

Programme Update on CAH in Maharashtra

Background

Maharashtra was one of the nine states in piloting the implementation of Community Based Monitoring and Planning (CBMP) programme from 2007 to 2009. The state Nodal NGO, SATHI-CEHAT led its implementation in 5 districts: Amaravati, Nandurbar, Pune, Osmanabad and Thane across 225 villages with support from the district and block level NGOs. Key activities undertaken during the pilot were: (a) strengthening Village Health Sanitation and Nutrition Committees (VHSNCs) and Panchayati Raj Institutions (PRIs) at the local levels; (b) establishing institutional mechanisms for Planning and Monitoring Committees (PMCs) at the PHC, block, district and state levels; (c) undertaking community monitoring of services and preparation of health report cards; and (d) organising Jan Samwads to share community experience and gaps.

To broaden the scope of CBMP, the state focused on the following: (a) participatory audit and planning (PAP) exercises with Rogi Kalyan Samiti (RKS) members; (b) engagement of youth in community monitoring processes; and (c) decentralized participatory health planning (DPHP) to systematically plan and incorporate local community needs and priorities into the district and state NHM Programme Implementation Plans (PIPs).

External evaluations of the CBMP processes were conducted in 2008 and 2013, respectively. Key recommendations were: (i) scale up the CBMP implementation in a sustainable manner; (ii) establish a grievance redressal mechanism; and (iii) continue follow-ups for denial of services beyond Jan Samwads. Since 2009-10, the CBMP process has been implemented with support from the state NHM PIP.

Scale of Implementation

The scale of implementation has gradually increased over the years. As mentioned in the table below, the processes were scaled up from 225 villages in 2007-09 to 1,114 villages in 2019-20.

Years	Facilitation	Districts	Blocks	PHCs	Villages
2007-09 (pilot)	SATHI	6 ¹	15	45	225
2015-16	SATHI	19	37	148	845
2017-18	SATHI, STAPI	19	45		1000
2018-19	SATHI, STAPI	17	36	217	1114
2018-19 (DPHP)	SATHI, STAPI, SHSRC	16	32		232
2019-20	SATHI, STAPI	17	36	217	1114

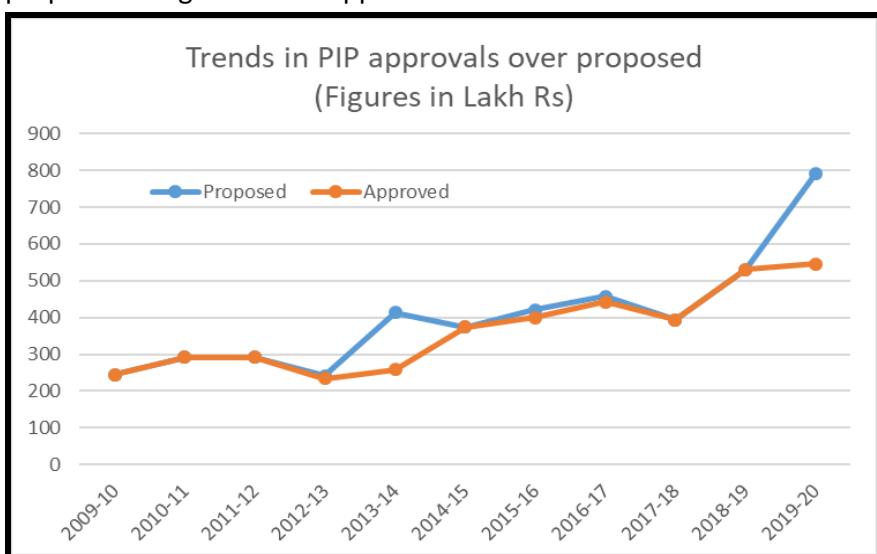
¹ Amaravati, Nandurbar, Pune, Osmanabad, Thane, Palghar (Thane was bifurcated to make Palghar a district)

Pool of Trainers on Community Action for Health

Over the years under the CBMP programme, the state has developed a pool of 246 trainers at various levels as shown in the table.

