

Chhattisgarh

Pilot Phase¹ and beyond

Chhattisgarh has good background for effective implementation of the community monitoring programme. The state has launched the Mitadin Programme in 2002 and Swasth Panchayat Yojana in 2005-2006 towards strengthening communitization of its health programme. During 2008-09, the Community Based Monitoring of Health Services under NRHM was implemented in the state as a pilot. The programme was implemented in three districts - Kawardha (Kabeerdham), Bastar and Koriya covering 135 villages, 27 PHCs and 9 blocks. Encouraging the potential of the these programmes despite of various challenges, the state decided to change its strategy to scale up the programme in a cost-effective and sustainable manner through the existing support structures till the village level. The Village Health, Sanitation and Nutrition Committee monitored many aspects of the health programme under the process. To mentor and support Mitadins and VHSNCs, there are 3,230 Mitadin Trainers and 473 district resource persons.

At a Glance ²	
ASHAs in the state	66,000
Functional VHSNCs	19,148

Swasthya Panchayat Yojana: Initiated in 2005-2006, the programme aims to bring back people's health in people's hands by including health in the Gram Panchayat as an integral part through the participation of PRIs on health issues. The programme is run by the state Department of Health and Family Welfare in coordination with the State Health Resource Centre wherein Mitadin programme plays a big role.

The Mitadin programme has the support structures such as Mitadins, Mitadin trainers, Block/District Coordinators at community, sector, block and district levels respectively. In addition, the programme has an additional staff at the block level called the Swasth Panchayat Samanwayak (SPS) who supports and coordinates the programme at the block level.

The programme is covered in the entire state since 2012-13. The key processes and components of the Swasthya Panchayat Yojana continue to be same over the years. Some of the key processes are -

1. Monitoring of Health at the VHSNC Level: The VHSNCs use the following tools to monitor various health aspects -

- Village Health Monitoring Register
- Recording and Community Audits of Deaths along with probable causes
- Village Health Planning Register

2. Cluster Meetings of VHSNCs: The purposes of these meetings are to create a platform for building a larger community organization for VHSNCs, create solidarity among the rural communities and allow them to share their learnings, and to devise solutions for common problems.

3. Public Dialogue (Jan Samwad): The process facilitates dialogue between communities and health authorities to share their problems on health and other related issues. These public events organise through block level sammelans. The issues are directly presented to local government officials and

¹ The document is based solely on Community based monitoring of Health in Chhattisgarh 2013-14 shared by SHRC, Chhattisgarh and "Final State Reports_March 27, 2009", AGCA Secretariat, PFI, New Delhi.

² Source: Revised Chhattisgarh NHM PIP Budget sheet 2015-16.

elected representatives at Jan Samwads. In 2013-14, 119 block sammelans in 27 districts were organised. These Jan Samwads sometimes have gone beyond health issues and people seek solutions to their problems related to MNREGS, ICDS, social welfare, pension schemes and other issue impacting their lives.

4. Community Monitoring Report: It has the following components:

- a) **Collection of Community Feedback on Health Services:** Trained facilitators of *Swasthya Panchayat Yojana* go to sample villages annually and collect feedback for services provided through PRIs, HSCs, PHCs, PRI members, *Mitanins* and mothers of young children on government run health services.
- b) **Compilation of Village Monitoring Registers:** 17,392 VHSNC monitoring registers are compiled to get a sense of generic gaps in health and associated aspects.
- c) **Exit Interviews of patients from CHCs and District Hospitals:** In order to collect community feedback from the block and district level health facilities, exit interviews are conducted by trained facilitators.
- d) **Compilation and Analysis of Community Reported data on Mortality:** This report compiles a sample of Death Registers kept by VHSNCs. It helps in analyzing the deaths and its probable causes.
- e) **Report on Jan Samwad (Public dialogue):** This report documents the details of public dialogue organized, the key issues raised and discussed at the Jan Samwads.

Community Monitoring Reports are compiled at state level by SHRC and released every year.