shared by the community with health officials during a Jan Samwad. Plans are prepared along with timelines and responsibilities to redress the grievances and gaps.

What does it lead to?

- Enhanced trust and improved interaction between the service provider and the community
- Improvement in service delivery in ante natal and post natal care services and immunization coverage
- Reduction in out-of-pocket expenditure and demands for informal payments
- Active involvement of Panchayat Raj members in planning and monitoring the functioning of health facilities
- Participation of the most excluded communities in the village level monitoring and planning processes
- Appropriate planning and utilisation of untied funds at VHSNCs, PHCs, CHCs and RKS.

Where to seek guidance?

The AGCA provides guidance on community action. The AGCA comprises a group of 15 eminent public health experts. The AGCA Secretariat housed in Population Foundation of India coordinates the technical support to the states, under the guidance of AGCA members.

What are the essentials for scaling up community action for health?

There is no 'one' prescriptive model for scaling up community action for health. Each state has the flexibility to adapt and contextualise the process as per its context. Some of the essentials to enable effective scaling-up include -

- Strengthening ASHA and VHSNC support structures and partnerships with credible civil society organisations
- Long-term support for building capacities and confidence of community institutions to initiate and sustain the community action process
- Institutionalising mechanisms for timely and appropriate redressal of grievances
- Analysing issues and gaps emerging from the community action processes and incorporating them into the district and state PIPs.

National Consultation on Community Action for Health

The MoHFW and the AGCA jointly organised a National Consultation on **Community Action for Health** on October 28 and 29, 2014 to share experiences from community action models and generate recommendations to strengthen and scale-up its implementation over the next phase of the NHM.

Releasing key documents on Community Action for Health. (Left to Right) Ms Mirai Chatterjee, Ms Poonam Muttreja, Dr Abhay Shukla (AGCA Members); Mr C K Mishra, Additional Secretary and Mission Director (NHM), Ministry of Health and Family Welfare; Dr H Sudarshan, AGCA Member; and Mr Vinod Rai, former Comptroller and Auditor General of India.

The consultation brought together 123 participants from 25 states, including senior government officials from National and State Health Missions, development partners, civil society organisations, panchayat representatives, the media and the AGCA members. Keynote speakers were **Ms Aruna Roy** (Mazdoor Kisan Shakti Sangathan), who emphasized on the community's role in governance and **Mr Vinod Rai,** former Comptroller and Auditor General of India, who appreciated the unique partnership between the MoHFW and the civil society, while highlighting the importance of accountability. **Mr C K Mishra,** Additional Secretary and Mission Director NHM, and **Mr Manoj Jhalani,** Joint Secretary (Policy), MoHFW reiterated the Ministry's commitment to a people-centered health system. They emphasized the need for states to adapt and scale-up implementation of community action for health.The State NHM Mission Directors and Nodal Officers shared the status of implementation in the states, challenges and commitments on the way forward.

Launch of Community Action for Health in Mizoram

Mr Pu Lal Thanzara, Minister of Health, Government of Mizoram, launched the Community Action for Health initiative in Aizawal on February 6, 2014. Ms Esther Lal Ruatkimi, Principal Secretary, Health and Family Welfare, senior officials of the health department, civil society representatives and other officials were present at the event.

Mr Pu Lal Thanzara, Minister of Health, Government of Mizoram, launching the Community Action for Health programme.

Mr Pu Lal Thanzara highlighted the importance of increasing accountability of health services to the people as an important strategy for health system strengthening. He appreciated the ongoing work by ASHAs, Village Health, Sanitation and Nutrition Committees (VHSNCs) and Rogi Kalyan Samitis (RKS) and urged all officials and frontline health workers to provide full support in implementing the community action process.

The launch was followed by an orientation workshop on the community process for key state government officials and civil society representatives. Further, in-depth discussions were held to pilot the process in the state, beginning with Serchhip district. Subsequently, the AGCA supported the state in planning the implementation of the pilot, through the state NGO, Zoram Entu Pawl.