Budgetary Allocation for CAH Implementation

The state has been continuously implementing the community action for health process even after the completion of pilot phase. The state has received approvals for the programmes implementation in the succeeding years. Details of the proposed budgets and its approvals in the state PIPs since 2009-10 are given in the table:



Trainers	Numbers
Master trainers (state level)	11
District	62
Block	60
PHC and below	113
Total	246

Figures in Lakhs (Rs)		
Year	Proposed	Approved
2009-10	244.32	244.32
2010-11	292.22	292.22
2011-12	292.21	292.21
2012-13	241.1	234.32
2013-14	413.48	258.23
2014-15	373.21	373.21
2015-16	421.04	400.14
2016-17	457.82	442.32
2017-18	394.01	394.01
2018-19	530.70	530.70
2019-20	790.57	546.44

Implementation Mechanism and Current Activities

The CBMP processes were mentored and guided by SATHI since 2007. The state has constituted a CBMP consortium since the Financial Year 2017-18 under the leadership of State Health Systems Resource Centre (SHSRC) to anchor the CBMP processes. The consortium comprises two state nodal agencies: SATHI and SOSVA Training and Promotion Institute (STAPI), and state nodal officers for ASHAs, VHSNCs, RKSs and CBMP.

Key activities undertaken under the CBMP processes are:

- Building the capacities of members of VHSNCs and planning and monitoring committees:** A well-defined capacity building plan is in place to train the facilitators of the district and block NGOs who in turn train the members of VHSNCs and the planning and monitoring committees.
- Community monitoring processes:** An annual exercise of select indicators on maternal and child health; functioning of the SHC and PHCs; and the availability of general health services was done to collect information from the community. The collected data was collated and analyzed;

and report cards were prepared. The episodes on denial of services were also recorded. The report cards generated for villages, PHC and blocks were shared and Jan Samwads were organised to have direct discourse with service providers for possible solutions.

- c) **Decentralized Participatory Health Planning:** The initiative was piloted in two blocks: Kurkheda and Armori blocks of Gadchiroli district in the FY 2016-17. A four step process was followed which included: (i) community mobilization for identification of people's demands; (ii) analysis and prioritization of demands; (iii) developing appropriate strategies/action plans to address the demands; and (iv) developing mechanisms to implementation plans. Since then it has been scaled up to 232 villages.
- d) **Participatory Audit and Planning (PAP)** of the Rogi Kalyan Samities (RKSs) at the Primary Health Centre (PHC): This new approach to conduct social audit was piloted in 2014-15 with 9 PHCs across 3 districts: Nandurbar, Thane and Raigad. Since then it was scaled up to all 217 PHCs under the CBMP blocks. Key objectives of the process are to ensure community participation in planning and utilization of RKS funds. This resulted in: (a) installation of water purifiers for patients; (b) initiation of decentralise planning for RKS funds; (c) organisation of regular RKS committee meetings; (d) reduction in fund utilisation discrepancies and sharing of utilisation reports in RKS meetings regularly; and (e) public display of RKS fund receipts and expenditure at the facility level.
- e) **Arogya Gram Sabhas (AGS):** To ensure active engagement of the Panchayati Raj Institutions in the monitoring and planning of health services, the State has introduced an initiative 'Arogya Gram Sabhas (AGSs)', which was got approved by the State Health Minister in June 2014. The first *Arogya Gram Sabha* was organised in the State from April 24, 2015 to May 1, 2015 on account of 'Maharashtra Day' on May 1, 2015. The key objectives of the *Arogya Gram Sabhas* are: (i) awareness generation on government health programmes, services and entitlements including motivation of men for adoption of Non-Surgical Vasectomy; (ii) enhancement of community participation in planning process; and (iii) utilization of untied fund lying with the VHSNCs. During the FY 2019-20, the AGSs were organised in the state where panchayats have decided to utilize the 14th Finance Commission funds for health infrastructural improvements, organising health camps and improving sanitation conditions in the villages.
- f) **Development of resource material in Marathi:** The state nodal NGOs have developed resource materials on CBMP, decentralized health planning, study reports, evaluation reports, posters and brochures/flyers to facilitate the CBMP processes in the field. These resource material can be accessed at <http://www.cbmpmaharashtra.org/>.
- g) **Key impact of the CBMP programme:**
 - Members of the VHSNC in Shirse village (Karjat block and Raigad district) took the initiative of medical check-ups of women and ensured distribution of caste certificate.

