

Strengthening implementation of Community Action for Health in Bihar

A. Overview:

Community Action for Health (CAH) is one of the key strategies of the National Health Mission (NHM), which empowers Village Health Nutrition and Sanitation Committee (VHSNCs) and Rogi Kalyan Samities (RKSs) to raise community awareness on health services and schemes; monitor and provide feedback on the quality and functioning of health services; and support local planning, based on relevant priorities and issues. CAH contributes in strengthening health system functioning and *'Bringing Public into Public Health'*. In 2005, the Ministry of Health and Family Welfare (MoHFW) constituted the Advisory Group on Community Action (AGCA) to provide guidance on community processes initiatives under the National Rural Health Mission (NRHM). The AGCA comprises eminent health experts and the Population Foundation of India (PFI) hosts its Secretariat. With support from the MoHFW, the AGCA currently provides technical support to 25 state governments¹ to strengthen and scale up CAH implementation- currently covering 202,162 villages in 353 districts.

In Bihar, PFI is supporting the State Health Society Bihar (SHSB) in implementing CAH processes across 2 districts: Darbhanga and Nawada- covering 2331 villages in 32 blocks. The processes are planned to be scaled in 3 additional districts: Araria, Gaya and Samastipur as part of the FY 2018-19 State Programme Implementation Plan (PIP).

CAH process involves
strengthening of VHSNCs and RKSs; creating community awareness on NHM entitlements and roles and responsibilities of the service providers; training of VHSNC and RKS members to collect data and provide feedback on health services; and use of Jan Samwads for advocacy with key stakeholders to highlight gaps and find solutions.

B. Activities undertaken:

- i. **Planning with State ASHA Resource Cell (ARC):** PFI had detailed meetings with the ARC team in September 2017 to discuss and finalise detailed plans to scale up implementation of CAH across 28 additional blocks of Darbhanga and Nawada district as per FY 2017-18 State PIP approvals.
- ii. **District Training of Trainers (ToT):** PFI team facilitated a two day district level ToT in Nawada on December, 2017. 41 officials including the Civil Surgeon, District Immunization Officer, District Monitoring and Evaluation Officer, District Community Mobilizer, District Accounts Manager, Block Health Manager, Block Community Mobilizers, Block Medical Officer In-charge and Medical Officers participated. This included a field immersion to orient the participants on the CAH process details and community monitoring tools, in particular.
- iii. **Orientation and organisation of meetings of Block Planning and Monitoring Committees (BPMCs):** PFI team oriented and helped organise 12 BMC meetings (10 meetings in Nawada district: Rajauli, Akbarpur and Nardiganj blocks and 2 meetings in Baheri and Singhwara blocks in Darbhanga district). In addition, the District Planning and Monitoring Committee was constituted under the chairmanship of the Civil Surgeon in Nawada district. The committee members were oriented on their roles and responsibilities.

¹ Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Delhi, Gujarat, Himachal Pradesh, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Telangana, Goa, Tripura, Uttar Pradesh, Uttarakhand, Jammu and Kashmir, and West Bengal

- iv. **Orientation of ASHA facilitators on VHSNC and CAH strengthening processes:** To develop systems ownership, ASHA facilitators were oriented on VHSNC strengthening and leading community monitoring of health services across 4 blocks: Baheri and Singhwara blocks in Darbhanga district; Kawakol and Rajauli blocks of Nawada district. The ASHA facilitators have in turn oriented ASHAs to organise regular meetings of VHSNCs, monitor services and plan utilization of untied funds based on locally identified priorities.
- v. **Orientation of VHSNC members:** Organised in 4 blocks: Baheri and Singhwara blocks in Darbhanga district; Kawakol and Rajauli blocks of Nawada district, wherein VHSNC members were oriented on (a) roles and responsibilities; (b) community monitoring of services; and (c) undertaking local level planning.
- vi. **Community monitoring of services and organisation of Jan Samwads:** Community monitoring of health services were undertaken by the VHSNC members and ASHAs through the Interactive Voice Response System² (IVRS). Subsequently, 6 block level Jan Samwaads were organised- Baheri and Singhwara blocks in Darbhanga district and Kawakol, Rajauli, Akbarpur and Nardiganj blocks in Nawada in Nawada district) in February and March, 2018. The events were chaired by the Block Pramukh, Regional Assistant Director-Health and Civil Surgeons. Around 150-200 participants including, community and VHSNC members, District Immunization Officer, School Teachers, Child Development Project Officers (CDPO), Block Manager- Jeevika, Block MOIC, Block Health Manager, Block Community Mobilizer, Block Agriculture Officer and Block Development Officers, attended each Jan Samwaad. Decisions and actions were taken on the following issues: (i) procurement of ANC equipment; (ii) action against providers seeking informal payments from clients; (iii) regular opening of Health Sub-Centres; (iv) ensuring regular availability of pathological services at the PHCs; (v) procurement and regular supply of IFA tablets and contraceptives, and (vi) promote use of 104 helpline to report cases of denial of services.
- vii. **Support to SHSB in developing scale up plans for CAH and revision of the VHSNC Guidelines:** PFI supported the SHSB team in developing the CAH component of the FY 2018-19 State PIP, which included scale up plans for 3 districts: Araria, Gaya and Samastipur. In addition, helped align VHSNCs as per the MoHFW guidelines i.e. to constitute VHSNCs at revenue village and designate ASHAs as the Member Secretary.

