

## Punjab

### Background

The community monitoring component was started in the State in 2008-09 with a notification for constituting the Village Health, Sanitation and Nutrition Committees (VHSNCs) at the revenue village and the Planning and Monitoring Committees at the block, district and state levels. In the FY 2009-10, the AGCA initiated orientations on community monitoring that helped the state in constituting the State Mentoring Group (SMG) under the chairmanship of Principal Secretary – Health, which was co-chaired by the Mission Director - NHM, Punjab. Two meetings of the SMG were organized and a working group was also formed. The State has adapted the manuals and tools, developed by the AGCA, in state specific context. A three-day state level ToT was organized in 2012 to form a resource pool of 30 trainers, which included officials from the State Health Society, civil society and the State Institute of Rural Development (SIRD), Punjab.

### Activities undertaken in 2013-14

In the FY 2013-14, the state piloted the community monitoring programme in two districts - Roop Nagar (Ropar) and Navanshar (SBS Nagar), covering two blocks each. Three PHCs from each block and five villages from each block were selected for the process. Regional Resource Centre (RRC), MAMTA was identified as the SNGO. District

District	Nodal NGO	Blocks covered
RoopNagar (Ropar)	S.S. Memorial	Chamkor Sahib, Kiratpur Sahib
Navansahar (SBS Nagar)	Association of Social & Rural Advancement (ASRA)	Sujjon, Banga

NGOs were also identified for activities at the district level with a project coordinator and two field workers (**Annexure 1**). Each field worker was responsible for 15 villages. The key activities undertaken during the phase were:

### Implementation Update at the District Level

- Oriented the District NGOs, district health officials, line departments and the PRIs on community monitoring process.
- The State Institute of Rural Development (SIRD) was selected as the nodal agency for imparting training to members of the Planning and Monitoring Committees and the VHSNCs. 53,708 VHSNC members through 1,335 batches were oriented in the first round. A detailed note on SIRD's involvement in the training process is given in **Annexure 2**.
- A four-day process on community monitoring was conducted by the district level NGOs. Day one was focussed on establishing contacts with various stakeholders such as medical officers at the block/ PHC level, LHV, ANM, Teacher, AWW, ASHA, sarpanch and village panchayat members. On day two, a meeting with the community members on the concepts of community monitoring and health entitlements was organized while third and fourth day were reserved for collation of data. One round of data collection was completed in two districts during January - March 2014.
- Jan Samwads were organised in two districts wherein report cards were shared.
- Meetings were organised with sarpanch, panch members, ANM, ASHA, AWW and other formal & informal leaders at the village level.
- Mamta Diwas was observed monthly with special focus on immunisation.

### Activities undertaken in 2014-15

- The AGCA team supported the State NHM team in constituting the SAGCA to supervise the Community Action for Health component in the State. The SAGCA is represented by state health officials, members from the line departments, representatives of NGOs and District Committees, NHSRC and the national AGCA. The committee was chaired by the Principal Secretary - Health.

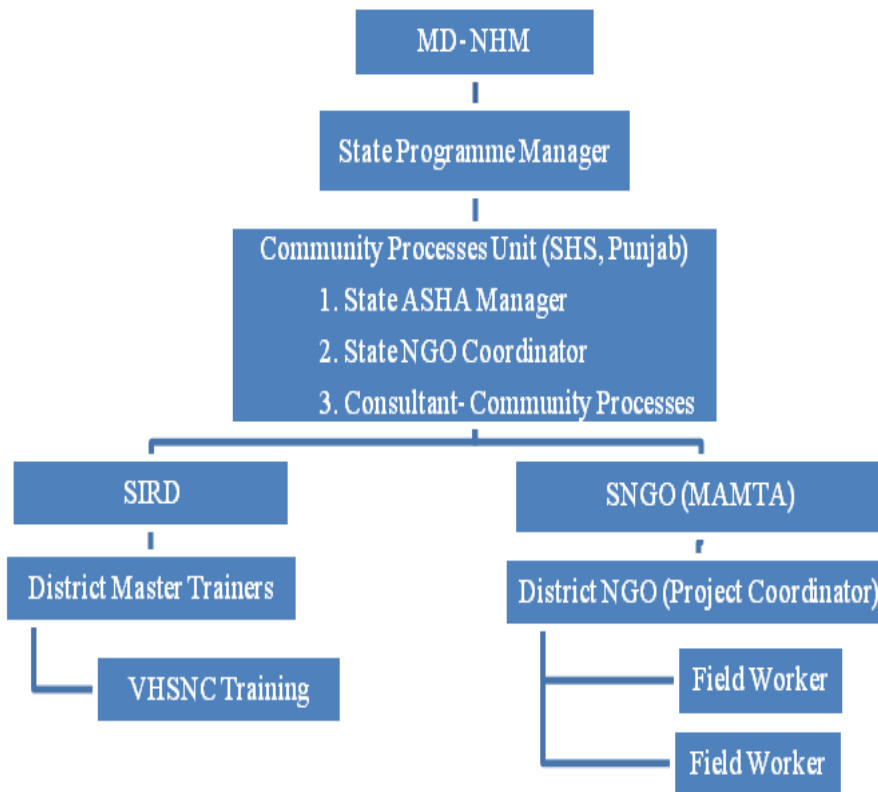
- The first meeting of the SAGCA was organised on October 13, 2014. The Mission Director, NHM briefed the members about the aims and objectives of the committee and their roles and responsibilities. Mr. Daman Ahuja, Programme Manager, AGCA Secretariat, attended the meeting and shared the national perspective and other models of the CAH across the country.
- The AGCA team supported the state in the formation of the State Technical Advisory Group (STAG) which acts as a working group for the SAGCA. The STAG will support the state NHM team to adapt the manuals and guidelines developed by the AGCA, in the state context.
- The state team consisting Mission Director - NHM, State Nodal Officer and the State NGO representatives, attended the National Consultation on Community Action for Health organized jointly by the AGCA and the MoHFW in October 2014 wherein the team was oriented on community monitoring process by the AGCA.

