Community Based Planning and Monitoring Programme (CBPM) in Bihar

Background

The Community Based Planning and Monitoring Programme (CBPM) is being implemented in Bihar since May 2011. The programme was included in the state Programme Implementation Plan under NRHM and is being implemented by the State Health Society.

The context

Bihar is a state in the eastern part of India which in ancient times was a centre of culture and education as part of different empires. It has the third largest population in the country. It is also one of the high focus Empowered Action Group states under the NRHM. Over the last few years, Bihar has been noted for its good governance and rapid economic development.

In the health sector, Bihar faces large gaps in health infrastructure and human resource. As per SRS, 2013, the IMR is 48, against the national figure of 42. But many indicators like the Under 5 Mortality Rate (U5MR) is at 70 against the national figure of 52 and Maternal Mortality Ratio (MMR) still remain high at 274 compared to the national average of 178 as per AHS 2012-13. The number of institutional deliveries has shown a consistent decline from 85.4 % in 2009-10 to 76.0 % in 2012-13. (https://nrhm-mis.nic.in/SitePages/Pub-FW-Statistics2013.aspx accessed on June 12, 2014)

Community monitoring and planning is an important component for achieving quality health outcomes with accountable health services which are responsive, promote community ownership and participation and take care of the needs of the poor and vulnerable sections of the society. The community based planning and monitoring process involves a three way partnership between health care providers and managers (health system); the community, community based organizations and CSOs and the Panchayati Raj Institutions. Keeping this in view, the Bihar State Government initiated the process of community based planning and monitoring (CBPM) in selected districts of the state.

Objectives

The CBPM programme is being implemented in the state since May 2011. The goals and objectives of the programme are as follows:

Goal

- To develop and strengthen community involvement in accountability, planning and action mechanisms and processes to improve access and utilization of health services under NRHM

Objectives

- Provide regular and systematic information about community needs
- Provide feedback according to locally developed parameters
- Provide feedback on status of entitlements and functioning of various levels of the public health system, identify gaps/ deficiencies in the services and levels of community satisfaction
- Increase responsiveness of the public health system.

Structure

Population Foundation of India is the state nodal NGO and technical agency implementing the CBPM program. PFI is supported by district and block level NGOs implementing the programme. The first phase of the programme is being implemented in five districts. Five panchayats in two blocks each of these districts are covered under the programme.

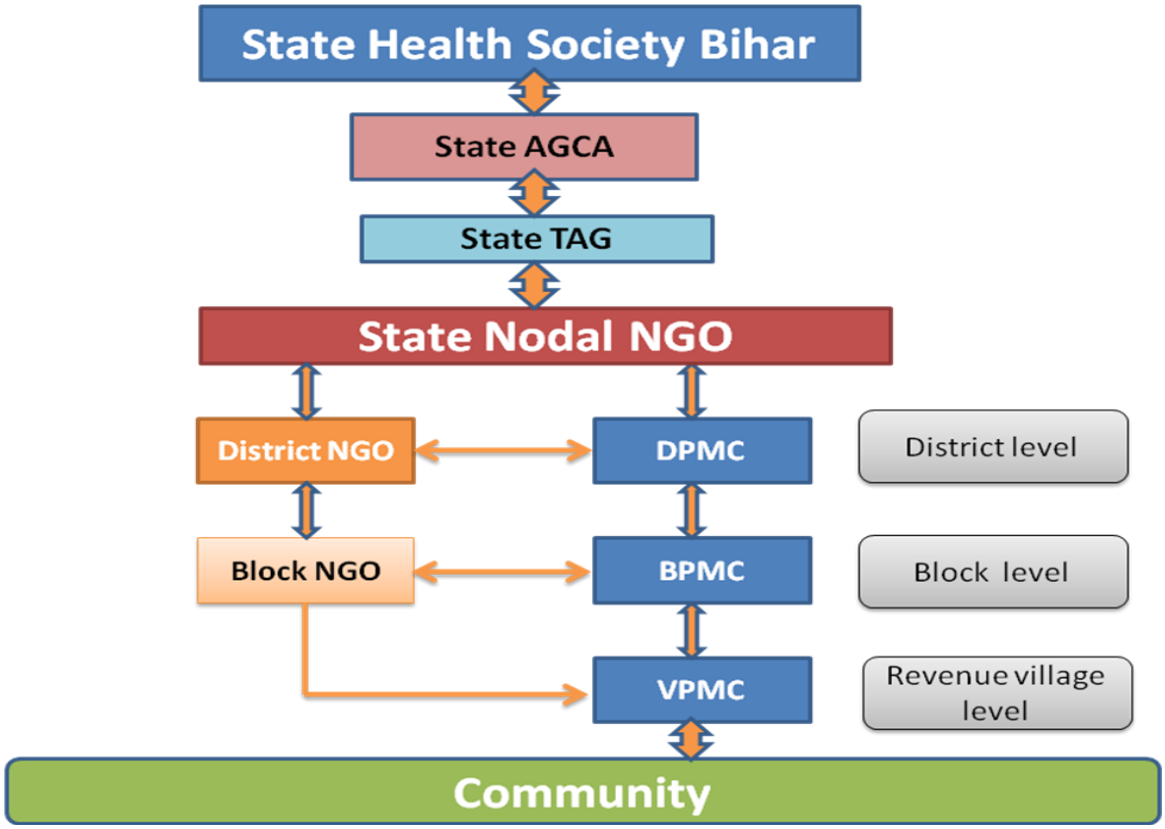
The programme is based on the strategies and processes developed and tested during the pilot phase of the Community Monitoring Programme implemented in nine states across the country in 2007-09. The bedrock of the programme is the Village Health Sanitation and Nutrition Committee (VHNSC). However, as in Bihar, the VHSNC is constituted at the Gram Panchayat level, the CBPM programme has formed Village level Planning and Monitoring Committees (VPMC) to take the programme down to the grassroots.