C. Key findings and outcomes:

Community monitoring data collected through Interactive Voice Response System (IVRS) show the following outcomes:

- *Timely disbursement of Janani Suraksha Yojana (JSY) benefits:* In Nawada district, percentage of receiving JSY within a week of their hospital discharge increased from 53% to 71%. In Darbhanga district, this increased from 33% to 58%.
- *Access to free transportation for institutional deliveries:* In Nawada district, percentage of women accessing free transportation increased from 32% to 59%. In Darbhanga district, this increased from 21% to 57%.

² IVRS is a mobile technology based initiative being piloted by PFI in Bihar, which provides an interface to the community and VHSNC members to (a) know about key health entitlements, (b) feed in community monitoring data and (c) share specific feedback- on experiences of denial/ poor quality services of services, behavior of health providers etc

- *Regular availability of services at Health Sub Centers (SHCs):* In Nawada district, percentage of SHCs providing regular services increased from 17% to 57%. In Darbhanga district, there was a drop in services from 46% to 44%, due to re-shuffling of the Auxiliary Nursing Midwives (ANMs).
- *Increased availability of contraceptives³ methods at the community level:* In Darbhanga district, percentage of villages in which contraceptives were being distributed regularly by the ANM and ASHA increased from 45% to 59%. In Nawada district, this remained constant at 23%.
- *Increase in use of modern contraceptive methods:* In Nawada district, percentage of couples regularly using contraceptives increased from 46% to 58%. In Darbhanga district, this decreased from 36% to 27%, due to irregular supply of commodities.
- In addition, evidences indicate reduction in out of pocket expenses, reduction in informal payments by clients, decline in private/outside prescriptions, improved attitude and behavior from health care staff and increased client interaction and counseling at health centers.

D. Innovations on family planning and youth engagement

- i. **Building youth agency to increase awareness on Adolescent Reproductive and Sexual Health (ARSH):** A set of Social and Behaviour Change Communication (SBCC) materials were developed on six thematic areas of Rashtriya Kishor Swasthya Karyakram (RKSK) sexual and reproductive health, non-communicable diseases, substance misuse, violence, and mental health. The SBCC kit consists: (a) three editions of 3D comic books, (b) dart games, (c) letter box, (d) booklet on ARSH issues and their solutions, (e) promotional items- posters, stickers, certificates, dangles, name plate. These materials were also digitized and disseminated through whatsapp and other social media platforms amongst the youth groups. 254 youth clubs were strengthened across 3 districts of Bihar– Darbhanga, Gaya and Nawada, wherein spots and videos developed by PFI: Sathiya, Kishor Ka Shor and Sex Ki Adalat were shared to facilitate dialogue among youth groups on ARSH issues.

Outcomes:

- a) *Campaign on stopping child marriages:* The adolescent groups intervened and stopped 92 cases of child marriages.
- b) *Improving menstrual hygiene practices:* Remarkable local initiatives were found to improve menstrual hygiene practices among girls and ensure access to health care and counseling.

- ii. **Increasing awareness and demand for family planning services through Advocates for Change (AFCs):** A cadre of family planning champions comprising the ASHA, Anganwadi Worker and Panchayat Members were formed and oriented on family planning issues and the basket of choices. They in turn oriented the community on family planning services and facilitate them for demanding and accessing family planning services at the village level. Briefed on injectable contraceptives, they started motivating women/couples through one-one meetings and Saas Bahu Samelans to access services.

³ Oral Contraceptives Pills, Condoms and Emergency Contraceptive Pills.

Outcomes: In Nawada district, 345 women were motivated by the AFCs to enroll for injectable contraceptives. Their details were shared with the Block PHC officials and many women have started accessing services at the Rajauli and Kawakol Block PHCs.

Case stories:

1. Procurement of ANC Kits through VHSNC untied funds

Range of ANC services were poor in 4 blocks: Rajauli, Kawakol in Nawada district and Singhwara and Baheri in Darbhanga district due to various factors, one among them was the unavailability of ANC equipment. The community raised the issue at the BPMC meetings and Jan Samwaad. As a result, a kit including 32 essential equipment including BP machine, Stethoscope, Thermometer, Hemoglobin meter, Blood sugar kit, measuring tape, Fetoscope, urine stick, etc. was provided to ANMs to improve the health services at the block level. With these kits, ANMs are now providing the full range of ANC services.



2. Installation of CCTV at PHC Kawakol block, Nawada district

During the Jan Samwad organised at the Kawakol Primary Health Center (PHC) in August, 2017, the communities raised their concern on two of the issues: a) out of pocket expenses incurred during institutional delivery- including demands for informal payments, and b) inappropriate behavior of providers. Understanding the seriousness of the issues, the District Civil Surgeon directed the service providers and managers to behave politely and properly with clients and also desisted staff to demand money for services. Following this, the MOIC then took action and installed CCTVs at all prime locations of the PHC so that incidences of demand for informal payments and inappropriate staff behavior could be monitored on regular basis. The ANMs were also briefed on behavioral aspects during their community interactions. In addition, the MOIC displayed his mobile number at various locations of the facility and requested the community to not give money to any service provider and contact him directly in case of such instances.



CCTV camera in the PHC Campus