Strengthening capacities on Community Action for Health

The AGCA provided technical support to 25 states[2] in the financial year 2014-15 to plan and roll-out the community action process. The MoHFW approved the budget for the component in 18 state Programme Implementation Plans[3].

State Advisory Group on Community Action

State AGCAs have been formed to provide guidance and oversight to the community action process. The AGCA provided support to 10 states for constitution /reconstitution of S-AGCA and oriented the members. The S-AGCA meetings were conducted under the chairmanship of the Principal Secretary/Mission Director in eight states: Uttar Pradesh, Mizoram, Meghalaya, Manipur, Odisha, Punjab, Rajasthan and Karnataka. Efforts are underway to constitute and strengthen the committee in the remaining states. The AGCA along with the S-AGCAs is providing support to the states in adapting the guidelines and manuals to state specific context. The states are also being supported to train the master trainers on the community action process.

Orientation Workshops

Orientation workshops on Community Action for Health were organized in eight states. This helped in developing a comprehensive strategy to implement the component:

Mr Hussan Lal, Mission Director, National Health Mission, Punjab shares the progress of the community action for health programme in the state. (Left to right) Ms Sanghamitra Ghosh, Mission Director, West Bengal; Mr P M Pradhan, Mission Director, Sikkim; Mr M R Synrem, Mission Director, Meghalaya; and Mr Manoj Jhalani, Joint Secretary (Policy), MoHFW, who chaired the session.

- In Odisha, a state-level Training of Trainers was organised by the S-AGCA in May 2014 with support from the State NHM team. Officials from the district health department and other related line departments such as Health & Family Welfare, Women & Child Development, Rural Development, Panchayati Raj, School & Mass Education, and the Scheduled Caste & Scheduled Tribe Development department were trained as Master Trainers to orient the NGOs and the District Programme Management Units (DPMU) on the Gaon Swasthya Samikshya Programme, being implemented in 52 blocks in five districts through 49 NGO partners.
- In Uttar Pradesh, a workshop was organised for the State Nodal Officers in August 2014. Officials from the State Programme Management Unit (SPMU- Community Process), State Innovation in Family Planning Services Project Agency (SIFPSA) and Technical Support Unit participated. The state will now implement the process in 36 blocks of 18 high priority districts.
- In Meghalaya, an orientation was held in August 2014 for the State Community Processes team and implementing partners. A detailed implementation plans was developed for three intervention districts.
- In Gujarat, an orientation was organised for the State Nodal Officer-Community Processes, NGO representatives and other stakeholders in August 2014.

[2]Arunachal Pradesh, Assam, Bihar, Delhi, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Tamil Nadu, Tripura, Uttarakhand, Uttar Pradesh, West Bengal.

[3]Arunachal Pradesh, Assam, Chhattisgarh, Delhi, Goa, Gujarat, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Odisha, Punjab, Rajasthan, Sikkim and Uttar Pradesh.

Dr Monica Rana, State Project Officer, Delhi interacting with MAS members.

Mr Susant Nayak, Senior Consultant, Community Processes, Odisha facilitating a session at an orientation workshop.

The process will be scaled-up in 77 blocks, across the eight high priority districts.

- In Mizoram, the AGCA Secretariat and SATHI facilitated a two-day consultation on community processes in December 2014. The members of the ASHA Resource Centre and the State Mentoring Group, state-level programme heads and other stakeholders participated.

- In Delhi, the Community Action for Health process is being initiated in selected wards/ mohallas in eight districts covering 100 Mahila Arogya Samities (MAS). The state and district level NHM officials were oriented in April 2014. Meetings were held with the New Delhi Municipal Corporation and the Delhi State Health Society to chalk out the implementation plan.

- In Punjab, the AGCA oriented members on the community action process and supported in developing plans for visioning and planning workshops in the 11 scale-up districts.

- In Jharkhand, the AGCA team reviewed the implementation status of community action in two blocks of Ranchi district in December 2014. A meeting was also held with the State Sahiya Mentoring Group and suggestions were made to strengthen the group by including members from the civil society and line departments.

