

Programme Update on Community Action for Health Jharkhand

Overview

Jharkhand was one of the nine states in which the pilot phase of Community Based Planning and Monitoring (CBPM) was implemented from March 2007 to July 2009. The programme was implemented in nine blocks across three districts: Palamu, West Singhbhum and Hazaribagh. After the completion of the pilot phase, the programme was managed by the Gram Swasthya Samiti and Sahiyya Resource Center (VSRC) with technical support from the state Nodal NGO, Child in Need Institute (CINI) since 2010. It was funded through State NRHM Programme Implementation Plan (PIP) with objectives to (i) raise awareness of the community on various government health entitlements; (ii) identify basic gaps in the delivery of quality health services; (iii) encourage participation of the community in the monitoring of government health services; and (iv) ensure accountability among the service providers to provide quality health services.

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Health Report Card



Community Interaction on health entitlements

Post pilot phase, the state had adopted the same implementation mechanism with minor modifications. The processes followed were: (i) sensitization and orientation of VHSNC chairperson and Sahiyyas on CBPM process with a focus on importance of data collection of health services at the village level, (ii) data collection by Sahiyya trainers and Block Training Team (BTT) members, (iii) data compilation and analysis with support from Block Programme Managers, and (iv) undertake social audits on findings from the CBPM processes at the block, district and state levels.

Current status of CAH in the state

In the FY 2015 – 16, the state could not implement the programme at scale like previous years, as it was not approved by the MoHFW in the RoP, though the state NHM planned to re-initiate the CBPM in selected districts of the state (Dumka, Palamu,

Scale of Implementation

Financial Year	Scale of the programme (per district)
FY 2010 -11	1 Block
FY 2011 – 12	2 Blocks
FY 2012 – 13	4 Blocks
FY 2013 – 14	5 Blocks
FY 2014 – 15	5 Blocks
FY 2016 – 17	5 Blocks
FY 2017 - 18	5 districts (20 Blocks)
FY 2019 - 20	5 districts (40 Blocks)

Khunti, Hazaribagh and East Singhbhum) and scale up the field intervention in a phased manner. The state had only organised state ToTs for DCMs, BCMs, STT and BTTs to take forward the process.

Over the years, with the growing interest among the senior health officials from NHM, the state adopted the mechanism of engaging Social Audit Unit (SAU) under the Jharkhand state Livelihood Promotion Society (JSLPS) to implement the process. Subsequently, the state further revised the implementation strategy and collaborated with the Social Audit Unit (SAU) of Rural Development Department through a partnership to undertake community monitoring and social audits in five regional headquarters of the state: Hazaribagh, Ranchi, Palamu, Deoghar and Chaibasa. The state NHM with support from the Advisory group on community action (AGCA) clearly defined the implementation modalities and areas that were agreed upon to be monitored through the social audit unit.

Social Audit: A Unique Approach

- The process has successfully mobilized the Panchayati Raj members and brought forward them as an integral member of the Jan Samwad, which were organised under the chairmanship of Zila Parishad, wherever those were held in the state.
- 50,000 people have reached out through this initiative in one go itself.

The AGCA Secretariat co-facilitated two batches of state ToTs organised in Ranchi for the SAU resource persons to brief them on the importance of the partnership and address community level issues related to improve the coverage of maternal, reproductive, family planning, adolescent health, general health and quality health services in the state. Following the state ToT, community monitoring was done in 20 blocks across 5 districts. As an initial step, community mobilization including intensive discussions with the general community and VHSNC members was undertaken for three days. This was followed by village community monitoring and gram panchayat block level hearings. Around 15,000 community members (from Blocks, districts and state) were participated in 106 Jan Samwads. Block level Jan Samwads were organised across 20 blocks, in which around 2,500 people participated. A panel including Janpad Panchayat Adhyaksha, MoIC from the respective PHCs, school teachers and civil society organisations was organised the Jan Samwad.

