Madhya Pradesh

Background

During 1990s, the State government constituted seven different standing committees of the Gram Panchayat on thematic areas such as education, health and other social issues towards its commitment for strengthening decentralization. Later, the programme was discontinued but, some committees remained functional at the grassroots level. In 2001, the State government started the **Swasthya Jeevan Seva Guarantee Yojana** under Rajiv Gandhi Mission comprising components like iodine deficiency, sanitation and potable drinking water. It also provided six months training to community volunteers (Jan Swasthya Rakshak).

Activities	Number
VHSNCs formed and oriented	225
PHC level planning and monitoring committees formed and oriented	41
Block level Planning and Monitoring Committees formed and oriented	14
District PMC formed/oriented	5
Village health report cards prepared	225
PHC and block report card prepared	55
Jan Samwads organised at PHC/block level	38

Pilot Phase of Community Based Monitoring (CBM)

As a part of the AGCA pilot, the CBM was implemented in the state during April 2007 - July 2009. It covered 225 villages (41 PHCs) in 15 blocks across five districts- Guna, Chhindwara, Sidhi, Badwani and Bhind. Madhya Pradesh Vigyan Samiti (MPVS) and SATHI- CEHAT jointly managed the implementation of the pilot as the state nodal agency. District and block nodal agencies were selected and trained to implement the programme. In addition, Mentoring Groups were constituted at the state and district levels to provide guidance and support. An external review of the pilot phase in the state stated the following:

1. Meetings of the Mentoring Group were quite irregular, both at the state and district level
2. Mentoring Group members lacked clarity on their roles and responsibilities
3. Government functionaries were reluctant to involve PRI members in Planning and Monitoring Committees at the district and block levels
4. Before the pilot phase, community members were not aware about Village Health Sanitation and Nutrition Committees (VHSNCs). NGOs reconstituted the VHSNCs and got them ratified in the Gram Sabhas
5. The NGO facilitators found difficult to collate and analyze the community enquiry data, especially sections on community perception and equity index
6. Presentation and discussions on the village health report card tools found to be useful for community awareness on health services.

Activities undertaken during 2010-2013

During FY 2010-11 and 2011-12, five districts (four from the pilot phase and Betul instead of Guna) were covered. In FY 2012-13, the state decided to merge ASHA Resource Centre (ARC) and Mentoring Group for Community Monitoring into the Mentoring Group for Community Action (MGCA) to support ASHA program, VHSNC and Community Monitoring components. Key activities

proposed in the Programme Implementation Plan were: constitution of MGCA at the state, district and block levels, organising their regular meetings, trainings at district and block level, providing mobility support to MGCA members for supportive supervision and mentoring.

The main initiative in the FY 2013-14 was to launch Gram Arogya Kendra (GAK) or Village Health Centre (VHC) under the Sampoorna Swasthya Sabke Liye programme. It was a centre for information and guidance set up in every village preferably in Anganwadi Centres. Community Action was planned to be linked with these GAKs. Key activities were: organization of visioning workshops at the state, district and block levels, conduction of trainings for members of the Gram Sabha Swasth Tadarth Samiti (GSSGTS) and organization of Jan Samwads.

Activities undertaken in the FY 2014-15

Orientations were completed at three tiers - state, district and block. Tools and Guidelines have been adapted to the state context under the guidance of the AGCA members. Orientation meeting with state nodal officers was organized.

The AGCA team co- facilitated training on CAH tools at Bhind on March 2-5, 2015. Orders have been issued to CMOs of five CAH districts for appointment of district MGCA Members as the District Coordinators for coordinating the activities of Community Action for Health till March 31, 2015. AGCA has provided support for a) training on tools in 4 districts and b) has participated in state MGCA meeting.

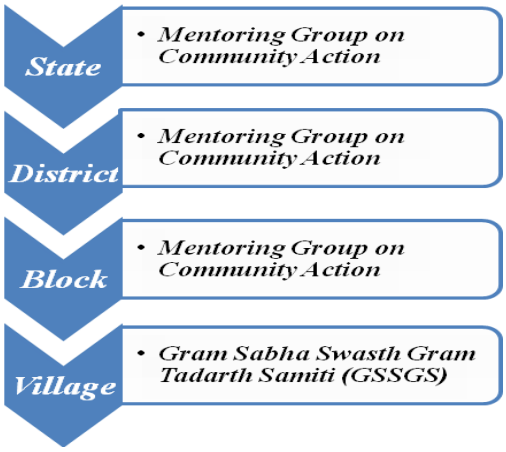
Proposed plan for the FY 2015-16

Support will be provided in (a) orienting the members of S-MGCA (b) capacity building of district trainers on community monitoring processes c) mentoring the meetings of VHSNCs at Gram Argoya Kendras d) activating planning and monitoring committees and f) Involving communities for community enquiry.

The programme will be consolidated in the existing five districts - Betul, Chhindwara, Sidhi, Barwani and Bhind. In each district 3 PHCs and in each PHC three blocks will be covered. Under every PHC, five GSSGTS will be covered.

Annexure -A

Brief on structures for implementation of community processes



The state decided to merge ASHA Resource Centre (ARC) and Mentoring Group for Community Monitoring into the Mentoring Group for Community Action (MGCA) to support ASHA programme, VHSNC and Community Monitoring components.

State MGCA

The committee comprises of 35 members and is chaired by the Mission Director, NHM. Members in the committee include Director RCH, Joint Director NRHM, Deputy Directors, donor partners, civil society organizations, national AGCA members and representative from NHSRC.

District and Block level MGCA

Committees at the district and block level MGCA comprise of 15-20 members. This includes 3-4 representatives from local NGO, 2 ASHAs, 2 VHSNC representatives, and officials from Panchayat, Education and Women and Child Development departments. MGCA members guide and monitor implementation of ASHA, VHSNC and CBM processes. A district MGCA member is delegated the responsibility of managing 2-3 blocks, whereas a block MGCA member is responsible for a cluster of Gram Panchayats.

Gram Sabha Swasth Gram Tadarth Samiti (GSSGTS)

In 2008-09, VHSC and Village Water & Sanitation Committee were merged. Later, the departments of Panchayat & Rural Development, Health & Family Welfare, Women & Child Development, and School Education of the Government of Madhya Pradesh decided to merge the existing committees into a single entity to be christened as "**Gram Sabha Swasth Gram Tadarth Samiti**".

The "Swasth Gram Samiti" is an ad-hoc committee of the Gram Sabha duly constituted under the Madhya Pradesh Panchayati Raj Act. This committee has 20 members; at least 50% of whom are women. The members are nominated by the Gram Sabha with representation to the weaker sections. All elected women Panchayat members, ANM, AWW, ASHA, hand pump mechanic, and chairpersons of Matra Sahyogini Samiti & SHG providing mid-day meal are ex-officio members of GSSGTS.

The GSSGTS is chaired by a woman representative and ASHA is the secretary. Each GSSGTS has three separate accounts to be operated by different functionaries. **The health fund account is operated jointly by the Chairperson and ASHA** and audited regularly. It is mandatory to conduct GSSGTS meeting once in a month. The GSSGTS performs the roles and functions of the VHSC as originally planned in the NRHM.

GSSGTS has been constituted in 47,959 villages out of 53,035 in the State. In 2013-14, it was proposed to give untied fund to those villages having more than 200 population. 30,927 GSSGTS utilised the untied fund by January 15, 2014.