In addition, committees have been formed at the block and district levels – the Block Planning and Monitoring Committee (BPMC) and the District Planning and Monitoring Committee (DPMC) to foster community action at these levels.

The programme is supported by a community facilitator / cluster coordinator for every 15 villages and coordinators at the block and district levels. In addition, there is a Training Officer at the district level to support and guide the capacity building processes.

A State Advisory Group on Community Action (S-AGCA) and a State Technical Advisory Group (S-TAG) play a supportive role in mentoring the programme.

Implementation structure of the CBPM program



Update on implementation of CBPM

1. Village Planning and Monitoring Committees (VPMC) have been formed/re-constituted in 300 villages. Two rounds of training have been organized for the VPMC members to develop their understanding on NRHM entitlements and their roles and responsibilities in facilitating community monitoring. Quarterly meeting of these committees are being organized to discuss and take appropriate follow up action on the issues emerging from the CBPM process.

   Awareness generation on NRHM entitlements, along with roles and responsibilities of service providers have been done in 300 villages through community meetings, kala jatha (folk media) shows and wall paintings. A film on health entitlement has been developed for use at the community level to promote awareness on various aspects on NHM and their health entitlements. Two rounds of community enquiry and facility surveys have been completed in the 5 districts. The community and facility report cards have been collated and shared with service providers at the village, Gram Panchayat, block and district level.

2. One round of Jan-Samwads (Public Dialogue) has been organized in all 10 blocks. The Jan Samwads have provided a platform wherein the community share their experiences on availability, accessibility and quality of health services with service providers and health officials/managers. Through this process of dialogue, necessary steps are identified to improve health service delivery system and making it more effective in reaching out to the community. Subsequently, Action Taken Reports have been prepared and shared with the block and district officials for ensuring appropriate corrective action. In addition, issues which require support from the state level are shared with SHSB for follow up action.

3. Community awareness campaigns on Village Health Sanitation and Nutrition Days (VHSND) has been undertaken. A simple tool (VHSND checklist) is being used to assess the range, access and quality of services. Issues and gaps are being reviewed by VPMC members with service providers and local plan of action is developed to improve upon the weak areas.

4. 269 Village Health Action Plans (VHAP) have been developed in selected villages through a participatory process involving the VPMC, Panchayat members and service providers in the year 2013-2014 and 107 VHAPs were developed in the year 2014-2015.The key action points emerging from the VHAP are being incorporated into the Block and District NRHM Program Implementation Plan (PIP) 2013-14.

5. Production of documentary on CBMP. A documentary film on the overall objectives, processes and achievements of CBMP programme in Bihar has been produced. It has been used as an advocacy and training material to elicit positive responses towards community monitoring initiatives.

The CBPM programme has led to the following outcomes

- Establishment of a formal space to facilitate community participation in health
- Monitoring and support of health systems by communities
- Increased accountability of front line health providers
- Increased access of health care services especially for marginalized communities
- Increased demand for better quality of care

- Local action for better health care services
- Increased engagement of PRIs with health issues.

The learnings

- A formal space like the VPMC and VHSNC can be used to promote community accountability in health.
- Communities, when empowered with knowledge and awareness, will be able to monitor health systems and also initiate local action to support health care providers and services.
- Specific efforts need to be made to involve marginalized communities in such community action in order to increase their access to public services.
- Elected representatives can play an important role in supporting community participation and in balancing power hierarchies between communities and health providers.

Challenges

- Getting health providers in traditional hierarchical systems to internalize accountability to the community and be responsive to demands for these.
- In a socio-political context that is marked by inequities, power hierarchies and vested interests, to foster genuine community participation as a means of vesting power and control in communities is a challenge.

The program is stalled in the state since May 2014.