### **Proposed plan for the FY 2015-16**

The State has proposed to scale up the community monitoring process in the remaining 12 districts covering two blocks each. The activities planned are -

- District Orientation workshops in 12 district
- Training of the VHSNC members in 12 districts and re-training of VHSNC members in 10 districts
- Orientation of the RKS members in all districts
- The AGCA team will mentor the state community process team in taking forward the process in the next year (2015-16) for –
  - a. Adapting the Programme Manager Guidelines and User Manual in Punjabi
  - b. Organizing a State level ToT in disseminating the guidelines with other stakeholders
  - c. Capacity building of the SNGO and District NGOs.

**Annexure 1**



### Training of VHSNC members by SIRD, Punjab

The state initiated the implementation of the community monitoring component in 2008-09, with a notification to constitute the VHSNCs at revenue village level. In addition, Planning and Monitoring Committees (PMCs) were constituted at the block, district and state levels. To support the roll out of a large scale training of VHSNC members, a cadre of about 30 resource persons from the State Health Society, civil society organizations and State Institute of Rural Development (SIRD) were trained at the state level by the National AGCA. Subsequently, resource materials, manuals and tools developed by the AGCA were adapted and translated into Punjabi. To facilitate roll out training for 57,000 VHSNC members in a time-bound schedule, SIRD's help was sought in facilitating the process. The following process was followed for the roll out of the training:

#### State level

Out of a resource pool of 800 trainers affiliated to SIRD, 160 active Master Trainers were selected after a screening. They received three-day training by SIRD faculty members and health experts from the State Health Society, Punjab on the process of facilitating VHSNC trainings. Training material developed by the Community Process Unit of the State Health Society was also provided to them during the training. Subsequently, the Master Trainers received a refresher TOT. The training focussed on the role of the VHSNC, health entitlements and service guarantees, data collection process, collation and analysis.

#### District and Block levels

The training of VHSNC members was organised in coordination with the ADC (Additional District Collector) and BDPOs (Block Development and Programme Officers) at BDO offices. Subsequently, the training was done in a campaign mode for VHSNCs, wherein 43 teams of three Master Trainers each were formed. Each team facilitated two-day training for the VHSNC members across 20 districts. To assess and monitor the quality and content of the training, SIRD deputed a supervisor.

#### Village level

The ADCs and BDPOs were responsible for

- a) Preparing the training schedule and batch plan
- b) Sending invitations
- c) Logistics for the trainings

#### Positive Outcomes of engagement with SIRD

- The process was facilitated by the Director, Rural Development and Panchayati Raj, which helped to mobilize the support of officials such as Additional District Collectors (ADCs) and Block Development Programme Officers (BDPOs). The officials supported the planning and management of the trainings leading to 90-100% attendance of PRIs.
- CBMP has been included in the regular curriculum for training of PRI and Panchayat Development officials.
- Issues related to CBMP are regularly being included in SIRD monthly newsletter *Sade Pind*. This is circulated to all PRI members across the state.
- Under the Panchayat Empowerment Accountability Incentive Scheme of the Government of India, SIRD Punjab has also inserted questions on Community Monitoring in the evaluation format.
- Sessions on Community Monitoring have been included for the induction of newly appointed BDOs.
- A specific training on CBMP has been initiated this year for District Programme Managers, Deputy Chief Medical Officer and Medical Officer's In-charge.

#### Achievements

- A pool of 160 Master Trainers has been trained.

- In the first round 53,708 VHSNC members through 1,335 batches were oriented.
- In the second round, more than 22, 000 VHSNC members got trained by SIRD after the Panchayat elections in 10 districts.