Resource materials

Guidelines and Manuals

The Guidelines for Programme Managers and the User Manual on Community Action for Health have been developed to guide implementing organizations and health managers to effectively roll-out community action processes at the state, district and block levels.

Monograph on Community Action for Health

The monograph captures the experiences, challenges and lessons learnt from the community action processes across India and South East Asia. The document includes detailed case studies of five programmes/projects across India.

A Documentary Film

The film, *Bringing Public into Public Health* captures experiences from different models and processes of community action for health across the country, which have yielded positive results and contributed to improved delivery of health services. The film is part of the training kit.

The resource materials can be accessed on the AGCA website – www.nrhmcommunityaction.org .

UPDATES

PUNJAB

Leveraging the State Institute of Rural Development for VHSNC trainings

The State NHM, Punjab has developed a unique partnership with the State Institute of Rural Development (SIRD) to train VHSNCs across 20 districts. To initiate the process, the AGCA trained a pool of 30 state-level Master Trainers, including SIRD faculty members in 2012.

A total of 160 Master Trainers and 75,708 VHSNCs members were trained during 2012-14 in two phases by the SIRD faculty and health experts from the State Health Society. The process was rolled out in coordination with the Additional District Collector and Block Development and Programme Officers (BDPOs). Forty three teams comprising three Master Trainers each, facilitated a two-day training for the VHSNC members at the panchayat /village level. SIRD deputed a supervisor to monitor the quality and content of the training. VHSNC trainings will now be initiated in 11 new districts.

Positive outcomes of engagement with SIRD

- Over 90% Panchayati Raj Institution (PRI) members participated in the training.
- Community Action for Health has been included in the regular curriculum for training of PRI members, Rural Development officials and in induction of BDPOs.
- A specific training on Community Action for Health has been initiated for District Programme Managers, Deputy Chief Medical Officers and Medical Officers In-charge.
- SIRD has included questions on community action in the gram panchayat evaluation under the Panchayat Sashaktikaran Puraskar initiative.

MEGHALAYA

Glimpses of positive outcomes from Community Action

Meghalaya began implementing the community action process in 2011, with facilitation support from civil society organisations. The efforts have shown promising results. People of Kasinda village access health services from the Primary Health Centre located in block Shella, East Khasi Hills district. The centre would earlier refuse to issue birth certificates for newborns. The community, empowered through the community action process, raised the issue with the Deputy Commissioner, who took prompt action. The PHC is now issuing birth certificates.

Grievance redressal: An example from Melghat, Maharashtra

The community monitoring programme is being implemented in Maharashtra since 2007. There is now the realization that with increased awareness on rights, there is a need for a grievance redressal mechanism to look into and resolve public grievances. Thus, over the last one year, block and district level Grievance Redressal Committees have been set up in selected districts.The Takrar Nivaran Samiti or Grievance Redressal Committee in Dharani block, a tribal dominated area in Amravati district, is one such committee. The Takrar Nivaran Samiti has the Taluk Health Officer, the Medical Superintendent of the Sub-district Hospital, a representative from the ICDS programme, the Sabhapati of the Panchayat Samiti, and representatives from both civil society and the media as its members. The committee meets once every quarter to discuss and address grievances. The committee receives grievances from both the community and health care providers and also takes cognizance of issues arising from the community monitoring process.

When a pregnant woman attending the sub-district hospital was found to have a very low haemoglobin level, the doctors referred her to the Amravati District Hospital, about four hours away. However, the woman and her husband refused to go as they said there was no one to take care of their children at home. The doctors sought help from the committee members. The members convinced the couple to go to the district hospital and simultaneously made arrangements for the care of the children. To ensure the woman received adequate care, one of the members regularly followed up with the Civil Surgeon at the District Hospital. This highlights how a grievance redressal committee can foster community action much beyond just redressal of grievances, and can ensure better health outcomes.

AGCA members

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