- The VHSNC Waigaon, Chandrapur (block and district) conducted *kabbadi* competitions to promote sports.
- Members of VHSNC and Gram Panchayat (Bota village under Bota PHC, Sangamner block and Ahmednagar district) have started sanitary napkin production unit in Bota Zilla Parishad school.
- Members of VHSNC in Kitali village (Chandrapur block and district) as pressure groups have demonstrated contracting of ration shops in Kitali, Mamla and Adegaon villages (all in remote forest villages).
- The members of 15 VHSNCs in Chandrapur block and district organised health check-ups for screening cancer and TB.
- Block Mentoring Committee in Karjat, Raigad district addressed the issues on social entitlements, and government schemes including Janani Suraksha Yojana, Janani Shishu Yojana, etc.
- Construction of Ambivali PHC, which was a long pending issue, was discussed at both Jan Samwads organised at Ambivali PHC and Raigad district, and sorted out.
- District Mentoring Committee (DMP), Raigad resolved the issues such as continuous closure of sub-centres at Mulgaon and Beed; and ensuring treatment to 18 malnourished children in sub district hospital at Karjat and appointment of Anesthesia Specialist there.
- District Mentoring Committee, Chandrapur submitted a proposal to Department of Water Supply for the arrangements of water supply through ‘Rain Water Harvesting System’. Subsequently, the proposal was approved and water was made available at Tadali, Jiwati and Patan PHCs.
- District Mentoring Committee, Chandrapur addressed the requirement of mini-anganwadis in the villages of Ghodankappi, Ghanpathar, Ghatraigudda, Pataguda, Khadki, Singarpather and Aanandguda in Jiwati Block of Chandrapur district.
- District Mentoring Committee, Chandrapur addressed the issue of appointing ASHAs in geographically remote areas such as the villages like Ghodankappi, Ghanpathar, Ghatraigudda, Jankapur Kolam, Sitaguda, Pataguda, Jambhuldhara, Khadki, Markagondi, Rampur, Singar Pathar and ChikhaliKolam in Jiwati block of Chandrapur district where basic infrastructure facilities were not there through the initiative ‘GAON TITHE ASHA.’
- In the Jan Samwad organised at Jawale Baleshwar PHC, appointment of a full time nurse at Pimpalgaon Matha village was discussed and resolved.
- Suggestion box and citizens charter were installed at Bota PHC in Sangamner block of Ahmednagar district.
- The NGOs facilitating the CBMP programme in the field were appointed as RKS members in two PHCs (Dhadrphal and Jawale Baleshwar) after the PHC level Jan Samwads.
- A new building for Jeur PHC, Ahmednagar Block is approved and the construction work was started as an immediate outcome of Jan Samwad organised at the district level.

- The Block Mentoring Committee, Sangamner ensured regular cleanliness at Amrutvahini Rural Hospital, Ghulewadi, Ahmednagar district.
- Formation of a network comprising 70 tribal youth from Jiwati block in Chandrapur district, Maharashtra as health volunteers.
- The Ghughus PHC has been approved to develop as a rural hospital a year back. Construction work is still awaited.
- Dental check-up facilities were made available at VHSNC Dhadrphal (the exclusive facility) in Sangamner block, Ahmednagar district as an immediate outcome of Jan Samwad organised at the PHC level.
- Sangamner block health Officers in Ahmednagar district have requested CBMP partner NGOs to conduct training on communication skills for PHC and block level health officers.
