

Essential steps initiate/ scale up
Community Action for Health (CAH)

Orientation Workshop for State Nodal Officers
on
Community Action for Health
Day 2, September 17, 2013

Presentation Outline

- Update on status of implementation of CAH/ CBMP across states
- Planning for scaling up
- Key processes – state, district, block and community level
- Support from AGCA
- Group exercise -outline

Implementation staging

1. **Scaling up** – Maharashtra, Tamil Nadu, Chhattisgarh , Jharkhand,
2. **Reinitiate/ Strengthen-** Rajasthan, Odisha, Bihar, Karnataka, Assam, Assam, Madhya Pradesh, Gujarat, Meghalaya, Punjab
3. **Initiation-** new states

State PIP (2013-14)

PIPs approved (15 states)

Himachal Pradesh, Karnataka, Maharashtra, Gujarat, Madhya Pradesh, Bihar, Jharkhand, Chhattisgarh, Rajasthan, Odisha, Mizoram, Sikkim, Tripura, Manipur and Meghalaya.

Supplementary PIPs

Jammu and Kashmir and Uttar Pradesh

Planning for scaling up

- Phase in plan- over next 2-3 years
- Implementation mechanism- identifying organizational roles (NGOs/CBOs- Government)
- Geography (districts and blocks) **with a focus on the high priority districts**
- Compatibility with community processes efforts -ASHA and VHSNC implementation structure **identifying role of government and NGOs/ CBOs**
- Simplification- **data collection, collation, awareness generation-mass media**
- Addressing implementation bottlenecks- **administrative and finances, addressing issues emerging from the process, feeding into planning**
- Institutionalize grievance redressal mechanism
- Sustainability - **capacities, transitions (implementation –facilitation critical processes- block & district level)**

Dimensions of scaling up

- *Geographical expansion is only one type scaling up*
- Expanding Scope
 - a) inclusion of social determinants like nutrition services, water and sanitation, mid day meal, public distribution system etc
 - b) new interventions under RMNCH+A, communicable and non communicable diseases, monitoring private health sector, urban health
 - b) **deepening** - greater community involvement in planning (RKS and PRI members), monitoring of higher public health facilities
- Staging of processes (*simple- comprehensive*)
for e.g. data collection (VHSNC checklist –monthly basis and detailed community enquiry – bi-annually/annually)

Key processes-State Level

- Formation of State Advisory Group on Community Action (SAGCA) and Mentoring Group (MG)
- Visioning and planning exercise – with a focus on priority districts
- Appointment of dedicated staff-Nodal Officer
- Adaptation of guidelines, training modules, monitoring tools etc
- Mapping exercise to identify NGOs/ CBOs
- Processes for selection of implementation agencies-
 - a) Field appraisals
 - b) Training of implementation agencies

Key processes- District and block level

- Formation and orientation of Planning and Monitoring Committees
- Organizing regular meetings of Planning and Monitoring Committees
- Expansion and sensitization of members of Rogi Kalyan Samities (RKS)
- Orientation of ASHA facilitators, Block Community Mobilizers (BCM) and District Community Mobilizers (DCM)
- Training of a pool of master trainers-VHSNC
- Organizing Block /District level -Jan Samwaad (Public Hearing)

Key processes: Village and community level

- Awareness generation on health entitlements
- Re-organization/ expansion of the VHSNC
- Structured training and mentoring of VHSNC members
- Organizing regular VHSNC meetings
- Community enquiry on status of health services
- Sharing of gap areas with service providers and developing plans for local action
- Informing issues which require support from block and district level

Support from the AGCA

- Facilitate visioning and planning exercises;
- Support in formation and orientation of State Advisory Group on Community Action (S-AGCA) and Technical Group (TG);
- Develop guidelines, criteria and processes for selection of NGOs/ CBOs;
- Develop a pool of state level master trainers
State Nodal Officers, State Nodal NGOs, SIHFW, ARC, CPRC , SIRD
- Adaptation of training modules (VHSNC and RKS), tools for community enquiry and facility surveys; and
- Periodic review and guidance for implementation

Group exercise

- Participants would be divided into groups based on the staging – scale up, reinitiate/ strengthen, new states
- Each group would identify key activities to be undertaken (in the next 6 months, till March 2014)
- Identify areas of support from the Ministry and AGCA
- Brief presentation

Pointers for group work

- Identify key processes/ activities - in the next six months (till March 2013)
- Identify timelines and responsibilities
- Assess Additional State PIP funding requirement
 - a) New states- plans for initial state level processes
 - b) Scale up/ Re-Initiate- modifications, scale up plan- especially implementation mechanism, model simplification etc
- Support required from Ministry and the AGCA