

Programme Update on Community Action for Health Rajasthan

Background

The implementation of Community Based Monitoring and Planning (CBMP), now called Community Action for Health (CAH), was initiated in Rajasthan as part of the pilot in 2007-2009. The process was implemented in 180 villages across 4 districts (Alwar, Chittorgarh, Jodhpur and Udaipur). PRAYAS, Chittorgarh as the state nodal agency managed the implementation of the CAH in partnership with district and block level implementing partners.

In 2009-2010, implementation was scaled up to five districts (Baran as the new district) covering 405 villages. Though the programme brought many significant improvements in health services especially in the intervention districts, the programme was stalled in the state from April 2010 onwards.

Scale of Implementation

Subsequent to the persistent follow-up of the AGCA Secretariat with the state Mission Director and the state NHM staff, the process was re-initiated in the state in 2017 after a gap of seven years in six districts: Ajmer, Bikaner, Baran, Bundi, Chittorgarh and Dholpur through the District and Block Community Process structures. Given below are the CAH scale-up details over the years:

Year	Facilitating Agency	Districts (Nos.)	Blocks (Nos.)	VHSNCs (Nos.)
2007-09	PRAYAS, Chittorgarh + district and block level implementing organisations	4	12	180
2009-10	PRAYAS, Chittorgarh + district and block level implementing organisations	5	-	405
2017-18	District and Block Community Process Structures (focused only on organising state ToT and district training in all 6 districts).	6	-	-
2018-19	District and Block Community Process Structures	6	30	1400
2019-20	Included 8 more districts – State TOTs have been facilitated	14		

Activities during 2017-2019

CAH was implemented in six districts: Ajmer, Bikaner, Baran, Bundi, Chittorgarh and Dholpur through the District and Block Community Process structures. The AGCA Secretariat facilitated 4 district level ToTs in Bundi, Baran, Bikaner and Dholpur during 2018-19. A total of 134 NHM staff, including Chief Medical and Health Officers (CMHOs), District Programme Managers (DPMs), District Urban Coordinators (DUCs), District Information and Education Officers (DIECs), District

ASHA Coordinators (DACs), Block Programme Managers (BPMs) and PHC Health officers participated.

Community monitoring was completed in selected blocks (4 blocks each) in all four districts of



District level ToT progress in Dholpur in October 2018

Bundi, Baran, Bikaner and Dholpur. Report cards were developed. Issues were identified by the grassroots workers at the VHSNC level. However, grievances were addressed in 4 blocks of Dholpur only due to transition of the Mission Director-NHM. Some of the Jan Samwads were facilitated by the AGCA Secretariat.

The AGCA and the NHSRC have co-facilitated the state level VHSNC training in February 2019 at the

State Institute of Health and Family Welfare (SIHFV) in Jaipur. In addition, the AGCA Secretariat participated in two state level meetings on the Rajasthan Social Accountability Bill and Right to Health Draft Bill in 2018-2019. Jan Samwads planned to be organised in March 2019 were postponed due to the election code of conduct announced for the Parliament election.

PIP Proposed Vs Approved for Community Action for Health

Sl No	Year	Budget proposed (in Lakhs)	Budget approved (in Lakhs)	Activities approved
1.	2015-16	217	0	
2.	2016-17	82.25	11	Activities Approved: (a) Health action plans at the state/district/block levels. A lump sum amount of Rs 11 lakhs has been approved in the supplementary PIP for CAH.
3.	2017-18	181.52	12.42	Activities Approved: State and district level trainings and exposure visit @ Rs. 12.42
4.	2018-19	82.75	73.74	Activities Approved: Rs. 10.10 lakhs approved for State level meetings, Rs. 56.44 lakhs for ToTs at the State level, Training of BAF and PHC supervisors/ASHA Facilitators and mentoring support to VHSNCs, Rs 7.2 lakhs approved for Jan Samwads.

5.	2019-20	7.30	7.30	Activities Approved: (a) organisation of State ToT for 8 new Districts (Rs. 3 Lakhs); (b) District level training for organising block level Jan samwads @ Rs. 50,000/- per district for 14 districts (Rs 7 Lakhs as per pre NPCC discussions). In addition, balance amount from the last year has been carried forward this year.
	Total	570.82	104.46	

Activities during 2019-2020

The AGCA Secretariat participated in the Common Review Mission (CRM) and observed the implementation of CAH processes in Sirohi district. Subsequently, at the state de-briefing meeting, Mr Rohit Kumar (Additional Chief Secretary) was briefed on the slow progress of implementation of CAH in the state. Followed the meeting, the district ToT was organised at Chittorgarh on December 18-19, 2019. 32 participants including Block Coordinators, PHC supervisors, District ASHA coordinators and District Programme Managers participated. The TOT was co-facilitated by Dr Narendra Gupta (Member AGCA) and Daman Ahuja (AGCA Secretariat).

Subsequent to the transition of Nodal officer-Community Processes, Daman Ahuja oriented the new state nodal officer on CAH process and facilitated the State TOT at SIHFW, Jaipur for 8 new districts along with AGCA members (Dr Narendra Gupta and Dr Abhay Shukla). 28 participants from 8 districts including District Programme Coordinators, District ASHA coordinators, District IEC coordinators and District Urban Coordinators participated. In addition, 3 trainers from Regional Institute of Health and Family Welfare (RIHFW), state Nodal Officer from Rajasthan State Health Society (RSHS) and a representative from SIHFW were present. Following the ToT, funds have been disbursed to all 14 districts to conduct the community monitoring activities at the community level – **as an immediate outcome of the ToT.**

The AGCA Secretariat provided the following support to the state:

- Developing a detailed implementation plan to roll out the CAH processes.
- Facilitating state level Training of Trainers (ToT) in coordination with the State Institute for Health and Family Welfare (SIHFW) to orient state, district and block health officials on CAH processes and its implementation modalities.
- Developing CAH tools with support from SIHFW.
- Developing the CAH proposal for the state Programme Implementation Plans.
- Developing a detailed plan for organising VHSNC training in all identified districts.
- Organising district level orientations on the preparations and organisation of Jan Samwads at the block level in the CAH districts.