The first phase of social audit processes was culminated at a state level Jan samwad organised on October 14, 2019 at the Institute of Public health, Ranchi. The process yielded many positive outcomes at all levels. Some key outcomes were: (i) disbursements of pending incentives to Sahiyyas (ASHAs); JBSY and family planning incentives to beneficiaries that were delayed from 6 to 24 months; (ii) decisions were taken to ensure availability of essential package of services during VHNDs such as hemoglobin, urine test and counselling on family planning; (iii) restrooms for ASHAs beginning with District Hospital and First Referral Units; (iv) MOICs at intervention blocks were asked to utilize untied grant through Rogi Kalyan Samities for local needs; and (v) pregnancy test kit, calcium and iron tablets were made available to all ANMs in the intervention areas on a priority basis and directives were issued to all other districts to ensure availability of the above.

The initiative was **presented at the MOHFW's 6th National Summit on Good and Replicable Practices** organised at Gandhinagar in November 2019. Jharkhand NHM turned out to be among the first few states that have organised state level hearing to redress the issues that could not be sorted at the district, block and down below.

Programme Status over the years

CAH implemented in pilot phase (2007 - 2009) at three districts (Palamu, Hazaribagh and West Singhbhum), Nine blocks and 135 villages.

CAH programme continued to be implemented through Sahiya Resource Centre at all the 24 districts of the state. (Since FY 2011 - 12 to 2015-16)

State adopted to revise the strategy of implementin the CAH programme with old thought and revise the implementation modalities. Organised state level ToT for five pilot districts. (Hazaribagh, Sahebganj, Ranchi, West Singhbhum and Palamu)

Community Mobilization cell and State Social Audit Unit partnered to implement the programme in collaborative manner at five regional headquaretr of the state. 106 Jan Samwaad organised. Many significant issues resolved

The partnership between NHM and SAU scaled up the Programme implementation to 80 additional panchayat with clear implementation modalities.

PIP Proposed Vs Approval for Community Action for Health

S No	Financial Year	Budget proposed (in Lakhs)	Budget approved (in Lakhs)	Activities approved
2.	2016-17	327.02	261.52	Activities approved: a) Health Action Plans at the state, district and block level; b) Orientation of community leader and VHSNC/ SHC/ PHC/CHC; c) Training and capacity building of PRIs on RKS at DHS/CHC/PHC; d) Awards to outstanding VHSNC, VHSNC meeting register and module printing; e) CAH visioning workshops at state/district/block level; f) constitution /reconstitution of VHSNCs; g) Sahiyya sammelan and Sas bahu pati sammelan at state and district level; and h) organization of state AGCA meeting.
3.	2017-18	277.32	74.02	Activities approved: State health action plan, district health action plan, block health action plan; VHSNC orientation and training and capacity building of DHS, CHC and PHC; State level AGCA meeting

4.	2018-19	23.00	22.75	Activities approved: State level workshop, five district level Jan Samwaad, training for 20 blocks to organize training, data collection and Jan Samwad; state ToT on RKS and subsequently at district level.
5.	2019-20	10.25	10.25	Activities approved: state level meeting and training, District level Jan Samwad, Block level Jan Samwad, ASHA Mentoring group meeting/ AGCA Meeting.
Total		721.73	368.54	

Plan of Action for CAH for the FY 2020-21

- i. Organise State level ASHA Mentoring group meeting
- ii. Orientation cum training for village resource persons'/ block resource persons on CAH processes and implementation modalities
- iii. Training for VHSNC members
- iv. Continue the partnership between NHM and SAU
- v. CAH implementation in 40 blocks: scale up to 20 additional blocks in the pilot districts from the pilot 20 blocks. The programme will be implemented by Sahiyya Resource Centre with overall supervision by Community Mobilization Cell
- vi. Organise Jan Samwads at the block, district and state levels.

Achievements from SAU partnership: Key decisions taken

- i. The State National Health Mission proposed for repairing of dilapidated sub health centre and reconstruction of primary health centre (PHC)
- ii. Timely disbursement of incentives to Sahiyyas (ASHAs) and JBSY and family planning incentives to other beneficiaries that were delayed from 6 to 24 months
- iii. Decisions were taken to ensure availability of essential package of services during VHNDs such as haemoglobin, urine test and counselling on family planning
- iv. District Programme Managers (DPMs) to identify restroom for ASHAs beginning with District Hospital and First Referral Units
- v. DPMs to organise training for ANMs on Antara.
