Tamil Nadu

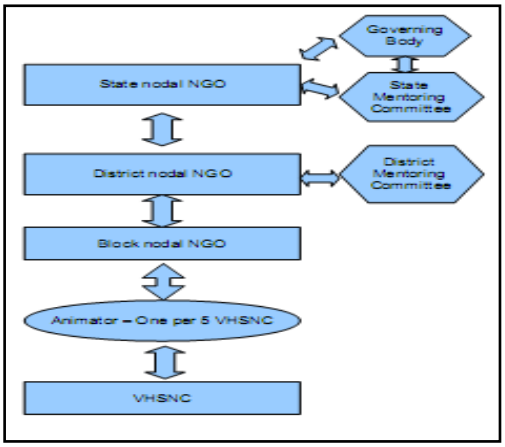
As part of the pilot phase, the Community Based Planning and Monitoring (CBPM) programme, now called as Community Action for Health (CAH) was implemented in Tamil Nadu during 2007-2009 covering 14 blocks and 210 Panchayats in 6 districts. Following the pilot phase, an external evaluation recommended continuation of the programme with extension of geographical coverage to entire blocks. Thus, the programme was implemented in 446 panchayats of these 14 blocks across six districts (Ariyalur, Dharmapuri, Kanniyakumari, Perambalur, Tiruvallur and Vellore) during March 2010 to July 2012. Based on several rounds of discussions with State Health Society (SHS) with State nodal agency, the state nodal agency submitted the proposals to SHS and Directorate of Public Health (DPH) to include in PIP for FY 2012-13 and FY 2013-14. However, CAH component has not been included in the PIP and the programme has been stalled since 2012.

Structure: The programme was implemented by State Health Society and Directorate of Public Health with support of civil society organisations. The state nodal NGO was SOCHARA – Society for Community Health Awareness, Research and Action (Tamil Nadu Science Forum was the nodal NGO in the pilot phase) during the expansion phase. The government provides financial support to the programme with the funds routed through the state nodal NGO to district and block level NGOs for implementation.

While the programme was implemented by designated nodal NGOs at the state, district and block levels, support structures to the programme had been set up in the form of state and district level mentoring committees that had representation from both civil society and technical experts. For oversight of the project, a governing body was formed at the state level after the pilot phase.

In a few districts, an attempt at federating the VHSNCs at block level was also made.

Tamil Nadu CAH project support structure



Source: PFI, CAH-Experiences, Learning & Challenges, 2014

Process:

- *Expansion of the VHSNC*- the existing VHSNCs with a predominance of service providers were expanded to include representation of different caste groups, especially dalits,women and religious minorities
- *Orientation and training of VHSNCs members*- Orientation sessions were held for all members on the CAH programme, its objectives, NRHM and the community's entitlements under NHM
- *Panchayat level monitoring of health*- VHSNC members were supported to monitor the public health system through standard tool. While the initial round of monitoring was completely led by NGO staff, subsequent rounds had seen the VHSNC members leading the monitoring process increasingly, with hand holding by NGO staff. The information collected

through the monitoring process was then collated into a panchayat level report card and presented to the Gram Panchayat.

- *Facility level monitoring*: VHSNC members were also monitored the facilities available at Health Sub Centres (part of the village-level monitoring) and the Primary Health Centre. This was done once in six months. Where a PHC covers more than one Gram Panchayat, representatives from VHSNCs of all of these Gram Panchayats participated in this monitoring exercise.
- *Planning*: One of the key features of the Tamil Nadu CAH programme was to encourage community action on health through planning exercises. A designated Panchayat Health Planning Day was observed once every six months. On this day, the Panchayat Report Card was presented to the President, Panchayat Ward members and other community members. Health care providers including the Village Health Nurse and PHC medical officer were invited to this meeting. A discussion based on the coloured grades awarded to various services was held. Out of the list of areas identified as needing improvement, two or three were chosen by consultation with everyone present and plans were made to find solutions for these issues.
- *Use of information generated for state-level advocacy:* The Tamil Nadu CAH programme set up a system by which VHSNC members sent the mobile based SMS the results of the panchayat based village health monitoring and facility survey. This was done through a simple user-friendly code based system developed specially for this and in which at least one volunteer from each VHSNC had been trained. The results were received by a centralized server that was maintained by the state nodal NGO. Results received from each of the 446 panchayats under the programme were downloaded and analysed centrally. The information generated and analysed had been used by the state and district-level NGOs to advocate with health authorities.

Outcomes:

- Increase in accountability of frontline service providers to the community.
- Local action for health in order to promote local solutions with periodic monitoring and follow up of such action.
- Inter-sectoral convergence at the local level due to integrated monitoring and planning of all services related to health.
- Increase in engagement of health providers with community representatives.
- Increase in interest in Panchayati Raj Institutions and representatives in issues related to community's health.
- Generation of local data on health for local use.
- Setting up of systems and use of locally generated data for district and state-level advocacy.

Update:

The AGCA organized a meeting on February, 2015 with the State NHM team to facilitate re-initiation of the community action for health processes in the state. Subsequently, the State NHM has put a note to the State Health Society Executive Committee seeking approval for re-initiation of the community action for health processes and its implementation modalities.